In Canada, health care reform is underway to address escalating costs, access and quality of care issues, and existing personnel shortages in various health disciplines. One response of the nursing profession to these stimuli has been the development of the advanced practice nurse, namely, the nurse practitioner (NP). NPs are in an excellent position to address current shortcomings through increasing points of access to the health care system, providing an emphasis on education and disease prevention, and delivering high-quality, cost-effective care in a multitude of practice settings. With an emphasis on the social determinants of health, NPs are in a prime position to provide care to underserved and vulnerable populations across Canada. Despite the potential for NPs to be instrumental in health care reform, there is a lack of support and regulation necessary for their optimal use. Barriers to mobilizing NPs in Canada exist and impede the integration of NPs into the Canadian health care system, which has both quality of care and social justice implications. (Index words: Nurse practitioners; Social justice; Health care reform; History; Social determinants of health) J Prof Nurs 29:270–275, 2013. © 2013 Elsevier Inc. All rights reserved.
costs of health care provision (DiCenso, 2008; Lewis & Kouri, 2004). Influenced by a neoliberal government ideology that promotes market dominance and limits governmental intervention, a “cost-saving” shift in health care delivery from “inpatient” to “incommunity” ensued (Lewis & Kouri, 2004; Reutter & Kushner, 2010). An increased need for access to primary health care was the result, and this served as an impetus for NP initiatives across Canada.

**Barriers to Implementation and Utilization of NPs**

In Canada, the federal government and the 13 provincial/territorial jurisdictions share the responsibility of health care (Health Canada, 2010). There is a lack of uniformity between models of health care delivery across the jurisdictions. This is one influencing factor on if and to what extent NPs are used (Browne & Tarlier, 2008). For example, NPs in one province may be able to prescribe all the medications outlined in their scope of practice, yet may not be licensed to do so in another jurisdiction. The lack of federal regulation and the variability of NP utilization across Canada is a barrier to both the mobilization and the professional advancement of NPs.

The capacity of NPs to address the health needs of Canadians in specific jurisdictions is markedly restricted. For example, licensed NPs in Alberta are legislated to prescribe all medications except those listed under the federal criminal code, whereas NPs in British Columbia may prescribe only the medications indicated on a limited list (College & Association of Registered Nurses of Alberta, 2004; College & Association of Registered Nurses of British Columbia, 2010). This has logistical implications for both the individuals being cared for, whose health needs are plausibly similar despite geographic location, and the effective integration and mobilization of NPs in the Canadian health care system.

The differences between jurisdictions have the capacity to negatively impact both the momentum of the NP movement and the public perception of the nursing profession. The adage “strength in numbers” is relevant when one considers the power of a unified voice over a single voice. Public perception of nurses as leaders in the health care system is strong; however, there is a lack of understanding and knowledge regarding the training, preparedness, and role of the NP in health care environments (Wright, 1997). National recognition of the NP role in health care delivery is essential to gaining public support, awareness of the NP role, and effective mobilization within the health care system.

An additional barrier to the NP movement in Canada has been the resistance from other health professions and the propensity for viewing NPs solely as cost-effective mini physicians (DiCenso, 2008). This perspective hinders the mobilization of NPs and impedes their use across the care settings for which they are effectively prepared to deliver quality care, such as in the primary care setting. The cost-effectiveness of NPs in primary care is a clear benefit to the future of Canadian health care delivery, although overlap in scope of practice will continue to exist. However, it is essential that NPs be regarded as unique and integral members of interprofessional teams. NPs must be recognized for their unique and integrative perspectives and capabilities and not as mere extensions of another discipline.

These barriers can be viewed either as products of, or factors that contribute to, full implementation of NPs in Canada. Despite the recognized need for NPs in health care reform, there continue to be delays that hinder professional mobilization (Bauer, 2010; Pritchard, Foster, & Chiarello, 2010). The CNA states that in order to meet the primary health care goals established by Canada’s First Ministers by 2011, we will have to educate more health professionals, including more NPs (CNA, 2009a; CNA, 2009b). Although increasing advanced nursing education is integral to the future of NPs in Canada, policy support and full realization of the NP scope of practice is essential if NPs are to be fully integrated into the Canadian health care system (DiCenso, 2008).

