



Evaluating the Implementation and Impact of a New Nursing Role: a Multi-Method Study

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Presentation Agenda



Project background and rationale



Study objectives



Methods and findings



Insights and learnings

What to Listen For

- **Implementation Lens**

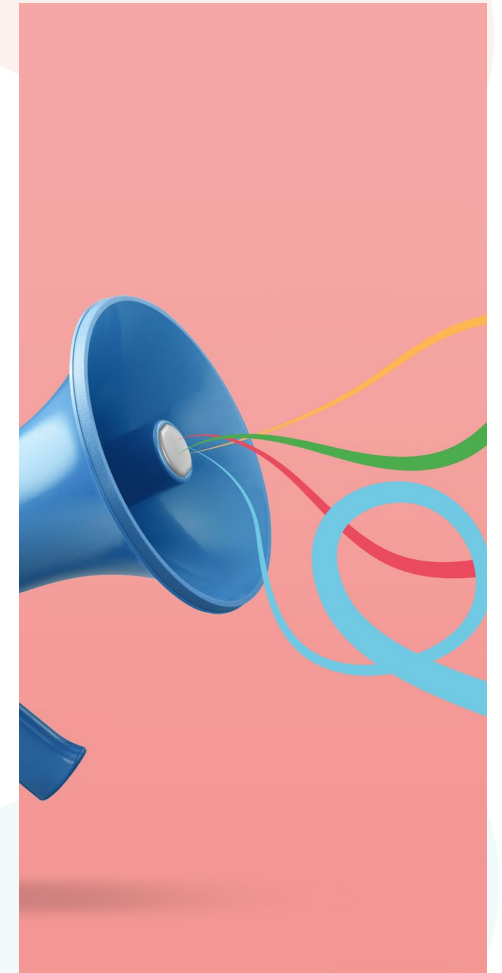
- The barriers and facilitators to introducing a new nursing role within existing care models
- What frameworks (like CFIR) helped guide this understanding

- **Evaluation and Feedback Loops**

- How staff input shaped adaptations to the model
- Where ongoing reflection and learning occurred throughout implementation

- **Your Practice Connection**

- What resonates with your own experience of role clarity, team collaboration, or change management



Study Background

- Nurses represent the largest group of regulated health professionals in Canada, with over 470,000 members (CIHI, 2023).
- Significant growth in Registered Practical Nurses (RPNs) of 3.5% in 2022 (CIHI, 2024).
- Ongoing nursing shortages with unfilled job vacancies continue post-pandemic (Stats Can, 2025).
- Calls for delivery models to address appropriate staffing and improve the work environment (Desire et al., 2024).

Study Rationale

- Sinai Health embarked on developing a *Professional Care Delivery Model (PCDM)* to address the changing needs of the patient population and health human resource pressures.
- Registered Practical Nurses were introduced at three Mount Sinai Hospital units in the summer of 2024: the Labour and Delivery Unit (L&D), the Mother-Baby Unit (MBU), and the Main Operating Room (OR).
- An implementation science lens enables an examination to gain insight into how best to implement and evaluate the introduction of a new role.

Mount Sinai RPNs mark one year of service

[Sinai Health](#)

August 20, 2025



Liana Kiersnowski, an RN, counts surgical sponges as Stephannie Tan, an RPN looks on. RNs trained the first cohorts of RPNs to join Mount Sinai Hospital one year ago.

For three units at Mount Sinai Hospital, this summer marked a significant anniversary. It's been one year since registered practical nurses (RPNs) joined the teams on the Labour and Delivery Unit, the Mother-Baby Unit and the Operating Room (OR).

Study Objectives



Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.



Objective 2: To describe and compare the introduction of RPNs' impact on multiple evaluation domains.



Objective 3: To describe how patients and care partners perceive and experience nursing care on a unit with a new nursing care model in an acute care hospital.

Study Design and Conceptual Framework

Design

- A single-case embedded mixed-methods design was employed to explore and examine the implementation and impact of a new RN-RPN skill mix care delivery model in an academic acute care hospital.

Conceptual Framework

- The Consolidated Framework for Implementation Research (CFIR) was used to support identifying facilitators and barriers (Damschroder et al., 2022)

Study Design and Conceptual Framework

- Includes **39 constructs** grouped into **five** major domains: Intervention characteristics, Inner setting, Outer setting, Individual characteristics, and Implementation process.
- Provides a comprehensive understanding of factors influencing the success or failure of implementation.

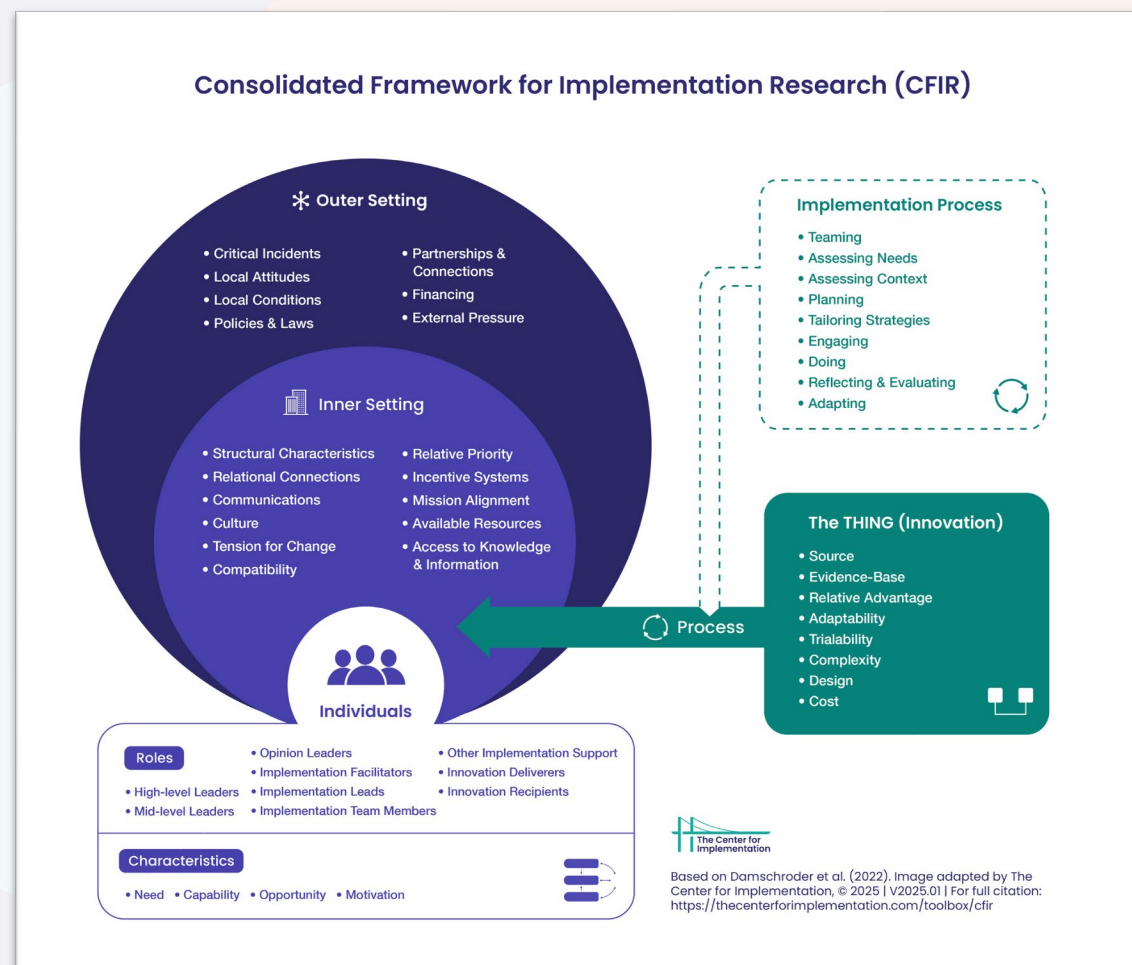


Image from **The Center for Implementation**

Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.

Data Collection

- Semi-structured interviews with RPNs, RNs, implementation leaders (patient care managers, educators), and organizational leaders (senior directors, executives)
- Document analysis (i.e., meeting minutes, PowerPoint slides, etc.)

