



# The Role of Nursing Leadership in Integrating Clinical Nurse Specialists and Nurse Practitioners in Healthcare Delivery in Canada

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## **Abstract**

Supportive nursing leadership is important for the successful introduction and implementation of advanced practice nursing roles in Canadian healthcare settings. For this paper, we drew on pertinent sections of a scoping review of the literature and key informant interviews conducted for a decision support synthesis on advanced practice nursing to describe and explore organizational leadership in planning and implementing advanced practice nursing roles. Leadership strategies that optimize successful role integration include initiating systematic planning to develop the roles based on patient and community needs, engaging stakeholders, using established Canadian role implementation toolkits, ensuring utilization of all dimensions of the role, communicating clear messages to increase awareness about the roles in the organization, creating networks and facilitating mentorship for those in the role, and negotiating role expectations with physicians and other members of the healthcare team. Leaders face challenges in creating and securing sustainable funding for the roles and providing adequate infrastructure support.

## **Introduction**

Nursing leaders play a key role in shaping the nursing profession to be more responsive to our changing healthcare system. In Canada, nursing leaders can be, but are not limited to, chief executives; frontline, middle and senior managers; administrators; professional practice leaders; leaders in regulatory bodies; government officials; and policy makers. Important qualities of effective nursing leaders include being an advocate for quality care, collaborator, articulate communicator, mentor, risk taker, role model and visionary (Canadian Nurses Association

[CNA] 2002). This is a challenging era for both nursing and healthcare because of complex issues such as inadequate funding, health human resource shortages and the increasing need for services for our aging population. Effective planning and implementation of advanced practice nursing roles in healthcare settings have the potential to help address these challenges.

Advanced practice nursing is an umbrella term for both clinical nurse specialist (CNS) and nurse practitioner (NP) roles. CNSs are registered nurses (RNs) who have a graduate degree in nursing and expertise in a clinical nursing specialty (CNA 2009a). NPs are “registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice” (CNA 2009b: 1). Core advanced nursing practice dimensions include direct patient care, research, leadership, consultation and collaboration (CNA 2008), but considerable variability exists across advanced practice nursing roles in terms of time spent in each activity. CNSs and NPs work in a variety of practice settings and have gained some traction in the Canadian healthcare system since their first introduction in the 1960s (Kaasalainen et al. 2010). However, many obstacles continue to impede their full integration (DiCenso et al. 2010c).

The integration of advanced practice nurses (APNs) into healthcare systems has relied heavily on nursing leaders at the national, provincial, regional and local organizational levels. At the national level, nursing leaders in government and professional associations have supported the integration of APNs in Canada in a number of ways. Examples of this support include (1) the development of an advanced nursing practice framework (CNA 2008) and position statements for CNSs (CNA 2009a) and NPs (CNA 2009b) by the CNA, (2) the Canadian Nurse Practitioner Initiative (CNPI) (2006b), (3) the formation of a national Canadian Clinical Nurse Specialist Interest Group (CCNSIG) in 1989 (CCNSIG became the Canadian Association of Advanced Practice Nurses [CAAPN] in 1997), (4) the collaboration of the Canadian Nurses Protective Society with the Canadian Medical Protective Association to address liability issues for NPs (Canadian Medical Protective Association and Canadian Nurses Protective Society 2005), (5) the conceptualization of innovative CNS roles in remote communities by First Nations and Inuit Health of Health Canada, formerly known as the First Nations and Inuit Health Branch (Veldhorst 2006), and (6) the funding of a decision support synthesis on advanced practice nursing by the Office of Nursing Policy, Health Canada and the Canadian Health Services Research Foundation (CHSRF) (DiCenso 2010b). There are also many examples of nursing leadership at the provincial/territorial and regional levels that support advanced practice nursing, for example, the development and implementation of provincial and territorial

legislation authorizing the NP role. This paper will focus on the roles of nursing leaders at the organizational level in facilitating the integration of CNSs and NPs in healthcare settings.

## Methods

This paper is based on a scoping review of the literature and qualitative interviews completed for a decision support synthesis that was conducted to develop a better understanding of advanced practice nursing roles, their current use, and the individual, organizational and health system factors that influence their effective development and integration in the Canadian healthcare system (DiCenso et al. 2010b). The synthesis methods are described in detail in an earlier paper in this issue (DiCenso et al. 2010d).

We conducted the scoping review using established methods (Anderson et al. 2008; Arksey and O'Malley 2005) to map the literature on advanced practice nursing role definitions, competencies and utilization in the Canadian healthcare system; identify the policies influencing the development and integration of these roles; and explore the gaps and opportunities for their improved deployment. We conducted a comprehensive appraisal of published and grey literature ever written about Canadian advanced practice nursing roles, as well as reviews of the international literature from 2003 to 2008. In keeping with the tenets of scoping reviews, we did not exclude articles based on methodological quality. To identify the relevant literature, we searched Medline, CINAHL and EMBASE, performed a citation search using the Web of Science database and 10 key papers, reviewed the reference lists of all relevant papers, and searched websites of Canadian professional organizations and national, provincial and territorial governments. Teams of researchers extracted data from relevant papers and analyzed the data using a combination of descriptive tables, narrative syntheses and team discussions.

We conducted interviews ( $n = 62$ ) in English or French with national and international key informants including NPs ( $n = 13$ ), CNSs ( $n = 9$ ), nurse administrators ( $n = 11$ ), nursing regulators ( $n = 7$ ), government policy makers ( $n = 6$ ), nurse educators ( $n = 5$ ), physicians ( $n = 7$ ) and healthcare team members ( $n = 4$ ). We also conducted four focus groups with a total of 19 participants. We used purposeful sampling to identify participants with a wide range of perspectives. All key informants were asked the same questions that addressed reasons for introducing the role(s) in their organization, region or province, how they were implemented, key factors facilitating and hampering their full integration, the nature of their collaborative relationships, their impact, success stories, and interviewees' recommendations for fully integrating the role. When our synthesis was completed, CHSRF convened a multidisciplinary roundtable to develop recommendations for policy, practice and research.