**NPs: Addressing Barriers**

In order for the Canadian health care system to meet the health care needs of Canadians into the future requires that certain fiscal realities be addressed. An aging demographic, technological, and medical advancements result in a higher use of health care services and a subsequent increase in cost (Health Canada, 2010). Because these monetary issues require ongoing management and intervention, nurses, as the largest body of health care workers in Canada, are often an area of interest when cost-saving measures are considered (Villeneuve & MacDonald, 2006). Given that the price of providing health care for the nation’s citizens is ever increasing, the health care industry has been forced to look for high-quality practitioners at a lesser cost of physician-based health care (Bauer, 2010; Riley-Bryan & Barkley, 2001). NPs have a distinct role in filling this gap because they are appropriately educated and able to provide the cost-effective, high-quality care that is required.

Fiscal restraints and increased skill demands have, in part, contributed to stratification within nursing education and the nursing profession. When faced with budget constraints, the political caucus and nursing managers alike are faced with the complex challenge of balancing cost with care. In addition, stratification within nursing education and practice has prompted questions regarding which skill level is required for safe patient care. This stimulates a reflexive need for professional differentiation and recognition. This diversification and the subsequent questions that are raised further contribute to unclear and overlapping scopes of practice (Laurentzon & Hooker, 1996; Wright, 1997). With this degree of overlap, NPs must ensure that they maintain the characteristics of nursing in their advanced practice, contributing to a strong sense of professional identity (Kikuchi, 2008). Furthermore, NPs must show evidence of their origins within the growing need for specialized, advanced
nursing care, which is related to, yet distinct from, medical practice.

As clinical providers, there may be a tendency to regard the focus of NP practice as purely on the individual. However, attention to the context of the individual in society is integral to both nursing’s history and future. The history of nursing as a socially relevant profession supports the capacity of NPs in addressing current socially determined health disparities. NPs have a unique opportunity to address health determinants, thus contributing to prevention and cost-effectiveness, while at the same time addressing the underpinnings of health inequities. Fundamentally, a dual focus in the NP mandate—that being care of the individual and the health of society—may allow NPs to capitalize on their potential role in health care reform, through their commitment to high-quality health care (Reutter & Kushner, 2010).

### Paving a Path: A Mandate for NPs

In this climate of health care change, the NP has abundant opportunity to carve out a professional path, based upon a thoughtful integration of disciplinary, professional, and directional components. NPs could be much more assertive regarding the skill and boundary overlap between professions, for example, in advanced assessment or in prescribing. These boundary issues reinforce the need for an understanding of professional identity so that professional definition is not merely contingent on skill set or care provision (Kikuchi, 2008). The lens from which the assessment is completed, the nature and means by which information of the person is integrated with many different types of knowledge, are part of what makes the care provided through nursing practice unique. For sake of clarity, “care” encompasses the curative component as well, in so much as care with proper aseptic technique can prevent a life threatening sepsis (Mol, 2008).

NPs are in an ideal position to incorporate research into practice. The value of empirical knowledge in academic and practice settings is apparent and provides utility for guiding advanced nursing practice (Cragg & Andrusyszyn, 2004). Integrative and clinically oriented research, such as studies of evidence-informed practices, provide relevant approaches to practice-oriented research, can increase competencies, and have the potential to improve patient outcomes (Doran & Sidani, 2007). NPs are in a unique position to use and integrate existing literature into the practice setting, identify gaps in current literature, and collaborate with professionals from other disciplines.

Interdisciplinary collaboration has been shown to increase with advanced nursing education and contributes to a broader perspective on health care (Cragg & Andrusyszyn, 2004). This comprehensive perspective includes an increased awareness of policy issues and facilitates understanding of the complex interplay of the social determinants of health in both health care delivery and health outcomes. A focus on accessibility, equity, and social justice are therefore congruent with advanced nursing education and have the potential to form the foundation of the NP mandate.

