Nursing Role Ambiguity in Alberta: Impact and Institutional Influences

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Abstract

Increasing health system demands and costs in an economically strained environment places extraordinary challenges on Alberta's workforce planners who continue to address critical gaps. In addition to routine operational planning, unpredictable and often-reactive market demands continuously influence workforce needs. The role and scope of health care providers, particularly nurses, is constantly evolving, which leads to difficulty interpreting their differences. To achieve successful shifts toward team-based collaborative care, it is essential that providers, with their specific skill sets, be appropriately aligned with patient groups and settings. This is challenging when skill sets and scope are confusing to administrators. Changes to health care providers' scope of practice impact academic programming and regulatory processes, and can create confusion and ambiguity for many providers, especially nurses. Role ambiguity among nurses, unabated by key institutions, contributes to inefficiencies and can be potentially harmful to patients. Role ambiguity in nursing therefore creates challenges for employers, educators, regulators, and nurses themselves. Role ambiguity is not entirely new: historical reports of role ambiguity pertaining to Alberta nurses do exist. This ambiguity persists today among Alberta nurses. Moreover, the strategies used to mitigate this ambiguity are themselves ambiguous. The purpose of this paper is to critically examine the literature that defines role ambiguity and its impact, to highlight antecedents, and to explore the role of the key stakeholder institutions that are best positioned to address the issue in Alberta.

Keywords: nursing, role ambiguity, role differentiation, role confusion, antecedents.

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Nursing Role Ambiguity in Alberta

Role ambiguity (RA) has significant impacts across all levels of the health care system and affects patients, employers, system planners, and nurses themselves (Butcher et al., 2018; Fraser et al., 2019; Nelson et al., 2014). With variation in regulatory approaches and interpretation, the lack of clarity of the scope and role of the existing regulated nursing categories creates challenges for employers, health care providers, and leaders (PNATF, 2020). When employers and workforce planners are unsure of nurses' scope of practice, inefficient utilization is likely to occur, leading to increased costs or poor patient care. Although not explicitly studied in Alberta, RA among nursing designations in Canada has been entrenched in the profession for decades (Almost, 2021). Jurisdictions such as Alberta have unique laws and policies that create specific conditions for all health care providers, including nurses. In Alberta, legislation for nursing practice imparts both flexibility and ambiguity, contributing to RA as evidenced through prior research (Besner et al., 2006; Clark & Hunsberger, 2009; Fraser et al., 2019). Legislation, namely, the Health Professions Act—does not stipulate how to describe nursing roles. As a result, each of the three nursing colleges in Alberta elaborate on their nurse members' scope of practice in ways that impede clear differentiation (Clark & Hunsberger, 2009). The provincial institutions best suited to understand and respond to the impact of RA are regulators, educators, employers, and policy makers (Government of Alberta, 2012; Besner et al., 2006; Martin & Weeres, 2016). Antecedent conditions for RA are complex, requiring a coordinated and collaborative approach among these institutions. There are national-level regulatory, association, and education institutions that influence the professional development of Canadian nurses. Although these institutions may influence the prevalence of RA over time, Alberta can begin to address this issue through its existing provincial stakeholders. RA creates challenges for

employers, educators, regulators, and nurses themselves, yet it is not readily apparent how institutions should address this issue in Alberta, nor which institutions should take on this role. An analysis of institutional roles that influence nurse RA in Alberta offers the potential to address the issue with a collaborative and system-focused approach. A review of the literature showed a better understanding of contributing factors is fundamental in considering potential mitigating strategies to reduce RA.

Literature Review Procedure

A general narrative literature review was conducted to gain an understanding of how RA exists among nurses, as well as its impact and the potential strategies that have been and can be used to mitigate its prevalence in the Alberta context. A narrative literature review (i.e., one that is skewed toward a qualitative interpretation of prior knowledge) is the traditional way of reviewing the extant literature in an attempt to summarize or synthesize a particular topic (Paré & Kitsiou, 2017). The central question in this review is, Whose role is it to address RA in Alberta from an institutional or strategic perspective? The goal is to explore the relevant background in order to understand the current issue, highlight any new research, and ideally present options to address RA in Alberta. The issue of RA is diverse and relates to various structures, stakeholders, and constructs, requiring combinations of search terms to capture relevant research. The initial search strategy was to identify articles related to nursing role clarity and its related constructs such as role conflict, role tensions, role ambiguity, role differentiation, and intraprofessional conflict. Search parameters included peer-reviewed, English-language, and full-text availability. A concentrated search through Google Scholar and Google focused on nursing frameworks, guidelines, standards, and policies relative to the scope and role of nursing

and collaborative practice. This approach helped the author further understand how legislation shapes nursing practice through the interpretation of various institutions that regulate and educate nurses. Grey literature from government documents related to legislation, national nursing organizations, and regulatory websites for resources related to RA assisted with further framing the institutional roles. A focused review of Alberta-specific research on RA through the Athabasca University Discovery Database produced limited results. A review of Canada-wide literature relevant to RA in nursing was also conducted. Because standardized institutional processes exist nationally despite variance in provincial legislation, findings from this review are also appropriate for provincial jurisdictions, including Alberta. The search was performed using several terms and free text words combined with Boolean operators. Key search terms included:

> nursing AND role ambiguity; role differentiation AND nursing; role confusion AND nursing; role clarity in nursing; role differentiation AND nursing; role overlap OR role conflict AND nursing; intraprofessional tensions AND nursing; collaborative practice barriers OR facilitators.

