

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

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Background

- RPNs represented 21% of the total regulated nursing workforce in 2007 (CIHI, 2008).
- The RPN workforce has increased nearly 10% since 2003 to a total workforce of 69,709 across Canada, 47% working full-time
- Largest practice sectors (CIHI, 2008)
 - Provinces: 45.5% Hospital, 40% Nursing home/LTC, 6.8% Community Health
 - NWT: 40.8% Nursing Home/LTC, 34% Hospital, 8.8% Community Health



Ontario Statistics

- For 2008, there were 27,432 RPNs who reported employment in nursing in Ontario, an increase of 5.0 per cent over 2007
- The number of RPNs employed in nursing in Ontario for 2008 represents a 12.3 per cent increase over the low point observed in 2004
- 56.3 per cent of RPNs employed in nursing in Ontario reported full-time employment, 35.1 per cent reported part-time employment, and 8.6 per cent reported casual employment.
- 94% female

(CNO, 2008)



Trends in RPN Education

- Changes in education requirements
 - Auxiliary workers
 - 6 month certificate
 - 2 year diploma (Office of Nursing Policy, Health Canada 2007).
- Increased knowledge, skills, and scope of practice
 - Response to a demanding work environment
 - Higher expectations



What we know ...

- RN and RPN data are often merged when research data are analyzed and reported
- Little research and limited literature regarding the role of the RPN or RPN practice and related outcomes
- Little research explores RPN relationships within the healthcare team – i.e., those with the RN, physician, personal support worker (PSW), the advanced practice nurse (nurse practitioner (NP) and clinical nurse specialist (CNS)).



IPC and the RPN project

Study Commenced Feb. 2008

Objectives:

- To describe the collaborative activities RPNs engage in in various sectors of health care
- To determine the influence of variables such as setting, education, experience, and staff mix 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

“Patient-centered. It involves the continuous interaction of two or more professionals or disciplines, organized into a common effort to solve or explore common issues, with the best possible participation of the patient. It is designed to promote the active participation of each discipline in patient care. It enhances patient- and family-centered goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines, and fosters respect for disciplinary contributions of all professionals.”

**([http://www.healthcouncilcanada.ca/docs/rpts/2008/Synthesis%20Report_E_FINAL%20\(2\).pdf](http://www.healthcouncilcanada.ca/docs/rpts/2008/Synthesis%20Report_E_FINAL%20(2).pdf);
Oandasan et al.,2006)**

Framework

- An ecological framework for advancing a collaborative health care culture (Burgess, 2008) was used to guide this research
 - 5 interrelated spheres:
 - systemic context
 - organizational commitment
 - client confidence
 - practitioner competencies
 - team capacity



Research Design

- A two-phase, sequential explanatory mixed-method design (Creswell & Clark, 2007)
- Provincial Survey
 - Electronic
 - Paper
- Follow-up interviews



Research Methods

Sample:

- 4,000 frontline, full- and part-time RPNs working in all health sectors across Ontario
- Province divided into 5 key regions

Recruitment:

- Mailed letters (with addresses from CNO)
- Advertisements were placed in RPNAO newsletter
- RPNAO website
- IPC website

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Interprofessional Collaboration Group (IPG)

Latest News (Interprofessional Collaboration and the RPN SURVEY NOW OPEN!)

- [Interprofessional Collaboration and the RPN Survey Link \(Please use this link if you DO NOT HAVE A VERIFICATION CODE\)](#)
- [Interprofessional Collaboration and the RPN Survey \(If you HAVE RECEIVED A VERIFICATION CODE IN THE MAIL OR VIA E-MAIL please click on this survey\)](#)

Welcome to the IPC Research Group website. We have developed this site so that you can remain informed about our research endeavors related to interprofessional collaboration (IPC).



Description of Sample

- 605 RPNs from all sectors
- 61% RPN certificate
- 37% Diploma
- 2% RN diploma, BA/BScN, or MA/MSc

- 47% Hospital
- 31% LTC
- 16 % Community *Some RPNs worked in more than one sector

- 64% Full-time
- 33% Part-time
- 3% Casual

Data Analysis

- Quantitative
 - Descriptive statistics
- Qualitative
 - Constant comparative method
 - Template organizing style

Quantitative Findings

Who RPNs collaborate with on a regular basis

HCP	%
RNs	93 %
Patients/clients	91%
Physicians	87%
Patient/client families	85%
Pharmacists	67%
PTs	65%
SWs	52%
OTs	51%
PSWs	50%

