Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

RNAO's Response to *Future Roles of Clinical Nurses*

This Office of Nursing Policy document, *Future Roles of Clinical Nurses*, is a summary of ideas generated by Canadian nurse leaders at a March 25-26, 2007 meeting initiated to move ahead with the *Toward 2020: Visions for Nursing* agenda. The concerns about process and content that RNAO identified to the Canadian Nurses' Association about the *Toward 2020: Visions for Nursing* document remain outstanding and are replicated in concerns that RNAO has about *Future Roles of Clinical Nurses.*

The email that accompanied this document asked respondents to "identify any changes you feel should be made to preferred roles". We remain concerned that there are fundamental issues within the *Toward 2020: Visions for Nursing* agenda that need to be addressed in order to set the context for mobilizing a preferred future for registered nurses. For your convenience, we have attached a copy of RNAO's response to *Toward 2020: Visions for Nursing*.

It is not clear how this listing of roles, attributes, characteristics, and statements fulfill a comprehensive vision that nurses or the public can mobilize behind. Many of the "future role" statements in the document include content reflected within current standards of care. Presenting today's responsibilities as aspirational undermines the credibility of current nursing practice, our Medicare system, and contributes to a diminution of quality of care. For example:

Nurses will assume expanded roles in health promotion, primary health care, and community capacity-building. Nurses will be engaged in health promotion activities that eventually reduce admissions—working within social determinants of health framework and connecting with the public…. Nurses will build capacity within communities…

- Nurses that provide direct care to clients work in a variety of sectors, including the community. The "expanded roles" mentioned above are the first three of the current practice standards for community health nurses (promoting health; building individual/community capacity; and building relationships).[1]

Nurse will understand, address, & influence psycho-social determinants of health.

- Placing "psycho-social" before determinants of health implies a mental health pathology or lack of coping of individuals. This individualistic approach has different implications than saying "nurses will understand, address and influence the social determinants of health."

We will define a broad role for nursing in occupational health services—workplace, work in schools, etc…create more positions…with emphasis on health promotion.

- A "broad role" is not informative, and it is not clear why occupational health is specified rather than other specialty areas. Is work in schools intended to replace or supplement healthy schools initiatives?

RNs and APNs will deliver much of the primary care that used to be delivered by GPs to individuals and families…

- The document fails to acknowledge the current reality of funding and financing of non-physician services in primary health care. As a result of the *Canada Health Act*, provincial insurance plans generally fund for physician and hospital services, but not for non-physicians' services performed outside the hospital.[2]
- The document needs to recognize the collaborative relationship that exists between physicians and APNs. It is important to emphasize that the role complements rather than competes with the physician role.

*Nurses will be health system **navigators/enablers**, assisting individuals, families and communities to improve access to health services.*

- As advocates for client-centred care[3] and coordinators of health services,[4] the current role of nurses across practice settings includes assisting individuals, families, and communities in improving their access to health services.

A larger proportion of LPNs will work in acute care providing delegated medical and nursing care to patients to overcome acute illness episodes.

- We would like draw to the attention of the Office of Nursing Policy to the statement from the *CNA Fact Sheet - Nursing in Canada* that articulates "Baccalaureate education for nurses is essential, because the role of the nurse is changing and expectations for entry level practitioners have increased," including:
    i. Nurses are required to provide evidence-based practice, integrating research finding into their practice;
    ii. Patients who are in health-care institutions of today are sicker than they were in the past, making it essential that nurses are well prepared to practice;
    iii. Nurses are team players, working with other health professionals such as dietitians, midwives, occupational therapists, pharmacists, physicians, physiotherapists and speech therapists to care for patients. Having a common educational background fosters this teamwork.[5]
- Although RNAO supports the RPN/LPN role in caring for patients with predictable outcomes, we caution against including these groups of health-care providers in acute settings where patient acuity is high and outcomes are unpredictable.

Nurses will move away from paternalism in patient care and fully embrace client-centred care…fully embrace patients as partners in care.

- This is not a role but an entry to practice competency,[6 7 8] ethical imperative,[9 10] and current best practice.[11]

*Nurses will assist individuals and families to practice **self-care**…*

- The term **self-care** could be interpreted as off-loading the responsibility of care from the health-care system to the individual, family or other informal caregiver.

Nurses will demonstrate cultural competency and sensitivity to alternative therapies.

- As with client-centred care, cultural competency and sensitivity is not a role but a current professional competency,[12 13 14] ethical responsibility,[15] and best practice.[16]

Nurses will continue to touch people, but balance this touching with divesting tasks that do not require our skill or yield additional benefit…

- We are concerned with the undermining of tasks, as most clinical and technical tasks are essential practice components of importance to patients and nurses. We caution against dividing patient care along the lines of downloading "tasks" to less qualified health providers as it was done under the reengineering movement during the 1990's. The result is lack of continuity of nursing care, decreased patient and provider satisfaction and increased clinical errors. We remain concerned that decisions about the "tasks" to be divested would be driven by misguided "bottom line" financial imperatives, rather than by patient care considerations. It would be difficult to name a patient-linked "task" that does not yield additional benefit to the patient, e.g. bathing, which is often referred to as a "simple task" – but is perhaps the most complex patient care experience and one where patients' vulnerability is exposed. Bathing requires extreme sensitivity from nurses and affords nurses with opportunities to perform physical and psychosocial assessments, as well as facilitate engagement and communication with patients.