Originally, the search parameters aimed at research from 2015 onward, but this yielded limited results, prompting a more targeted review of historical papers to ascertain if Alberta previously experienced issues related to RA. Overall, this literature review intends to explore institutional influences of RA in an effort to align potential strategies to address the issue and report any new insights. After reviewing a combined 103 reports, articles, websites, research papers, and other documents, several key themes surfaced as a guiding conceptual framework for this review. The themes were (1) the evidence and (2) the impact of RA in Alberta, (3) the antecedents of RA, and

(4) potential strategies to address RA through appropriate institutions. This review lays out key contributing factors (i.e., institutional influences) to RA and summarizes potential ways to address these issues based on the role of each Alberta stakeholder institution.

Literature Review

RA can be defined as a lack of clarity concerning employees' roles, responsibilities, and/or the procedures to achieve what is expected of them (Allen, 2020; Kalkman, 2018). Role confusion and role overlap lead to decreased role clarity, which contributes to RA (Macleod et al., 2019). In team settings, if members do not know each other's roles well, or if their own roles are not clearly described, role conflict and RA can ensue (Allen, 2020). This is counterintuitive as we strive for improved patient and system outcomes by utilizing effective collaborative practice models to support team-based care. Nearly a decade ago, the Alberta government developed a collaborative practice framework that presented an opportunity to reduce demand for, and on, the health workforce by improving workforce utilization through collaborative models of care (Government of Alberta, 2012).

While employers and workforce planners have trouble differentiating between nurse provider types, the current state of RA in Alberta is largely undocumented, and the research is limited. In 2006, Besner et al. examined nurses' perceptions of their ability to work to their full scope of practice (SOP) and to identify perceived barriers to and facilitators of role optimization. The Alberta-based study centred on the three main nursing provider types at that time: licensed practical nurses (LPNs), registered nurses (RNs), and registered psychiatric nurses (RPNs). The authors concluded that substantial role confusion was evident among these three nursing designations. They also recommended stakeholders work together to better understand role

overlap and begin to clarify roles for more effective health care human resource planning. Specifically, the authors aimed at key institutions (employers, regulatory bodies, educators, practitioners, unions, and policy makers) whose role it is to improve the utilization of all health care professionals. Later, in 2009, Alberta stakeholders convened in a comprehensive research activity (the Knowledge and Education Project) to compare these same nursing groups, acknowledging that appropriate utilization of nurses was still of interest to employers and administrators (Clark & Hunsberger, 2009). The researchers assumed that within each type of nurse, there ought to be a "chain of congruence" leading from the legislation to SOP and competency statements, then to the curriculum documents that guide academic programs and finally integrated into student nurse's knowledge (Clark & Hunsberger, 2009, p. iii). As SOP is fundamental for standards of practice, educational preparation, and job descriptions, comparing these across the three nurse types would be advantageous for administrators, supervisors, and nurses themselves (Clark & Hunsberger, 2009). The authors indicated that without a common overarching framework for the SOP and competency statements, comparison is infeasible. The research further inferred that nursing role confusion is reinforced by three different types of credentials, backed by different knowledge bases with significantly overlapping and significantly different responsibilities (Clark & Hunsberger, 2009). A key principle of the recently published pan-Canadian nursing vision centres on clarified roles and responsibilities of the regulated nursing groups to increase awareness and knowledge among employers, health care professionals, and the public (PNATF, 2020). Ultimately, the way to improve the deployment of nurses requires a better understanding of the education, roles, scopes, and regulation of the nursing designations (Almost, 2021).

Sharma et al. (2016) studied staffing levels and the mix of RNs, LPNs, and health care aids (HCA) across Alberta acute care units, which revealed substantial variations. More recently, Fraser et al. (2019) concluded that LPN role variation is influenced by site-, zone-, and provincial-level factors. They examined the role and scope of LPNs in home care and recommended operational and human resource policies be revised with clear role expectations to better support new role adoption (Fraser et al., 2019). Thus, it appears that Alberta has experienced nursing RA to some degree previously, with some research exposing tensions and ambiguity specifically between LPNs and RNs (Kusi-Appiah et al., 2019; Macleod et al., 2019; Martin & Weeres, 2016). Ultimately, high variability in staffing levels and mix has major implications for human resources planning as well as overall staffing costs (Sharma et al., 2016). Nurse practitioners (NPs) also continue to clarify their role to employers and colleagues in Canada (Brault et al., 2014). This may be equally problematic here in Alberta and become more challenging as physician assistants enter the primary care sphere heightening role overlap and ambiguity (Almost, 2021). Provincial job descriptions for NPs may lend clarity to their role for the health authority and eventually to other sectors such as primary care, although this is beyond the scope of this review. Job descriptions that outline key differences between LPNs and RNs are also potentially helpful for workforce planning. Alberta currently has four regulated nurse types (RNs, LPNs, RPNs, and NPs) with HCAs soon to be regulated. This furthers the potential for role confusion for patients, providers, and employers as HCAs often work side-by-side with nurses.