HCP	%
CMs	38%
Dieticians	34%
RTs	29%
Clinical nurse specialist s	20%

On average, RPNs interact with eight team members on a regular basis



When engaging in IPC RPNs state that they:

	Agree/ Strongly agree
share information with other HC team members	99%
understand the perspectives of other HC team members	97%
initiate client care discussions with HC team members	96%
support and empathize with other HC team members	97%
are supported by other HC team members	86%
are able to clarify their role and responsibilities with other team members	85%

RPNs experiences with tension and conflict

I experience a lot of tension and conflict in the workplace	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
LTC	16%	30%	29%	22%	3%
Hosp	12%	25%	22%	36%	5%
Comm	6%	14%	30%	34%	16%

RPNs stated that they experience conflict with:

When engaging in IPC I experience conflict with:	LTC	Comm	Hospital
RPNs	18%	5%	12%
Clients	18%	6%	14%
Clients' families/significant others	24%	9%	18%
RNs	24%	15%	23%
Physicians	13%	5%	14%
PSWs	36%	8%	8%

Add those RPNs that stated neutral

When engaging in IPC I experience conflict with:	LTC	Comm	Hospital
RPNs	36%	15%	24%
Clients	35%	18%	27%
Clients' families/significant others	48%	24%	34%
RNs	45%	32%	44%
Physicians	33%	21%	38%
PSWs	56%	27%	28%



RPNs and conflict

- When asked how *frequently* RPNs experienced conflict with the following individuals they responded:

HCP	Frequently	Sometimes	Seldom	Never
RPNs	2%	20%	50%	23%
RNs	8%	37%	38%	14%
CMs	2%	11%	25%	23%
Physicians	3%	20%	39%	34%

My knowledge, skills and expertise are valued by:

- 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).



Scope of practice

- RPNs agreed or strongly agree that they are practicing to their full scope of practice as defined by the College of Nurses of Ontario.
 - Full-time (73%)
 - Part-time (69%)
- 67% of RPNs in the hospital setting felt they were practicing to their full scope, 23% did not and 10% stated neutral

When asked whether they believed that their health care organization was committed to IPC by:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
providing a reward system for teams to flourish	5%	16%	32%	37%	10%
providing adequate time for teamwork and IPC	7%	27%	31%	27%	7%
leadership and direction to assist with conflict resolution	9%	30%	29%	25%	7%
providing a non-hierarchical and flexible work environment	11%	28%	27%	21%	13%

When asked whether they believed that their health care organization was committed to IPC by:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
administrative supports that foster IPC	7%	32%	31%	21%	8%
an adequate skill mix	18%	50%	16%	11%	5%
a positive and healthy work environment	11%	36%	28%	18%	8%



Satisfaction

- RPNs are generally satisfied with the level of collaboration between themselves and other members of the health care team
- However, those practicing in the community setting had a significantly higher rate of satisfaction ($p < .001$) than those practicing in the hospital setting ($p < .02$)



Facilitators

- The health care team with whom I practice 79%
- Orientation of the health care team to my role 65%
- My educational preparation 62%
- The nature of my employment relationship
(e.g. Full-time, part-time) 56%



Barriers

- Resistance from other health care providers in the practice (56%)
- The health care team with whom I practice (50%)
- Orientation of the health care team to my role (48%)
- The way my role has been defined-too narrow (46%)
- Resistance from patients (43%)



Qualitative Findings

- 50 interviews completed
 - Those that indicated a high level of satisfaction, low level of satisfaction and neutral
 - All sectors
 - Template organizing style
 - Research questions providing preliminary codes
 - Code list generated as transcripts were read
 - Transcripts reread with final coding list
 - Team members asked to participate in coding



Themes

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



Definition of IPC

- “Definitely as part of ... as a collaborative team you’re dealing with occupational health ... occupational therapists, sorry recreational therapists. You’re dealing with RNs, you’re dealing with RPNs. You’re dealing with medical doctors. I’m dealing with psychiatrists. I’m dealing with family, and foremost I’m dealing with the patient that becomes ... that’s part, that’s the main focus obviously. So those are the people that are mostly involved in the care”



Management

- “But I think that probably it would ... depending on *who is manager at that time* will depend on many things, will depend on what our level of functioning is on the unit and how much input we have in patient care, and that is as per management. That has nothing really to do with hospital funny enough. Like it doesn’t have ... 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*. Again, if you have a manager who knows ... the unit that I’m working on specifically is psychiatry, 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*”.