Nurses will work with a team of unregulated workers…define and develop roles for unregulated workers- avoid the trap of over training and over regulating…

- This language leaves the impression that health care, including perhaps nursing, is over-trained and over-regulated.
- This statement does not recognize the current and future pressures on health-care institutions to utilize unregulated workers in order to save money. Given the increasing level of complexity of patient care today in acute care, community, and long-term care settings, it is not safe for unregulated workers to be expected to take on nursing roles.

Roles within the Health Care System

Nurses will recognize that communication is the root of patient-centred, collaborative practice.

- As with client-centred care and cultural competency, therapeutic communication is a basic standard of professional nursing practice today[17] and not a future role.

Nurses will be more economically savvy and able to build better business cases for changes in nursing care.

- In order to be consistent with the value of health care as a human right rather than a commodity, it is important not to incorporate the language of market-based medical services such as "business case" or being "economically savvy." Instead, we should be urging and demonstrating public policy choices based on evidence that includes health outcomes, quality of care for clients, healthy workplace indicators as well as economic impact.

RNAO's Alternative Framing of Future Roles of Nurses at the Point of Care

We see the future of nurses' roles at the point of care as linked to the future of Medicare. Most patients or clients will be nursed in the community, and hospitals will serve the very ill whose physical and mental health is severely compromised. Primary heath care will be the norm and social determinants of health the driver.

NPs, RNs and RPNs will work collaboratively in the community each to their full scope of practice. Public health and primary care nurses will work closely with their communities emphasizing health promotion and disease prevention programs, and tackling social determinants of health relevant to each community.

Nurse-led clinics, staffed by NPs, RNs and RPN/LPNs will work collaboratively with their physician, dietitian, social work, midwife, rehab, and pharmacist colleagues, serving people in their primary care and chronic care needs.

All nurses at the point of care will be functioning to their full scope of practice. With the retirement of all diploma-trained nurses, all nurses in acute care settings will be baccalaureate RNs. Responsible for clients with high acuity, complex conditions, and with unpredictable health outcomes, RNs will practice autonomously and collaborate with others to ensure client-centred care. Medical delegation has been replaced by robust nursing regulation that supports "a professional practice model in which the knowledge, skills, and abilities of the individual self-reflective nurse provide the limits on his or her practice, and in which the regulatory bodies monitor practice to ensure standards are upheld."[18] Advanced practice nurses will consistently have a Master's degree as a foundation for their expanded clinical responsibilities.

RPN/LPNs will work to their full scope nursing stable patients with predictable outcomes in community hospitals, long-term care facilities and in their homes. Patients who have just been discharged from an acute care hospital will be first seen by an RN who will triage to an RPN as soon as the patient is deemed stable.

The context of nurses at the point of care being utilized to their optimal potential is that there has been a sea of change in how the public, decision-makers, and nurses themselves respect and value the profession of nursing. The media accurately portrays the complex realities of nursing practice so that now the public understands nursing is about applied knowledge and skills as well as caring.[19] Decisions that impact clinical practice are increasingly made on the basis of evidence and healthy public policy criteria. Equitable remuneration across sectors and quality work environments have increased recruitment and retention in nursing in this preferred future. Jurisdictional regulations remain at the provincial/territorial level in order to allow for policy innovations that are appropriate to specific contexts. Multi-jurisdictional regulations will be waived when necessary in order to adopt and test innovations that may be replicated nationally if successful.

References

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[2] The Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative. (2005). *Barriers and Facilitators to Enhancing Interdisciplinary Collaboration in Primary Health Care.* Primary Health Care a Framework that Fits.
[3] Registered Nurses' Association of Ontario (2006). *Client Centered Care*. Toronto: Author.
[4] As part of a definition of a registered nurse, "RNs coordinate health care, deliver direct services and support clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life." Canadian Nurses Association (2007). *Framework for the Practice of Registered Nurses in Canada*. Ottawa: Author, 6.
[5] Canadian Nurses Association (2003). *Fact Sheet: Nursing in Canada*. Ottawa: Author, 2.
[6] College of Nurses of Ontario. (2007). *Entry-to-Practice Competencies for Ontario Registered Nurses*. Toronto: Author.
[7] College of Nurses of Ontario (2002). *Practice Standard: Professional Standards*. Toronto: Author.
[8] College of Nurses of Ontario (2006). *Practice Standard: Therapeutic Nurse-Client Relationship*. Toronto: Author.
[9] Canadian Nurses Association (2002). *Code of Ethics for Registered Nurses*. Ottawa: Author.
[10] College of Nurses of Ontario (2005). *Practice Standard: Ethics*. Toronto: Author.
[11] Registered Nurses' Association of Ontario (2006). *Client Centered Care*. Toronto: Author.
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[18] MacDonald, M., Schreiber, R., & Davis, L. (2005). *Exploring New Roles for Advanced Practice Nursing: A Discussion Paper*. Ottawa: Canadian Nurses Association, 53.
[19] Gordon, S. (2005). *Nursing Against the Odds: How Health Care Cost-Cutting, Media Stereotypes, and Medical Hubris Undermine Nursing and Patient Care*. Ithaca: Cornell University Press.