For this paper, we integrated findings from the Canadian literature that described the role of nursing leaders in facilitating the integration of APNs with interview data from those who identified leadership issues, especially the 11 Canadian nurse administrators. These administrators came from five provinces and worked in academic teaching centres, regional health authorities, community care agencies and a rehabilitation and continuing care centre. International literature has been used to provide global context and for further discussion about key issues when relevant.

## Results

We highlight the most frequently mentioned themes that emerged from the literature and that were identified by our interview participants specific to leadership. We begin with a general description of the importance of organizational leadership in supporting advanced practice nursing roles and then focus on the leadership role specific to planning for and implementing these roles.

### Importance of Leadership in Supporting Advanced Practice Nursing Roles

Many papers address the importance of nursing leadership in facilitating, enhancing and supporting the introduction and integration of advanced practice nursing roles in organizations (D'Amour et al. 2007; Hamilton et al. 1990; Lachance 2005; MacDonald et al. 2005; Martin-Misener et al. 2008; Reay et al. 2003; Schreiber et al. 2005a; Stolee et al. 2006). Senior nursing administrators play an important role in linking APNs to organizational priorities to improve nursing practice (Bryant-Lukosius et al. 2004).

Reay et al. (2003) interviewed NPs and their supervisors (a mix of frontline and senior managers) in Alberta to identify leadership challenges for managers of NPs. They identified challenges related to clarifying the reallocation of tasks, managing altered working relationships within the nursing team, and continuing to manage the team as new issues emerged. Based on these results, Reay et al. (2003) proposed eight leadership strategies for managers introducing NP roles. These strategies include (1) encouraging all team members to sort out “who does what,” (2) ensuring that task reallocation preserves job motivating properties, (3) giving consideration to how tasks have been allocated when issues identified as “personal conflict” arise, (4) paying attention to all perspectives of the working relationships within the team, (5) facilitating positive relationships between team members, (6) leading from a “balcony” perspective, (7) working with the team to develop goals that are not overly focused on the NP and (8) regularly sharing with other managers the experiences and lessons learned in introducing NPs. These strategies place an emphasis on working with the team and managing working relationships among all team members rather than focusing solely on individual NP roles. Consistent with this literature, the administrators we interviewed recognized the importance of their role in providing support to APNs and enabling the integra-

tion of advanced practice nursing roles in their work settings, as the following quotes illustrate:

In my experience, the best way to help APNs to grow and to move their role forward is to continually be in partnership with them to plan what's going to happen next and to not let yourself get so busy that you're just going to let them go because they're obviously fine.

I think the number one key factor is having the administrative support, and by administrative support I mean administrative leadership in the organization to help introduce, shape and help the role evolve. And I think that really is the number one in a hospital setting. I think in the community we have a gap in terms of nursing leadership being available in the PHCNP settings where they work.

As more organizations have moved to program management, many CNSs and NPs report to supervisors who are not nurses but are from other health or business backgrounds; some NPs also report to medical directors or other physicians. While there is limited research about the most effective models of advanced practice nursing role supervision, reporting to a senior nurse administrator may be important for negotiating the continued implementation of the role, addressing nursing practice-related role barriers, role socialization and supporting the development of a nursing orientation to practice (Bryant-Lukosius et al. 2004). Participants commented on the important role administrators can have in ensuring that different reporting relationships for APNs are clear, as this administrator did:

So an administrator does well when they can work at reducing that feeling of isolation for them [APNs] and having lots and lots of infrastructure support and having a very clear reporting relationship. What does it mean to have a dual reporting relationship? Most APNs have one. It is the responsibility of those two, to whom they report, to figure out what does that look like and what can they expect from us as a team. So those are really important.

Nursing administrative leadership is critical to help streamline the advanced practice nursing integration process and to work with APNs to smooth the way for day-to-day practice.

#### Systematic Planning for Advanced Practice Nursing Roles

Responsibilities for planning for and hiring APNs are usually those of the nursing administrator. The importance of undertaking a systematic process to assess patient or community needs, develop the advanced practice nursing role to

address those needs, and introduce, implement, and evaluate the role was emphasized both in the literature (Bryant-Lukosius et al. 2004, 2007; Dunn and Nicklin 1995; Mitchell et al. 1995) and interviews. Many of our participants highlighted how poor planning for CNS and NP role implementation under tight time pressures, sometimes in response to funding availability, was a barrier to the successful integration of the roles. Furthermore, as the following quote from an administrator illustrates, participants reported that it was a crucial determinant of successful role integration to first identify the service need or practice gap and, based on that assessment, then select the most suitable role for the position.

It is important to choose the appropriate NP role. And that's based on the population need, the fit among the individual NP, the position, other stakeholders and in some cases, the community.

Developing guidelines, expectations and priorities for the CNS or NP position and creating a supportive environment facilitate role implementation and integration (Bryant-Lukosius et al. 2004; CNPI 2005; Chaytor Educational Services 1994). Cummings and McLennan (2005) discuss the importance of individualizing advanced practice nursing positions to ensure there is a good fit between the CNS or NP role requirements and the individual filling the role. Participants suggested that CNS and NP roles need to be dynamic and continuously negotiated based on the needs of patients, organizations and the healthcare system, and on the skill set of the individual CNS or NP. As the following quote shows, NP and CNS participants agreed a role negotiation process was desirable:

I wish there was some way when a new role was introduced that you could truly negotiate and work that out with the program that you are working with because I think it's at that level that things happen, in terms of the full integration of the role. There certainly has to be recognition and acceptance at the administration level.