In Alberta, the three regulatory bodies for the nursing professions jointly published a document that promotes collaboration among health professionals to achieve client- and system-level benefits (CARNA et al., 2019). A key principle within the document is "role clarity,"

which can be understood as nurses knowing the capabilities and roles of all team members while respecting and acknowledging their team member's contributions. Similarly, a position statement on intraprofessional collaboration by the Canadian Nurses Association (CNA) indicates role clarification is needed to ensure all regulated nurses understand their own and their nurse colleagues' roles (CNA, 2020). The CNA acknowledges that intraprofessional conflict, role tensions, and ambiguity hinder effective team-based care. Elsewhere in Canada, Baumann et al. (2019) note that in high-functioning teams, LPNs and RNs have agreement on roles, awareness of each other's SOP, and the knowledge of the skill level of each team member. Macleod et al. (2019) state that LPN roles and SOP remain underresearched in the Canadian context. To date, RNs, LPNs, and HCAs have little understanding about the roles of their fellow nursing team members (Kusi-Appiah, 2019). Although limited Alberta-specific research on nursing RA exists, these recent studies indicate RA is an issue to some degree. Examining the numerous system-level impacts of RA may encourage stakeholders to consider assessing the current state of this issue in Alberta.

Impacts of Role Ambiguity

The literature reveals numerous publications regarding the impacts of RA. Overall, the key themes that resonate are (1) the impacts on collaborative practice (impaired), (2) challenges to workforce planning (ineffective), and (3) challenges to nursing professionalism (diminished).

Impaired Collaborative Practice

Collaborative practice requires team members to know and respect each other's capacities and contributions (Mackinnon et al., 2018). This knowledge and attitude is

fundamental to working effectively where work is shared to the most appropriate provider. RA contributes to intraprofessional tension and conflict, interfering with collaborative practice and decreasing the potential for high-functioning teams (Macleod et al., 2019). Key benefits of collaborative practice are lower patient mortality rates, reduction in errors of omission, improved patient safety, and enhanced job satisfaction (Allen, 2020; Government of Alberta, 2012; Limoges et al., 2018). Work by Prentice et al. (2020) indicates that much of the research base on nursing collaboration and its outcomes needs strengthening. When the authors reviewed 10 Canadian collaborative practice guidelines, they found many of these were not informed by evidence. They also described concern regarding the lack of conflict resolution processes within the guidelines. These critical gaps may allow the tensions and conflict derived from RA to perpetuate, leading to dysfunctional teams. Role conflict, often stemming from RA, diminishes the quality of care delivery in the context of team-based care (CNO, 2018).

Ineffective Workforce Planning

RA often challenges effective health care workforce planning through misallocation or underutilization of nurses (Government of Alberta, 2012; Kalkman, 2018; Lankshear & Limoges, 2019; Macleod et al., 2019). Underutilization of nurses can occur if employers, administrators, and nurses themselves are unsure of the role of each nursing designation . This perpetuates gaps in care and contributes further to role conflict and employee dissatisfaction (Butcher et al., 2018: Martin & Weeres, 2016). Employers may hire more costly nurses when they are unsure of the respective roles and competencies. When organizations generate task-based lists for nurses as a method to manage this ambiguity, nurses become frustrated (Macleod et al., 2019; Martin & Weeres, 2016). Improper utilization also leads to burnout and a host of

other factors such as intraprofessional conflict, decreasing the safety and efficacy of nursing care (Kalkman, 2018; Macleod et al., 2019). Ensuring nurses are able to work to their full SOP is an important retention strategy that can address system gaps (Besner et al., 2006). The ultimate goal of enabling full SOP is to create better-resourced teams and accessible, patient-oriented care (Nelson et al., 2014).

The cyclical nature of poorly understood role differentiation among planners and nurses prompts the need for interventions at appropriate junctures. Changes in roles can lead to power struggles among and between nursing groups (Brault et al., 2014). Therefore, employers must carefully consider how to support these transitions (Besner et al., 2006). This was evidenced in Fraser et al. (2019), where role expectations for LPNs in homecare were not clearly outlined.

Additionally, if nurses feel they have artificial restrictions preventing them from working to their full scope, they tend to migrate to other positions, organizations, and even other jurisdictions (Harris et al., 2013). As an example of these artificial restrictions, consider LPNs who are unable to work to full scope due to misunderstandings on the part of their managers and leadership who are unfamiliar with the evolution of LPN SOP.

Diminished Professionalism

Kalkman et al. (2018) offer the condemning yet poignant remark that "the consequences of role ambiguity may be devastating to a profession that continues to define itself and that has been charged to lead healthcare reform and advance health for all people" (p. 238). They add that RA is a potential threat to the successful assumption of a professional role. Limoges et al. (2018) state that, as part of the process to create a distinct body of knowledge and differentiate between nursing roles, professional demarcation was introduced that involved boundary work and

credentialism. This, Limoges et al. say, continues today, and with ever-shifting nursing roles, there are inherent unintended consequences such as RA. The traditional divisions in nursing education, regulation, SOP, and organizations continue to propagate this ambiguity (Almost, 2021).

