

executive summary

Responding to a number of factors, health care facilities in British Columbia are re-examining the roles and utilization of licensed practical nurses and care aides. The research undertaken for this project revealed considerable variation in the utilization of LPNs and care aides between and even within facilities, though it also highlights the growing interest in expanding education and practice opportunities for both groups of care providers. Changes in patient profiles, funding levels, education programs, professional regulation and nursing labour supply all contribute to this focus on nursing team staffing mix and roles.

LPN Employment

British Columbia has fewer LPNs in proportion to registered nurses than any other province. In 1998, there were 4,424 licensed practical nurses employed in nursing in British Columbia. This represents a ratio of 1 LPN to 6.4 registered nurses; the average for other provinces is 1 LPN to 3 RNs.

Licensed practical nurses are an aging workforce. More than 80 per cent of LPNs are over the age of 35, and half (51 per cent) are over the age of 45. The average age of an LPN in B.C. is 45.

Licensed practical nurses are employed throughout the health care system, though the highest concentration is found in facilities, particularly in acute care. In 1998, over half (57 per cent) of LPNs were employed in acute care hospitals and one-third were employed in extended and continuing care facilities. Among the facilities surveyed in this project, 71 per cent (17) of the hospitals employ LPNs, as do 31 per cent (38) of the continuing care facilities (including intermediate, stand alone extended and multi-level) and 91 per cent (40) of the combined acute/extended care facilities. LPNs were most frequently employed in facilities that have 100 to 200 beds.

In the acute care (including acute/extended care) facilities surveyed, LPNs were most commonly used on medical, surgical and extended care units. The highest level of utilization was on medical units; specifically, 83 per cent of facilities reported using LPNs on medical units. The other units most likely to employ LPNs were surgical, extended care, rehabilitation, palliative/oncology, geriatric, pediatric, subacute/transitional, and operating room/day surgery. Utilization on these units ranged from 31 to 74 per cent.

LPN Skill Utilization

There is considerable variation in LPN utilization – between facilities and within facilities – and LPNs are frequently not practising to their full scope of competencies. Results of our *Survey of LPN Skill Utilization in B.C.* indicate an underutilization in some competencies – for example, administering oral medications, dressing simple wounds, and performing certain assessments – and a higher utilization in other competencies – for example, administering topical medications and assisting with deep breathing and coughing. Many

of the competencies canvassed in the survey have been covered by the curriculum and considered entry level since the first practical nursing program was offered in the late 1940s. A number were added at later stages – for example, catheterizations and medication administration in the early 1980s and psychogeriatrics and subcutaneous injections in the 1990s. Though now well established in the curriculum and in regulatory standards, these competencies are not consistently part of LPN duties in B.C. facilities.

The inconsistency in LPN utilization was also raised in the case studies and key informant interviews, where it was noted that an LPN's job will be different from one facility to the next, and can vary significantly between units in the same facility.

Contributing Factors

Participants in this research project identified a number of factors that contribute to the divergence in LPN utilization. One of the issues raised repeatedly in the case studies, the key informant interviews and the survey responses is the lack of awareness among managers, staff and patients about the current competencies and regulatory framework for LPNs. Many people are not familiar with the current education program, standards of practice, accountability obligations and other aspects of LPN practice. A government-sponsored review of the practical nursing curriculum conducted a few years ago similarly concluded that “the new graduate and their complement of skills are not well understood by employers or widely marketed in B.C.” (Layton, 1998).

Another significant factor influencing LPN utilization cited by employers in this study is that of work jurisdiction conflict with registered nurses.

As a result of the variation in nursing mix and roles across the industry and over time, combined with changes that have occurred in education programs, individual LPNs are at different levels of knowledge and skill. Furthermore, not all practical nurses are registered with the College of Licensed Practical Nurses of B.C.

An additional barrier to LPN utilization identified by employers was their inability to recruit qualified LPNs for vacant positions.

Toward Change

Despite these challenges, a number of employers have made changes to the nursing team staff mix and the roles of team members; upgrading and credentialing needs have consequently come into the forefront. The case studies presented in this report describe how six facilities expanded the role of LPNs and, in one case, of care aides. Meanwhile, the demand for continuing education and credentialing programs for both LPNs and care aides has risen across the sector. Comments from survey respondents and key informants suggest that these changes will continue to accelerate in the future as facilities cope with funding pressures, nursing labour shortages and changing patient needs.

