The Results of Canada's First National Survey of Clinical Nurse Specialists: Implications for Practice, Policy and Research

Facilitator
Josephine Muxlow, Co-Chair, CNS Council, Canadian Association of Advanced Practice Nurses

Presenter
Kelley Kilpatrick, RN PhD; Professor, Universite du Quebec en Outaouais

Panel
Josette Roussel (Nurse Advisor - Advanced Practice, Canadian Nurses Association), Barbara Foster (acting Director, Office of Nursing Policy, Health Canada), Denise Bryant-Lukosius (Director, Canadian Centre for Advanced Practice Nursing Research, McMaster University)
Session Objectives

- To share the results of a recent study about the CNS role in Canada

- To summarize the implications of the study and relevant national initiatives that are under development to address these issues

- To foster discussion among Canadian CNSs about the study findings and implications for their practice and for policy and research
1530 to 1540  Welcome and introductions (Josephine Muxlow)

1540 to 1610  Presentation of CNS study results (Kelley Kilpatrick)

1610 to 1630  National Panel: Implications of study findings and national practice, policy and research initiatives (Panel Members)

1630 to 1655  Facilitated discussion and panel responses to participant questions (Josephine Muxlow)

1655 to 1700  Wrap up and conclusions (Josephine Muxlow)
Practice Patterns of Clinical Nurse Specialists in Canada

Kelley Kilpatrick, RN, PhD
Professor, Université du Québec en Outaouais
Canadian Centre of Excellence in Oncology
Advanced Practice Nursing
Webinar- November 23\textsuperscript{rd} 2011
Research Team

Co-Investigators:

Alba DiCenso, RN, PhD, McMaster University
Denise Bryant-Lukosius, RN, PhD, McMaster University
Judith Ritchie, RN, PhD, McGill University Health Center
Ruth Martin-Misener, NP, PhD, Dalhousie University
Nancy Carter, RN, PhD, McMaster University

Staff members:

Renee Charbonneau-Smith, Mary Henri, James McKinlay, Julie Vohra, Rose Vonau
Acknowledgements

Study supported by:

Canadian Nurses Association
Office of Nursing Policy, Health Canada
Study Objective

• Gain a greater understanding of the structures, processes and potential outcomes of CNS roles in Canada
Methods

- Cross-sectional survey design
- Recruitment: regulators, emails, flyers, ads
- Self-completed questionnaire
- 50 items divided into 9 sections:
  - Pilot-tested by CNSs in English and French
- Descriptive and inferential statistics, non-parametric tests, content analysis
Response Rate

Number of returned surveys: 608

Response rate: what is the denominator?
- CIHI data (2009) = 2,222 \( \frac{608}{2,222} = 27\% \)
- Regulator data (2011) = 2,441 \( \frac{608}{2,441} = 24.9\% \)

Challenge:
- CNS numbers based on self-report
- CNS title not protected; inconsistent role titles
- Nurses without graduate degrees counted as CNSs in the Regulator data
## Demographics (n=608)

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>English</td>
<td>80.4%</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>19.6%</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>95.4%</td>
</tr>
<tr>
<td>Age</td>
<td>40-59 years</td>
<td>69.3%</td>
</tr>
<tr>
<td>Mean years in CNS role</td>
<td></td>
<td>8.0 (SD 6.7)</td>
</tr>
<tr>
<td>Full-time employment</td>
<td></td>
<td>80.5%</td>
</tr>
<tr>
<td>Gross salary</td>
<td>$70,000 - $99,999</td>
<td>77.1%</td>
</tr>
<tr>
<td>(n= 488 FTE CNSs)</td>
<td></td>
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</tbody>
</table>
Current Number and Distribution

Respondents by Jurisdiction (N= 595)
Education

Education Level

- BSc/BA
- One graduate degree
- ≥ 2 grad. degrees

Percentage
Primary Area of CNS Specialty

Specialty

Med-Surg
Gerontol
Mental Health
Crit Care
Community
Oncology
Hospice-Palliative
Neonat-Peds
Maternal-Perinatal
Cardiovasc
Neuro
Emerg
Rehab

Percentage
Patient Age Groups

Age Group

- < 5 yrs
- 5 to 11
- 12 to 17
- 18-39
- 40 to 65
- > 65 yrs

Percentage
Administrative Supports/Resources

- 50.8% of CNSs report to senior nursing executive
- 28.5% of CNS role development guided by framework
- 47% have certification in their specialty area
- 42% of CNSs located close to their teams
- High scores for team dynamics
- 45% CNSs unionized
- Average overtime hours= 7.75 (SD 4.84); most unpaid
## CNS Role Understanding and Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
</tr>
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<tbody>
<tr>
<td>Patient understanding of CNS role</td>
<td>2.54 (0.94)</td>
</tr>
<tr>
<td>Employer understanding of CNS role</td>
<td>3.30 (0.74)</td>
</tr>
<tr>
<td>CNS role satisfaction</td>
<td>3.07 (0.77)</td>
</tr>
<tr>
<td>CNS employment plans</td>
<td>76% satisfied, not seeking new employment</td>
</tr>
</tbody>
</table>