### **Adopting Toolkits**

Various participants highlighted the importance of utilizing existing advanced practice nursing implementation toolkits (Advanced Practice Nursing Steering Committee, Winnipeg Regional Health Authority 2005; Avery et al. 2006; CNPI 2006a) to facilitate CNS and NP role implementation. The Participatory, Evidence-based, Patient-focused Process for Advanced practice nursing role development, implementation and evaluation (PEPPA) framework as described by Bryant-Lukosius and DiCenso (2004) is a systematic healthcare planning guide used to minimize or prevent commonly known barriers to the effective development, implementation and evaluation of advanced practice nursing roles. A number of participants from different provinces commented on how their use of the PEPPA

framework gave them a structured, systematic, thorough and organized role implementation plan, as demonstrated by a quote from a nursing administrator.

We've taken a very structured approach to the introduction of the role. We took the PEPPA framework right from the beginning, and we used the framework to build our call for applications for funding for a nurse practitioner. We shared the research. We shared the information about what are the common barriers and common facilitators to the role. Right from the beginning we've asked communities or teams or directors or physicians or whoever it might be to answer some of those key questions. What's your current model of care, what's your current population, where are the gaps and what are the needs? And based on those gaps and those needs and what your current model of care looks like, we can then have a conversation with them about, well, is it really a nurse practitioner that's going to meet those needs, or in fact, has [their] going through that exercise identified that what they need is some pharmacy resources, or maybe they need some social worker resources. I think using the PEPPA framework right from the start has been of tremendous value. We've had a very organized approach to it. We've managed the introduction carefully.

It is with reference to the PEPPA framework where we see the clear overlap between the insights garnered from literature and from the key informant interviews.

### **Engaging Stakeholders**

An important consideration when planning for new health practitioner roles is the engagement of key stakeholders within and outside of the organization. MacDonald et al. (2005, 2006) and Schreiber et al. (2005a, 2005b), in their studies on the introduction of advanced practice nursing roles in British Columbia, identified the importance of engaging nursing leaders from healthcare settings, government, professional organizations and education in systematically planning for role introduction and implementation.

Stakeholder participation at the onset of CNS and/or NP role development and introduction is critical for ensuring support for the planned change, even if it lengthens the planning process (Cummings and McLennan 2005; MacDonald et al. 2006; Martin-Misener et al. 2009). Participants emphasized the importance of the early involvement of key stakeholders such as physicians, staff nurses and other healthcare providers in planning and implementing NP and CNS roles. Some administrators developed working groups of stakeholders to plan for CNS and NP roles. Most participants reported that the extra time, energy and resources needed to ensure stakeholder participation was worth the effort. In the words of one administrator participant:

We really did stop, consulted with key stakeholders, met with our physician colleagues, looked at the populations we are serving and then identified where we thought we had the best opportunity for capacity and readiness to integrate the roles.

Administrators noted that a lack of stakeholder involvement contributed to poor role clarity. Many described the effect that successful advanced practice nursing integration had on an organization's willingness to integrate more APNs, as described by the two administrators below.

Getting more into the same programs is not an issue because they [APNs] are well received.

The organization has already proven very successful with an APN in another area, so I get people knocking on my door, saying, "how do I get one of those?"

There was a sense from participants that strategies to enlist stakeholders have had good results in gaining their support and in addressing their concerns.

**Implementing the Advanced Practice Nursing Role in Healthcare Settings**  
Nursing leaders have many responsibilities related to the implementation of advanced practice nursing roles. Reay et al. (2003, 2006) developed a conceptual model based on their longitudinal study of the introduction of a new NP role into Alberta's healthcare system. The central theme of the model was titled "Recognizing and Celebrating Small Wins," in which managers, based on their experience working with the inter-professional team, acknowledged that "their best chance for success was through small steps that moved them toward the larger goal of gaining acceptance for the role" (Reay et al. 2006: 993).

Our results suggest the most significant responsibilities of nursing leaders implementing advanced practice nursing roles include finding and sustaining funding, providing adequate infrastructure and resources, ensuring utilization of all role dimensions, creating awareness of the roles, and enabling network support and mentorship. Each is described below.

### **Finding and Sustaining Funding**

Nursing leaders often have the responsibility to find funding for advanced practice nursing roles. Administrators working in acute care organizations reported being forced to choose between funding an advanced practice nursing position or other registered nurse services, as this administrator explains:

The mistake we made is that when the ministry told us that we had to find those NP salaries within nursing, we did a disservice in the sense that nursing said, “Okay fine. We’ll figure it out somehow . . . We’ll find it somehow” rather than saying, “No, this is not acceptable; if we want this, it can’t be a staff nurse or NP.” Someone has to find the money. Now six years later and we can’t find the money, and the comeback has been, “You’ve always been successful,” and “Dig a little harder and I’m sure you’ll find it.”

Some participants, as exemplified in the following quote from an administrator, commented on the interplay between financial support required for the role and the support needed from many sources to substantiate the importance of the role and associated funding requirements.

When you’re looking at the integration of the CNS and the NP, there needs to be support from a government level in terms of funding. There needs to be support from an administrative level in terms of support for the development of new roles and responsibilities and the implementation, and that implementation needs to involve support and evaluation. There needs to be support from other healthcare professionals, particularly physicians in terms of the collaboration. That support is critical because if you don’t get that support then your ability to implement needs a lot more tenacity in order to make it work, to make it successful. When you’ve got the support and funding, then you have the opportunity to show what you can do.

The multidisciplinary roundtable convened by CHSRF to formulate evidence-informed policy and practice recommendations based on the synthesis findings recommended that advanced practice nursing positions and funding support should be protected. Funding protection should follow implementation and demonstration initiatives to ensure stability and sustainability for these roles (and the potential for longer-term evaluation) once they have been incorporated into the healthcare delivery organization/structure (DiCenso et al. 2010b).