With change come certain hurdles and tensions. Stress points were cited by survey respondents and key informants, and the case studies were able to explore these issues in greater depth. Some of the challenges repeatedly raised by survey respondents and interview participants were the following: inconsistent knowledge among co-workers and

managers of LPN competencies and regulatory standards (including accountability for practice), diversity of current LPNs' competency levels and the need for upgrading and continuing education, paucity of funding for education, inadequate time and resources for planning and evaluating changes in staffing mix and roles, confusion regarding overlap in nursing team members' roles, job security concerns, and inadequate opportunities for ongoing discussion on nursing practice and roles due to heavy workload, funding pressures, uncertain environments and other factors.

Managers and staff identified a number of important steps that contributed to successful implementation of new LPN and care aide roles in their facilities. It was widely felt that change should be carried out using a process that is inclusive and transparent – a process that allows for open communication between staff and between management and the union. Involvement of all members of the nursing team, and sometimes staff beyond direct patient care, was considered important. Other features of effective nursing team reorganization include: clear articulation of roles and responsibilities (documented where possible), orientation of new employees, opportunities for continuing education, avenues for positive resolution of conflicts, encouragement of team work, and involvement of all nursing team members in care planning.

Research participants identified a number of positive outcomes from the expansion of LPN utilization; however, to date there is a lack of data on the costs and benefits of different staffing mixes.

Some of the positive dividends of nursing team reorganization identified by case study participants include: improved workload organization and staff supervision, improved staff morale, positive union-management relations, and effective care provision. While the case study interviewees offered their assessment of the nursing team mix and tried to provide relevant financial information, for the most part there has been minimal data collection and analysis of changes in terms of costs, patient outcomes and quality of worklife. Managers said they would like to have this information, but do not have the time and resources to carry out this type of research.

Learning from Other Provinces

In other provinces, LPNs and care aides work in a variety of settings and roles. Some of those roles are profiled in this report, as are the contextual factors related to education, regulation and employment patterns for selected provinces. Be it the LPN team leader in a Manitoba nursing home, the “resident companion” in an Alberta home for seniors with cognitive impairment, or the LPN working to full scope of practice in an Edmonton hospital, all of these roles offer examples of innovative care delivery. Specialized areas of practice, such as foot care and operating room, are emerging in tandem with broader utilization of LPNs in medication administration and other established competencies. Also informative are initiatives such as the New Brunswick government's doubling of LPN positions in long term care, achieved by converting care aide positions and offering those workers upgrading to become LPNs. Across the country, employers are looking at how to maximize the utilization of all nursing team members.

As in British Columbia, other provinces are examining nursing scopes of practice and developing resources, such as competency profiles and delegation frameworks, to support collaborative nursing practice. Following the 1997 National Nursing Competency Project, provinces have taken different routes to articulating LPN and other nurses' competencies; for example, Alberta developed a detailed reference document for employers that identifies the range of LPN competencies (mainly entry-level, some advanced) as they apply to 23 clinical practice settings. Other provinces, such as Ontario and British Columbia, have avoided a skills-based approach and have geared their material to registrants for continuing competency purposes.

Advancing Education

As the regulatory system evolves and the roles of LPNs and care aides change, education becomes a pivotal issue. The curriculum for both practical nurses and care aides in B.C. has advanced considerably in recent years, and resources for continuing education and credentialing have come into greater demand.

Four B.C. colleges offer the practical nursing program, and one offers a full refresher program. With the provincial government's investment in new practical nursing seats, the four colleges will admit 207 practical nursing students in 2000/20001. At least three other colleges are considering offering the practical nursing program, and two of the existing programs will offer the LPN bridging option for care aides this year. Educators meet twice annually to work on common issues and, since 1992, the colleges have offered a standard provincial curriculum. The program was increased to 12 months in 1992 to incorporate additional competencies; it shifted from a task-oriented model to one that emphasizes critical thinking and independent problem solving. A review of the curriculum in 1998 concluded that it is well-received by faculty, students and employers; however, nine of the 15 employers surveyed were unaware of the changed curriculum.

The certificate program for care aides, the Resident Care Attendant program, is offered by 16 publicly funded colleges and 26 private training facilities in B.C. Since 1991, the public colleges and at least one private college have offered a standard provincial curriculum that is 20 weeks in length. The curriculum was designed to enable a combined RCA and Home Support Worker credential, and more colleges are offering it in that format. The curriculum will be reviewed and updated later this year.

