

L'évolution du rôle de l'infirmière dans le secteur des soins primaires en région rurale et éloignée : un examen de la portée des études sur la question

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Afin de répondre adéquatement aux besoins de la population en matière de santé, les autorités sanitaires des localités peu peuplées des régions rurales et nordiques du Canada étudient aujourd'hui les moyens à mettre en œuvre pour améliorer l'organisation et la prestation des soins de santé primaires (SSP). Un aspect important de cette réflexion touche l'évolution des rôles, des milieux de travail et du champ d'exercice des infirmières autorisées. Même si un grand nombre d'études insistent sur la nécessité de revoir le rôle des infirmières, peu se penchent sur la question de la transition en soi. Les auteurs présentent les conclusions d'un examen de 69 articles scientifiques sur l'évolution des rôles dévolus aux infirmières en SSP, notamment en milieu rural et éloigné. Leur recension offre des exemples concrets du processus de transition et des grandes questions professionnelles et organisationnelles qui s'y rattachent, tout en définissant les appuis qu'il faudra mobiliser pour transformer et soutenir les rôles et les responsabilités des infirmières en SSP.

Mots clés : rôles des infirmières, soins de santé primaires, évolution des rôles, région rurale et éloignée

Role Transition in Rural and Remote Primary Health Care Nursing: A Scoping Literature Review

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In order to align health services with population health needs, health authorities in sparsely populated rural and northern Canada are exploring how to better organize and deliver primary health care (PHC) services. A significant component of PHC innovation involves changes to the roles, work settings, and practice modes of registered nurses. While many studies have identified the need to revise nursing roles, few have examined the transition itself. The authors present the findings of a scoping literature review examining the transition of nursing roles in PHC, with a focus on rural and remote settings. Their review of 69 articles provides clear examples of the process of role transition and key professional and organizational issues, while also identifying the supports needed to change and sustain nurses' roles and responsibilities in PHC.

Keywords: nursing roles, primary health care, role transition, rural and remote

Introduction

In order to provide services that are aligned with population health needs across large geographic distances, health authorities in sparsely populated rural and northern Canada are exploring how to better deliver and organize primary health care (PHC) services (Northern Health, 2009; Russell et al., 2007). A significant component of PHC innovation is making changes to nurses' roles, settings, and modes of practice. While many studies have identified a need to revise nursing roles, few have examined the transition itself. The need for a smooth transition is particularly acute in rural and remote settings where overall population health is poorer and where health-care demands and health human resource (HHR) challenges are greater (Des Meules et al., 2006; MacLeod et al., 2008; Romanow, 2002). This article summarizes a scoping literature review that examined the transition of nursing roles in PHC, with a focus on rural and remote settings (Banner, MacLeod, Johnston, Schellenberg, & Chisholm, 2009). The review was undertaken in response to a health authority's need to inform the transformative change process in order to better deploy nurses in PHC.

Background

Rapid changes in the organization and delivery of PHC and growing health-service demands across Canada have created the need for nurses to adapt to, and assume, new and transformed roles (Holt, 2008; Russell et al., 2007; Watson & Wong, 2005; Williams & Sibbald, 1999; Wong, Watson, Young, & Mooney, 2009). In these emerging roles, nurses provide the functions of PHC — first-contact care and services considered to be responsive, comprehensive, continuous, and coordinated (Wong et al., p. 101). The ongoing reform and transformation of PHC in rural and remote Canada have afforded nurses an opportunity to expand their current roles, maximize their scope of practice, and develop services that are more responsive to population needs (Bonsall & Cheater, 2008; Lowry, 1996; Porter-O’Grady, 1991). These changes and transformations are not limited to those in advanced practice roles (such as nurse practitioners, who have an extended scope of practice and a greater degree of autonomy) but apply to all nurses providing generalist services within the PHC and community context (Annells, 2007).

Numerous nursing roles in PHC exist internationally. These include health visitor, practice nurse, nurse practitioner, advanced practice nurse, public health nurse, and community nurse. They can be classified as community-based nursing roles, where care is provided directly to individuals or families (e.g., nurse practitioner; district, home care, or practice nurse) or community-health nursing roles, where the focus of care is the community (e.g., health visitor; public health nurse) (Hunt, 2005; St. John, 2007; Stamler & Yiu, 2008). A role that is commonplace in Australia, New Zealand, and the United Kingdom but not in Canada is that of practice nurse. Practice nurses work in general practice clinics and provide a range of nursing services, including health promotion, immunization, well-woman and general-health screening, venepuncture, and case management of some acute and chronic conditions (Annells, 2007). They work in collaboration with general practitioners and do not as yet hold an extended scope of practice.