### **Providing Adequate Infrastructure and Resources**

Inadequate resources to support the CNS and NP roles (e.g., support staff, physical space, technology and infrastructure) is a frequently reported concern (Allard and Durand 2006; CNA 2008; D’Amour et al. 2007; Lachance 2005; MacDonald et al. 2005; Martin-Misener et al. 2008; Turriss et al. 2005; Worster et al. 2005). Most administrator participants commented on the insufficient infrastructure resources, as the following two quotes from an administrator and an APN demonstrate.

It's a slow and steady approach to implementation. We need to keep thinking about it and have those infrastructures in place to make sure we are setting them up for success and not setting them up to fail.

The system needs to be prepared to support them [CNSs] in that you need an office; you need a phone; you need a pager. I've seen CNSs hired and then it comes time for them to fill out an annual report and they don't have a file folder to put it in. You know you need space. It is very hard to put six CNSs in an office the size of a closet and think they can work there.

Inattention to basic resources such as office space, clerical support, communication and technology marginalizes the purpose and legitimacy of CNS and NP roles. Participants also noted a lack of supportive policies that would allow APNs to function to their full scope. Cummings and McLennan (2005) suggest that nursing leaders in healthcare settings can influence policy change and shape the healthcare system by facilitating changes in the workplace that continually improve quality of care and meet fiscal realities.

### **Ensuring Utilization of Role Dimensions**

CNSs and NPs value the non-clinical aspects of their role, and these activities contribute to role satisfaction (Bryant Lukosius et al. 2004; Sidani et al. 2000). However, insufficient administrative support and competing time demands associated with clinical practice are frequently reported barriers to participating in education, research and leadership activities (Bryant-Lukosius et al. 2004; Hurlock-Chorostecki et al. 2008; Irvine et al. 2000; Pauly et al. 2004; Sidani et al. 2000). This is particularly problematic for NPs in acute care, who usually report to both a nursing and a medical director. In our interviews, we learned that physicians wanted the NPs' time devoted mainly or exclusively to clinical practice, whereas nursing administrators wanted the NPs to also have some protected time to engage in leadership, research and education activities. A nursing administrator stated:

They are delivering excellence in clinical care, personally working well with the team, with other interdisciplinary team members as well, but they have not been making as strong a contribution to the science of nursing, or to the development of the practice of nursing and certainly not to the development of the system.

Role expectations can be enhanced and negotiated by strong leadership from healthcare managers who can communicate a clear vision for the multiple dimensions of the role to team members and support the role within the organization

(Reay et al. 2003, 2006; van Soeren and Micevski 2001). The development of detailed written job descriptions (Cummings et al. 2003) and ongoing discussions between managers and team members promote a greater understanding of the role (Wall 2006).

As shown in the following quote from an APN, a key strategy to protect the various dimensions of the role is administrative support.

Structuring the role [is needed] so that they're actually successful in allowing individuals the time to do the research, to do the education, to go to the conferences, to do the learning that needs to be done so that they can come back and mentor other individuals. It's not just about seeing a hundred patients in a month.

Actively shaping roles allows fulfillment of advanced practice nursing role dimensions in addition to patient care, and this in turn contributes to successful integration as well as advancement of the nursing profession.

### **Creating Awareness of Advanced Practice Nursing Roles**

Nursing leaders raised concern about the lack of awareness of advanced practice nursing roles within healthcare organizations. Administrators reported regularly articulating information about advanced practice nursing to physicians, healthcare team members and other administrators to increase awareness. Inadequate healthcare team awareness of the CNS and NP roles has been identified as a barrier to advanced practice nursing role integration (for example, Bailey et al. 2006; CNPI 2006a, 2006b; Hass 2006; Urquhart et al. 2004). Among the six government interview participants in our scoping review, lack of awareness among healthcare team members and the public was the most commonly identified barrier to successful advanced practice nursing role integration (DiCenso et al. 2010c), and many felt it was the role of national and provincial/territorial nursing leaders to increase awareness, as shown in the following quote:

It needs to come from the professional nursing associations. Those that represent nurses need to create a conscious awareness in the system of the [CNS and NP] roles. There needs to be the consistent and constant information, resources and tools that employers can access to understand how they can integrate these nurses into the system to improve their efficiency and quality. There is a need for ongoing research, definitely because the environment is constantly changing and we are seeing advanced practice nurses that are practising in different settings, doing different sorts of care and treatment and therapies.

The roundtable recommended that a communication strategy be developed (via collaboration with government, employers, educators, regulatory colleges and professional associations) to educate nurses, other healthcare professionals, the Canadian public and healthcare employers about the roles, responsibilities and positive contributions of advanced practice nursing (DiCenso et al. 2010b).

### **Enabling Network Support and Mentorship**

Administrators working in healthcare settings can play an important role in advanced practice nursing integration by providing opportunities for network support and mentorship. Co-location of APNs is a suggestion in the literature to prevent CNSs and NPs from becoming isolated (Hamilton et al. 1990; Humbert et al. 2007). A number of papers emphasize the importance of mentorship, especially for those in their first CNS or NP role (Lachance 2005; Reay et al. 2003, 2006; van Soeren et al. 2007). The importance of networking support systems (Micevski et al. 2004; Roots and MacDonald 2008) and enhanced professional development opportunities was noted (CNA 2008). Participants echoed the value of these strategies to support advanced practice nursing roles and suggested a number of networking support systems. These included the establishment of NP or NP and CNS joint committees or special interest groups to assist with ongoing planning for advanced practice nursing roles and to share and address common issues. This could also assist with the development of a community of practice model to foster professional development. In the following quote, an administrator describes her role in facilitating an opportunity for networking:

I facilitated an NP community of practice, recognizing that we were going to be hiring really novice NPs, even though they were experienced registered nurses, and putting them into a brand new role in sometimes distant communities, where there were no NP mentors in the system and not many NPs anymore in the province. What we did is structure our community of practice to say that, okay, we're going to come together regularly in face-to-face meetings as well as connecting electronically to support one another as they try to pioneer this new role. When I've surveyed the community over the last couple of years, they've [NPs] said there's no question that having that support network, that support structure, was critical to that first integration of their role.