Documents such as codes of ethics and standards of practice are developed by regulators to establish fundamental expectations of members' behaviours and attitudes, which contribute to the overall professional culture and image of nursing (Wilkie & Tzountzouris, 2017). Historically, power differentials exist between health care providers (HCPs) and the public. A regulator's position is to foster power balance between HCPs and the public. Hence, regulators create conditions for their members such that the public can trust that HCPs are competent through appropriate accountability measures (Wilkie & Tzountzouris, 2017). Although tribalism and role tensions are not explicitly identified as improper, these behaviours may negatively influence nursing culture. When HCPs are indoctrinated into stereotypical "tribes" their behaviours can erode the effective communication and shared care approaches that high-functioning teams require (Braithwaite et al., 2016).

To date, there is no consensus in the discourse around the role stakeholder institutions should play in addressing emerging health care trends and issues related to RA. Some suggest regulators and their immediate stakeholders must collaborate and respond to nursing-related system issues, while others feel regulators are not appropriate for solving broader policy issues (Wilkie & Tzountzouris, 2017). One agreement is that employers, educational institutions, and professional associations all have an important role to play and can succeed if they focus on patients' outcomes versus their own mandates (Wilkie & Tzountzouris, 2017). Regulators do not want to be viewed as either advocating for the profession or being self-serving; however, this

may allow issues such as RA to flourish, potentially diminishing professionalism. When nurses become indoctrinated by "turf wars" in which one professional group competes against another, intraprofessional collaboration is challenged (Nelson et al., 2014; Wilkie & Tzountzouris, 2017). Protecting institutional mandates may perpetuate continued disharmony among nurses and contribute to the erosion of professionalism and ultimately unsafe conditions for patients. Professionalism among nursing is more than competency-based alignment. It evokes a certain public attitude toward the profession. Tribalism and conflict are not features of the profession that promote public trust.

Antecedents of Role Ambiguity in Nursing

RA among nursing types results from numerous factors related to different institutions. Kalkman (2018) identified 11 antecedents of RA: lack of information related to job or task; role conflict; poor leadership; role incompatibility; managerial issues; unclear objectives; lack of emotional support; inconsistent job descriptions; multiple accountabilities; lack of education; and inconsistent role socialization and role teaching. While many of these antecedents are associated with employers and educators more directly, other institutions such as regulators and policy makers also have influencing roles. Five prevalent themes of contributing factors, or antecedents, to RA arose from the research accompanied by potential institutional influences: (1) legislative and education, (2) challenges in articulating role and scope of practice, (3) hierarchies and silos, (4) research and data groups, and (5) intraprofessional versus interprofessional collaboration.

Legislative and Educational Shifts

When governments respond to market forces, they make legislative changes for HCP roles. Regulators are then required to adapt to the new standards. This in turn leads education systems to align their curriculum and programs with the standards to ensure competencies are met. This cascading effect of responding to market demands for nurses has contributed to ambiguous roles, overlapping SOP, and hierarchies that subdue collaborative practice (Butcher, 2017; Butcher et al., 2018; Limoges et al., 2018). Therefore, while a number of factors such as legislation, regulatory frameworks, and health care system structures impact the optimization of nursing roles (Nelson et al., 2014), they equally create misconceptions of what nurses should and can do. Additionally, differentiation of nursing knowledge among nurse types is unclear for many (Martin & Weeres, 2016).

In 2020, the Government of Alberta introduced an omnibus bill requiring HCAs to adhere to the same regulatory standards as other health professionals. With another regulated provider entering Alberta's health care system that may be perceived by the public as a nurse (i.e., HCAs), RA may become more of an issue. This creates an opportunity for the HCA regulatory body to proactively address role confusion with their members and the public. To combat confusion between nursing groups, regulators respond with guidelines that outline the legislation that is relevant to different HCPs (CNO, 2018). Nurses' SOP is governed by legislation and regulations and is further defined by employer-based job descriptions, employer policies, and individual competencies (Macleod et al., 2019). Rapid legislative changes take considerable time and effort to culminate into aligned job descriptions and organizational policies. This challenges employers to stay abreast of nursing SOP changes in all sectors and settings where nursing care occurs. Ensuring that we effectively prepare the right number and type of health professionals to meet

emerging population health needs requires proactive, rather than responsive, planning (Besner et al., 2006).

Challenges in Articulating Role and Scope of Practice

When nurses are able to articulate their SOP, they can aim to "optimize" their scope by working toward the outside boundaries of their practice. When health system planners are familiar with nurses' SOP, they can effectively utilize human resources to improve patient outcomes and increase staff retention (Besner et al., 2006; Fraser et al., 2019). It is important for regulated nurses to be aware of the limits of their own individual competence and practice as well as other regulated nurses' roles and levels of competence (Almost, 2021). This way, nurses know when and with whom they can consult for practice support outside of their scope or role. From a planning perspective, employers may hire more costly providers when they are unsure of the scope of each nursing type. When polled, RNs expressed that their role is not always understood by colleagues, employers, and in some instances by the RNs themselves. They also indicated they are not being utilized to their full potential in many practice settings (CARNA, 2014). It is possible that some nurses are even working beyond their scope, presenting safety issues. A clear understanding of the RN role supports the best possible patient outcomes and most effective use of RN knowledge and skills (CARNA, 2014). With over 54,000 regulated nurses in Alberta (CIHI, 2020) the potential for increased costs related to underutilization of human resources due to nursing RA is conceivable. Administrators should know each nursing designation SOP well enough to minimize improper utilization of this workforce.