There is no requirement that the provincial curriculum be used by the private colleges. Employers and public college faculty have expressed concern about the lack of supervised clinical learning experiences in these programs. The admission requirements in private programs may also be different, and there is no obligation for the educators to collaborate on the provincial articulation committee to maintain standards and consistency across programs. Oversight of private colleges is limited to a voluntary accreditation process that protects students from losing their entire tuition if the school closes; it does not attend to quality issues such as clinical practice.

Refresher courses and credentialing programs have come into greater demand as advances in entry-level education and changes in LPN and care aide roles take effect. The

Healthcare Labour Adjustment Agency has developed prior learning assessment resources to enable care aides and LPNs to receive credit for on-the-job and related learning. Continuing education for care aides and LPNs is available through in-service workshops and college courses. Some courses are relevant to both groups – for example, psychogeriatrics, rehabilitation or activation assisting – while others, such as medication administration or intravenous therapy, are specific to LPNs. While the education programs exist, there are inadequate resources available to support workers in taking these courses.

A number of valuable training resources are in place for health care workers; however, the demand far outstrips their capacity. The B.C. Health Care Scholarship Fund awards 3,000 bursaries of \$3,500 each to health care workers for continuing education. The Healthcare Labour Adjustment Agency supports credentialing, refresher education and post-basic courses for LPNs and care aides across the province. As part of its broader LPN and care aide staffing initiative, the provincial government has supported upgrading for a number of workers; however, this was one-time only funding. A message that was repeated in all of the case studies, the key informant interviews and the survey responses, is that continuing education is critical to successful implementation of new roles for LPNs and care aides. Without exception, employers and staff felt that resources for this education are seriously inadequate.

SUMMARY OF REPORT CONTENTS

The B.C. Context

This section presents an overview of the education, regulation and employment/utilization issues related to licensed practical nurses and care aides in British Columbia. It serves as a background document for the research findings. In it, the current education programs for practical nurses and care aides are described, as are upgrading and post-basic course offerings. Statistics on the nursing labour force, current wage rates, and reference to nursing human resource planning activities are also provided. Finally, the regulatory framework for LPNs is described, including the current review of nursing scopes of practice.

Surveys

This section presents the results of two surveys on LPN employment and utilization. The first survey provides a provincial snapshot of where LPNs work – specifically, it identifies the proportion of hospitals and continuing care facilities that employ LPNs and the type of units to which they are assigned. The second survey took a sample of those facilities and examined the range of duties that LPNs perform on three of the most common units: medical, surgical and extended care. Managers were also asked to identify factors that influence their utilization of LPNs – a significant number offered additional comments about current and anticipated nurse staffing mix and roles.

Case Studies

LPN and care aide roles and utilization are explored in case studies of six facilities around the province, including three hospitals and three continuing care facilities. Researchers interviewed workers and managers at each site and reviewed documentation such as job descriptions, education plans, and policies on nursing team roles. This information was used to create a profile of LPN and care aide practice at each facility.

Role Profiles

Three distinct LPN and care aide roles are described in this section. One profile describes the job of an LPN in a fast track emergency unit at a regional acute care facility. Another presents the role of an LPN providing foot care to residents at three continuing care facilities in a northern community. The third applies to a care aide position in a psychogeriatric assessment unit. In addition to the description of duties and responsibilities for each position, the reports include a description of the unit, the patient population, staffing levels and the education and related qualifications for the position.

Key Informants

“Key informants” to this project provided their views on issues related to the employment, utilization and education of LPNs and care aides in B.C.’s evolving health care system. Individual and group interviews were conducted with employers, workers, educators and staff of the College of LPNs. Key informants discussed a variety of issues, including changes in patient acuity, health care restructuring, professional regulation, workload pressures, and the nursing shortage. Their accounts reflect a dynamic environment – one where the practice of LPNs and care aides is being re-examined and reformulated, education programs are evolving, and issues like role overlap and changes to scope of practice are being confronted. Key informants made specific recommendations for actions that would enhance the education and the utilization of both LPNs and care aides in British Columbia.

Across Canada

This section presents information on LPN and care aide roles in other provinces. It consists of the following fact sheets:

- national overview fact sheets that compare the education, regulation and employment of LPNs and care aides across the provinces
- profiles of the LPN role in three acute care hospitals
- profiles of LPN and care aide roles in four continuing care facilities
- profiles of two specialized LPN roles – operating rooms and foot care, and
- provincial contexts for LPN practice in Alberta, Manitoba, Saskatchewan, New Brunswick and Nova Scotia, including statistics on LPN registrants and place of employment, the status of regulatory or practice issues, basic facts on entry-level and continuing education programs and reference to distinct, new or emerging roles.