

A series of essays giving the research evidence
behind Canadian healthcare debates



Myth: Seeing a nurse practitioner instead of a doctor is second-class care

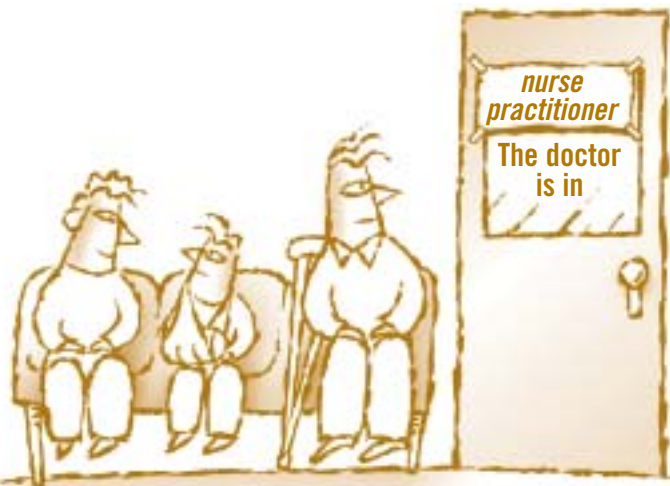
Depending on where you live in Canada, nurse practitioners are either new or familiar figures on the healthcare scene. Sometimes known as “outpost nurses,” they are registered nurses who have additional education and who can perform tasks that go beyond traditional nursing and into basic medicine.

While nurse practitioners are currently working in most provinces and territories, Canadians are more likely to receive treatment from a nurse practitioner if they live in areas that have trouble attracting doctors, such as rural and remote communities. This has led to the widely held belief that they should only be used when a doctor can't be found. However, the truth is nurse practitioners actually function as well as doctors in a variety of circumstances, and they can perform some tasks better than doctors can.

Because of their skills, governments tend to rely heavily on nurse practitioners when they reform their primary healthcare systems. In Canada, for example, they are usually able to diagnose patients and refer them to specialists, and in many provinces they can write prescriptions as well.ⁱ In Ontario, some primary healthcare nurse practitioners even have the authority to practice independently from a physician, and operate their own practices.ⁱⁱ

Tried and true

Since the 1970s, research has shown the benefits of nurse practitioners. In 1971 and 1972, for example, a landmark Canadian study of nurse practitioners looked at a family practice in Burlington, Ontario.ⁱⁱⁱ Two family doctors



were swamped and hadn't accepted new patients for two years. They believed that two of their office nurses could, with appropriate additional education, take on additional responsibilities and allow them to start accepting new patients again. The nurse practitioners took care of 67 percent of patient visits for two years, and all measurements showed the patients in the nurse practitioner group were as healthy and satisfied with their care as the patients who saw the doctors. Perhaps most notably, the practice was able to expand its coverage dramatically and provide health services to almost 1,000 new families.

More recent research confirms nurse practitioners can and do work very well in a range of situations. The studies have looked at nurse practitioners working in both urban and rural sites, in doctors' offices and on their own.^{iii-ix} In one study of a general practice in England, 86 percent of patients were managed by a nurse practitioner without ever having to see a doctor, which allowed the physicians to see patients



with more serious problems.^{vi} Only 21 percent of the nurse's patients had to see a doctor in the practice about the same illness within two weeks, and most of those appointments were follow-ups booked by the nurse practitioner when she first saw the patients.^{vi} Also, in a study of how well nurses could treat depression, the percentage of patients who showed a substantial improvement was the same in both the nurse and the physician group.^{viii}

Patients are prospering

For minor injuries and illnesses requiring same-day care, patients who see nurse practitioners tend to do as well as those who see physicians. And research shows patients who see nurse practitioners about minor illnesses or injuries are just as healthy in the six months following the treatment as those who see doctors.^{iii, vii, x}

Nurse practitioners are very effective in health promotion and management as well. Research shows nurse practitioners are able to help patients with a range of chronic problems, including hypertension, Parkinson's disease, obesity, depression, diabetes, and asthma.^{iv, viii, xi, xii} In fact, Canadian and international research has shown that patients with hypertension respond better to nurse-practitioner care than to physician care.^{xi, xii}

Nurse practitioners tend to ask more questions and offer more information and choices. They also tend to spend slightly longer with their patients (an average of one or two minutes longer than doctors).^{vii, ix} Studies indicate patients appreciate the nurse practitioners' communication skills and the extra time spent;^{iii, iv, vii, x, xi, xiii} in one study, 99 percent of patients in the nurse practitioner group said they would see a nurse practitioner again for a similar problem.^{vii}

Moving forward

Most of the research on nurse practitioners compares their safety and effectiveness to the care provided by doctors. And that research clearly and consistently demonstrates nurse practitioners can provide care that is safe, effective, and comparable in a range of situations. The few remaining barriers to best realizing the benefits of nurse practitioners may be found in the structure of the system itself, such as payment models and funding mechanisms.^{xiv}

References

- i. Canadian Nurses Association. 2002. "Legislation and regulation of the nurse practitioner in Canada." Fact Sheet.
- ii. College of Nurses of Ontario. 2001. "A Primer on the Primary Health Care Nurse Practitioner."
- iii. Spitzer, WO et al. 1974. "The Burlington randomized trial of the nurse practitioner." *New England Journal of Medicine*; 290(5): 251-256.
- iv. Jarman, B et al. 2002. "Effects of community based nurses specialising in Parkinson's disease on health outcome and costs: randomised controlled trial." *British Medical Journal*; 324(7345): 1072-1075.
- v. Kinnersley, P et al. 2000. "Randomised controlled trial of nurse practitioner versus general practitioner care for patients requesting 'same day' consultations in primary care." *British Medical Journal*; 320(7241): 1043-1048.
- vi. Marsh, GN and ML Dawes. 1995. "Establishing a minor illness nurse in a busy general practice." *British Medical Journal*; 310(6982): 778-780.
- vii. Myers, PC et al. 1997. "A nurse practitioner as the first point of contact for urgent medical problems in a general practice setting." *Family Practice*; 14(6): 492-497.
- viii. Mynors-Wallis, LM et al. 2000. "Randomised controlled trial of problem solving treatment, antidepressant medication, and combined treatment for major depression in primary care." *British Medical Journal*; 320(7226): 26-30.
- ix. Shum, C et al. 2000. "Nurse management of patients with minor illnesses in general practice: multicentre, randomised controlled trial." *British Medical Journal*; 320(7241): 1038-1043.
- x. Horrocks, S et al. 2002. "Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors." *British Medical Journal*; 324(7341): 819-823.
- xi. Munding, MO et al. 2000. "Primary care outcomes in patients treated by nurse practitioners or physicians: a randomized trial." *Journal of the American Medical Association*; 283(1): 59-68.
- xii. Ramsay, JA et al. 1982. "Physicians and nurse practitioners: do they provide equivalent health care?" *American Journal of Public Health*; 72(1): 55-57.
- xiii. Venning P et al. 2000. "Randomised controlled trial comparing cost effectiveness of general practitioners and nurse practitioners in primary care." *British Medical Journal*; 320(7241): 1048-1053.
- xiv. Spitzer, WO. 1984. "The nurse practitioner revisited: slow death of a good idea." *New England Journal of Medicine*; 310(16): 1049-1051.