Leaders can play an important role in organizing supportive networks and coordinating mentorship opportunities for CNSs and NPs helping to integrate these roles into their organizations.

## Discussion

The purpose of this paper was to describe and explore the roles of nursing leaders at the organizational level in facilitating the integration of CNSs and NPs in healthcare settings. The issues facing nursing leaders responsible for integrating CNS and NP roles are complex and require multiple strategies for the variety of sectors in which APNs work.

Our synthesis (DiCenso et al. 2010b) provided an important opportunity to combine relevant literature and qualitative interview data to understand the role of nursing leaders – particularly at the organizational level - in the integration of CNS and NP roles in Canada. The 11 nursing leaders worked in various sectors including acute care, rehabilitation, community care and regional health authorities. There was remarkable consistency in leadership issues identified by the interview participants and the relevant literature.

A strength of our study is that the nurse leaders we interviewed were informed about advanced practice nursing, had experience in planning and implementing advanced practice nursing roles and understood the importance of the nursing leadership role. However, it is not clear if this is true of all nurse administrators. Further exploration of the information needs of nursing leaders and other team members about advanced practice nursing roles is required. A limitation of our study was that we did not interview administrators of small community hospitals, long-term care facilities, or primary healthcare settings such as community health centres or family health teams. They may have had different perspectives, and this is an area for future research.

Nursing leaders have multiple responsibilities and play a key role in the integration of APNs in healthcare settings. Their role in the integration of CNSs and NPs is not an event but a continuous process, characterized by regular communication, negotiation, and management of people and processes. Successful leadership strategies for integrating APNs in healthcare organizations that were identified through the interviews and literature included (1) using established Canadian implementation toolkits (Advanced Practice Nursing Steering Committee, Winnipeg Regional Health Authority 2005; Avery et al. 2006; CNPI 2006a) and frameworks such as the PEPPA framework (Bryant-Lukosius and DiCenso 2004) to carefully plan and structure role introduction, (2) engaging stakeholders, (3) communicating clear messages to increase awareness of CNS and/or NP roles in their organization, (4) providing leadership to support individuals and create networks, and (5) negotiating

role expectations with physicians and other members of the healthcare team. Introducing and implementing CNSs and NPs into healthcare settings is not without its challenges. One of the biggest problems facing nursing leaders is creating and securing sustainable funding for the roles and the provision of resources. Finding a resolution to this problem is critical, because the changing demographics of the Canadian population and the increased incidence and prevalence of chronic diseases will create more opportunities for CNS and NP roles. Innovative models of interdisciplinary care that include NPs have increased patient access to care in different regions of the country (DiCenso et al. 2010a). Both CNS and NP roles are expanding into new practice sites such as long-term care, and future studies are needed to better understand their role implementation in these settings (Donald et al. 2009).

The development and implementation of advanced practice nursing roles is influenced by economic conditions and health human resources issues. Current budgetary crises threaten administrators' ability to sustain funding for APNs and to create new, innovative CNS and NP roles. This cyclical economic influence on advanced practice nursing roles not only threatens a relatively small pool of highly trained practitioners, but also negatively impacts recruitment of future APNs. Nurse administrators need the support of professional organizations and regulatory bodies to influence healthcare policy and to lobby for sustained funding. Health human resource planning is needed to break the all too familiar cycle of not having enough qualified individuals to fill vacant CNS and NP roles, and then having waves of organizational layoffs that result in insufficient employment opportunities. Clearly, we need to create a more consistent and sustainable approach to funding APN roles to make them less vulnerable to the economic ebbs and flows of our healthcare system.

An awareness of the value and effectiveness of NP and CNS roles will support the development of positive CNS and NP policy. Nurse administrators can play an important role in increasing awareness of successful NP and CNS roles in their organizations. Professional organizations, regulatory bodies and researchers can reinforce and contribute to a nationwide awareness of the positive benefits of CNSs and NPs for patient care and the healthcare system.

In conclusion, nursing leaders are vital to the integration of CNSs and NPs into the Canadian healthcare system. This paper draws attention to the various roles nursing leaders in organizations are playing as they plan, implement and support this process. Future research is needed to distinguish the

roles leaders in organizations, professional associations, regulatory bodies and government can play and specific strategies they can use to successfully integrate NP and CNS roles in Canada.

### Acknowledgements

The synthesis from which this work was derived was made possible through joint funding by the Canadian Health Services Research Foundation and the Office of Nursing Policy of Health Canada. We thank the librarians who conducted searches of the electronic databases, Tom Flemming at McMaster University and Angella Lambrou at McGill University. Chris Cotoi and Rick Parrish in the Health Information Research Unit (HIRU) at McMaster University created the electronic literature extraction tool for the project. We thank all those who took time from their busy schedules to participate in key informant interviews and focus groups. The following staff members provided excellent support: Heather Baxter, Renee Charbonneau-Smith, R. James McKinlay, Dianna Pasic, Julie Vohra, Rose Vonau, and Brandi Wasyluk. Special thanks go to our advisory board, roundtable participants and Dr. Brian Hutchison for their thoughtful feedback and suggestions.