Management

- “Well my manager she’s fairly new to our unit, maybe 2 or 3 years. As a person she’s very good, but as a manager she lacks the skill and knowledge to understand that you know RPNs are nurses, and because she’s never really worked with RPNs, she’s not too familiar with what our scope is. For example, if we have a gentleman that comes back from acute with a fractured hip, she’ll remove him from an RPN and put him with an RN, which is an *insult* to a lot of us. So she undermines our capabilities. So I feel that if she was more knowledgeable on what an RPN can do and what our scopes are and understood that RPNs are nurses that she would maybe *relax* a little bit more and encourage the RPN involvement in a lot of the patient care issues, and that would also encourage learning for those people who haven’t had that experience”



Communication

- “Okay, I think, depending on where you’re working that your experiences are always different. Now where I work I’m finding that, depending on who you speak with as an RPN, your opinion or your judgement or your experience doesn’t seem to count for much. I think that for the most part, we’re not viewed as being very educated. Although we’re nurses, we’re not viewed as being educated so there’s always...they [nurses] always go beyond our opinion for clarification. That’s my experience”



Conflict

- “And that is a common feeling amongst most of the RPNs. They feel as if well if our opinion or our knowledge isn’t respected or counted as something then we have very little input. So a lot of people won’t input, won’t involve themselves to meet certain aspects because they feel they’re not respected...I don’t involve myself too much in it only because I feel that on our unit RPNs are not respected. So I’ve always had the attitude that if I’ve said something or if I’ve documented something and a month later something’s happened I’ll say, well I tried to talk and nobody would listen because I’m just an RPN, right?”



Conflict

- “It would definitely be co-workers like RPNs, RNs. It would be us. I think that we’re the reason why there are barriers and breakdowns among us. The other disciplines, because we’re on the unit 24-7, the disciplines come usually during the day. They usually come during the day and then they will leave. And then you’ll have us. And then there’s always back biting, blaming, blaming each other for things, and I think *that’s* what breaks us down and that’s what breaks us down as a team”



Scope of Practice

- I was fine and content with the whole scope until they started this IV thing, and I guess I'm just one of the ones that's been an RPN for 30 years so it's kind of ... like I'm more conscientious than most I guess to ... I'm a little nervous when you have to go and ... Like the new RPNs have the 2 year program and they've had some of that in it.



Organization

- Well you know what, I think some of it was certainly I think finances played a role with hospital budgets looking at utilization, greater utilization of the RPN. I also think that a shortage of RNs at some points drove that forward. And then I think there were leaders in organizations that saw that you know you could utilize both categories of nurses much better than we had in the past, and some of that was the driver also. Leadership plays a huge role in how organizations utilize their staff.



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. To see them sitting there. I can't begin to tell you how frustrating that is and especially now that I'm older. You know now I'm more ... I'm more practical and than I am idealistic, right? And I look at it ... and it's just not me, but I'm looking and I'm thinking 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.



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 and stay out of the way. It scared the living bejesus out of me”



Educational preparation

- No way. No, no, no. Like I mean, you know what? No, I graduated a long time ago. No, no way. It did not teach me nothing about this.



Discussion

- Overall, RPNs feel that IPC is very important to them
- RPNs feel that they are engaging in IPC
- RPNs do not feel their knowledge and skills are valued by members of the health care team
- RPNs are experiencing conflict within the health care team, but to what degree remains unclear
- Communication is key to effective IPC
- Pay inequity is unanticipated barrier to IPC



- Communication and conflict are closely linked
- Pay disparity creates tension and impacts IPC negatively as RPNs refuse to fully engage with the team
- The organization and managers play a critical role in ensuring whether or not the RPN is utilized and to what extent in the health care team
- Not all RPNs want to engage in their full scope of practice and this may be a barrier to IPC



- Education plays a key role in whether or not an RPN practices to his/her full scope which may impact upon IPC



Implications

- Strategies to address conflict within the team must be developed and evaluated
- Strategies must be developed to address the barriers to IPC at the individual, team, organizational, and policy levels
- The organization must continue to support the RPN by providing opportunities for collaboration, adequate time, space and rewards to engage in IPC activities



Future Research

- The role of the manager in relation to IPC must be explored
- How RPNs define IPC must be explored further
- Strategies to improve intraprofessional collaboration
- Strategies to ensure that the RPN is integrated into the health care team and the outcomes of these strategies

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