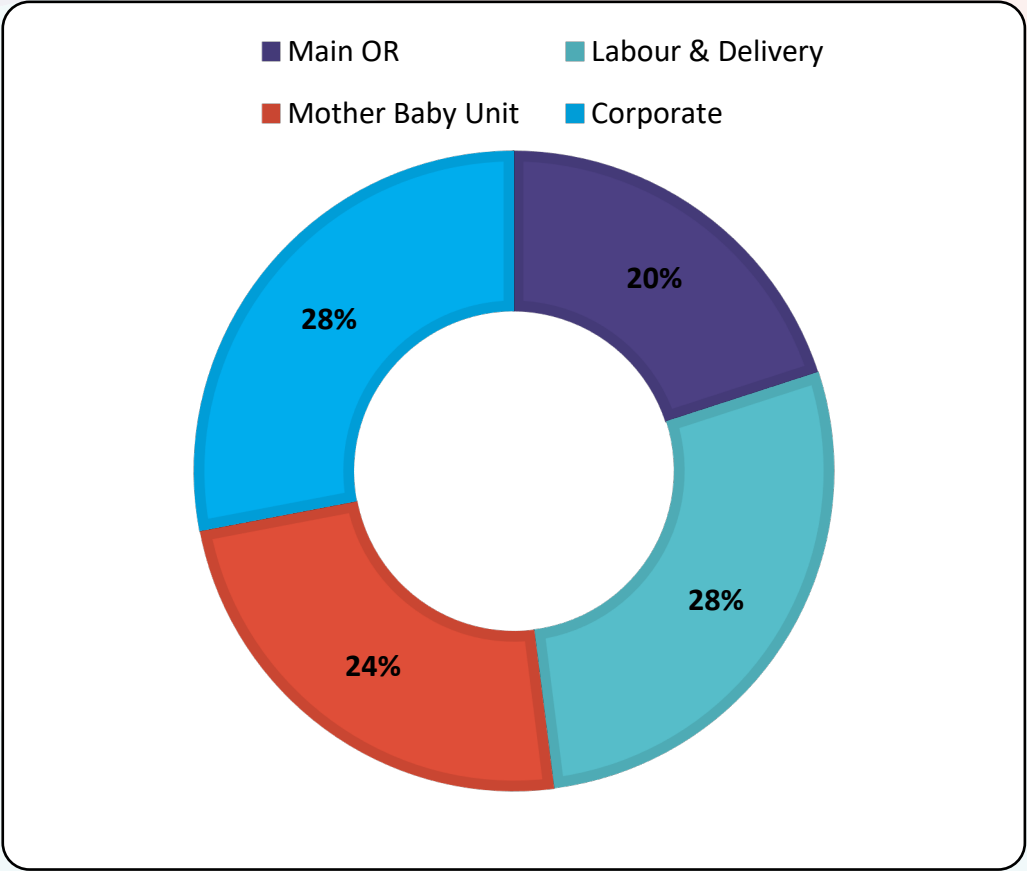
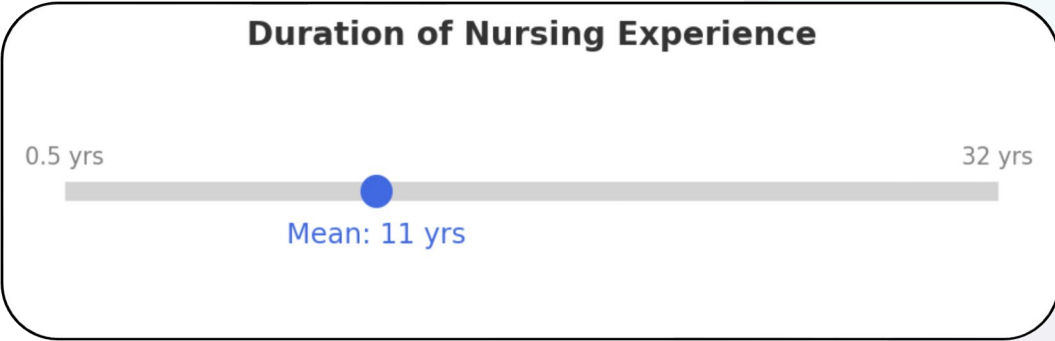
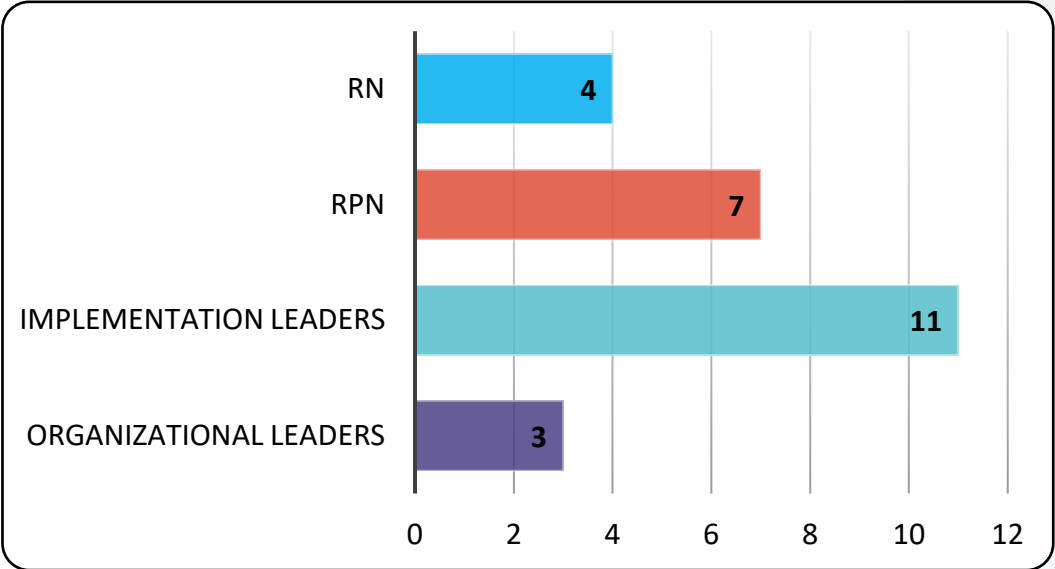
Timeline

- October 2024 to March 2025

Data Analysis

- Directed deductive content analysis using the CFIR framework (Assarroudi et al., 2018)

Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada (N=25)



Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.

Outer Setting Domain

- Pandemic's impact on the nursing workforce, challenges in recruiting qualified nurses to fill vacancies. (Enabler/Local conditions)
- Other hospitals' introduction of the RPN role in similar units. (Enabler/Peer pressure)

Inner Setting Domain

- Historically, the all-RN workforce has been core to the cultural ethos of the hospital. (Barrier/Culture)
- Limited exposure and knowledge of the RPN role. (Barrier/Access to knowledge & information)
- Ongoing staffing concerns, longstanding nursing vacancies, and high turnover rates. (Enabler/Tension for change)

Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.

| Outer Setting Domain (Facilitator) | Inner Setting Domain (Barrier) |
|--|--|
| <i>We know that at other organizations, all of their postpartum patient care is provided by RPNs. So that's already a known factor that the RNs know about as well, obviously, they have friends or families that work in other places, deliver in other places, so they know that also. You can look online and look at those job postings. (P001)</i> | <i>Some RNs were entrenched in the hospital culture, where it was just that they were the ones who were having difficulty understanding what it would be like if I were alone with an RPN. What do I do, you know? And what if there's something that happens in an emergency, you know, who's going to come and help me? And all of that. (P022)</i> |

Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.

Innovation Characteristics Domain

- The role has the potential to be adapted or “grown” to meet local needs; for example, an RPN could be a secondary nurse in the delivery room. (Enabler/Adaptability)
- The role clarity was present in some contexts (“scrub nurse”) and less so in others (L&D). (Enabler & barrier/Design)

Implementation Process Domain

- Various assessments were conducted pre-implementation, including staff focus groups, education assessments, and unit acuity assessments. (Enabler/Assessing Needs and Context)
- Tailoring of strategies from engagement processes supports tailoring tools, communication, and resources. (Enabler/Tailoring strategies)
- Ongoing opportunity to reflect and evaluate the implementation enables a feedback loop to address emerging concerns. (Enabler/Reflecting and evaluating)

Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.

| Innovation Characteristic Domain (Barrier) | Implementation Process Domain (Facilitator) |
|--|--|
| <i>They don't utilize us enough in the sense of...I think some of our skills are being wasted, in the sense that they're not allowing us to expand our role as yet to do more. Some of the L&D nurses may not know what our skill set is, so they tend not to call on us when it's like, "Hi, we're here. We're available (P025)</i> | <i>We created a space on each unit for feedback, including any questions they wanted us to answer or address in our meetings, and then fed back the answers to them. We included any updates in our weekly huddle notes and huddled with each team every week (P024)</i> |

Study Objectives



Objective 1: To identify facilitators and barriers to integrating RPNs into an acute care hospital in Canada.



Objective 2: To describe and compare the introduction of RPNs' impact on multiple evaluation domains.



Objective 3: To describe how patients and care partners perceive and experience nursing care on a unit with a new nursing care model in an acute care hospital.

Evaluation Framework Domains



| |
|--|
| Recruitment - # of days to fill position |
| Recruitment - # of job postings |
| Retention - % rate |
| Sick time - paid # days |
| Overtime - # hours |
| Vacancy - # of job position available |

Human Health Resources (HHR)/
Organizational
Domain

Nurse
Domain

| |
|---|
| Nurse Experience Survey |
| Nurse Satisfaction with and Impact of the Model of Care (The Ottawa Hospital) |
| RPN Role Clarity Survey |

| |
|-------------------------------------|
| Patient-Reported Experience Measure |
|-------------------------------------|

Patient/
Care Partner
Domain

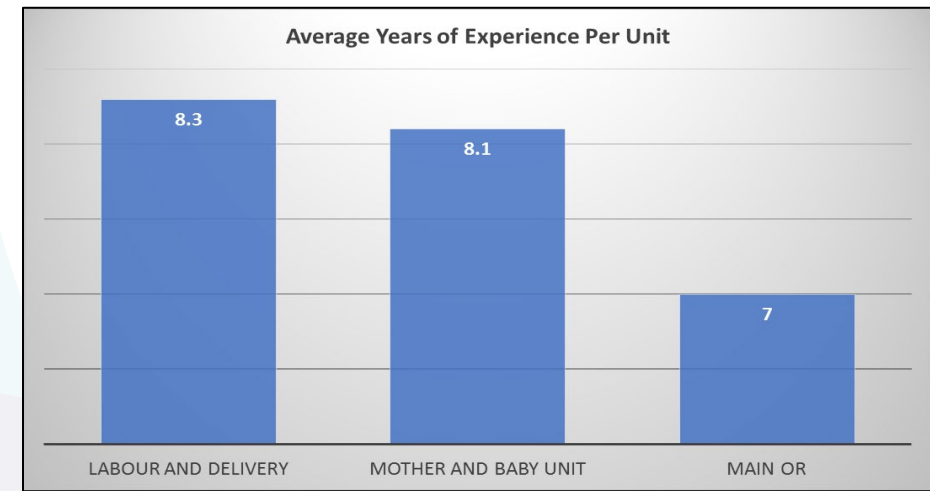
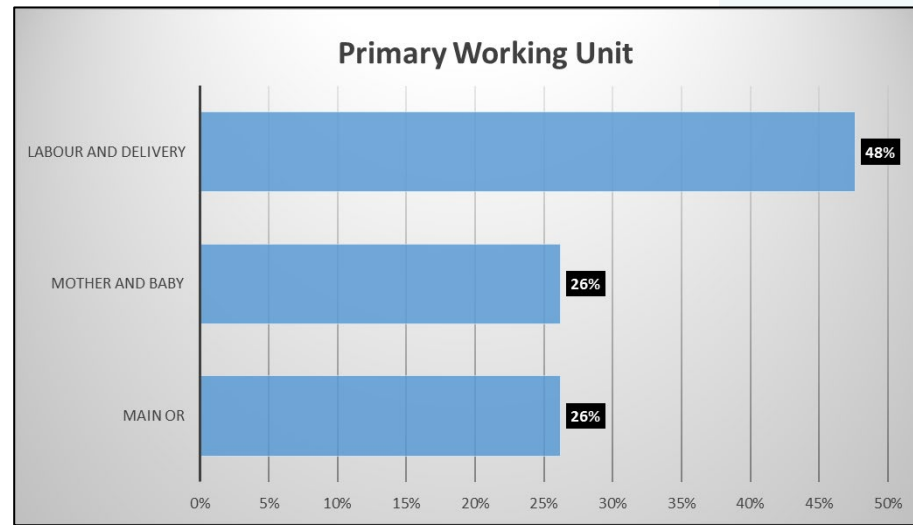
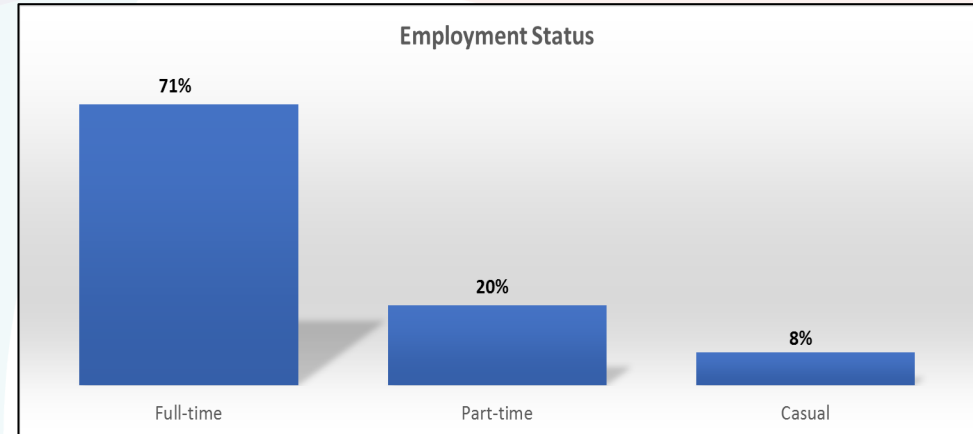
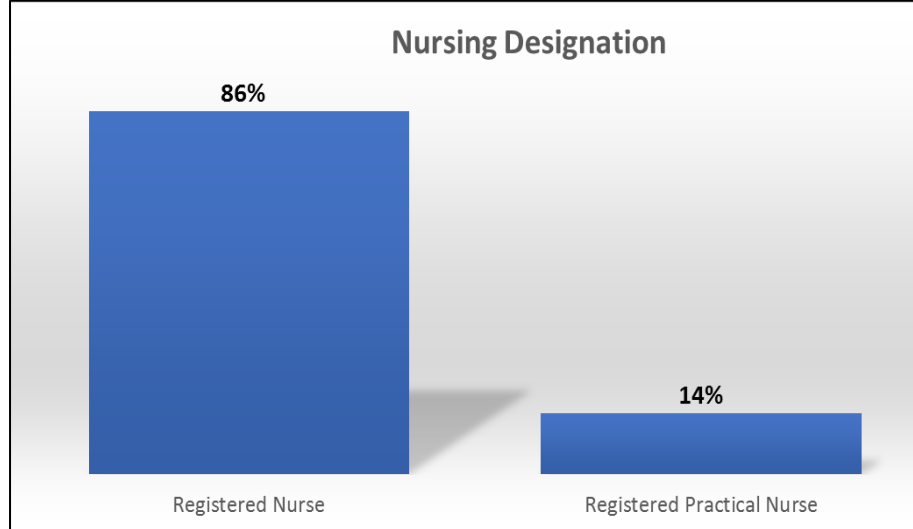
Team
Domain