### References

- Advanced Practice Nursing Steering Committee, Winnipeg Regional Health Authority. 2005. *A Guide to the Implementation of the Nurse Practitioner Role in Your Health Care Setting*. Winnipeg, MB: Winnipeg Regional Health Authority. Retrieved December 31, 2010. <[http://www.wrha.mb.ca/professionals/nursing/files/np\\_toolkit\\_000.pdf](http://www.wrha.mb.ca/professionals/nursing/files/np_toolkit_000.pdf)>.
- Allard, M. and S. Durand. 2006. "L'infirmière praticienne spécialisée: un nouveau rôle de pratique infirmière avancée au Québec." *Perspective Infirmière: Revue Officielle de l'Ordre des Infirmières et Infirmiers du Québec* 3(5): 10–6.
- Anderson, S., P. Allen, S. Peckham and N. Goodwin. 2008. "Asking the Right Questions: Scoping Studies in the Commissioning of Research on the Organisation and Delivery of Health Services." *Health Research Policy and Systems* 6(1): 7.
- Arksey, H. and L. O'Malley. 2005. "Scoping Studies: towards a Methodological Framework." *International Journal of Social Research Methodology* 8(1): 19–32.
- Avery, L., C. Hill-Carroll, M. Todoruk-Orchard and K. DeLeon-Demare. 2006. *Improve Patient Care and Outcomes: Adding a Clinical Nurse Specialist to Your Team. A Guide for Successful Integration*. Winnipeg, MB: Winnipeg Regional Health Authority. Retrieved December 31, 2010. <[http://www.wrha.mb.ca/professionals/nursing/files/cns\\_toolkit.pdf](http://www.wrha.mb.ca/professionals/nursing/files/cns_toolkit.pdf)>.
- Bailey, P., L. Jones and D. Way. 2006. "Family Physician/Nurse Practitioner: Stories of Collaboration." *Journal of Advanced Nursing* 53(4): 381–91.
- Bryant-Lukosius, D., A. DiCenso, G. Browne and J. Pinelli. 2004. "Advanced Practice Nursing Roles: Development, Implementation and Evaluation." *Journal of Advanced Nursing* 48(5): 519–29.
- Bryant-Lukosius, D. and A. DiCenso. 2004. "A Framework for the Introduction and Evaluation of Advanced Practice Nursing Roles." *Journal of Advanced Nursing* 48(5): 530–40.
- Bryant-Lukosius, D., E. Green, M. Fitch, G. Macartney, L. Robb-Blenderman, S. McFarlane, K. Bosompra, A. DiCenso, S. Matthews and H. Milne. 2007. "A Survey of Oncology Advanced Practice Nurses in Ontario: Profile and Predictors of Job Satisfaction." *Canadian Journal of Nursing Leadership* 20(2): 50–68. Retrieved July 20, 2009. <<http://www.longwoods.com/content/18902>>.

- Canadian Medical Protective Association and Canadian Nurses Protective Society. 2005. *Canadian Medical Protective Association / Canadian Nurses Protective Society Joint Statement on Liability Protection for Nurse Practitioners and Physicians in Collaborative Practice*. Ottawa, ON: Canadian Nurse Protective Society. Retrieved September 7, 2009. <[http://www.cnps.ca/joint\\_statement/joint\\_statement\\_e.html](http://www.cnps.ca/joint_statement/joint_statement_e.html)>.
- Canadian Nurse Practitioner Initiative. 2005. *Canadian Nurse Practitioner Initiative Technical Report: Practice Chapter*. Ottawa, ON: CNPI. Retrieved March 2, 2009. <[http://206.191.29.104/documents/pdf/tech-report/section3/01\\_Practice%20Chapter.pdf](http://206.191.29.104/documents/pdf/tech-report/section3/01_Practice%20Chapter.pdf)>.
- Canadian Nurse Practitioner Initiative. 2006a. *Implementation and Evaluation Toolkit for Nurse Practitioners in Canada*. Ottawa, ON: Canadian Nurses Association. Retrieved January 12, 2009. <[http://www.cna-aiic.ca/CNA/documents/pdf/publications/Toolkit\\_Implementation\\_Evaluation\\_NP\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/Toolkit_Implementation_Evaluation_NP_e.pdf)>.
- Canadian Nurse Practitioner Initiative. 2006b. *Nurse Practitioners: The Time Is Now. A Solution to Improving Access and Reducing Wait Times in Canada*. Ottawa, ON: CNPI. Retrieved December 31, 2010. <[http://206.191.29.104/documents/pdf/Nurse\\_Practitioners\\_The\\_Time\\_is\\_Now\\_e.pdf](http://206.191.29.104/documents/pdf/Nurse_Practitioners_The_Time_is_Now_e.pdf)>.
- Canadian Nurses Association. 2002. *Nursing Leadership*. Ottawa, ON: CNA. Retrieved September 21, 2009. <[http://www.cna-nurses.ca/CNA/practice/leadership/default\\_e.aspx](http://www.cna-nurses.ca/CNA/practice/leadership/default_e.aspx)>.
- Canadian Nurses Association. 2008. *Advanced Nursing Practice: A National Framework*. Ottawa, ON: CNA. Retrieved January 12, 2009. <[http://www.cna-aiic.ca/CNA/documents/pdf/publications/ANP\\_National\\_Framework\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/ANP_National_Framework_e.pdf)>.
- Canadian Nurses Association. 2009a. *Position Statement: Clinical Nurse Specialist*. Ottawa, ON: CNA. Retrieved September 17, 2009. <[http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS104\\_Clinical\\_Nurse\\_Specialist\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS104_Clinical_Nurse_Specialist_e.pdf)>.
- Canadian Nurses Association. 2009b. *Position Statement: The Nurse Practitioner*. Ottawa, ON: CNA. Retrieved April 5, 2010. <[http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS\\_Nurse\\_Practitioner\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS_Nurse_Practitioner_e.pdf)>.
- Chaytor Educational Services. 1994. *Preparing for Outpost Practice: An Evaluation of the Outpost and Community Health Nursing Program at Dalhousie University*. Halifax, NS: Chaytor Educational Services.
- Cummings, G.G., K. Fraser and D.S. Tarlier. 2003. "Implementing Advanced Nurse Practitioner Roles in Acute Care: An Evaluation of Organizational Change." *Journal of Nursing Administration* 33(3): 139–45.
- Cummings, G. and M. McLennan. 2005. "Advanced Practice Nursing: Leadership to Effect Policy Change." *Journal of Nursing Administration* 35(2): 61–6.
- D'Amour, D., D. Morin, C. Dubois, M. Lavoie-Tremblay, C. Dallaire and G. Cyr. 2007. *Évaluation de l'implantation du programme d'intéressement au titre d'infirmière praticienne spécialisée*. Retrieved January 24, 2009. <[http://www.ferasi.umontreal.ca/fra/07\\_info/Rapport%20MSSS%20%20IPS.pdf](http://www.ferasi.umontreal.ca/fra/07_info/Rapport%20MSSS%20%20IPS.pdf)>.
- DiCenso, A., I. Bourgeault, J. Abelson, R. Martin-Misener, S. Kaasalainen, N. Carter, P. Harbman, F. Donald, D. Bryant-Lukosius and K. Kilpatrick. 2010a. "Utilization of Nurse Practitioners to Increase Patient Access to Primary Healthcare in Canada – Thinking Outside the Box." *Canadian Journal of Nursing Leadership* 23(Special Issue December): 239–59.
- DiCenso, A., D. Bryant-Lukosius, I. Bourgeault, R. Martin-Misener, F. Donald, J. Abelson, S. Kaasalainen, K. Kilpatrick, S. Kioke, N. Carter and P. Harbman. 2010b. *Clinical Nurse Specialists and Nurse Practitioners in Canada: A Decision Support Synthesis*. Retrieved December 31, 2010. <<http://www.chsrf.ca/SearchResultsNews/10-06-01/b9cb9576-6140-4954-aa57-2b81c1350936.aspx>>.
- DiCenso, A., D. Bryant-Lukosius, R. Martin-Misener, F. Donald, J. Abelson, I. Bourgeault, K. Kilpatrick, N. Carter, S. Kaasalainen and P. Harbman. 2010c. "Factors Enabling Advanced Practice Nursing Role Integration in Canada." *Canadian Journal of Nursing Leadership* 23(Special Issue December): 211–38.
- DiCenso, A., R. Martin-Misener, D. Bryant-Lukosius, I. Bourgeault, K. Kilpatrick, F. Donald, S. Kaasalainen, P. Harbman, N. Carter, S. Kioke, J. Abelson, R.J. McKinlay, D. Pasic, B. Wasyluk, J. Vohra

