

Interprofessional collaboration (IPC) and the registered practical nurse (RPN)

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Background

- In 2007, RPN/LPNs represented 21% of the total regulated nursing workforce in Canada
- 69,709 in Canada (increase of nearly 10% since 2003)
- 47% working full-time
- Largest practice sectors
 - Provinces: 45.5% Hospital, 40% Nursing home/LTC, 6.8% Community Health
- 93% female

(CIHI, 2008).



Trends in RPN Education

- Changes in education requirements
 - Auxiliary workers trained in hospitals and LTC facilities
 - 6 month certificate
 - 2 year diploma required as of 2005 (Office of Nursing Policy, Health Canada 2007).
- Increased knowledge, skills, and scope of practice



What we know ...

- Little research and limited literature regarding the role of the RPN or RPN practice
- Little research explores RPN relationships within the healthcare team
- No research has explored the RPNs current role within the IPC framework, their perceptions of IPC and the barriers and facilitators that they face in the clinical area
- Research suggests that members of a team who perceive that they have less power are less cooperative in teams and/or less positive about IPC



Objectives

- To describe the collaboration activities of RPNs in various sectors of health care
- To determine the influence of variables such as setting, education, and experience on collaborations and attitudes toward collaboration
- To explore which individuals RPNs collaborate with and the purpose of these interactions
- To understand the barriers and facilitators of collaboration from the RPN perspective



Definition of IPC

- The broad definition of IPC used for this study was,

“The provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting”



Research Design

- A two-phase, sequential explanatory mixed-methods design (Creswell & Clark, 2007)
- Survey
 - Electronic or Paper
- Qualitative- semi-structured telephone interviews



Description of Sample

- 808/4000 consented to take part in the study

- 60% RPN certificate
- 34% Diploma
- 3% RN diploma, BA/BScN, or MA/MSc
- 3% No response

- 49% Hospital
- 33% LTC
- 18% Community

- 60% Full-time
- 32% Part-time
- 5% Casual



Findings

Descriptive statistics

RPNs:

- engage with all members of the health care team, but primarily RNs (81%), patients/clients (80%), physicians (76%), patient/client families (74%), and pharmacists (60%)
- interact with 8 health care team members regularly to
 - share information with other HC team members
 - understand the perspectives of other HC team members
 - initiate client care discussions with HC team members



Satisfaction

- RPNs are generally satisfied with the level of collaboration between themselves and other members of the health care team
- Satisfaction with IPC was not influenced by setting, months practicing as RPN, months in setting, education or employment status



Scope of practice

- RPNs agreed or strongly agreed that they were practicing to their full scope of practice as defined by the College of Nurses of Ontario.
 - Full-time (65%)
 - Part-time (61%)
- Those who worked in the hospital setting felt that they did not practice to their full scope of practice significantly more ($p=.026$) than those in LTC and community settings

RPNs' experiences with tension and conflict

I of tension conflict in workplace	Strong agree	Agree	Neutral	Disagree	Strongly disagree
LTC	17%	23%	24%	22%	3%
Hosp	9%	21%	20%	28%	5%
Comm	5%	10%	21%	35%	16%

The greatest source of conflict in all three settings was the RN. In LTC, the PSW was the second greatest source of tension and conflict



Facilitators

- The health care team with whom I practice
- Orientation of the health care team to my role
- My educational preparation
- The nature of my employment relationship (e.g. Full-time, part-time)



Barriers

- Resistance from other health care providers in the practice
- The health care team with whom I practice
- Orientation of the health care team to my role
- The way my role has been defined-too narrow
- Resistance from patients
- Isolation in practice (community)



Knowledge, skills and expertise

- Overwhelmingly, RPNs felt that when engaging in client-centred decision making their knowledge, skills and expertise were not valued by any members of the health care team other than by other RPNs (this included clients and their families).



Qualitative Phase

- Purposeful, stratified sample
- 52 semi-structured telephone interviews
 - Those that indicated a high level of satisfaction, low level of satisfaction and neutral
 - All sectors
- Analysis
 - Template organizing style
 - Research questions providing preliminary codes
 - Code list generated as transcripts were read



Themes

- Definition of IPC
- Scope of Practice
- Communication
- Conflict
- Educational preparation
- Management
- Organization
- Pay disparity



Educational preparation

- “I am a certificate RPN. I was the last of the certificate RPNs. Basically, the predominant attitude there was you’re not an RN, shut up, sit down, and stay out of the way. We have to show you these things, you’re never going to be allowed to do them but we have to show them to you anyway. So when I went to labour and delivery at the local hospital, I was specifically told by our ... the woman running our program at the time, you’re never going to be allowed to do this in this area, don’t bother asking too many questions, don’t get comfortable, shut up

Management

- “... depending on *who is manager at that time* will depend on what our level of functioning is on the unit and how much input we have in patient care ... you know hospital policies are not put in place, it’s how the manager feels about how the RPN will be *directed*, the RPN’s *patient load*. .so if you have a unit manager who knows psychiatry and knows the background and knows the history of the RPNs that have been there, we have definitely more responsibility, more of a *say*”.



Organization

- Lack of consistency across units and organizations related to scope of practice and what the RPN was 'allowed' to do. This was especially difficult for those that worked on more than one unit or worked in more than one health care facility
- Lack of consistency led to confusion



Pay disparity

- “Our duties are doubling, our expectations are doubling, and most definitely our responsibilities are doubling but our paycheques are staying the same. And I can’t tell you how frustrating that is to sit beside an RN who maybe has 30 years experience and who’s getting double time and a half, so \$50 more an hour than I am, right? An hour! I’m not just talking about in a pay. I’m talking about an hour. .. I can’t believe that I’m running off my butt here and you’re getting \$50 more an hour than I am. An hour! Right? I don’t want to do this anymore. That’s exactly how I feel. You know it’s extremely frustrating.”



Conclusions

- Overall, RPNs feel that IPC is very important to them
- RPNs feel that they are engaging in IPC and understand the scopes of practice for all other team members
- RPNs are experiencing conflict within the health care team, much of which is based on a perceived lack of respect, feeling undervalued, and poor communication



- RPNs will not communicate the patient information that they collect unless they feel that it is valued by team members and integrated into the patient care plan
- Pay disparity creates tension and may impact IPC negatively
- Managers play a critical role in ensuring whether or not the RPN is utilized and to what extent in the health care team



- Organizations and individual units must be consistent in how they utilize the RPN and the extent that they are 'allowed' to practice to their full scope
- With the recent changes in the educational requirements there is confusion within the team regarding what the scope of practice is for the RPN and how it differs to the RN role

■ IBC for the RPN involves working



Future Research

- The role of the manager in relation to IPC must be explored
- Strategies to improve intraprofessional collaboration must be developed and evaluated in terms of quality workplace and patient outcomes
- Strategies to ensure that the RPN is integrated into the health care team and that the outcomes of these strategies are evaluated



THANK YOU!





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