An important component of HHR planning is facilitating the transition of nurses as they take on new and transformed roles in PHC. Such planning is crucial to the overall success and sustainability of PHC initiatives (Federal/Provincial Territorial Advisory Committee on Health Delivery and Human Resources, 2007). Even though system-wide planning is important, argue Tomblin-Murphy and O’Brien-Pallas (2002), plans should not be too formulaic, should respond to population need, and should acknowledge the complex and dynamic nature of the health-care environment and workforce. Accordingly, a scoping review, includ-

ing the context of role transition in PHC, was undertaken to produce evidence that might be useful in regional planning.

Methods

A scoping literature review provides a comprehensive examination of the research and non-research literature. In contrast to the classic systematic review, a scoping review seeks to identify pertinent themes within a given field as opposed to assessing research literature within a narrowly defined protocol (Arksey & O'Malley, 2005). Scoping reviews are gaining in popularity and are commonly used to inform policy and practice initiatives (Davis, Drey, & Gould, 2009).

While there is a plethora of literature exploring specific nursing roles in PHC, investigating this literature in detail was beyond the scope of this review, and the focus remained on the transition of roles. The review was driven by four questions: *What roles and responsibilities can nurses assume within integrated PHC systems? What is the process of role transition in nursing? What supports are needed for nurses and others to assume and sustain new and transformed roles and responsibilities? What are some of the criteria for evaluating changing nursing roles in rural and remote PHC?*

The review was undertaken in four stages, with two workshops and ongoing consultations with academics, health-care providers, and decision-makers to refine the review process, ensure that the relevant literature was captured, and ensure that the findings and their interpretations were robust and responsive. The first stage, planning and conceptualization, formed the foundation of the review. A review proposal was developed following initial discussions and refined through further consultations.

The second, preliminary search, stage involved a database search of subject headings, search terms, and keywords (medical subject headings MeSE) and a review of reference lists. The research literature from January 1990 to February 2009 was captured through searches of Medline, Medline Ovid, Alt Health Watch, Biomedical, Health Source, PsycINFO, and Cumulative Index of Nursing and Allied Health Literature (CINAHL). Initial search terms were collated; these were extended following consultation with other researchers and nurses at the first workshop (Table 1). The nurse practitioner literature was largely excluded, for two reasons. A wide range of contemporary research studies and systematic reviews is available in this area, including material on introducing the nurse practitioner role (DiCenso & Bryant-Lukosius, 2010; Mundinger et al., 2000; Venning, Durie, Roland, Roberts, & Leese, 2000). Also, the health authority intended to use the evidence from this review to inform its alignment of ongoing nursing services with PHC, rather than to introduce nurse practitioners into PHC settings. Therefore,

Table 1 *Expanded List of Search Terms, Subject Headings, and Keywords*

Health visitor	Nursing identity
Professional nursing identity	Nursing role
Nursing role changes	Practice nurse
Primary health care	Primary health care nurse
Rural nursing	Rural primary health care nurse
Rural public health	District nurse
Generalist nurse	Home and community care
Home care	Home care nurse
Role transition	

only the nurse practitioner literature examining the *role transition processes* was included in the review. Core documents from nursing regulatory bodies were identified to contextualize the findings. An article was considered if it was peer-reviewed, written in English, published in Canada or internationally, related to PHC and nursing role transition, and published since 1990. Articles outlining health systems in developing countries were excluded, as they were not considered focally relevant to the Canadian context. The preliminary search generated more than 250,000 articles. This number was reduced to just over one thousand by refining the list of search terms and removing duplicates.

