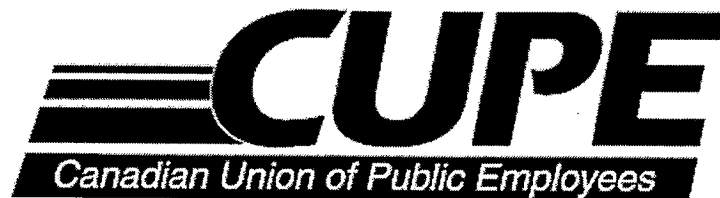


# ***A PRACTICAL SOLUTION TO THE NURSING SHORTAGE***

**CUPE's Strategy for the Full Utilization of Licensed  
Practical Nurses**



**CUPE RESEARCH  
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/cope491**

## INTRODUCTION

Saskatchewan's nursing shortage has been well publicized for several years now. The Government of Saskatchewan recently signed a partnership agreement with the Saskatchewan Union of Nurses to address this shortage with dedicated funding and targets to hire 800 more Registered Nurses and Registered Psychiatric Nurses over the next four years.

The Government of Saskatchewan/SUN partnership agreement will require health regions and the Ministry of Health to set aside levels of funding for recruitment and retention initiatives each month that will be directly proportional to the number of vacancies. The provincial government has estimated the initiative will cost a total of \$60 million. An additional \$20.7 million was allocated in the subsequent provincial budget for nurse recruitment and retention initiatives.

A long-term solution to the nursing shortage is not possible, however, without addressing the issues facing the third group of nurses in Saskatchewan – Licensed Practical Nurses (LPNs) – who account for 21 percent of Saskatchewan's total nursing workforce involved in direct care. The next step must involve the development of a strategic plan to use all LPNs to the full range of their skills and education in caring for patients and long-term care residents.

The under-utilization of LPNs has been a long-standing problem both in Saskatchewan and across Canada. In 2000, the Government of Saskatchewan amended *The Licensed Practical Nurses Act* to reflect a more independent role for LPNs by allowing them to work without the direct supervision of a physician, RN or RPN. Despite these legislative changes and a greater awareness of LPN's expanded scope of practice, many health care employers in Saskatchewan are still not taking advantage of the tremendous skills that LPNs can offer.

The Canadian Union of Public Employees represents about 1,320 LPNs who work in the Regina-Qu'Appelle, Sunrise, Prince Albert/Parkland, Prairie North and Sun Country Health Regions.

CUPE has long campaigned for the full utilization of LPN professional skills. We strongly backed the amendments to the *The Licensed Practical Nurses Act* mentioned above. Our union has documented and publicized a number of positive case studies throughout Saskatchewan where LPNs have worked together with supportive nurse managers, other RNs and health providers to improve patient care.<sup>1</sup> We have met with health district and health region boards to urge full utilization of LPN skills.

This document provides an overview of the critical role that LPNs play in our health care system, examines their current levels of utilization and puts forward a number of recommendations to the provincial government and health employers to effectively address the current nursing shortage.

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<sup>1</sup> See CUPE Research, *Report on the Utilization of Licensed Practical Nurses in Saskatchewan*, September 2003

## LICENSED PRACTICAL NURSES IN SASKATCHEWAN

Licensed Practical Nurses are the second largest group of regulated health professionals in the province. According to the Saskatchewan Association of Licensed Practical Nurses (SALPN), there were 2,436 LPNs in Saskatchewan as of February 29, 2008.

Although often overshadowed by registered nurses, LPNs have a comprehensive array of nursing skills to provide direct care to hospital patients and long-term care residents. In many situations, LPNs can often perform the same duties as registered nurses. LPN competencies include: monitoring blood glucose, oxygen therapy, changing simple and complex dressings, patient assessments, catheterization, administering medications, removing sutures, updating care plans, tube feedings, initiating patient care, processing doctor's orders, IV management, removing drains, assigning patient care, calling for doctor's order and team leading.

According to a 2006 statistical profile by the Canadian Institute for Health Information,<sup>2</sup> 67.4% of LPNs in Saskatchewan worked in hospitals, 19.8% worked in a nursing home or long-term care facility and 8.7% worked at a community health agency.

The overwhelming majority of LPNs (97%) were women, compared to a national average of 93%. The LPN workforce, like the RN workforce, is an aging one. The average age of LPNs in Saskatchewan in 2006 was 44.1 years, but 39.3% of the LPN workforce was 50 years and older. Only 25.5% of Saskatchewan LPNs were under 35 years of age.

