

Carving Out a Place: The Experience of Establishing a New Practice for Nurse Practitioners in Rural and Remote Canada

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Study Overview

- Literature review
- Research design and methods
- Findings
- Limitations and future research
- Implications
- Conclusion



The Nature of Nursing Practice In Rural and Remote Canada Study

To examine and articulate the nature of registered nursing practice in primary care, acute care, community health, continuing care (home care) and long term care settings within rural and remote Canada

CIHR Funding 2001-2004



The Study Components

- **Survey** (PI: Norma Stewart, USask)
- **Registered Nurses Data Base** (PI: Roger Pitblado, Laurentian University)
- **Documentary Analysis** (PI: Judith Kulig, ULeth)
- **Narrative Study** (PI: Martha MacLeod, UNBC)



Narrative Approach

- 154 Nurses (143 English; 11 Francophone)
- Areas of Practice: Acute, Long-term Care, Public Health, Home-care, Community, Primary Care
- Telephone Interviews

Literature Review

Rural Nursing

- Small populations over large geography (Hegney, Pearson & McCarthy, 1997)
- Limited resources, services & supports (Kulig et al, 2003)
- Advanced and generalist practice with less educational preparation (Hegney & McCarthy, 2000)
- Connection between living and working in a small community (Mills, Francis & Bonner, 2007)

Literature Review Nurse Practitioners

Key barriers to implementation of NP practice:

- Role definition
- Education
- Legislation
- Regulation
- Core competencies



CNPI, 2006

Research Design & Methods: Research Question

What is the experience of establishing a new Nurse Practitioner practice in a rural or remote community in Canada?

Research Design & Methods: The Participants

6 Primary Health Care Nurse Practitioners

NEW: health care provider for the community,
participant new to the community and/or new to
the role

Experience as an NP: 8 months-10 yrs

Education: diploma-masters

Time in current practice: 8 months-4 years

4 pilot project; 3 NPs highest level health care
provider for the community

Primary Health Care Nurse Practitioners

“provide individuals, families, groups, and communities with health services in health promotion, disease and injury prevention, cure, rehabilitation and support.” (NPAO)

Research Design & Methods: Methodology

Interpretive description (Thorne et al., 1997)

Inductive analysis of the experiences of everyday practice, common themes of the experience of establishing a new NP practice discovered.

Findings:

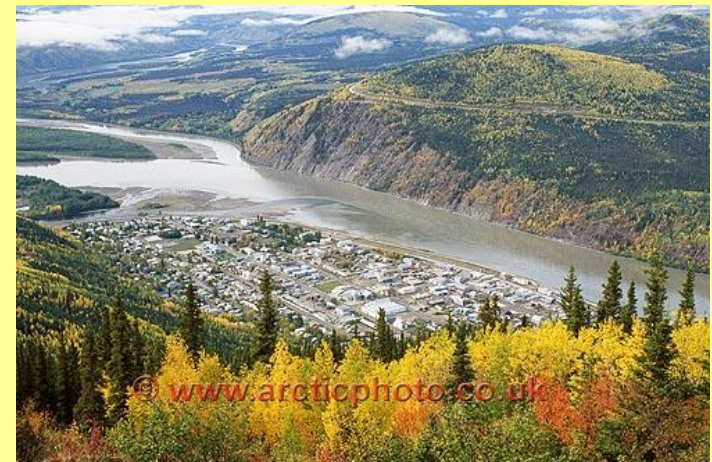
Establishing a new NP practice

1. Getting to know the community
2. Honing skills
 - Consolidating new knowledge & skills
 - Mentoring & support
3. Resources needed
 - legislation and policies
 - time to practice
 - building relationships with team members

1. Getting to Know the Community

When I first came here, I went out and met with community partners so that the community would know who I am and what I am and what I can offer. (Marion)

It's really knowing your community and having the community know you. (Marion)



2. Honing NP Skills

- Consolidating new knowledge into everyday practice
- Mentoring and support

2. Consolidating New Knowledge into Everyday Practice

You have to know your limitations and seek help when you're beyond what you can do. Like you have to really recognize where your skills are and where they stop, because here I'm pretty well given free rein. When you start a new position there's usually someone to guide you, to show you the ropes. I don't have that, I don't have a supervisor. I'm in here blind. (Barbara)

2. Mentoring and Support

- Physicians as Mentors
- Relationships with other NPs

2. Physicians as Mentors

Work setting and acceptance of NP role influence mentorship

When we first worked together I would have to either wait outside their door until they'd finished seeing their patient, or call in and interrupt them because I had a question, and they felt like this was interrupting their practice, which I didn't like the language, but that's the wording they used.

2. Relationships with Other NPs

I got us together so that we can phone each other and not necessarily rely on trying to find that information out on our own, when we have questions. When another NP calls, they can interrupt me with a client because sometimes they're out in a rural community and they have a question and they don't have a book on hand and there's no physician there and so sometimes we're the only line of support to each other in a situation like that.

3. Resources for developing NP Practice

Legislation and policies

Time to practice

Building relationships
with team members



3. Legislation and Policies

Prescriptive authority and medical referrals

Development of local policies

So the three of us nurse practitioners have been supporting each other. We want to get procedures, written protocols going for our role, because there's nothing. We're starting with nothing. And we don't even have a written delegation of function policy with our physicians, which we really should have. Because a lot of what we do since it's not regulated yet, we're technically going out of our scope of nursing practice, so we need to work within a delegation of function role. (Barbara)

3. Time to Practice

I find out things because I'm able to spend time. There are the big dramatic things, but then there's the more simple things and those are the things that are meaningful for people. (Theresa)

I could be there seven days a week, ten hours a day, and it still wouldn't be enough service. It's overwhelming sometimes that way because there's never an end to the work. (Sandy)

3. Building Relationships

- Understanding and respect for different roles
- Acceptance of NP as a health care provider
- NP practice is complementary to physician practice, not competitive

3. Building Relationships

It wasn't me personally and that probably I was providing very good care, but in this political environment he was just not willing to work with nurse practitioners until push comes to shove. (Sandy)

You have to build a reputation with these physicians as well, you can't just expect it. (Robin)

They're still getting to know the role, from my point of view, but it's developing more of a trusting relationship so he kind of knows my boundaries. (Sandy)

Discussion: Carving Out a Place



- **Material**
- **Skills**
- **Resources**

Terra Cotta Statue (1928)
Formerly, Medical-Dental Building:
Burrard & Georgia, Vancouver BC

BC History of Nursing

Limitations of Study

- Cross section of participants
- Each community context is unique

Future Research

- Case study in a province or territory

Implications

Nurse Practitioners

- get to know the community and have the community know you
- create mentorship and support networks

Administrators

- understand the role of NP in rural and remote communities
- provide resources and support

Implications

Policy

- evidence-based and appropriate for the context of practice

Education

- provide rural practicum and mentoring
- continuing education relevant to rural and remote NP practice

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