The third stage consisted of a focused search and review of the titles and (where necessary) abstracts of more than a thousand articles. Data were extracted by a research assistant using a guide sheet and were re-evaluated in detail by the investigators to establish key concepts and contributions. A final cohort of 65 articles was identified. These articles were organized in a Thomson Reuters EndNote™ library and distributed to review team and workshop members for evaluation of comprehensiveness. A further four articles were suggested during the first workshop and were included in the review, for a total of 69. Finally, review data were compared for similarities and differences, organized into key themes, and mapped to demonstrate the breadth of knowledge and scope of the literature. Key themes were presented and discussed in a second workshop (Banner et al., 2009), where the interpretations of the findings were confirmed and extended. By engaging with other nurses, decision-makers, and researchers, the investigators were able to refine the review process and ensure the capture of relevant material and findings.

Findings

The findings from the Canadian and international literature were delineated into four categories: developing new and transformed roles, moving towards innovative and integrated health-service delivery, rural and remote PHC, and the process of role transition.

Developing New and Transformed Roles

For the most part, the literature has focused on the development and transition of nurses to advanced practice roles such as nurse practitioner and clinical nurse specialist (Biggs, 1999; Bonsall & Cheater, 2008; Laurenson, 1997; Lowry, 1996; Mitchinson, 1996; Porter-O'Grady, 1991). For example, a review by Bonsall and Cheater (2008) found that advanced practice roles in PHC are frequently developed in response to physician shortages and are particularly important in rural and remote settings where health-care resources and physician services are limited or non-existent. Advanced practice nursing roles in PHC are shown to improve accessibility, clinical effectiveness, and patient satisfaction, but more data on long-term follow-up of health outcomes are required. While few studies have examined the development of new and transformed generalist nursing roles in this context, the important contribution and role of nurses in PHC and community health is well documented (Annells, 2007; Boucher, 2005; Goodman, Ross, MacKenzie, & Vernon, 2003; Jenkins-Clarke & Carr-Hill, 2001; Thomas, Reynolds, & O'Brien, 2006); the nursing role is viewed as most effective when integrated within an interdisciplinary team (Howlett & Tamlyn, 1999; Sibbald, Laurant, & Reeves, 2006).

The literature indicates that the careful planning and development of new and transformed nursing roles is an essential means through which to gain clarity on the expectations and scope of nursing roles; education, resources, and regulation sufficient to support implementation and practice; and evaluation of the benefits and costs (Aranda & Jones, 2008; Atkin & Lunt, 1996a, 1996b; Castledine, 2003; Ewens, 2003; Glen & Waddington, 1998; Hatzfeld, 2008; Howlett & Tamlyn, 1999; MacDonald, Herbert, & Thibeault, 2006; Takase, Maude, & Manias, 2006; Todd, Howlett, MacKay, & Lawson, 2007). For example, McKenna, Keeney, and Bradley (2003) examined professional and lay views of generic and specialist community nursing roles. Their multi-method study, undertaken in Ireland, included the use of focus groups, a survey (Delphi technique), and interviews to explore issues such as role conflicts, development, and enhancements. The authors found that physicians were unlikely to advocate for specialization in community nursing roles and were concerned that this could lead to role confusion and loss of the benefits of general-

ism, which in turn could cause some patients to “fall between the cracks.” In contrast, community nurses felt that while it was crucial to preserve generalism, clearly delineated specialist roles were also important. Likewise, the participating senior strategists and policy-makers believed that generalist roles promoted balanced care and could be supported by specialist nursing roles (such as diabetes, palliative, and stoma care roles).

Much of the literature examining the development of new and transformed nursing roles is based on the specific development of advanced practice roles as opposed to more generalist nursing roles in PHC. Further research is warranted, to examine both the processes and the outcomes of developing and transforming generalist nursing roles in PHC.

Moving Towards Innovative and Integrated Health-Service Delivery

An important component of PHC transformation has been the growing inclusion of nurses in the community and general practice environment. Hall (2007) describes the need to “create space” for nursing within “divisions of general practice” — groups of general practitioners (GPs) who control PHC resources regionally. Hall reports that, in Australia, there has been significant expansion in the number of community nurses working in these PHC settings, including practice nurses who provide health promotion, chronic disease management, and education. Hall argues that the success of such initiatives depends on clarity of nursing roles and on infrastructure that promotes interdisciplinary collaboration and peer support. When nurses are employed directly by physicians, the employment relationship can complicate team collaboration, lead to a sense of uncertainty (Hall, 2007; Heartfield, Gibson, Chesterman, & Tagg, 2005), and constrain the scope of nursing practice (Mills & Hallinan, 2009).