Lankshear & Limoges (2019) urge the development of education for nurses on the SOP of each designation, their distinct contributions, and where there is overlap. Increasingly, the

skills and practice settings once specific to RNs overlap with LPN SOP as curricula are revised to optimize roles (Limoges et al., 2018). In one Ontario study, registered practical nurse SOP (equivalent to LPN, and referred to as such here) was found to be widely misunderstood and unclear to managers, directors, clinical educators, RNs, and LPNs themselves (Martin & Weeres, 2016). Researchers also found lowest agreement on LPN role clarity among faculty members and LPNs were more familiar with the RN role than RNs were with the LPN role. The overlap in SOP, role expansion, and changing roles creates confusion for faculty. This creates challenges in delivering education to support collaborative practice when faculty are unsure of the role differences between the nurse designations themselves (Limoges et al., 2018). Macleod et al. (2019) indicate the practical nurse role has evolved over the past decades and more recent graduates received education and expectations of a greater SOP than their predecessors. Many employers have potentially not updated their understanding of the LPN role and scope as it has evolved (Martin & Weeres, 2016*).* Health care systems continue to transform with a focus on team-based care where members are working to their full SOP in collaborative models (Prentice et al., 2019), making the reduction of RA tantamount to effective work force planning. This cannot take place without addressing the historical and persistent cultural factors that foster hierarchies and silos.

Hierarchies and Silos

A lack of theorizing and research on the activation of hierarchies, siloed education, and boundary work allows RA to continue to impact intraprofessional collaboration (Almost, 2021; Limoges et al., 2018). In a study, Limoges et al., 2018, found that activation of hierarchies positioned university programs with more "status and legitimacy" over college programs (p.

116). They describe these established power relations as impeding nursing education around role clarity. Another finding was the fact that faculty members found it challenging to articulate the actual differences between the roles and contributions of LPNs and RNs. Historically, the significant changes for these two nurse groups occurred in "already established hierarchies" between community colleges and universities, which influenced how they were educated (Limoges et al., 2018, p. 114). LPNs and RNs are prepared with different educational backgrounds yet work side-by-side while establishing their professional boundaries resulting in encroachment and confusion (Limoges et al, 2018). Almost (2021) indicates that to move forward and create effective changes, these traditional hierarchies need to be challenged with a clearer understanding of each of the regulated designations of nurses. Almost also suggests a more intraprofessional approach that diminishes the traditional hierarchy, which leads to better patient and system outcomes. Nursing students also express the detriments of segregated and hierarchical educational experiences and prefer a more integrated approach to learning (Butcher, 2017). This is noted in earlier Alberta-based research, where students described their learning experiences as hierarchical and segregated (Clark & Hunsberger, 2009). Education silos that keep nursing students apart reinforce unnecessary boundaries and power relations that impair collaborative practice and perpetuate myths and misconceptions about each designation of nurse (Limoges et al., 2018). Kalkman (2018) studied RA in senior nursing students and proposed "inconsistent role socialization" and "role teaching" as the most important antecedents in this area of research (p. 7). This means educators should consider what is taught about RA, the consequences of that teaching, and how to prepare students to know their roles more specifically and clearly in real-world scenarios.

Research and Data Gaps

Often talked about yet minimally researched is the influence of nursing hierarchies on RA in Alberta's workforce. More research is needed to better understand how to support nursing teams in learning about one another and about the benefits of knowing each other's roles (Kusi-Appiah, 2019). Significant gaps in research remain in how RNs and LPNs experience changes in care provision, and how changes in their roles influence nursing education (Butcher, 2017; Macleod et al., 2019). Minimal research exists to guide nursing faculty in adjusting their approach to educating when changes to entry to practice occur (Limoges et al., 2018). The Registered Practical Nurses Association of Ontario (RPNAO) published a comprehensive report on nursing role clarity with a focus on the overlapping practice between registered practical nurses (LPN equivalent) and RNs (RPNAO, 2014). The report recommended more research and noted that program evaluation studies could increase understanding of the enablers and barriers to optimal SOP, characteristics of high-functioning nursing teams, nursing models of care delivery, and the impact on outcomes at the patient, nurse, organization, profession, and system levels. Many institutions describe intraprofessional collaboration between nurses as essential for the provision of quality patient care, yet evidence for collaboration among nurses and the outcomes to support these claims are insufficient (Prentice et al., 2020). Research is needed to further understand how shifting care teams have an impact on health outcomes (CNA, 2020). Braithwaite et al. (2016) indicate that there are historical, cultural, behavioural, and attitudinal reasons for the continuation of profession- and gender-based silos affecting both interprofessional and intraprofessional collaboration. They suggest the need to understand the underpinnings of poor teamwork based on professional differences and power imbalances in order to improve collaborative practice.