**Scale:** 1 (not at all) to 4 (well understood, very satisfied)
### Time Spent in CNS Role Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Actual (mean %)</th>
<th>Ideal (mean %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>22.4</td>
<td>21.8</td>
</tr>
<tr>
<td>Education</td>
<td>20.9</td>
<td>19.4</td>
</tr>
<tr>
<td>Research</td>
<td>7.0</td>
<td>12.6</td>
</tr>
<tr>
<td>Organizational Leadership</td>
<td>18.8</td>
<td>14.9</td>
</tr>
<tr>
<td>Professional Development</td>
<td>8.1</td>
<td>10.6</td>
</tr>
<tr>
<td>Consultation</td>
<td>21.6</td>
<td>19.8</td>
</tr>
</tbody>
</table>

Those without a graduate degree spent significantly less actual time in these activities.
Most Frequent Activities

• 1) Use critical thinking and synthesis skills to guide clinical decision-making in complex situations

• 2) Draw on different sources of knowledge to anticipate health problems

• 3) Integrate research into BPGs, policies, protocols

• 4) Participate in continuing education activities

• 5) Coach/mentor members of the healthcare team
Clinical Role Component

• 39.2% of CNSs report non-involvement in direct clinical care with focus on staff education, program development, quality improvement
  • 25% of CNSs report seeing no patients
  • 15.3% of CNSs see less than one patient per week

• Top 2 clinical activities focus on applying knowledge and critical thinking skills to complex patient problems (indirect patient care)
CNS Perception of Patient Outcomes Most Frequently Influenced

• Patient satisfaction
• Patient comfort level
• Quality of life (health and well-being)
• Patient and family knowledge
CNS Perception of Processes Most Frequently Influenced

- Staff knowledge
- Multidisciplinary cooperation
- Staff skill
- Interdisciplinary communication
Most Frequent Barriers to Practice

- Lack of time
- Multiple job expectations
- Lack of personnel
- Lack of funding
- Lack of secretarial support

Those with a graduate degree reported encountering this barrier more frequently.
Differences in CNS-SOBA by Educational Preparation

Graduate prepared CNSs reported more frequently influencing the following:

<table>
<thead>
<tr>
<th>Factors/Processes</th>
<th>Program development</th>
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<tbody>
<tr>
<td></td>
<td>Disseminating research findings</td>
</tr>
<tr>
<td></td>
<td>Utilizing research findings</td>
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<tr>
<td></td>
<td>Multidisciplinary cooperation</td>
</tr>
<tr>
<td></td>
<td>Improved interdisciplinary communication</td>
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Key Factors Affecting CNS Satisfaction

Factor

Full role implement: 25%
Lack admin support: 20%
IP collab/teamwork: 15%
Pt care/satisf.: 10%
Admin support: 5%
# Top CNS Role Integration Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Visibility, advertising, education about CNS role</td>
<td>23.0</td>
</tr>
<tr>
<td>Clarify CNS role with team members</td>
<td>15.6</td>
</tr>
<tr>
<td>Promote value of CNS role and link with role outcomes</td>
<td>12.2</td>
</tr>
<tr>
<td>Master’s level education as requirement</td>
<td>7.7</td>
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Implications/Recommendations

• For Regulators:
  • Achieve consensus on CNS definition/competencies and strategy for accurately identifying number of CNSs in jurisdiction
  • Explore inconsistency in specialty certification

• For Administrators:
  • Ensure understanding of CNS role
  • Support implementation of CNS role components
Implications/Recommendations

• For Educators:
  • Design CNS-specific competency-based graduate education programs

• For Researchers:
  • Evaluate direct rather than perceived impact of CNS role on process and outcomes of care
  • Examine influence of union membership on role enactment
Top Reasons for Not Working as CNS

Top Reasons (n= 168)

- Role confusion
- No employ
- Role Dimens
- Lack support manag.
- Budget
- Salary low
- Workload

Percentage
Panel Overview
Josette Roussel, RN, M.Sc, M.Ed, GNC(C)

Nurse Advisor
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Canadian Nurses Association

• The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial registered nurses associations representing more than 143,000 Canadian registered nurses and nurse practitioners.

• CNA is the national professional voice of registered nurses and nurse practitioners, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system.
Registered nurses: Leaders and partners working to advance nursing and health.
How does CNA support the clinical nurse specialists' role from a national perspective?
CNA Resources
“You may not make a change today. You may not make a change tomorrow. But at least you can make a dent.

Act. Act!

Act from where you can make a difference.”