### Health Equity and Accessibility

Accessibility and equity are cited as essential characteristics of Canadian health care; however, current disparities in Canadian health care bring these concepts into question. Accessibility, as a pillar of Canadian health care values, is the “timely and geographically feasible access to adequate health care services” as defined by the Canadian Health Act (Health Canada, 2010). The Canada Health Act states, “accessibility ensures …reasonable access to insured health care services” (Health Canada, 2010). However, a comparative study by Lasser, Himmelstein, and Woolhandler (2006) found that approximately one in six Canadians do not have a regular doctor, and over 10% of Canadians identified that they had unmet health needs. Furthermore, these disparities are not equally distributed throughout the population.

NPs are in a prime role to address these disparities. NPs can facilitate access by increasing points of entry to the health care system, provide care to underserved populations and, thereby, enhance health outcomes for Canadians. Functioning with “one foot in medicine and one foot in nursing” (Ulrich, 2010, p.6), NPs are available to offer their competent and unique service to the public. Trained in advanced assessment, critical analysis, and holistic intervention, NPs also have a high integrative capacity (DiCenso, 2008; Ulrich, 2010). Traditionally ascribed medical roles, such as prescriptive ability, combined with a nursing perspective, such as a focus on health promotion and social determinants of health, are key examples of this unique and invaluable integration.

The health care professions are responding to both the changing health care delivery climate and the burgeoning complexity of health needs. There is an awareness of the capacity of NPs to provide high-quality care to meet the diverse health needs of the population. As well, patient outcomes have been found to be comparable whether an NP or a physician provides the care (DiCenso, 2008). Despite the needs of the general public in accessing primary health care in a timely manner, not even considering the disparities in accessibility with rural and vulnerable populations, the role of NPs in facilitating accessibility becomes apparent. NPs are often not used to their full capacity, which is more than a fiscal or logistical concern. When equity, defined as the absence of systematic disparities in health or of the social determinants of health, between groups is considered, it becomes apparent that frontline practitioners have the potential to address these disparities and contribute to equitable provision of health care (Bell & Hulbert, 2008). There is an acute yet progressive shortage of skilled health care providers, resulting in disparaging health access issues in developed countries. NPs are available to fill the health care disparity gap, yet there is minimal organizational support to bring this to fruition.
current problems are compounded by increasing population health needs, what happens to health equity?

Above are only a few, brief examples of health disparities existing in Canada. If such disparities exist in primary care access and NPs are available but not properly used, the value of accessibility, as stated in the Canada Health Act, is brought into question. The discrepancy between the Canada Health Act stated value of accessibility and the actual reality of health care delivery is noteworthy. Because lack of accessibility contributes to health inequity and equity is an ethical principle, the nursing profession and stakeholders alike have a moral obligation to carve a path for advanced practice nurses to address these disparities. This is an issue of social justice.

A Social Justice Issue
Social justice refers to the fair distribution of goods and services, including health care (Bell & Hulbert, 2008). Issues pertaining to health equality, such as disparities in access to care, can be appropriately examined as social justice issues in that they reflect the organization and distribution of resources throughout an area (Reutter & Kushner, 2010). Health care service, as a social determinant of health (SDOH), is directly linked to accessibility and, thus, to social justice. Although they are distinct concepts, the blurred boundaries between health disparity and health equity are apparent when direct relationships between such concepts are examined. If health equity is regarded as a persons' fair opportunity to attain their full health potential and NPs can directly improve access to high-quality health care, then one may assert that improved access has the potential to reduce health inequity. An additional distinction is that disparities may be judged as inequitable and, thus, unjust, if the means for change is available (Reutter & Kushner, 2010). In light of this distinction, the relationship between appropriately utilizing NPs and health equity becomes rhetoric.

As argued, the concept of accessibility can be viewed either through a disparity or through an equity lens; however, in relation to the SDOHs, the complexity of health attainment and sustainability becomes apparent. The role of the SDOH in causing and sustaining health disparities are multifaceted (CNA, 2009a; CNA, 2009b; Reutter & Kushner, 2010). For example, health care services, education, food security, and housing shortages have a profound role in overall health because they directly and indirectly influence all other health determinants (Reutter & Kushner, 2010). SDOH can be seen as the underpinnings of many health problems, health disparities, and health inequities and consequently must be addressed if sustainable improvements in health can occur. NPs have the potential to have a profound impact in addressing the SDOH on two levels. First, NPs can address SDOH through frontline work with communities and individuals. Second, NPs can exercise their professional voice to challenge policies that contribute to health inequity.