Intraprofessional Versus Interprofessional Collaboration

A major focus on *inter*professional collaboration may overshadow *intra*professional issues. Historically entrenched conflict and tribalism among the regulated nursing designations is apparent (Almost, 2021). Without acknowledging the need to reduce intraprofessional conflict, we may hinder the benefits of interprofessional collaborative practice. Professional associations, nurse scholars, and practicing nurses agree that intraprofessional collaboration between nurses is essential for the provision of quality patient care (Limoges et al., 2018). Effective intraprofessional collaboration among nurses is fostered through education, leadership, and structures such as policy and models of care (Almost, 2021). It is important that nurses are educated toward a strong intraprofessional collaboration and understanding of role differences as this allows all nurses to optimize their practice (Limoges et al., 2018). Addressing RA in these contexts requires a network of institutions that each have some degree of influence to assess and address the issue.

Addressing Role Ambiguity

To reduce gaps in care, ensure patient safety, and adopt fiscally responsible mechanisms in workforce planning, it is necessary to understand the roles of institutions that influence RA (Besner et al., 2006; Clark & Hunsberger, 2009; Martin & Weeres, 2016). There is a need to explore the roles of employers, regulatory bodies, educators, practitioners, unions, and policy makers for improving the utilization of nurses (Besner et al., 2006; Clark & Hunsberger, 2009; Kalkman et al., 2018; Lankshear & Limoges, 2019). In Alberta, the Nursing Leadership Network (NLN) consists of key provincial institutions whose collective role may serve as an important mechanism to review the current state of RA. This collaborative network of nurse leaders

engages in strategic dialogue relating to transforming nursing practice, leadership, education, and the advancement of nursing science (Alberta Health, 2018). The current stakeholder membership of the Alberta NLN aligns well with the literature on institutional roles related to RA (see Appendix A), with the exception of unions and primary care networks (PCNs). The literature includes these actors among the institutions that can play a role, but they are currently absent from Alberta's NLN. Allen (2020) explains that appropriate conditions, processes, and actions can mitigate role uncertainty that impairs teamwork and collaborative coordination of care. Thus far, it appears that institutions that educate, employ, regulate, and legislate nurses may be well suited to apply mitigating strategies. The literature offers numerous potential strategies for reducing RA, which could be used by relevant Alberta institutions. Possible strategies are listed by institution in Appendix B. While not exhaustive, these strategies may serve as a basis for discussion to assess the current state of nursing RA in Alberta and consider updating the membership of the NLN to include unions and PCNs.

Conclusion

This review outlines the discourse regarding RA in Alberta and offers an opportunity for stakeholders to consider current mechanisms to assess and address the issue. Additionally, this review serves as a path forward for provincial data gap analysis for approaches to addressing RA. A critical starting point should be reconvening the NLN with a focus on stakeholder analysis to ensure all appropriate institutions are included. Based on the review findings, an initial consideration is to discuss the inclusion of additional members such as PCNs and nursing unions. This may also take the form of consultation with these potential future members. More importantly, a timely dialogue around nursing tribalism and a call to action to address the culture

that perpetuates hierarchies and silos should be part of the NLN future agenda. Other provinces and territories may benefit from this review by considering the implementation of mechanisms like the NLN within their own jurisdictions. RA is complex and a collaborative institutional approach is required to effectively interrupt the long-standing culture sustaining the silos and role tensions.

Almost (2021) poignantly states that other concerns such as "rigidly segregated education, jealously guarded delineation of scopes of practice, [and] a lack of understanding of each other's roles…may all be limiting nurses' ability to give the quality of care patients need and deserve, and adding to the strain on our health-care systems" (p. 89). The issue of RA appears largely unknown today in Alberta and therefore the amount of strain is not determined. It is possible that many strategies to reduce RA are already in motion within Alberta's postsecondary institutions, the health authority, and other Alberta institutions. It is equally possible that underutilization is costing the system in numerous ways and/or that RA is creating poor patient conditions. Nurses and policy decision-makers must determine which conditions support optimized scope, productivity, safety, and satisfaction in nursing practice for effective workforce planning (Almost, 2021). Alberta can begin to explore its current state regarding the prevalence and impact of RA through existing mechanisms and appropriate stakeholders within the NLN. Policy makers can begin to apply effective policies that look at market demand cycles and determine how to proactively engage with key stakeholders for all HCP role changes, including those of nurses. Finally, the sustainability and governance of Alberta's NLN is important to ensuring that nursing RA is assessed and mitigated over the longer term.

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Appendix A

Institutional Roles Related to Role Ambiguity

Alberta-Specific Institutions Influencing Role Ambiguity						
	Education	**Regulation**	**Association**	**Union**	**Employer**	**Government**
College of Registered Psychiatric Nurses of Alberta		X				
College of Licensed Practical Nurses of Alberta		X				
College and Association of Registered Nurses of Alberta (CARNA)		X				
Nurse Practitioner Association of Alberta (NPAA)			X			
AHS / Covenant Health / Primary Care Networks (PCNs)					X	
Alberta Health (AH)						X
Ministry of Advanced Education (AE)						X
UNA/ AUPE (Unions)				X		
Postsecondary Institutions	X					
Gaps in Institutional Representation in Alberta's Nursing Leadership Network (NLN)						
NLN Membership	Present	Present	Present	Absent	Partially absent (PCNs)	Present (AH & AE)

Appendix B

Provincial Institutions' Potential Role in Addressing Role Ambiguity

Alberta Health (AH; Ministry of Health)

- Besner et al. (2006) state that policy makers should address the role ambiguity (RA) that currently exists across the health professions. A clear understanding of professional roles and contributions is essential to appropriate health care human resources planning, including planning for the right number and type of education seats.

