Nurses' Transition Experiences to Family Care Teams in Newfoundland and Labrador

Objectives

To describe the transition-to-practice experiences of nurses and their contributions within Family Care Teams in Newfoundland and Labrador (NL).

Practice Points

1. NL is currently facing primary care challenges such as access to services, high chronic disease rates, physician turnover, and fee-for-service models that do not facilitate team-based care.
2. Team-based primary care in the Family Care Team model has been identified as a key strategy to strengthen primary care and address existing system gaps.
3. A Family Care Team is an interprofessional group of health care providers who provide longitudinal, comprehensive, person-centered care to individuals in a region.
4. Nurses, including Nurse Practitioners (NP), Registered Nurses (RN), and Licensed Practical Nurses (LPN), form the core of primary care teams and contribute to improved access and quality of care.[1,2]
5. Recent studies indicate sub-optimal integration and underutilization of nurses within team-based primary care settings.[3,4]
6. Resources and supports are needed to inform the nursing role in team-based primary care models.

Methods (R. Devey-Burry, J. Lukewich)

Semi-structured interviews were conducted with nurses on Family Care Teams via Zoom or telephone from Sep to Dec 2024. Interviews ranged from 28-68 minutes in length (mean = 45 minutes).

Table 1. Demographic Characteristics of Study Participants across Five Health Zones, Sep–Dec 2024

Participant Characteristics	N=25 N(%)
Nurse Designation	
NP	6 (24.0)
RN	13 (52.0)
LPN	6 (24.0)
Community Size	
Rural	16 (64.0)
Small Urban	1 (4.0)
Urban	8 (32.0)
Gender	
Woman	24 (96.0)
Other	1 (4.0)
Age	
25-34	9 (36.0)
35-44	9 (36.0)
45-54	3 (12.0)
55+	3 (12.0)
Length of Employment in Primary Care	
0 - < 6months	5 (20.0)
6 months - < 1 year	4 (16.0)
1 year - < 2 years	10 (40.0)
2 years - < 3 years	4 (16.0)
3 years +	2 (8.0)
Eastern-Urban zone	7 (28)
Eastern-Rural zone	11 (44)
Central zone	3 (12)
Western zone	1 (4)
Labrador-Grenfell zone	3 (12)

Results

Table 2. Transition Stages to Practice in Family Care Teams

1. Orientation	2. Supportive Learning Relationships
Duration varied from none to several weeks	Some mentorship, preceptorship, and shadow shifts
Formats included: • Self-directed online modules • Interdisciplinary presentations • Structured in-person sessions	Lack of available mentors
Content covered: • Technology (e.g., EMR systems) • Broader structure and content of care delivery within Family Care Teams • Training on assessments for common conditions and referral processes	Structure ranged from formal, to informal, to ad hoc

- Participants described their transition to Family Care Teams in two overarching stages: (1) Orientation and (2) Supportive Learning Relationships.

Table 3. Quotes around Orientation (Length, Delivery, and Content)

Quotes
"So, I actually didn't do any orientation...at the Family Care Team once I got hired because I guess they just assumed that I had the prior experience." (FPT11NP)
"We need better orientation for [EMR]. Five hours in front of a screen in a group of ten people being led through at record speed because they didn't allow enough time, didn't give us the proper training." (FPT18LPN)
"I did do some courses on the framework of the Family Care Team and that kind of stuff. But as for... the disease prevention/promotion, I haven't done anything like that. ...I did do some self-management and chronic disease workshops, but other than that, the orientation was fend for yourself." (FFT27RN)
"I didn't get a formal mentorship because there was nobody in my position prior to coming to [Family Care Team]. Because our program is brand new... myself and everybody else on the team didn't have anyone to lead us." (FPT16RN)

- Nurses reported lack of adequate preparation for clinical and team-based aspects of work in Family Care Teams. Role ambiguity was common, especially for RNs and LPNs. There was limited or absent mentorship due to a lack of experienced nurses on teams. When available, mentorship and peer support enabled smoother transition.

Conclusions

1. The province is committed to investing in team-based primary health care in the Family Care Team model; however, intentional investment into developing the primary care nursing workforce is needed.
2. Lack of transition supports could hinder Family Care Team outcomes (e.g., improving access) and contribute to role ambiguity.
3. Gaps in undergraduate and post-licensure training leave nurses unprepared. There is value in embedding formalized training such as the Team Primary Care Nurse (TPCN) Post-Licensure Educational Program in onboarding processes.
4. Increasing the number of student placements in primary care will expose and orient future nurses to this practice setting.
5. Family Care Teams would benefit from standardized orientation and mentorship across zones.

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References

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