

Optimizing the Practice of Registered Nurses in Interprofessional Teams in Primary Care¹

Aim

To examine the introduction of nurses in three Primary Care Networks (PCNs) in Alberta and identify opportunities for improving the utilization of nurses' knowledge and skill in primary care (PC).

Methods

Sample: Nurses, allied health professionals, physicians, patients, and PCN stakeholders.

Data Collection: Semi-structured, in-depth interviews, surveys, ethnographic field notes, and health services utilization data. Data for this study were collected from 2007 through 2009 and reflect the current state at that time.



For more information contact Nelly Oelke at (403) 943-1177 or Nelly.Oelke@albertahealthservices.ca

Health Systems & Workforce Research Unit, Alberta Health Services



Findings

Population Health Focus:

- Chronic disease management was the dominant focus of nursing practice in PCNs.
- Many RNs acknowledged their education prepared them to assume a greater role in promoting population health.
- Many RNs focused on individual, disease oriented care. The comprehensive health needs of the PCN population were often not assessed.
- There was little evidence of support for reorienting service delivery towards a population needs-based approach.
- A patient-centered collaborative approach to program planning and delivery in PCNs is recommended.

Role Confusion:

- There was role confusion among nurses (NPs, RNs, LPNs) and between nurses and other health care providers.
- There was an obvious lack of consensus about the role nurses should play in PC.
- Differences in professional education / knowledge and hence in roles across members of the interprofessional team were not well understood.

Facilitators & Barriers:

- PCN leadership, physician buy-in, and the quality of interpersonal relationships significantly influenced how interprofessional team members are utilized.
- Patient access to nurses was generally dependent on referral by physicians.

Education:

- Many nurses felt their education did not adequately prepare them for work in PC.
- Nurses noted that work in PCNs requires adaptability, flexibility, and more generalized knowledge than in more structured and specialized acute care settings.

Impact on Outcomes:

- Patient outcomes: Qualitative data suggested increased satisfaction, improved quality of life, and enhanced self care capacity.
- Provider outcomes: Nurses' satisfaction in large measure was related to quality of relationships with physicians. Decreased workload for physicians was noted.

Key Messages

- ❖ There is a gap between what is expected of nurses (as described in professional standards) and actual practice in primary care.
- ❖ Trusting relationships between professionals, particularly between physicians and nurses, significantly impacts the effective utilization of nurses.
- ❖ Clarifying team member roles is important when introducing interprofessional models of care.
- ❖ Strong leadership promotes the effective utilization of nurses.
- ❖ A clear and compelling vision for reform of primary health care in Alberta is needed.

¹Besner, J., Drummond, J., Oelke, ND., McKim, R., White, D., Clelland, S., Smadu, M., Relf, M., Milkovich, L., Sandstra, J., Fielding, S., Knorren, T., Adolph, R., Carter, R., Friesen, S., & Fung, T. (2011).

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