

# Competencies for Registered Nurses in Primary Care in Canada: A Delphi Study

Julia Lukewich<sup>1</sup>, RN, PhD; Michelle Allard<sup>2</sup>, RN; Lisa Ashley<sup>3</sup>, RN MEd; Kris Aubrey-Bassler<sup>4</sup>, PhD; Denise Bryant-Lukosius<sup>5</sup>, RN, PhD; Treena Klassen<sup>6</sup>, RN, MEd; Tanya Magee, RN, BN; Ruth Martin-Misener<sup>8</sup>, NP, FAAN, PhD; Maria Mathews<sup>9</sup>, PhD; Marie-Eve Poitras<sup>10</sup>, RN, PhD; Josette Roussel<sup>11</sup>, RN, MSc, MEd; Dana Ryan<sup>1</sup>, MA; Ruth Schofield<sup>5</sup>, RN, MSc(T); Joan Tranmer<sup>12</sup>, RN, PhD; Ruta Valaitis<sup>5</sup>, RN, PhD; Sabrina T. Wong<sup>13</sup>, RN, PhD

1. Faculty of Nursing, Memorial University; 2. Faculty of Health Sciences, University of Manitoba; 3. Lisa Ashley Consulting, Inc.; 4. Faculty of Medicine, Memorial University; 5. School of Nursing, McMaster University; 6. Palliser Primary Care Network; 7. Registered Nurse Professional Development Centre; 8. School of Nursing, Dalhousie University; 9. Department of Family Medicine, Schulich School of Medicine & Dentistry; 10. Family Medicine Department/School of Nursing, Université de Sherbrooke; 11. Canadian Nurses Association; 12. School of Nursing, Queen's University; 13. Centre for Health Services and Policy Research and School of Nursing, University of British Columbia

## BACKGROUND

- Registered Nurses (RN) in primary care (also known as family practice/primary care nurses) work in partnership with physicians, nurse practitioners, and other providers who are part of a healthcare team.
- RNs in primary care function as generalists and provide a wide range of health services in diverse practices across the breadth of primary care services.

Figure 1. Roles Performed by RNs in Primary Care



- RNs in primary care offer a feasible and affordable solution to issues facing Canada's primary care systems, such as the increasing complexity of patients and prevalence of chronic diseases, by improving access to care, reducing healthcare costs, and promoting high quality care.
- Absence of national competencies for RNs in primary care has been a fundamental challenge to the integration of this role in primary care teams.

### WHAT ARE COMPETENCIES?

- Competencies are integrated knowledge, skills, judgement, and attributes required of a nurse to practice safely and ethically in a distinct role/setting (such as primary care). Competencies define scope and depth of practice.

## OBJECTIVES

To develop competencies that reflect the unique contributions of RNs in primary care to support the integration and optimization of this role within primary care across Canada.

### RESEARCH QUESTION

What are the competencies that best represent the practice of RNs in primary care across Canada?

## APPROACH

**STUDY DESIGN:** A modified Delphi (consensus) process.

**PARTICIPANTS:** Nurses with knowledge, expertise, and/or experience related to RNs in primary care practice across all provinces/territories and domains of nursing (i.e. clinical practice, education, research, policy, administration).

**RECRUITMENT:** Snowball, online searches, and professional organizations (e.g. Canadian Family Practice Nurses Association and its provincial groups).

### DELPHI ROUND #1

- An initial draft of competencies was guided by an environmental scan of international literature, a panel of informants (researchers, stakeholders, project partners) who met in-person for a full-day, professionally facilitated workshop in Toronto, Ontario (December 2018), and competencies of related practice areas.

- Initial draft = 49 competencies organized in 6 domains (see Figure 2).

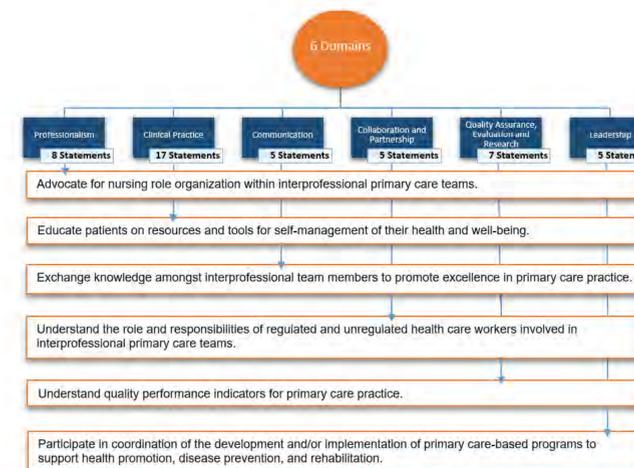
### DELPHI ROUND #2 & 3

- Online survey platform. Participants were asked to report on the importance of each competency statement using a 6-point Likert scale (i.e. 1=not important at all; 6=extremely important) and offer written feedback/suggestions.
- Consensus was defined as at least 80% agreement (i.e. mean score of at least 5.0) on each competency statement. Statements that did not reach consensus were discussed and modified by the research team.
- Three modified statements (2 of 4 statements that did not meet consensus were combined) were included in the second (final) Delphi survey. Only participants who had completed round 1 were asked to complete round 2.