| |
|---|
| Collaboration – Nurse Experience Survey |
| Good Relationship with Others – Nurse Experience Survey |
| Nurse Team Functioning (RPN Role Clarity Survey) |
| Interprofessional Care Assessment Tool |

PCDM Evaluation Data Collection Plan

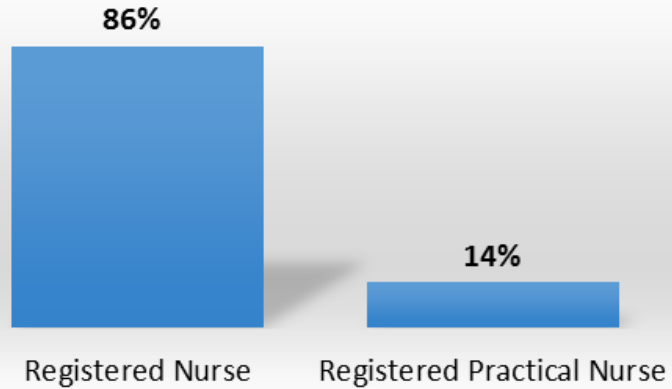
| PCDM Evaluation Co-Design | Baseline Data Collection | 3-6 months Post Introduction | 1 year | 1-2 years | Sustainability Monitoring |
|---|---|--|---|--|------------------------------|
| | NEW Education/Onboarding Orientation Surveys (ongoing with every new cohort) EXISTING Magnet Survey April/May 2024 | NEW <u>T1: Oct 2024 – Jan 2025</u> -RPN-RCQ <i>Modified</i> (1 – 35) - Satisfaction & Impact Questionnaire with Pre-existing Nursing Model (1-4 for RNs) -IP Collaboration Competencies PE tool TAHSN 6 items | NEW <u>T2: Jun – Aug 2025</u> - RPN-RCQ <i>Modified</i> (1 – 35) - Satisfaction & Impact Questionnaire with current Nursing Model (1-3 for RNs) - IP Collaboration Competencies PE tool TAHSN 6 items | EXISTING Magnet Survey Phase 1: OR, L&D, MBU | |
| <div><div>EXISTING</div><div>HHR Measures [Recruitment, Retention, Sick Time, Overtime, Vacancy “time to fill”] Patient and Care Partner Measures [NDNQI, Reported experience/compassionate care] Team and Nursing Measures [Inpatient Experience Survey, Nurse Satisfaction & Impact, RPN-RCQ, Interpersonal relationship...]</div><div>NEW</div><div>Qualitative Design: Interviews, observations</div></div> | | | | | |

Demographics (n=84)

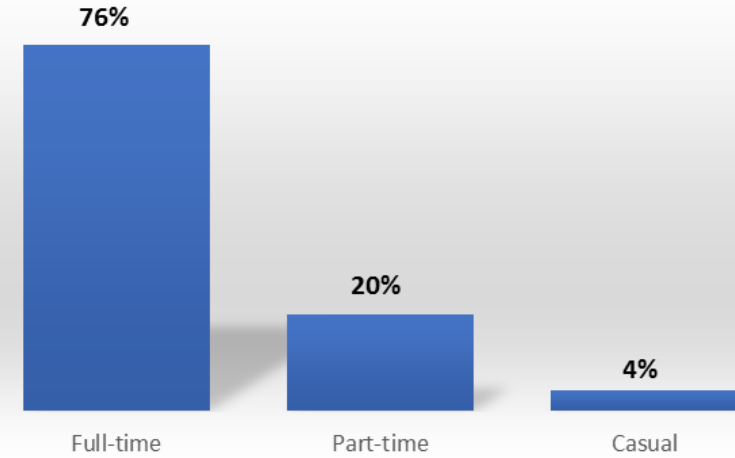


Demographics (n=50)

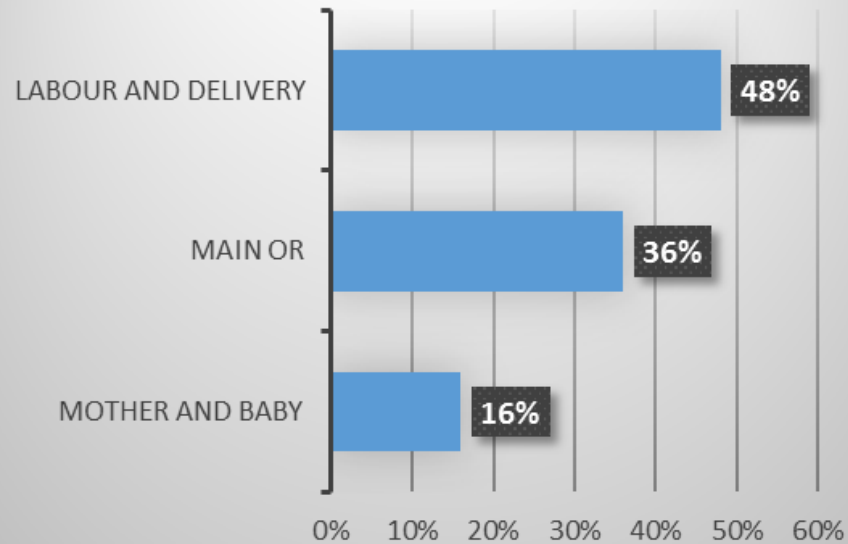
Nursing Designation



Employment Status



Primary Working Unit

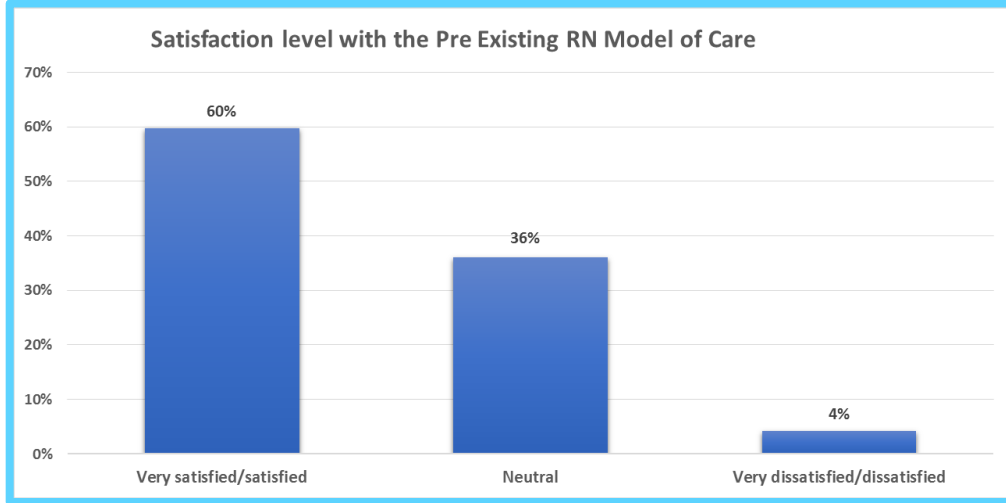


Average Years working at Sinai health

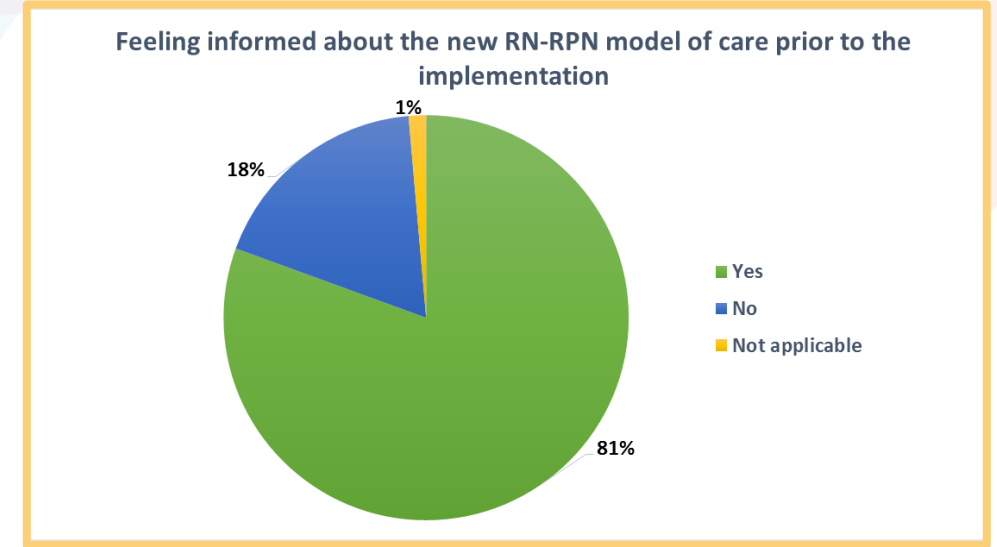


Satisfaction and Impact questionnaire

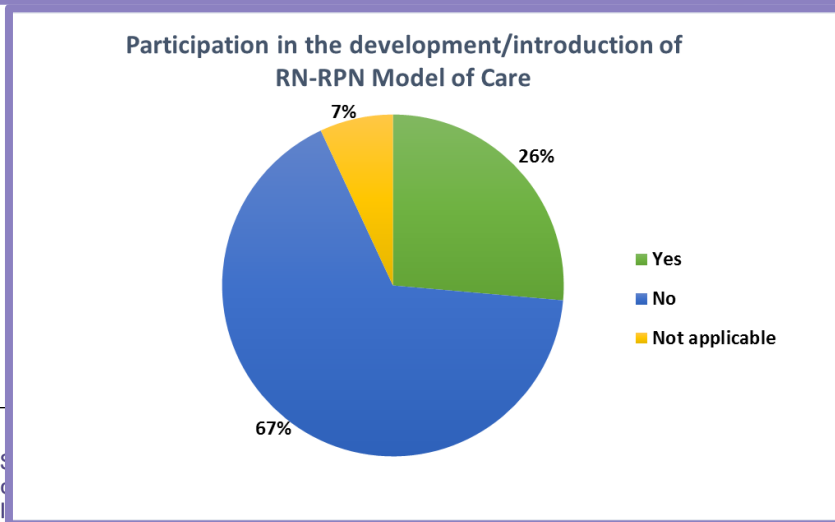
How satisfied were you with the pre-existing RN model of care?



