

## **UPDATE: LPNS' CHANGING ROLES**

# Compensation, standards and training not keeping up with LPNs' changing roles

**AS NURSING PROFESSIONALS**, licensed practical nurses have come a long way in British Columbia. It wasn't long ago when health employers were laying off LPNs by the thousands and replacing them with RNs. Now, LPNs are working to full scope and can be found taking on new roles in every area of health care – from mental health to long-term care to the emergency room. LPNs' roles are evolving quickly, but standards for both practice and training aren't keeping up. And LPN compensation is out of step with these new roles and expanded responsibilities – and falling behind other jurisdictions.

### **EXPANDED ROLES, NEW RESPONSIBILITIES**

LPNs are taking on additional roles, advanced training and professional development, and are practising in many new specializations.

Many have moved from simple wound dressings to applying V.A.C. dressings for deep wound care. In some hospital settings in northern communities, LPNs are starting IVs and administering IV medication.

LPNs are also taking on more complex tasks like monitoring diabetic patients and adjusting their medications according to doctors' orders. Some LPNs in the community are teaching patients how to self-monitor their own medical conditions at home.

And LPNs are also finding that they can apply their training and experience in a variety of care settings including mental health, home health care, occupational health and safety, palliative care and rehab – and are taking on new specializations in the operating room, emergency room and in renal care.

And in an increasing number of rural communities, LPNs are also working in labour and delivery.

In more traditional settings like long-term care, LPNs are finding themselves in leadership roles where they are relied upon to problem-solve issues among staff, residents and family members.

### Key issues for LPNs:

- Moving to a standard province-wide scope of practice.
- Earning wages that are competitive with other jurisdictions.
- Gaining recognition for new roles and responsibilities in the wage grid.

**"I like learning and growing as an LPN, but we need support, especially with our workload and new responsibilities."**

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And with the more complex needs of long-term care residents – many of whom would previously have been assessed as sub-acute or palliative care – LPNs are finding that they must carry out clinical and decision-making tasks traditionally done in hospitals.

LPNs are also stepping into mentoring roles within the nursing profession. New LPN mentoring positions are being created to support both newly graduating – and more experienced – LPNs as they move into new roles on different units within their hospitals.

And LPNs are teaching in college, training and short-term professional development courses for student and working LPNs. LPNs are even taking on roles as professional practice consultants

### **LPN NUMBERS ON THE RISE**

Health employers' increasing reliance on LPNs to fulfill an expanded role in professional nursing is supported by the numbers.

While B.C.'s LPN-to-RN ratio still remains the lowest among Canadian provinces, the numbers of LPNs has increased dramatically during the past few years.

Between 2001 and 2008, there was a 69 per cent increase in the number of LPNs working in this province according to the College of Licensed Practical Nurses of BC.

More detailed numbers available from the College of Licensed Practical Nurses of BC show a dramatic percentage increase in the number of LPNs working in critical care and emergency departments and in mental health and occupational health – though the total numbers are still relatively small.

### **LACK OF CONSISTENT STANDARDS OR ACCESS TO TRAINING**

While LPNs are taking on new challenges, they are often pushed to the edge of their practice over and over again. They are dealing with heavier workloads and higher levels of acuity – often without the adequate support and consistent access to in-depth education and training.

And since standards of practice vary from site to site, there is a lot of pressure on LPNs to know their scope and to say no when the acuity of a task is beyond their scope and collaboration with other care providers is required.

"I like learning and growing as an LPN, but we need support, especially with our workload and new responsibilities," says Pat Crown, an LPN at Royal Jubilee Hospital in Victoria.

### **WAGES OUTPACED BY NEW ROLES AND RESPONSIBILITIES, OTHER JURISDICTIONS**

It's clear that wages haven't kept up with the new roles and responsibilities of B.C.'s LPNs. They don't reflect advanced practice, leadership roles or mentoring responsibilities.

In addition, during the last five years, B.C. LPN wages have slipped behind their counterparts in other provinces.

Taking the example of Alberta, B.C. LPNs were paid 6.8% higher than in Alberta CUPE contracts at their top step (i.e. increment step 8) five years ago. But by April 1, 2009, B.C. LPNs are 14.7 per cent below Alberta at increment step 8.