## RESULTS

- Majority (n=45) of statements achieved agreement after the first survey.
- Final list of competency statements for RNs in primary care consists of 47 distinct statements, organized across 6 domains.
- Figure 2 shows the domain names, number of statements, and an example of a competency statement from each domain.

Figure 2. List of Competency Domains and Example Statements



- The complete list of competencies have been published in a national report for the Canadian Family Practice Nurses Association (December, 2019).



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## RESULTS

- First survey round: 86/137 individuals completed (63% response rate) between April-May, 2019; Second survey round: 72/86 individuals completed (84% response rate) between June-August, 2019 (see Table 1).

Table 1. Demographic Characteristics of Participants

| Demographic Characteristics <sup>†</sup>                    | Round 1<br>n = 86<br>n (%) | Round 2<br>n = 72<br>n (%) |
|---|----------------------------|----------------------------|
| <b>Language</b>   |                            |                            |
| English   | 76 (88.4)                  | 64 (88.9)                  |
| French  | 10 (11.6)                  | 8 (11.1)                   |
| <b>License Designation</b>                                  |                            |                            |
| Registered Nurse  | 66 (76.7)                  | 57 (79.2)                  |
| Nurse Practitioner  | 11 (12.8)                  | 9 (12.5)                   |
| Other (e.g. assistant professor, clinical consultant, etc.) | 9 (10.5)                   | 6 (8.3)                    |
| <b>Years Worked as Nurse in Primary Care</b>                |                            |                            |
| 1-9   | 42 (48.8)                  | 33 (45.8)                  |
| 10-19   | 22 (25.6)                  | 20 (27.8)                  |
| 20-29   | 9 (10.5)                   | 8 (11.1)                   |
| 30+   | 5 (5.8)                    | 3 (4.2)                    |
| Did not work in primary care <sup>‡</sup>                   | 8 (9.3)                    | 8 (11.1)                   |
| <b>Province/Territory</b>                                   |                            |                            |
| British Columbia  | 12 (14.0)                  | 12 (16.7)                  |
| Prairies (AB, MB, SK)                                       | 20 (23.3)                  | 17 (23.6)                  |
| Ontario   | 7 (8.1)                    | 5 (6.9)                    |
| Quebec  | 10 (11.6)                  | 8 (11.1)                   |
| Atlantic Canada (NL, NS, NB, PEI)                           | 34 (39.5)                  | 28 (38.9)                  |
| Territories (NWT, YT, NT)                                   | 3 (3.5)                    | 2 (2.8)                    |

<sup>†</sup>There were no significant differences between participant characteristics in round 1 and round 2. <sup>‡</sup>Participants reported indirect primary care experiences, including administrative positions (e.g. director of clinic), nurse educator positions, and research positions.

## IMPLICATIONS

### BENEFITS OF NATIONAL COMPETENCIES FOR RNS IN PRIMARY CARE

- Support the integration and optimization of this role in primary care across Canada. The competencies serve as a tool for facilitating inter-professional team functioning by articulating the unique contributions and scope of practice of RNs in primary care.
- Support employers in the recruitment and integration of RNs into primary care settings through the formation of job descriptions, credentialing mechanisms, interview guides, orientation materials, and other relevant tools.
- Serve as a framework to aid researchers and other stakeholders to generate evidence on the contribution of RNs in primary care to patients and the broader healthcare system. We will broadly communicate results to support uptake and use in primary care through publications and other knowledge translation activities (e.g. presentations, webinars, etc.)
- Contribute to a skilled national workforce of RNs in primary care. The Canadian Nurses Association plans to incorporate primary care nursing competencies into the Community Health Nursing Certification exam (update in-progress).
- The second phase of this project will guide nursing curricula across Canada and identify gaps in nursing education and learning needs of RNs in primary care.

### NEXT STEPS

- Conduct two cross-sectional surveys with program Deans/Directors and front-line primary care RNs to assess integration of competencies within Canadian nursing curricula and performance/learning needs of RNs in primary care relative to these competencies.

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