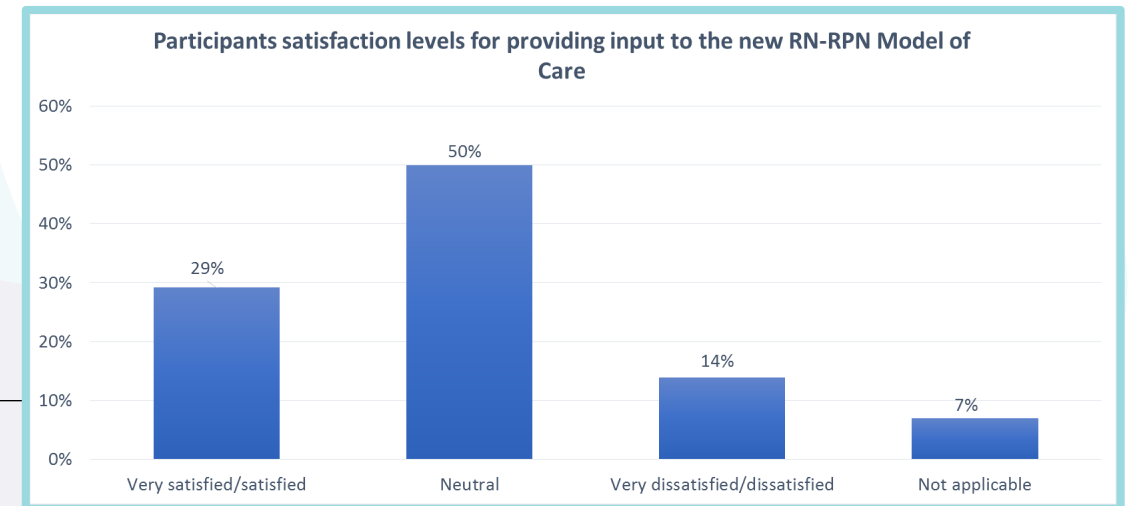
Did you feel informed about the new RN-RPN model before implementation?



Did you participate in the development/intro of the new RN-RPN model?

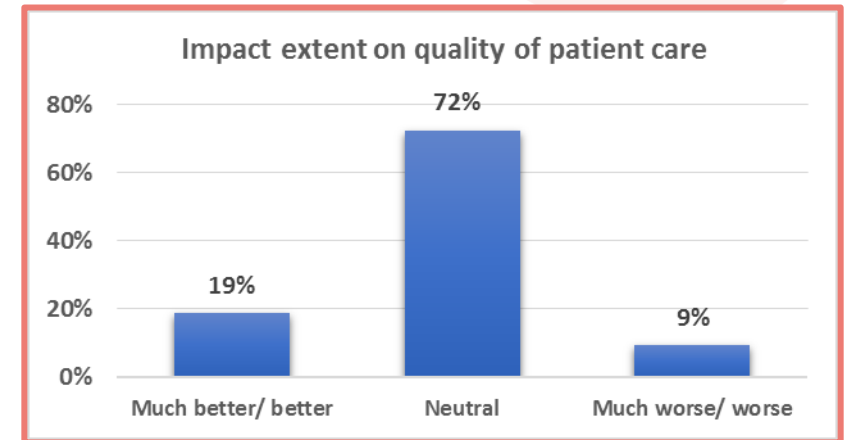
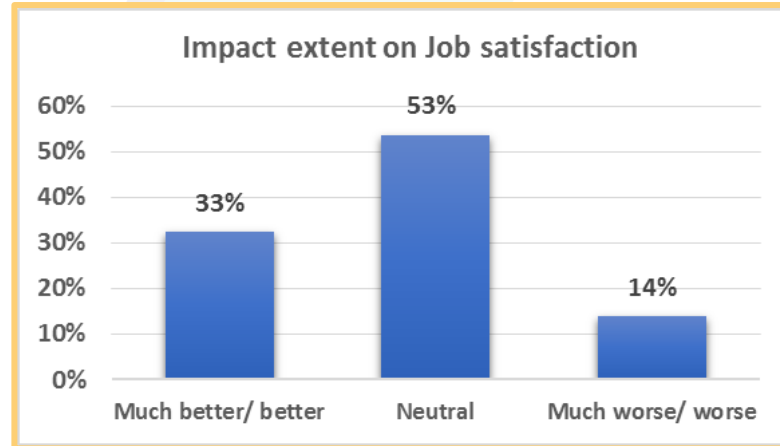
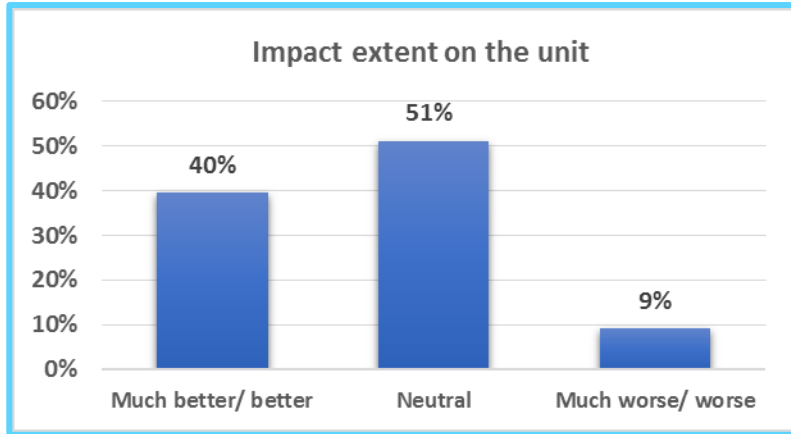


How satisfied are you with being able to provide input into the new RN-RPN model?



Satisfaction and Impact Questionnaire (n=43)

T2: OR, L&D, MBU



Q1. What extent of impact has the new RN-RPN model of care had on my unit?

Q2. What extent of impact has the new RN-RPN model of care had on your job satisfaction?

Q3. What extent of impact has the new RN-RPN model of care had on quality of patient care?

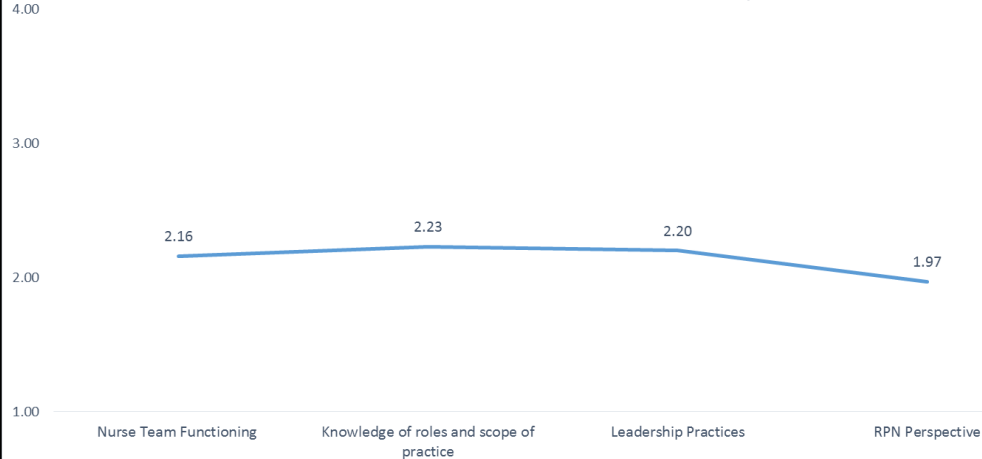
RPN - Role Clarity Questionnaire

T1: OR, L&D, MBU (T1)

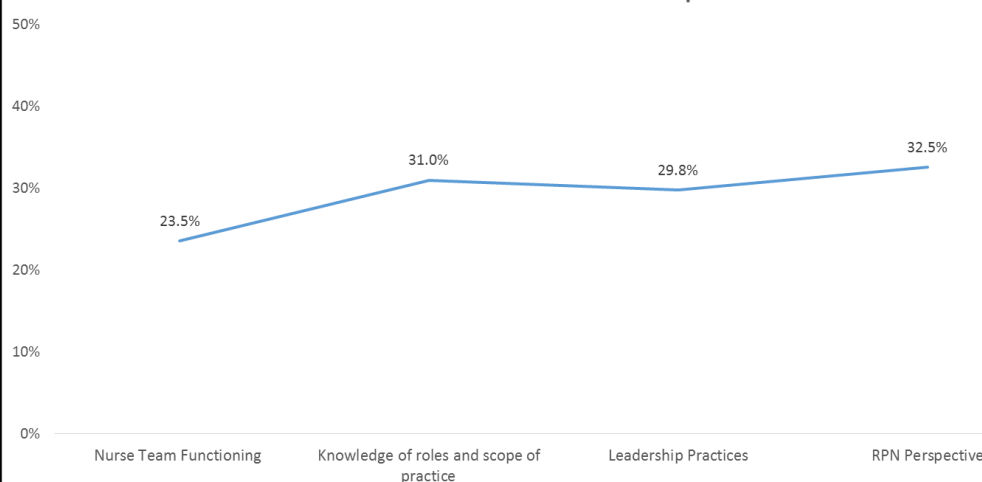
Individual Factors (n=68)

Average - Scale: Strongly Disagree; Disagree; Agree; Strongly Agree

RPN RCQ Individual Factors - Subscale Average



Individual Factors - I Don't Know Responses



| Nurse Team Functioning | Knowledge of roles and scope of practice | Leadership Practices | RPN Perspective |
|--|---|---|--|
| RNs are familiar with the scope of the RPN role. | Those in leadership positions (e.g., Patient Care Managers, Senior Program Directors, Clinical Coordinators, Chief Nursing Executive) have a good understanding of nursing scope of practice. | Leadership plays a key role in assuring that patient assignments are determined according to the roles of the RN and RPN. | RPNs are familiar with the scope of the RN role. |
| The RPN is regarded as an equally contributing member of the health care team. | Those in leadership positions have a good understanding of the difference between RNs and RPNs. | Leadership plays a key role in assuring good relationships among RNs and RPNs. | RPNs are able to function to optimal scope of practice |
| RNs have generally accepted the scope of the RPN. | Academic Practice leaders are able to explain the difference between RNs and RPNs. | Leadership plays a key role in assigning leadership roles to RPNs in committees or other project work. | RPNs are knowledgeable about the role of the RN. |
| RNs and RPNs show consideration and respect for each other. | Clinical Educators (i.e., Nurse Clinician/Nurse Educators, Clinical Nurse Specialists) are able to explain the difference between RNs and RPNs. | Leadership plays a key role in setting the tone/expectations regarding scope of practice. | |
| Generally, there is harmony between RNs and RPNs. | Academic Practice leaders have a good understanding of what is meant by "nursing scope of practice". | | |
| RNs and RPNs trust in the expertise of one another. | Clinical educators have a good understanding of what is meant by "nursing scope of practice." | | |
| RPNs are sought out by members of the health care team for help with problems. | | | |
| Integrating the new role of RPN has been smooth. | | | |