Despite considerable PHC reform in Canada, few examples of how reform has impacted nursing are evident in the peer-reviewed literature. However, Gallagher, Relf, and McKim (2003) describe the initiation of integrated PHC services in northeast Edmonton, Alberta. They examine the development of a community health centre that provides a broad range of services, including women’s health clinics and chronic disease clinics. Gallagher et al. contend that a key avenue to enhanced accessibility is integration of multicultural health brokers and interdisciplinary health professionals into the design of interconnected community-hospital services. This includes nurses working to their maximum scope of practice and nurse practitioners working in clinics and local emergency departments, in order to improve the flow and delivery of services.

The changes in PHC provision call for adequate preparation in the revised nursing roles as well as opportunities for health professionals to

work collaboratively to overcome perceived biases. In some PHC models, health-care teams include nurses from a number of different practice areas, such as public health and home care, as well as practice nurses (Hall, 2007; Hughes & Calder, 2006). This integration of roles can lead to confusion and territorialism within the nursing team unless clear boundaries and role expectations are established (Bryant-Lukosius & DiCenso, 2004).

Galvin et al. (1999) conducted an action research study to examine and implement change within a PHC nursing team. The aims of this British study were to gain perspectives on service needs and delivery, examine the roles and types of work undertaken by nurses, identify core and specialist skills, and define new roles and responsibilities. Data were collected from one primary care trust in South West England comprising five GPs and a nursing team, including practice nurses, a health visitor, and a support worker, serving a population of 7,700. This multi-method study used a range of data-collection techniques, including task analysis, focus groups, interviews, reflective diary analysis, and patient surveys.

Galvin et al.'s (1999) patient survey identified a desire for more continuity of health-care providers, especially in relation to childhood immunization and wound care. The data revealed that nurses wanted to identify key skills, clarify specialist roles, and work collaboratively across professional boundaries. GPs and community nursing managers suggested that an effective skill mix within an interdisciplinary team was essential and that the inclusion of specialist and generalist nursing roles was necessary to meet patient needs. A coordinated team approach was considered most appropriate, and practice changes included new mechanisms for cross-referral between members of the nursing team to avoid duplication of services and improve continuity. Galvin et al. report that while these changes were viewed positively, the process of change was challenging, particularly as nurses attempted to establish and maintain collaborative working relationships.

Key mechanisms that support the development of collaborative PHC practice include collaborative practice frameworks, shared principles and vision, and interdisciplinary education and professional development (Integrated Primary Health Care Working Group, 1998; Roblin, Vogt, & Fireman, 2003; Romanow, 2002; Sharp, 2006). Supports for ongoing interdisciplinary education, for example, can alleviate some of the difficulties in initiating and sustaining change processes (Integrated PHC Working Group, 1998). Sheehan, Doolan, and Veitch (2008) cite the need to challenge traditional leadership models and sources of conflict in rural PHC, such as the assumption that integrated teams will always be led by physicians. They argue that patient outcomes are more positive when the expertise of all group members is acknowledged and a flexible approach

to team dynamics is promoted. Other barriers to integrated team functioning, and therefore to role transition, are professional regulation, financial constraints, PHC funding models, and lack of resources (Integrated PHC Working Group, 1998; Pringle, Levitt, Horsburgh, Wilson, & Whittaker, 2000).

Continuing professional development modules have been found to enhance interdisciplinary collaboration. Curran, Sargeant, and Hollett (2007) present an example of how team functioning can be supported. Participants in the program they describe included dietitians, physicians, nurses, physiotherapists, and social workers. The program encompassed the introduction of six education modules, including understanding PHC, conflict resolution, and team-building. Evaluation data were gathered from 3,725 individuals, with interprofessional education being shown to increase the understanding of PHC principles while enhancing interdisciplinary collaboration. Likewise, Healey, Milbourne, Aaronson, and Errichetti (2004) used simulation to provide health professionals with insight into role differences as a means of promoting collaboration and effective communication. Simulation enabled team members to appreciate the competencies and strengths, as well as the perceived challenges, of the other professions represented on the PHC team.