- and R. Charbonneau-Smith. 2010d. "Advanced Practice Nursing in Canada: Overview of a Decision Support Synthesis." *Canadian Journal of Nursing Leadership* 23(Special Issue December): 15–34.
- Donald, F., E.A. Mohide, K. Brazil, M. Stephenson and N. Akhtar-Danesh. 2009. "Nurse Practitioner and Physician Collaboration in Long-Term Care Homes: Survey Results." *Canadian Journal on Aging* 28(1): 77–7.
- Dunn, K., and W. Nicklin. 1995. "The Status of Advanced Nursing Roles in Canadian Teaching Hospitals." *Canadian Journal of Nursing Administration* 8(1): 111–35.
- Hamilton, L., L. Vincent, R. Goode, A. Moorhouse, R.H. Worden, H. Jones, M. Close and S. Dufour. 1990. "Organizational Support of the Clinical Nurse Specialist Role: A Nursing Research and Professional Development Directorate." *Canadian Journal of Nursing Administration* 3(3): 9–13.
- Hass, J. 2006. "Nurse Practitioners Now Able to Work across Canada." *Canadian Medical Association Journal* 174(7): 911–2.
- Humbert, J., F. Legault, S. Dahrouge, B. Halabisky, G. Boyce, W. Hogg and S. Amos. 2007. "Integration of Nurse Practitioners into a Family Health Network." *The Canadian Nurse* 103(9): 30–4.
- Hurlock-Chorostecki, C., M. van Soeren and S. Goodwin. 2008. "The Acute Care Nurse Practitioner in Ontario: A Workforce Study." *Canadian Journal of Nursing Leadership* 21(4): 100–16. Retrieved August 20, 2009. <<http://www.longwoods.com/content/20291>>.
- Irvine, D., S. Sidani, H. Porter, L. O'Brien-Pallas, B. Simpson, L. McGillis Hall, J. Graydon, A. DiCenso, D. Redelmeir and L. Nagel. 2000. "Organizational Factors Influencing Nurse Practitioners' Role Implementation in Acute Care Settings." *Canadian Journal of Nursing Leadership* 13(3): 28–35. Retrieved June 4, 2009 <<http://www.longwoods.com/content/16304>>.
- Kaasalainen, S., R. Martin-Misener, K. Kilpatrick, P. Harbman, D. Bryant-Lukosius, F. Donald, N. Carter and A. DiCenso. 2010. "A Historical Overview of the Development of Advanced Practice Nursing Roles in Canada." *Canadian Journal of Nursing Leadership* 23(Special Issue December): 35–60.
- Lachance, K. 2005. "The 2004 Schering Lecture. Are Advanced Practice Nurses (APNs) Here to Stay? The APN in the Oncology Setting." *Canadian Oncology Nursing Journal* 15(2): 96–100, 106.
- MacDonald, M., S. Regan, H. Davidson, R. Schreiber, J. Crickmore, L. Moss, J. Pinelli and B. Pauly. 2006. "Knowledge Translation to Advance the Nurse Practitioner Role in British Columbia." *Healthcare Policy* 1(2): 80–9.
- MacDonald, M., R. Schreiber, H. Davidson, B. Pauly, L. Moss, J. Pinelli, S. Regan, J. Crickmore and C. Hammond. 2005. "Moving towards Harmony: Exemplars of Advanced Nursing Practice for British Columbia." *Canadian Journal of Nursing Leadership* 18(2). Retrieved May 14, 2010. <<http://www.longwoods.com/content/19030>>.
- Martin-Misener, R., B. Downe-Wamboldt, E. Cain and M. Girouard. 2009. "Cost Effectiveness and Outcomes of a Nurse Practitioner–Paramedic–Family Physician Model of Care: The Long and Brier Islands Study." *Primary Health Care Research & Development* 10(1): 14.
- Martin-Misener, R., M.L. MacLeod, K. Banks, A.M. Morton, C. Vogt and D. Bentham. 2008. "There's Rural, and Then There's Rural: Advice from Nurses Providing Primary Healthcare in Northern Remote Communities." *Canadian Journal of Nursing Leadership* 21(3): 54–63. Retrieved May 14, 2010. <<http://www.longwoods.com/content/20062>>.
- Micevski, V., L. Korkola, S. Sarkissian, V. Mulcahy, C. Shobbrook, L. Belford and L. Kells. 2004. "University Health Network Framework for Advanced Nursing Practice: Development of a Comprehensive Conceptual Framework Describing the Multidimensional Contributions of Advanced Practice Nurses." *Canadian Journal of Nursing Leadership* 17(3): 52–64. Retrieved August 20, 2009. <<http://www.longwoods.com/content/16231>>.
- Mitchell, A., C. Patterson, J. Pinelli and A. Baumann. 1995. *Assessment of the Need for Nurse Practitioners in Ontario. Working Paper Series, Paper 95-7*. Hamilton, ON: The Quality of Nursing Worklife Research Unit, University of Toronto–McMaster University.