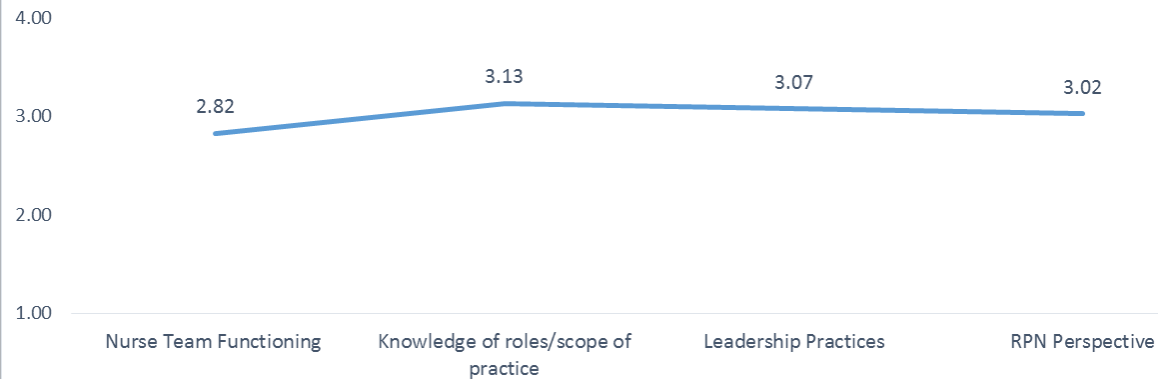
RPN - Role Clarity Questionnaire (n=42)

T2: OR, L&D, MBU (T2)

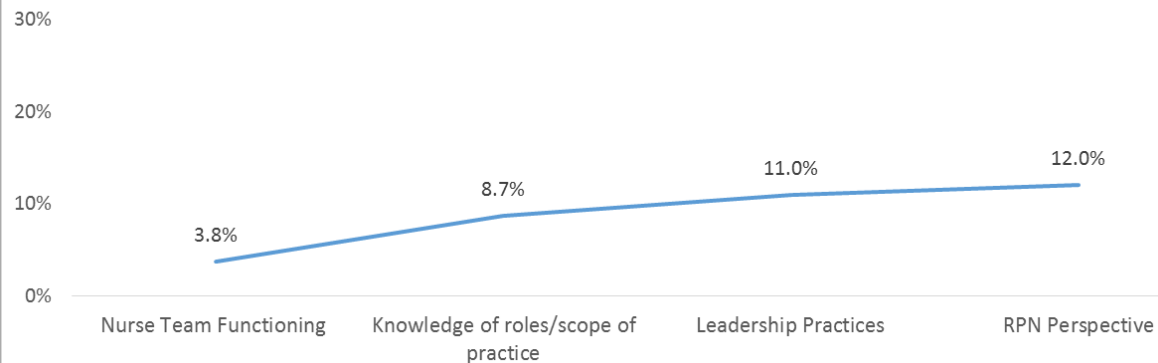
Individual Factors

Average - Scale: Strongly Disagree; Disagree; Agree; Strongly Agree

RPN-RCQ Individual Factors - Subscale Average



Individual Factors - I Don't Know Responses

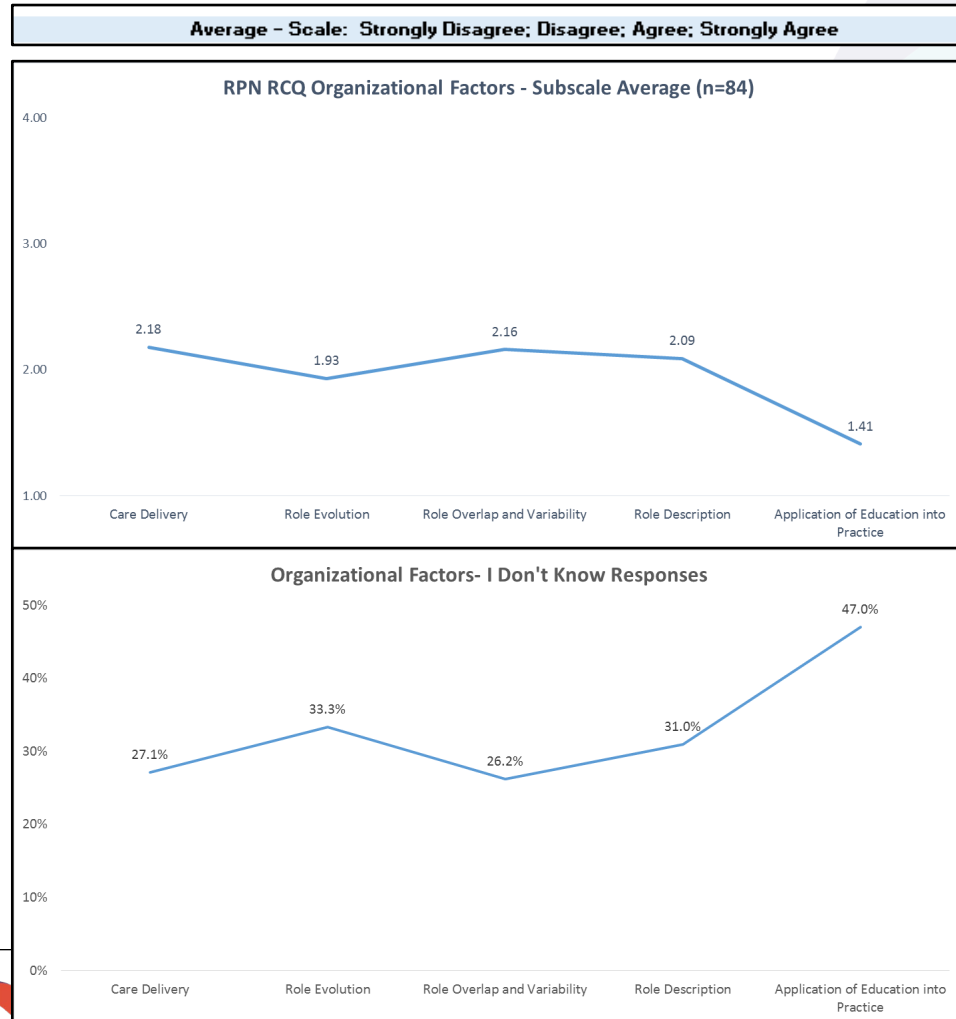


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RPN - Role Clarity Questionnaire

Organizational Factors (n=68)

T1: OR, L&D, MBU (T1)



| Care Delivery | Role Evolution | Role Overlap and Variability | Role Description | Application of Education into Practice |
|--|--|---|--|---|
| Patient assignments for the RPN are based on the complexity of the patient(s). | The introduction of the RPN role has provided opportunities for non-traditional care delivery models (e.g. primary nursing, total patient care). | There are large areas of overlap in the roles that RNs and RPNs perform. | The role description of the RPN is based on the care required for a specific patient population. | There is little difference in what RPNs are educated to do in their school and what they are allowed to do in the practice setting. |
| Patient assignments for the RPN are based on the degree of acuity or predictability of patient(s). | The introduction of the RPN role provided opportunities for RPNs to work in non-traditional practice settings. | Role overlap creates confusion. | Full enactment of the RPN role is based on the organization's existing role descriptions. | The knowledge and experience gained in RPN educational programs are fully utilized in the practice setting. |
| Patient assignments for the RN and the RPN are based on the level of competency of the individual nurse. | | There is minor variability in how the optimal scope of the role of the RPN is enacted (e.g. unit to unit) | | |
| The nursing care delivery model in place plays a role in determining the scope of practice for the RN and the RPN. | | The culture of the practice setting determines whose knowledge is valued or who gets listened to. | | |

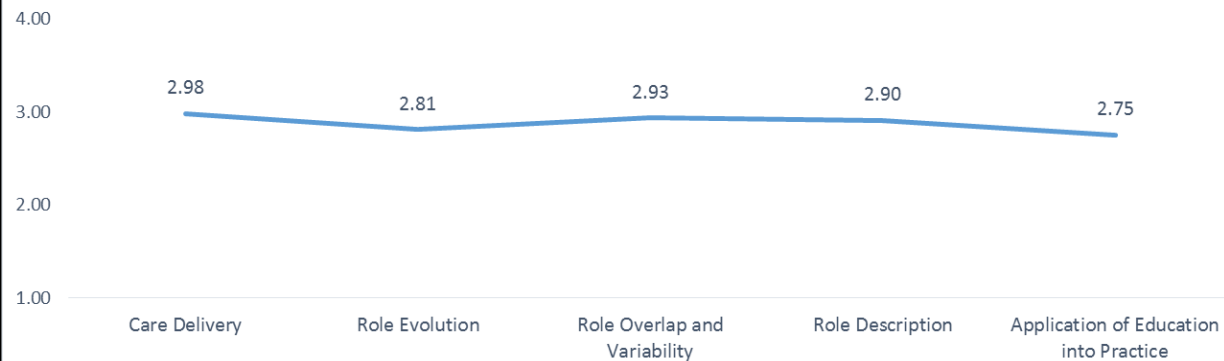
RPN - Role Clarity Questionnaire (n=42)

Organizational Factors

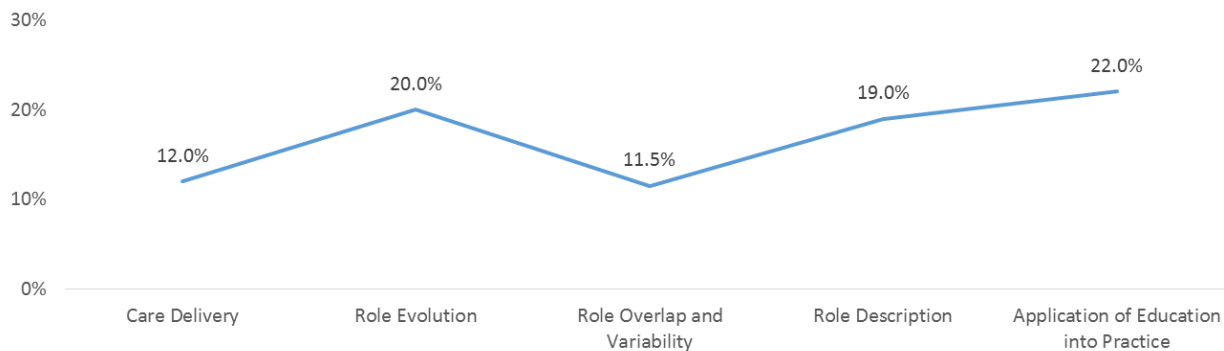
T2: OR, L&D, MBU (T2)