Effective interdisciplinary collaboration and the introduction of new and transformed nursing roles can enhance job satisfaction, recruitment, and retention (Collins et al., 2000; Ewens, 2003; MacDonald & Schoenfeld, 2003). Collins et al. (2000) examined whether new advanced practice nursing roles contributed to job satisfaction and retention of nurses and allied health professionals in the United Kingdom. Their questionnaire study involved nurses transitioning into advanced practice roles such as nurse practitioner and nurse specialist. The sample comprised 452 nurses and 162 allied health professionals. The authors report that although 89% of nurses and 90% of allied health professionals reported a sense of satisfaction with the transition into new roles, it is critical, during the early part of the transition, that adequate support and training be available and that role boundaries be clearly articulated.

The transition to innovative and integrated approaches to health-service delivery can be problematic unless adequate preparation is undertaken to examine key barriers and facilitators. An understanding of these factors may be essential to the long-term success of PHC and nursing initiatives. Therefore, it is crucial that adequate education, support, and training be available to foster collaborative practice, improve recruitment and retention, and streamline role transition. Further research examining the transition of nursing roles in relation to innovative PHC delivery is essential.

Rural and Remote PHC

Many nurses in rural and remote practice deliver PHC as part of their nursing role (MacLeod et al., 2004, 2008; Wong et al., 2009), in part because of the intimate connections between the nurses and the small communities in which they live and work. Transitioning nursing roles in rural PHC services can build upon and extend the strengths inherent in the multidimensional working relationships that rural nurses form with their clients (Forbes & Jansen, 2004; Moules, MacLeod, Hanlon, & Thirsk, 2010). Greater understanding of the challenges of nursing in the rural and remote context is essential to the overall success and sustainability of new roles, job satisfaction, and retention (Alford & O'Meara, 2001; Molinari & Monserud, 2008).

Pearson and Care (2002) highlight the beneficial effects of facilitating the systematic implementation of new roles and providing ongoing support (education and mentoring) to enable effective role transition. They explain that the staged implementation of new nursing roles in rural PHC can serve to maintain service provision and help nurses adjust to their new roles. Pearson and Care argue that the engagement of the community, decision-makers, and health-care providers in this process results in services that are appropriate for and responsive to local health-care needs as well as in recognition of the educative, legislative, and regulatory aspects of the new roles.

Similarly, Vukic and Keddy (2002) discuss strategies for enhancing the transition to rural nursing roles and examine northern nursing practice in the First Nations PHC setting. Their institutional ethnography of the everyday practice and work of nurses in a northern First Nations community shows that nurses provide a wide range of services that extend beyond those typically associated with the nursing role, including community development. The study demonstrates that building trust and engaging with communities is essential to the effective delivery of PHC services and can enable nurses to address the wider determinants of health. An understanding of the contextual and social factors relevant to the renewal and transformation of PHC services and their impact on nursing roles in the rural and remote Canadian context is therefore essential to the success of such initiatives.

The Process of Role Transition

Role transition can involve a developmental process within an existing role or the introduction of a new position or context (Holt, 2008). In either case, it is essential that one understand the transition process in order to support those undergoing change and to maximize positive outcomes and sustainability (Ewens, 2003; Holt, 2008). Holt (2008)

undertook an exploratory study of role transition as experienced by 11 registered nurses in British PHC settings. A comparative analysis of the data was conducted and a theory of role transition developed. The theory encompassed four core concepts of role transition. In *centring identities*, nurses experienced changes to their self-identity, social roles, and work-life balance, in addition to changes associated with their professional role. When focusing on a *current and anticipated role*, nurses reported that they had high expectations of what they could deliver and therefore often placed an emphasis on achieving specific tasks. The notion of *enacting roles in a given context with available resources* demonstrated that successful role transition was influenced by the availability of resources and that many participants felt they were unable to reach their full potential due to shortages of both human and physical resources. In his examination of *shaping role(s) through loss and/or expansion of role(s) or part of role(s)*, Holt notes that many transitioning nurses delegated non-specialized tasks and roles in order to fulfil their newer, expanded role. The study found that a supportive workplace culture is essential to the success of role transition. Further research to examine the processes and stages of role transition would be valuable, particularly with respect to nurses practising in rural and remote Canada.