- Alberta Health (AH)[1] can convene with health care workforce planning stakeholders to discuss data availability to measure workforce trends and issues (such as RA) and the effects they have on patient, provider, and system outcomes.

- Policy makers and administrators should explore the push-pull forces that influence the internal mobility of nurses and determine if RA plays a role (Harris et al., 2013).

- The Nursing Leadership Network (NLN) should recommence stakeholder engagement and achieve consensus from members on new terms of reference and on adding additional members relevant to RA issues.

Ministry of Advanced Education (AE)

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[1] More information about Alberta Health's role can be found at https://www.alberta.ca/health.aspx.

- The *Roles and Mandates Policy Framework for Alberta's Publicly Funded Advanced Education System* (Government of Alberta, 2007) is a foundation that can ensure the best program and institutional mix to meet the needs of learners, the economy, and society. This framework also serves as a foundation for ongoing evolution of Alberta's advanced education system. Ultimately, an effective system will be one that meets the needs of learners, promotes access, leverages capacity, and allows resources to be effectively allocated to provide outcomes with the greatest value.

- AE can be consulted for their role in reviewing the design of nursing bridging programs for the potential for collaborative education.

Alberta Primary Care Networks (PCNs)

- PCN[2] leadership could work with Alberta Health Services (AHS) to develop competencies and job descriptions for all nurses in primary care. This ensures the potential for provincial standardization and less RA.

- Role clarity issues among PCN nursing types can also be discussed among key stakeholders. Clarifying professional roles among members of a primary care team can be an effective approach to mitigating power struggles, facilitating the integration of new roles in teams, and fostering interprofessional collaboration (Brault et al., 2014).

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[2] More information about PCNs can be found at https://pcnpmo.ca/alberta-pcns/Pages/default.aspx.

Alberta Health Services (AHS; Provincial Health Authority) and Covenant Health

(Major Health Care Organization)

- Besner et al. (2006) recommend conducting a current state review of job

  descriptions for RNs and LPNs to determine if optimized scope of practice (SOP) is

  evident and strategies for improved clarity between roles is understood by

  managers and workforce system planners. Employers and managers must engage

  health professionals in discussion of distinct and shared responsibilities among

  team members to promote effective collaborative practice, improve role clarity, and

  enhance quality of care.

- AHS and Covenant Health may consider developing resources to help nurses,

  managers, and health human resource planners improve their awareness of role

  differentiation. Other strategies to support intraprofessional collaboration are

  providing resources to assist nurses in understanding their unique contribution and

  roles (Brault et al., 2014; Lankshear & Limoges, 2019) and providing education

  and support to assist all regulated nurses to optimize their full SOP (Almost, 2021).

- Kusi-Appiah (2019) suggests working with regulators to create clear job

  descriptions for nurses, starting in areas where there is considerable overlap and

  confusion. Nurse managers could facilitate clarification about nursing roles and

  support effective role deployment. Changes made to RNs' or LPNs' SOP will be

  implemented with the collaboration of nursing team members, legislative bodies

  and employers.

- A review of organization-level policies regarding change management to support

  the adoption of new staffing models at the program and unit level is recommended

for AHS and Covenant Health. Nursing employers and managers must use effective change-management strategies when introducing new staff-mix models (Besner et al., 2006) and ensure that ongoing education and clarification regarding SOP is embedded into orientation (RPNAO, 2014).

- AHS and Covenant Health can provide adequate, formal safe staffing education around the SOPs of different nursing designations for leadership and staff to ensure that nursing resources are matched to individual care needs (Almost, 2021).

- Administrators should explore the degree of nursing RA in their respective organizations.

College and Association of Registered Nurses of Alberta (CARNA), College of Licensed Practical Nurses of Alberta (CLPNA), and College of Registered Psychiatric Nurses of Alberta (CRPNA)

- Nursing colleges collaborate to augment the collaborative practice guidelines to include evidence-informed strategies to address RA. Collaboration between regulators and other stakeholders is a key to responding to emerging health trends (Wilkie & Tzountzouris, 2017).

- Regulatory bodies could work together in harmonizing existing competency frameworks and consult with each other in the future development of their respective regulatory documents (Besner et al., 2006).

- Nursing colleges and ensure that updates from the regulatory body about legislative changes are outlined in practical language (RPNAO, 2014).

- Nursing colleges are allowed by Bill 46 amendments (Government of Alberta, 2020) to amalgamate, creating more solidarity for nursing voices in the health system. This could improve the ability to address cultural issues, including role tensions from ambiguity and overlap. The role of regulatory bodies should be to advocate for quality within the profession (as a whole) as part of its broader goal of public protection (Wilkie & Tzountzouris, 2017).

- Nelson et al. (2014) recommend bringing together all the professional associations to discuss how best to meet patient, community, and population needs. This means addressing issues that influence patient care and workforce planning such as RA.