Dr. Wangari Muta Maathai
Nobel Prize, Peace, 2004
Office of Nursing Policy
Role of the Office of Nursing Policy and Federal Activities in Advanced Practice Nursing

November 23, 2011
The Office of Nursing Policy (ONP) is the federal source of integrated knowledge and policy advice with respect to the role and impact of:

- Health human resource planning with a focus on evidence-based policy related to nursing issues.
- The nursing profession with a view to supporting equitable access, optimal use and system innovation.
- The impact of healthy work environments, inter-professional education, and collaborative practice on the healthcare workforce.
Office of Nursing Policy - Policy Priorities

• Health care system transformation through innovative and evidence-based policy.
• Sustainable nursing workforce to meet population health needs.
• Productive healthcare workforce/environment focused on collaborative patient-centred care.
• (ONP works in concert with the provinces and territories who have direct responsibility to educate, recruit and retain their nursing workforce).
Research and publications:

• Clinical Nurse Specialists and Nurse Practitioners In Canada: A decision support synthesis – led to current CNS research activities.

• Nurses in Advanced Roles – A Description and Evaluation of Experiences in 12 Developed Countries (OECD).

• Special Issue of the Canadian Journal of Nursing Leadership on APN.

• CNS Study – Baseline data.

• Policy briefs for key decision-makers on CNS in Canada (in progress).

Meetings:

• Principal Nursing Advisors- discussion on challenges and opportunities for APN.

• McMaster APN Dialogue
The CHSRF/CIHR APN Chair Program

• **What?:** Nursing Chair funded by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research from 2001 to 2011

• **WHO?** Held by Dr. Alba DiCenso at McMaster University
  – Graduate students, faculty and healthcare decision and policy makers from across Canada

• **Why?**: To build capacity for conducting APN related research in Canada

• **How?** Education, mentorship, linkage and exchange, knowledge transfer
The CHSRF/CIHR APN Chair Program

- Collaborated with key stakeholders and funders such as CAAPN, the CNA, Office of Nursing Policy-Health Canada, government policy makers, nursing regulators, healthcare administrators and APNs

- Led large national research and knowledge translation activities to examine and promote the optimal use of CNS and NP roles in Canada
  - 2010 CNA meeting
  - Decision Support Synthesis
  - McMaster Health Forum
  - Canadian CNS study

- Develops and provides resources to support APN research and role implementation
  - Searchable data collection toolkit
  - Searchable literature database
  - Workshops, research consultation
  - Research summaries, briefing notes to inform policy development
Canadian Centre for APN Research (CCAPNR)

• APN Chair Program at McMaster University is transitioning from a research training unit to a research unit
  – Includes faculty from McMaster, Ryerson, Dalhousie and the University du Quebec

• Focused on the development and evaluation of specialized and advanced nursing roles in interprofessional models of care

• Will continue to conduct stakeholder and decision-maker linked research to further advance the integration of CNS and NP roles in Canada
Canadian Centre for APN Research (CCAPNR)

- Stream of research focused on the CNS role that will build on the Decision Support Synthesis, McMaster Health Forum and national CNS study led by Dr. Kilpatrick

- Research and Knowledge Translation Priorities
  - To engage national stakeholders in establishing a common vision of the CNS role within the Canadian healthcare system
  - To review and revision of national CNS competencies
  - To establish a needs driven, competency and evidence-based curricula for the Canadian CNS
  - To increase decision-maker understanding about the optimal utilization and outcomes of well-designed CNS roles
  - To address policy issues to CNS role development such as the ability to accurately identify CNSs and monitor CNS practice trends and deployment
Welcome to The Canadian Centre of Excellence in Oncology Advanced Practice Nursing (OAPN)

- Welcome to Canada’s first research unit dedicated to improving patient health through the effective use of advanced nursing roles in cancer care which opened at the Juravinski Cancer Centre at Hamilton Health Sciences on April 28th, 2009.
- The goal of OAPN is to provide a comprehensive, integrated national program of leading-edge research, education, mentorship and knowledge translation initiatives to support the effective use of oncology APN roles in cancer care.

This website will be a valuable resource to a diverse group of stakeholders including:

- Advanced practice nurses
- Hospital administrators
- Physicians
- Policy-makers
- Cancer organizations

What’s New at OAPN
About OAPN

• Partnered with CCAPNR
  – Shared faculty and research staff support

• OAPN provides a comprehensive, integrated national program of:
  – leading-edge research
  – education
  – mentorship and
  – knowledge translation initiatives to support the effective use of generalist, specialized and advanced nursing roles in cancer care.
Summary

• Better utilization of CNS roles and expertise could address pressing issues in the Canada related to improved access to high quality, coordinated and patient-centred care

• Effective health human resource planning will require better systems and processes to collect accurate data about the supply, demand and deployment of CNSs

• Multi-stakeholder and intersectoral strategies are required to address education, policy, and practice barriers to the long-term sustainability and full integration of the CNS role in the Canadian healthcare system
Discussion

• How reflective are the study findings with CNS practice in your jurisdiction?

• Of the policy, practice and education issues identified in this study, which are the most important to address over the next 2 to 3 years?

• What role should CAAPN’s CNS Council play in addressing these issues?