Clinical Practice and Leadership
Frontline work within communities and with individuals has the capacity to address inequity through a variety of mechanisms. First, NPs have the opportunity to work with categorically marginalized populations (e.g., impoverished peoples, aboriginal peoples, and sexual minorities). Second, health promotion and health education are central to the NP role. Health education has the capacity to empower individuals while addressing many additional health determinants. NPs high capacity for integration may assist in facilitating educational attainment through mobilizing community resources and supports while removing barriers to educational pursuit. Furthermore, providing frontline care through a social justice lens may assist NPs to look beyond the immediate causes of illness and further identify the factors that contribute to and sustain health disparities. For example, the NP may consider the logistic issues of medication storage and administration for a person with no stable home or no home at all. The NP with a broader social justice perspective may also be aware of the political components, which influence the situations in which care is provided, and be active at this level to enact change.

NPs have an opportunity to capitalize on their leadership foundation, strongly rooted in the public’s perception of nursing, and be agents of change regarding public policies that perpetuate or sustain health inequities. Smith (2007) asserts that nursing is the health profession best suited for leadership in reducing disparity because caring is central to nursing practice, whereas a lack of caring in society contributes to health inequity (Reutter & Kushner, 2010). The concept of caring has historically been central to the profession of nursing. Coupled with the professions’ social responsiveness, nursing is in an ideal position to contribute to equity in health through addressing health disparities.

One avenue in which the nursing profession, particularly NPs, can capitalize on their leadership potential and generate momentum toward change is to gain awareness of existing initiatives regarding nursing practitioners and, when appropriate, provide support for these initiatives. For example, the Canadian Nurse Practitioner Initiative documents of NPs: The Time is Now (CNA, 2006a; CNA, 2006b) and The Way Forward Plan: Committing to Action (CNA, 2006a; CNA, 2006b) promote the NP role and offer 13 recommendations in seven strategic areas (e.g., legislation and regulation, practice, health human resource planning, education, and social marketing). However, in the 2009 CNA progress evaluation of the reports, an NP response rate of 2% was achieved. This strongly suggests that a higher level of engagement in existing initiatives is required if progress is to be made in this arena. Initiatives need to be acted on not only by NPs but also embraced by nursing and health care leadership. It is time for national collaboration in order to build capacity, a strength of community among NPs, and a national voice for NPs so that initiatives, such as those in the CNA documents, gain traction and continued momentum moving forward.
It is imperative that NP special interest groups at provincial and national levels work to generate awareness and involvement of its members and the lay public. The success of awareness campaigns, published recommendations, and progress reports in promoting the integration and sustainability of the NP role in Canada are necessary but are alone insufficient to effect change. Active engagement and participation must be fostered, within the nursing profession and beyond, to generate the momentum required to promote and sustain lasting change regarding the full integration of NPs into the Canadian health care system.

**Conclusion**

Current reforms in Canadian health care require a reevaluation of health care delivery. Health disparities in Canada exist, are inequitable in their distribution, and are compounded by fiscal restrictions. NPs are in an optimal position to address existing and escalating health care inequities in the Canadian population through cost-effective and quality care provision.

If used appropriately, NPs can facilitate individual and societal well-being through a focus on health promotion with regard to the SDOH. Overemphasis on the individual determinants of health may have a detrimental effect on the social underpinnings of health. This, in turn, may promote a type of symptom management by failing to address influences that the SDOH exert on lives of the individual and society at large. Appropriate use of NPs in Canada has the potential to play a pivotal role in health care reform, while enhancing individual and population health through increased accessibility, quality care provision, and through promoting social justice. Therefore, a dual focus, which addresses both individual and SDOH, is essential if sustainable improvements in population health are to occur. NPs have the potential to facilitate change within the climate of health care reform through providing high-quality and cost-effective care. Active engagement in existing and new initiatives is necessary if effective change is to occur.

**References**