Alberta Union of Provincial Employees (AUPE) and United Nurses of Alberta (UNA)

- Unions have information regarding the front-line perspective of nurses, whose work is impacted by RA. Unions are currently absent within the NLN and may serve as key consultants for new approaches to managing RA.

- Regulatory bodies and unions representing the different categories of nurses must work together to help their respective members become more informed about their own and their colleagues' roles in the health system (Besner et al., 2006).

- Nelson et al. (2014) identify unions as key actors for increasing flexibility around SOP and are also viewed as a barrier to the evolution of SOPs based on their inherent profession-protective nature.

- Despite concerns about bias, the need to bring unions into discussions around how best to meet patient, community, and population needs is warranted (Nelson et al., 2014).

Postsecondary Nursing Institutions (PSIs)

- PSIs should consider offering collaborative practice (CP) education in sites where colocation of LPN/RN programs exist. PSIs should create modules specific to intraprofessional nursing issues around role clarification, differentiation, culture, and benefits of CP.

- Educators have an important role to play in preparing future health professionals for CP. That role will require that educators are able to transmit, accurate knowledge to their students about the roles and responsibilities of nurses and other providers in the health system (Besner et al., 2006).

- Supporting faculty to recognize the distinct and overlapping contributions of each type of nurse can support educational reform that promotes competencies in collaborative care (Limoges et al., 2018). PNIs can enable faculty to engage with and challenge the discourses, social processes, critical analysis, and reflexive practices necessary to better understand how hierarchies between colleges and universities influence faculty work (Limoges et al., 2018).

- To reduce RA, PNIs should help faculty recognize the distinct and overlapping contributions of each type of nurse and embed strategies in curricula to support the development of intraprofessional collaboration in all programs (Lankshear & Limoges, 2019; Limoges et al., 2018).

- Limoges et al. (2018) recommend that nursing education (faculty) aim to understand the discourses that influence their teaching practices and course content. They state, "addressing the social processes activated by faculty that are linked to

the confusion and tension between nurses could strengthen nursing education and intraprofessional collaboration" (p. 116).

- PNATF (2020) articulates the need to reconsider the historical silos in which nursing categories are educated and evaluated separately, limiting their ability to understand each other's roles and scope, and thus delaying effective collaboration.

- Numerous issues can be traced to the traditional divisions in nursing education, regulation, SOP, and organizations (Almost, 2021). To this end, all institutions should work together in assessing the extent of the issue and consider collaborative approaches to addressing RA.

- Almost (2021) suggests education strategies embedded in the curricula of all nursing programs to support the development of intraprofessional collaboration and education for regulated nurses regarding SOP, including shared and unique competencies of each nursing designation.

Nursing Leadership Network (NLN)

The following excerpt is taken from the NLN terms of reference (Alberta Health, 2018) to inform the reader of existing provincial mechanisms in Alberta available to address system-level nursing issues and provides an opportunity to assess for stakeholder gaps, based on this review.

- The Alberta NLN is a collaborative network of nurse leaders—coming from a variety of capacities and entities—established for the purpose of engaging in strategic dialogue, focused on improving the health of Albertans across the care continuum and influencing health system improvement.

- Focused on improving the health of Albertans, positively impacting patient experiences, and establishing the NLN as a trusted advisor on issues impacting Alberta's health care system, specific tactics and initiatives of this collective leadership group include:
  - Strengthening relationships and collaboration across the nursing professions, with other professionals involved with or impacting the performance of Alberta's health care system, and with stakeholders;
  - Identifying policy issues—impacting nursing and/or Alberta's health system—barriers, and risks affecting the nursing professions and/or the quality of patient/family-centred care being delivered by Alberta's health care system;
  - Making strategic and evidence-informed recommendations to address policies and otherwise advising on issues that impact the performance of Alberta's health care system;
  - Evaluating and communicating to decision-makers and stakeholders the cost, benefits and other implications associated with decisions or directions impacting Alberta's health care system;
  - Establishing a shared vision and identifying key priorities to advance Alberta's health care system;
  - Consulting with key stakeholders including the public; and
  - Bringing forward each individual organization's unique perspective, experience and insights to the benefit of the NLN and Albertans.

The literature identifies the following strategies for addressing RA:

- Given the changes in nursing education, credentials, SOP, and the paucity of Canadian evidence of outcomes, regulated nurses require guidance and support to navigate the distinct and overlapping SOPs and new professional relationships (Almost, 2021). The NLN can serve as a mechanism to better understand institutional mandates and orient these toward system-level thinking to address nursing-related issues.

- The NLN can discuss and develop consensus on how to address RA through each institution for a collaborative approach. Employers, regulatory bodies, educators,

practitioners, unions, and policy makers must engage in dialogue about strategies for improving the utilization of all health professionals (Besner et al., 2006). There is an opportunity for legislative bodies, policy makers, nursing leaders, educators, researchers, and employers to identify pragmatic strategies for improving team members' understandings of the roles of their colleagues and enhancing their collaboration in practice (Kusi-Appiah, 2019).

- Once reconvened, the NLN members can review the topic of RA as a future agenda item. NLN should conduct a comprehensive stakeholder analysis and consider additional members as appropriate, such as PCN leadership and union consultation or participation.