Average – Scale: Strongly Disagree; Disagree; Agree; Strongly Agree

RPN-RCQ Organizational Factors - Subscale Average

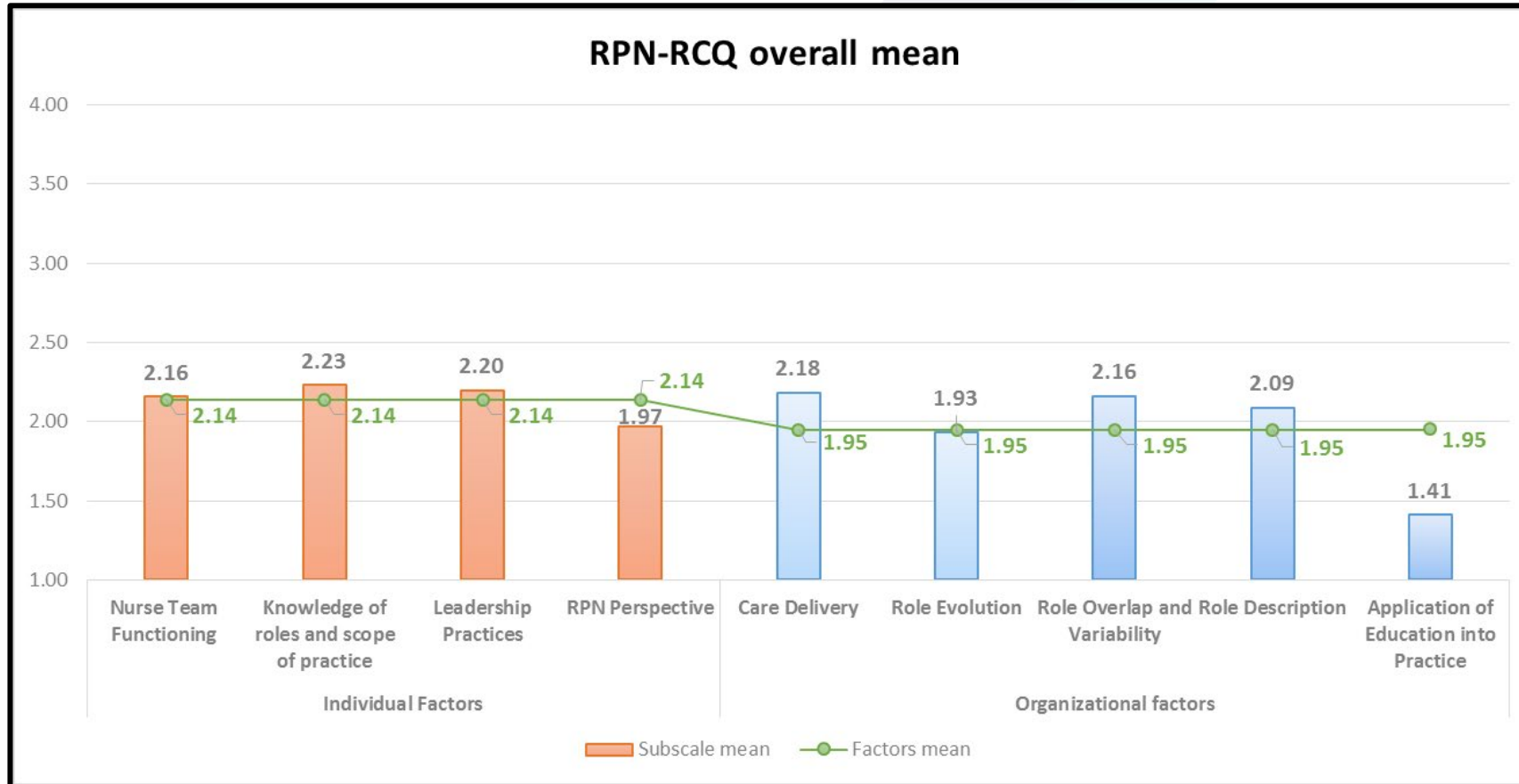


Organizational Factors- I Don't Know Responses



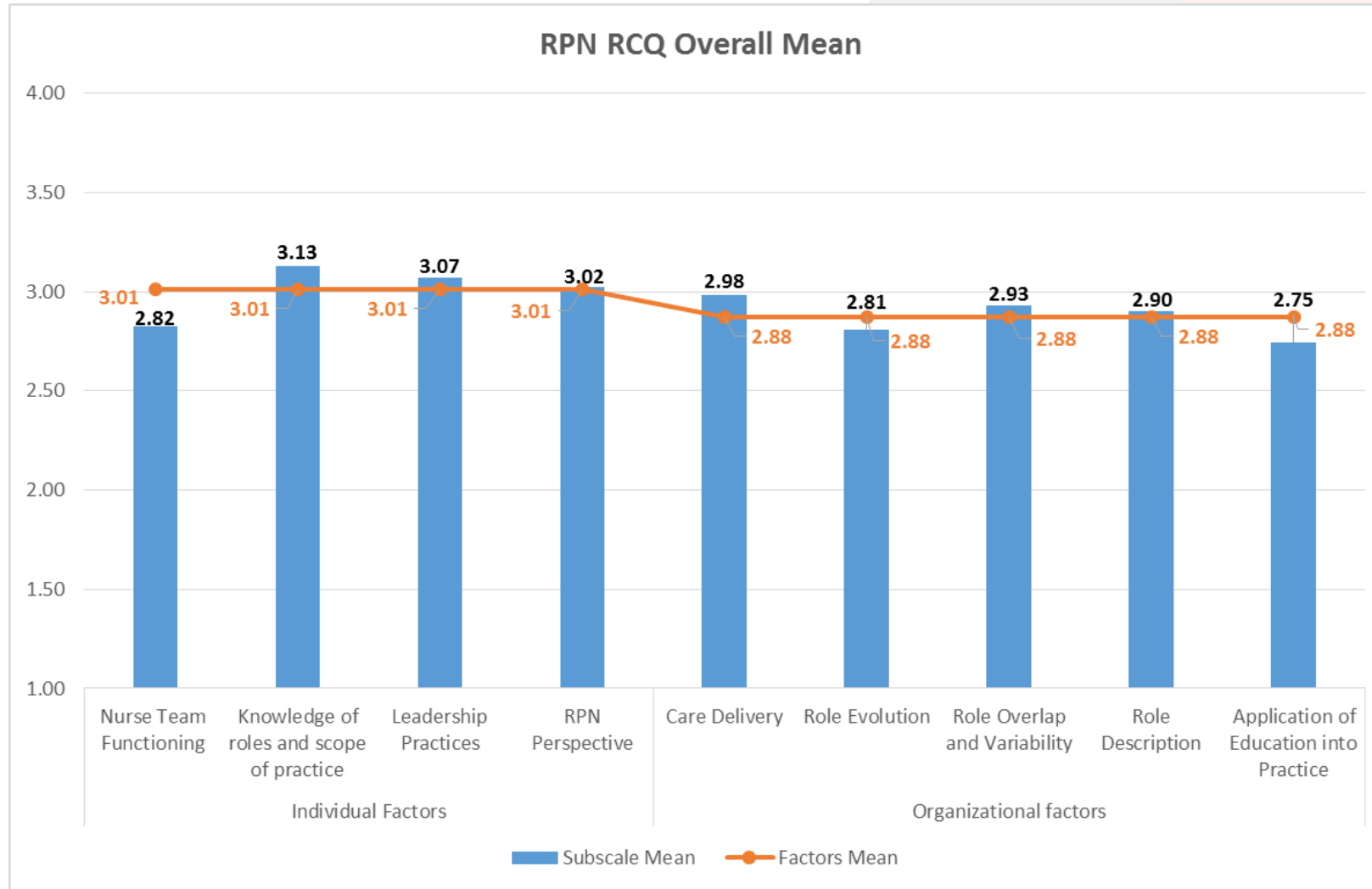
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RPN - Role Clarity Questionnaire



| RPN RCQ Overall Mean | |
|------------------------|------|
| Individual Factors | 2.14 |
| Organizational Factors | 1.95 |
| RPN RCQ Mean | 2.05 |

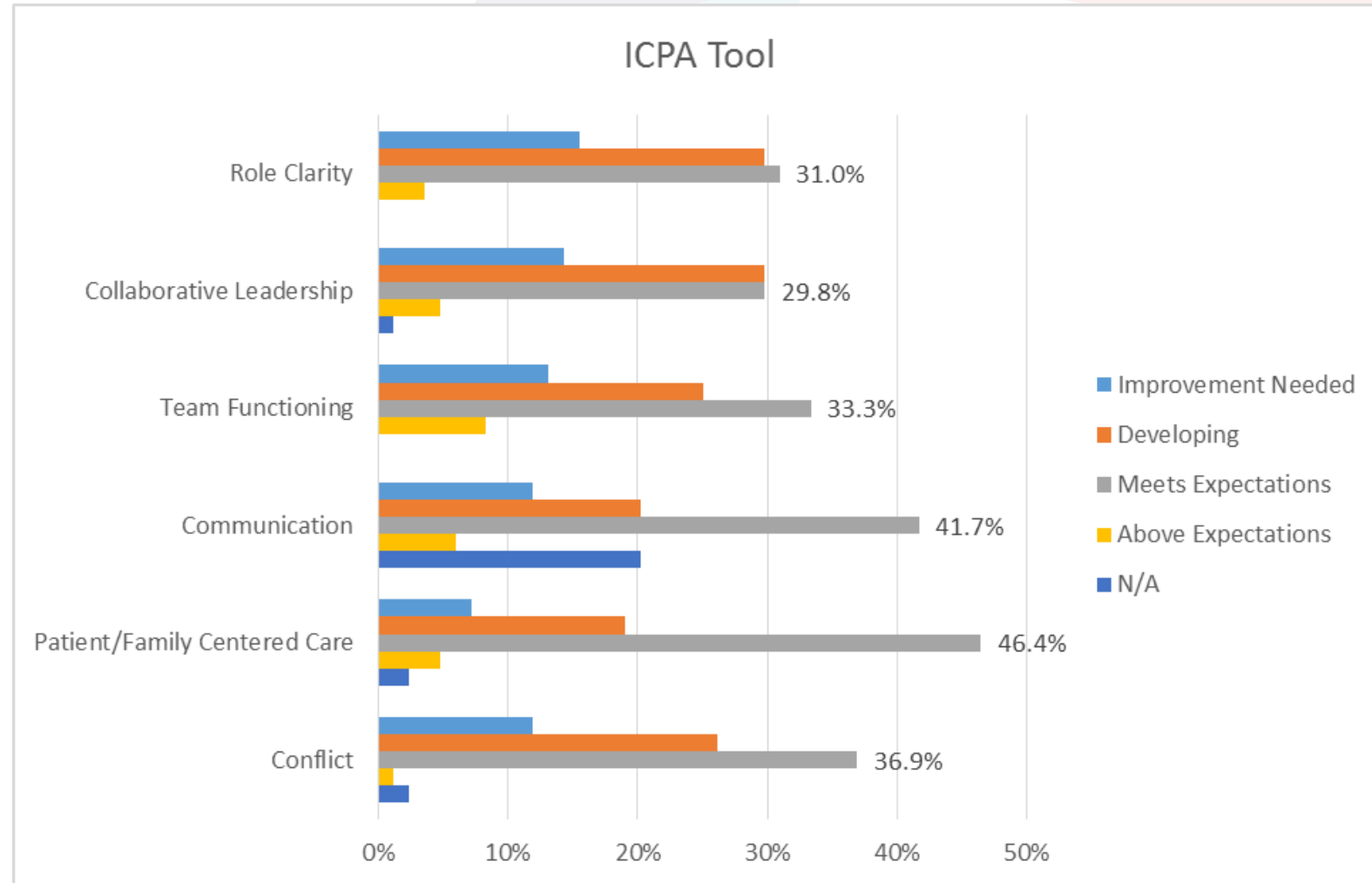
RPN - Role Clarity Questionnaire



| RPN RCQ Overall Mean | |
|------------------------|------|
| Individual Factors | 3.01 |
| Organizational Factors | 2.88 |
| RPN RCQ Mean | 2.94 |