Discussion

This scoping review has captured a diverse range of literature examining the transition of nursing roles in PHC, with a particular focus on the rural and remote context. It provides important insights into the development of nursing roles, the transition to innovative and integrated health-service delivery, rural and remote PHC, and the process of role transition. The following sections summarize key recommendations and limitations.

Roles and Responsibilities in Integrated PHC Delivery

There is evidence that new and transformed nursing roles may emerge as a means of addressing service gaps and improving population health (Annells, 2007; Briggs, 1997). The literature suggests that nurses are eager to embrace new practice roles and that their eagerness is associated with enhanced job satisfaction and improved retention (Calpin-Davies & Akehurst, 1999). In the rural and remote context, where there are challenges to the recruitment and retention of nurses, the transformation of nursing roles in PHC may allow for innovative approaches to patient care.

While the transformation of nursing roles in PHC has enormous potential, practice can be constrained by funding issues, limited access to

professional development to support role change, and lack of clarity with regard to the scope of practice (Annells, 2007; Mills & Hallinan, 2009). Also, the introduction of more advanced practice roles may create gaps in service provision, with more “generalist” needs not being met (Annells, 2007). Consequently, the transition of nursing roles in PHC requires systematic and strategic planning (Read & George, 1994).

The Process of Transitioning Nursing Roles

The literature provides some clear examples of role transition. Of these, however, few are primary research articles. Further research is warranted to explicate the process and the outcomes in the rural and remote Canadian context and to reflect the ongoing development and integration of innovative PHC service delivery.

Supports Needed for Nurses and Others to Change and Sustain Roles and Responsibilities

Planning for role transitions must explicitly attend to the population health, HHR, and professional practice issues that are relevant to the rural and remote context. The emergence of new and transformed nursing roles could result in territorialism and confusion among nurses and other health professionals. Consequently, it is essential that nursing roles in PHC be developed collaboratively and that clear guidelines around expectations, roles, responsibilities, and scope of practice be provided (Annells, 2007; Briggs, 1997; Daly & Carnwell, 2003; DiCenso & Bryant-Lukosius, 2010; Dolan, Dale, & Morley, 1997; Mills & Hallinan, 2009). In rural and remote communities, such collaboration includes the community itself. Key mechanisms to support the transition of nursing roles include the ongoing engagement of interdisciplinary health-care providers, decision-makers, and community members, along with effective change-management strategies (Champagne, 2002; Hills & Mullet, 2005) and strenuous efforts to foster interdisciplinary collaboration, such as the provision of workshops and training (Berland, 1991; Hall, 2007; Howlett & Tamlyn, 1999; Hughes & Calder, 2006; Integrated Primary Health Care Working Group, 1998; Sibbald et al., 2006; Speed & Luker, 2006). Ongoing professional development and preceptorship will help nurses to transition successfully to new and transformed PHC roles.

Criteria for Evaluation of Changing Nursing Roles

There is a dearth of literature addressing evaluation criteria. Further research is needed to address this shortcoming. One fruitful approach would be to identify key indicators of successful transition processes and outcomes through action research.

Limitations

While every effort was made to source all available literature, there may be other studies and articles that could deepen our understanding of transitioning nursing roles in rural and remote PHC. In line with the scoping literature review method, the quality of literature was not systematically assessed. Some important examples have been identified, but the review is limited by a lack of available primary research data. In particular, few studies have examined nursing role changes in the Canadian rural and remote context.

Conclusion

This scoping review, conducted in collaboration with decision-makers and health-care providers, has examined a wide range of literature pertinent to the transition of nursing roles in PHC, particularly in the rural and remote Canadian context. Ongoing planning by interdisciplinary health professionals, health authorities, and community representatives is needed to support the transition of nursing roles in PHC. The flexibility inherent in emerging roles must be underpinned by clear responsibilities and role expectations along with appropriate regulation, remuneration, and scopes of practice. In rural and remote settings, the particular dynamics of communities, including indigenous communities, must be taken into account when practice changes are made. Planning for role transitions must explicitly attend to population health, HHR, and professional practice issues, which are influenced by geography and the sparse population that is typical of rural and remote areas. Role transitions cannot be successfully navigated without ongoing professional development and preceptorships. Finally, further research and evaluation are required to better describe the process and impact of role transition within the context of PHC transformation, especially in rural and remote contexts.

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