- Pauly, B., R. Schreiber, M. MacDonald, H. Davidson, J. Crickmore, L. Moss, J. Pinelli, S. Regan and C. Hammond. 2004. "Dancing to Our Own Tune: Understandings of Advanced Nursing Practice in British Columbia." *Canadian Journal of Nursing Leadership* 17(2): 47–59. Retrieved February 9, 2010. <<http://www.longwoods.com/content/16346>>.
- Reay, T., K. Golden-Biddle and K. Germann. 2003. "Challenges and Leadership Strategies for Managers of Nurse Practitioners." *Journal of Nursing Management* 11(6): 396–403.
- Reay, T., K. Golden-Biddle and K. Germann. 2006. "Legitimizing a New Role: Small Wins and Microprocesses of Change." *Academy of Management Journal* 49(5): 977–98.
- Roots, A. and M. MacDonald. 2008, September 17–20, 2008. *3 Years Down the Road: Exploring the Implementation of the NP Role in British Columbia, Canada*. Poster presented at the 5th International Council of Nursing, International Nurse Practitioner/Advanced Practice Nursing Network (INP/APNN) Conference in Toronto.
- Schreiber, R., M. MacDonald, B. Pauly, H. Davidson, J. Crickmore, L. Moss, J. Pinelli, S. Regan and C. Hammond. 2005a. "Singing in Different Keys: Enactment of Advanced Nursing Practice in British Columbia." *Canadian Journal of Nursing Leadership* 18(2). Retrieved August 20, 2009. <<http://www.longwoods.com/content/19026>>.
- Schreiber, R., M. MacDonald, B. Pauly, H. Davidson, J. Crickmore, L. Moss, J. Pinelli and S. Regan. 2005b. "Singing from the Same Songbook: The Future of Advanced Nursing Practice in British Columbia." *Canadian Journal of Nursing* 18(2). Retrieved August 20, 2009. <<http://www.longwoods.com/content/19027>>.
- Sidani, S., D. Irvine, H. Porter, L. O'Brien-Pallas, B. Simpson, L. McGillis Hall, L. Nagel, J. Graydon, A. DiCenso and D. Redelmeir. 2000. "Practice Patterns of Acute Care Nurse Practitioners." *Canadian Journal of Nursing Leadership* 13(3): 6–12. Retrieved July 20, 2009. <<http://www.longwoods.com/content/16301>>.
- Stolee, P., L.M. Hillier, J. Esbaugh, N. Griffiths and M.J. Borrie. 2006. "Examining the Nurse Practitioner Role in Long-Term Care: Evaluation of a Pilot Project in Canada." *Journal of Gerontological Nursing* 32(10): 28–36.
- Turris, S., S. Knoll, B. Hayhoe, T. Freeman, M. Wilson, F. Forster and M. Hornack. 2005. "Nurse Practitioners in British Columbia." *Canadian Nurse* 101(3): 20–4.
- Urquhart, G., S. Roschkov, D. Rebeyka and K. Scherr. 2004. "Clinical Nurse Specialist or Nurse Practitioner?" *The Canadian Nurse* 100(5): 18–22.
- van Soeren, M., B. Fraser and J. Sanders. 2007. *NP Roles in Ontario: Looking to the Future. The Accord Project – Briefing paper*. Toronto, ON: Nurse Practitioners' Association of Ontario. Retrieved January, 12, 2009. <<http://www.npao.org/Uploads/public/accord%20Project%20Briefing%20Paper.pdf>>.
- van Soeren, M. H. and V. Micevski. 2001. "Success Indicators and Barriers to Acute Nurse Practitioner Role Implementation in Four Ontario Hospitals." *AACN Clinical Issues* 12(3): 424–37.
- Veldhorst, A. J. 2006. *Practice Patterns of Clinical Nurse Specialists Working with First Nations and Inuit Communities*. Master's thesis, McMaster University, Hamilton, ON.
- Wall, S. 2006. "Living with Grey: Role Understandings between Clinical Nurse Educators and Advanced Practice Nurses." *Canadian Journal of Nursing Leadership* 19(4): 57–71. Retrieved June 4, 2009. <<http://www.longwoods.com/content/18602>>.
- Worster, A., A. Sardo, C. Thrasher, C. Fernandes and E. Chemeris. 2005. "Understanding the Role of Nurse Practitioners in Canada." *Canadian Journal of Rural Medicine* 10(2): 89–94.