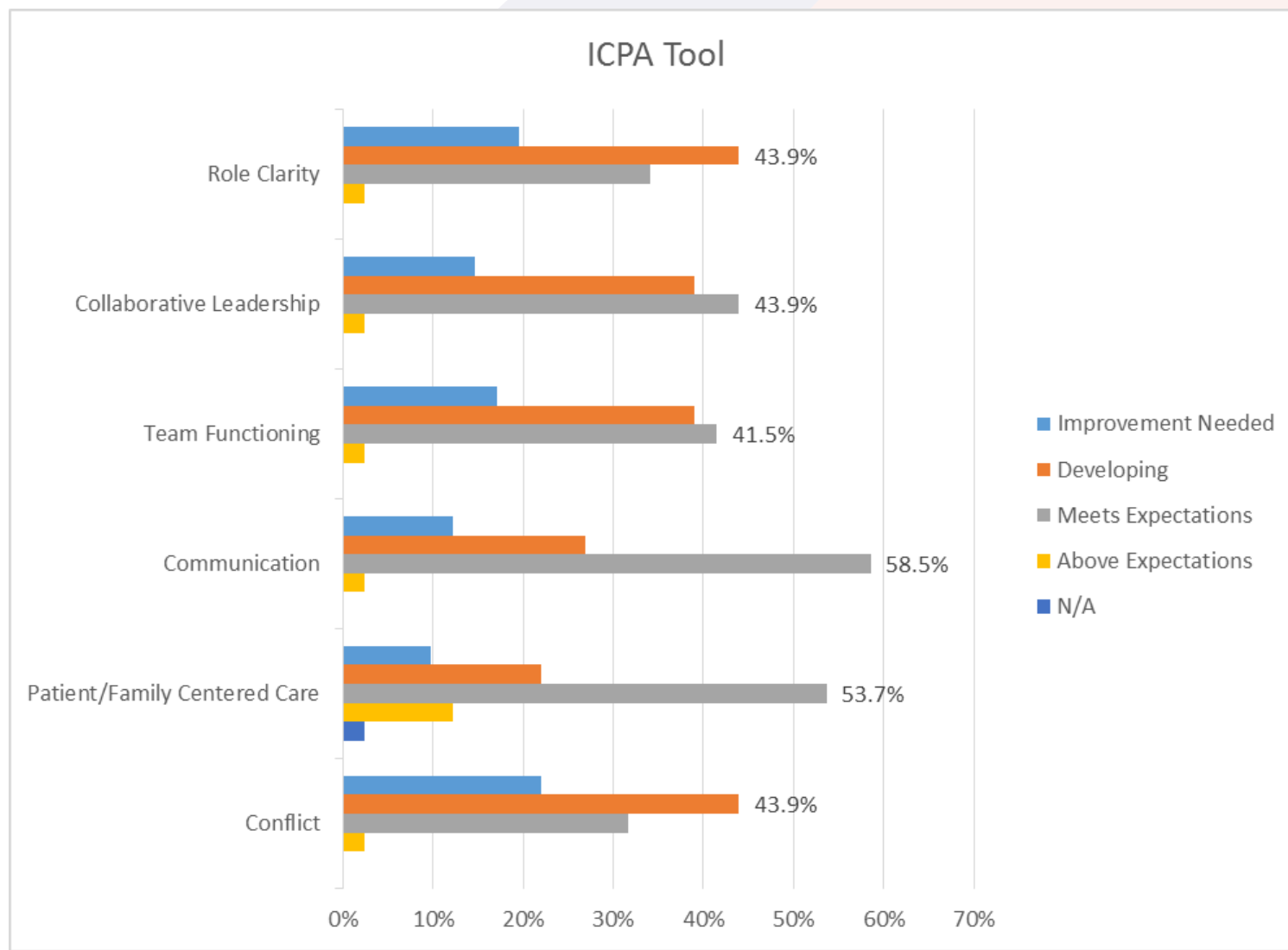
Interprofessional Care Performance Assessment (n=67)

T1: OR, L&D, MBU



Interprofessional Care Performance Assessment (n=41)

T2: OR, L&D, MBU



Evaluation Framework Domains



| |
|--|
| Recruitment - # of days to fill position |
| Recruitment - # of job postings |
| Retention - % rate |
| Sick time - paid # days |
| Overtime - # hours |
| Vacancy - # of job position available |

Human Health Resources (HHR)/
Organizational
Domain

Nurse
Domain

| |
|---|
| Nurse Experience Survey |
| Nurse Satisfaction with and Impact of the Model of Care (The Ottawa Hospital) |
| RPN Role Clarity Survey |

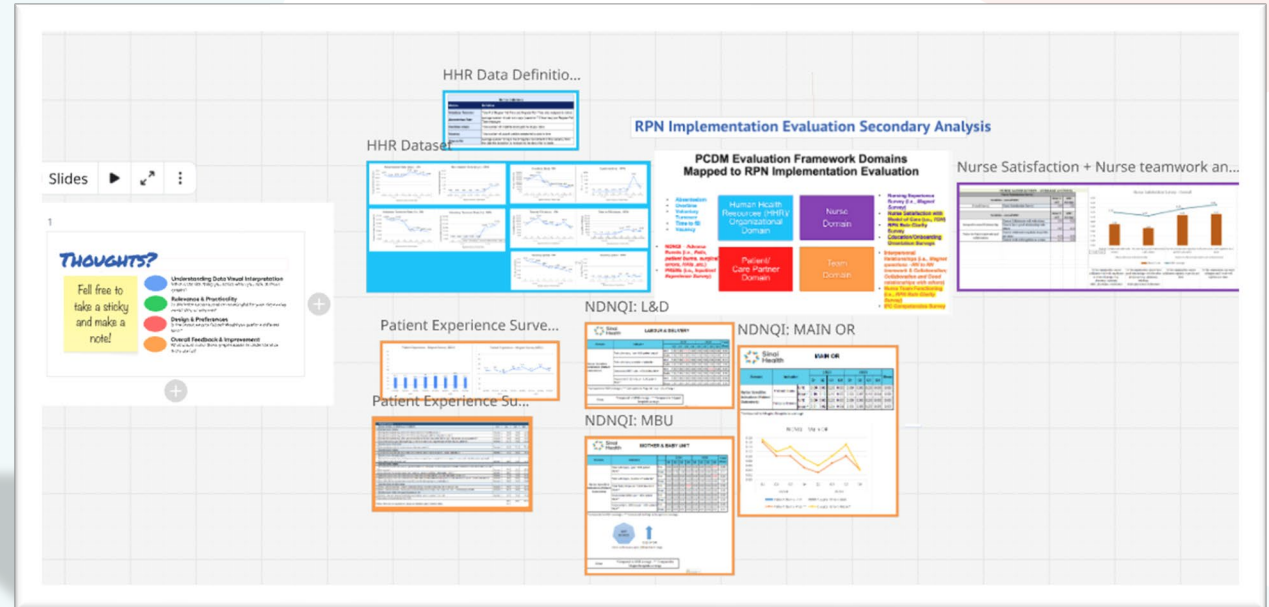
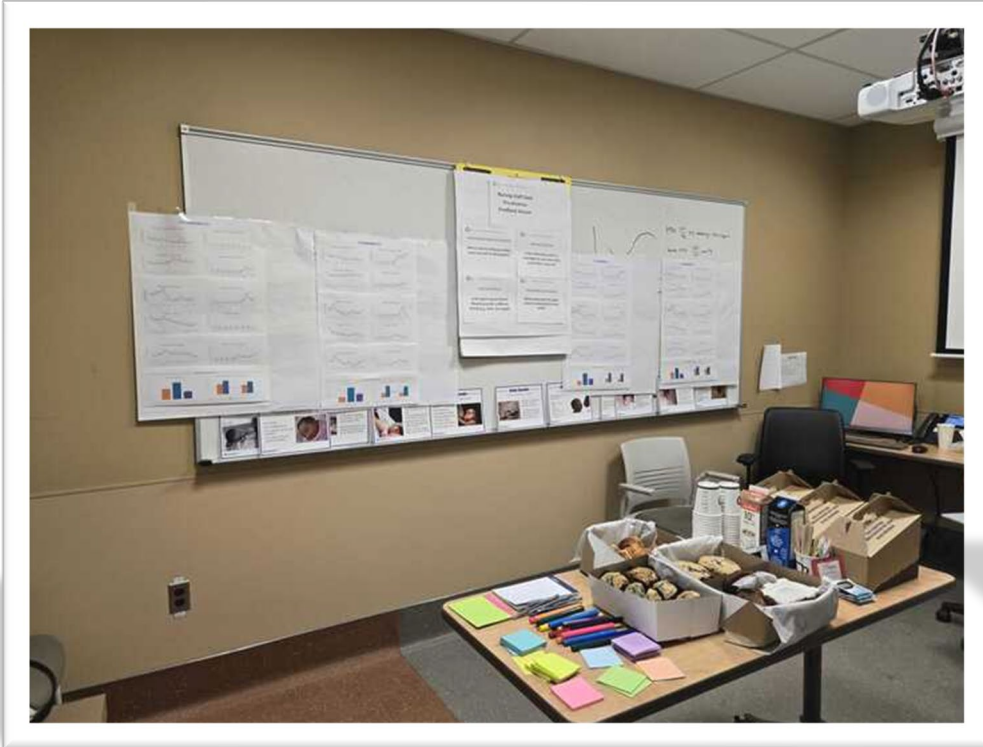
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|-------------------------------------|
| Patient-Reported Experience Measure |
|-------------------------------------|

Patient/
Care Partner
Domain

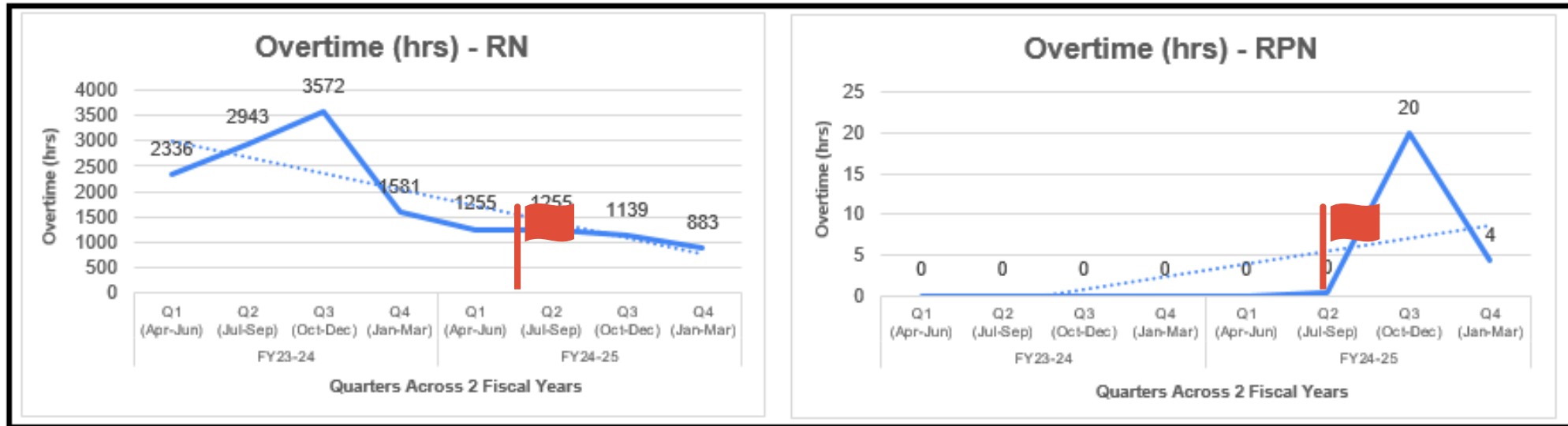
Team
Domain

| |
|---|
| Collaboration – Nurse Experience Survey |
| Good Relationship with Others – Nurse Experience Survey |
| Nurse Team Functioning (RPN Role Clarity Survey) |
| Interprofessional Care Assessment Tool |

Direct Care Staff Engagement



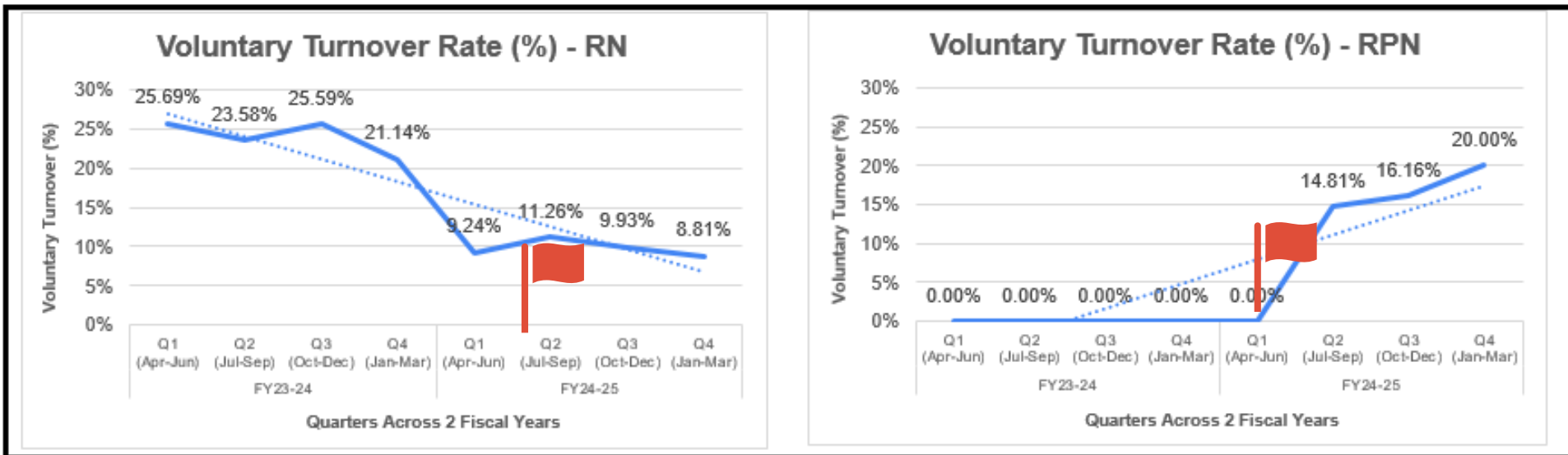
Average HHR Data Viz Across all 3 Units



Overtime Hours

Total number of overtime hours paid to all pay class.

Average HHR Data Viz Across all 3 Units



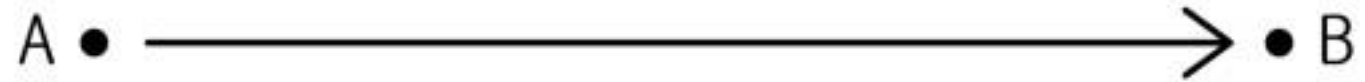
Retention - Voluntary Turnover Rate (%)

Rate of Regular Full Time and Regular Part Time staff who resigned and retired.

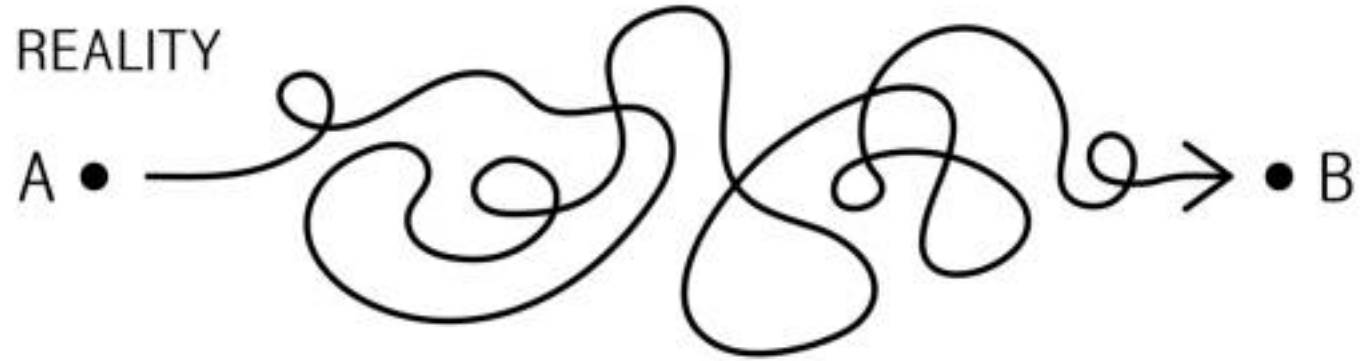
Key Learnings and Insights

Implementation...

EXPECTATION



REALITY

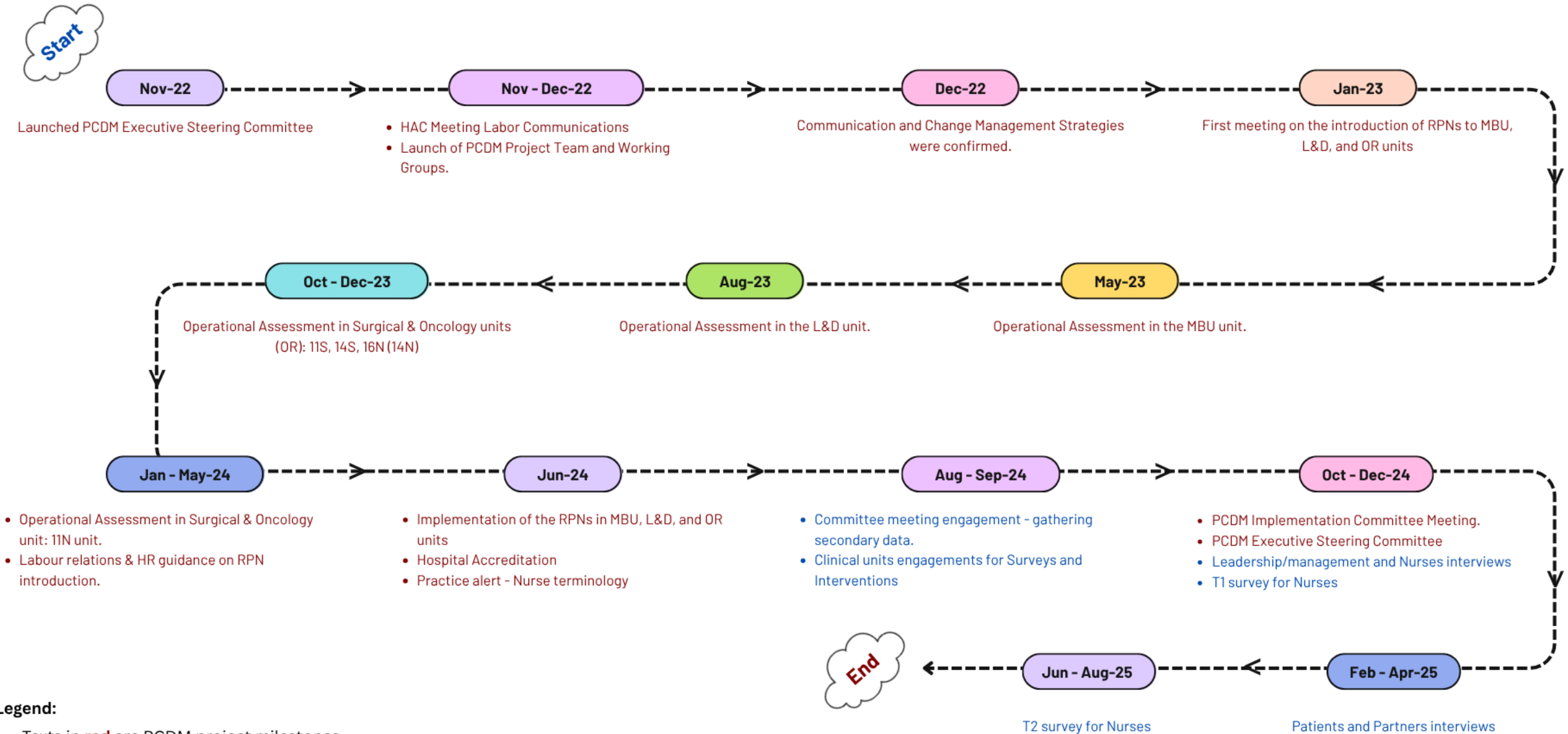


Key Learnings and Insights

1) Engaging staff early and continuously in the implementation process

- A dominant theme is the early and continuous engagement of multiple levels of staff and management through the planning, preparing and implementation process

WeRPN Milestone Timeline



Legend:

- Texts in **red** are PCDM project milestones.
- Texts in **cobalt blue** are implementation evaluation milestones.

Key Learnings and Insights

1) Engaging staff early and continuously in the implementation process

- A dominant theme is the early and continuous engagement of multiple levels of staff and management through the planning, preparing and implementation process.

2) Using **multi-modal implementation strategies** targeting specific barriers and leveraging facilitators

- The staff's early and continuous engagement supported tailoring implementation strategies to address barriers and leverage facilitators.

3) Applying learnings from **reflecting and evaluating** to the implementation adaptations

- Collecting and discussing evaluative data formally, such as during the orientation process or informally during community of practice meetings, has led to ongoing implementation adaptations.



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Co-investigators

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