In Saskatchewan, less than half of the LPN workforce (45.6%) is employed on a full-time basis; 33.7% work part-time and 20.5% are casual. According to CIHI, 73.4% of Saskatchewan LPNs worked for a single employer, while 24.7% had multiple employers.

## EDUCATIONAL REQUIREMENTS

LPNs are currently required to complete a 65-week Practical Nursing Education Program in order to receive a Certificate of Practical Nursing (CPN). This two-year academic program – which was expanded from a 58-week program in 2006 to include IV therapy among things – is offered by the Saskatchewan Institute of Applied Science and Technology program but is also delivered by a number of regional colleges throughout the province in partnership with SIAST.

Upon attainment of a CPN, LPNs are eligible to register with the Saskatchewan Association of Licensed Practical Nurses (SALPN), the provincial regulatory body responsible for approving education, ensuring competent practice, and intervening in cases of unacceptable practice. A graduate LPN must also write and pass a national examination in order to receive licensure. Aside from the certificate, LPNs may also be given what is referred to as an equivalency status if they come from another province or country. A Practical Nurse Re-Entry program is also offered through distance education, allowing students to remain in their own community for the theory component of the program.

LPNs are also responsible for maintaining competency through continuous learning, education and experience.

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<sup>2</sup> Canadian Institute for Health Information, *Workforce Trends of Licensed Practical Nurses in Canada, 2006* (Ottawa: CIHI, 2007) p. 75

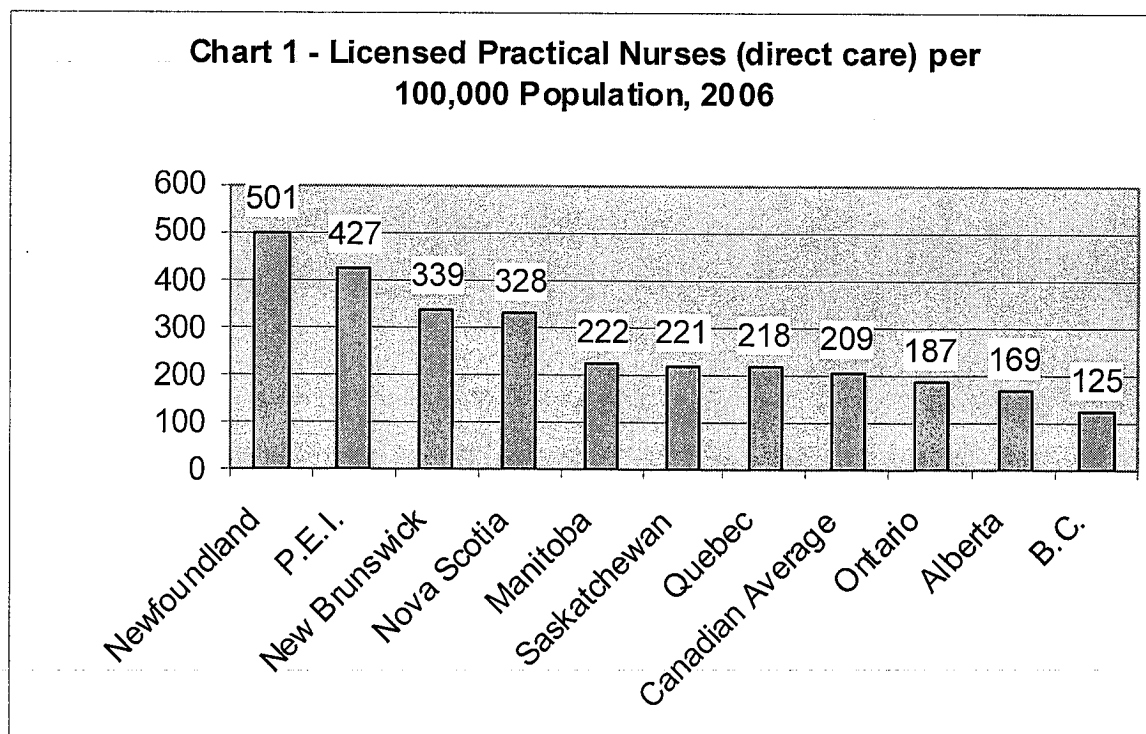
On the other hand, registered nurses and registered psychiatric nurses currently receive their education through a four-year degree program offered through the Nursing Education Program of Saskatchewan (NEPS). Fast-track options are available though to allow RNs to finish their degree in three or three-and-a-half years. All practising RNs are required to register with the Saskatchewan Registered Nurses Association, which sets the standards of education and practice for the profession and ensures continuing competence and standards of practice.

It's important to note that prior to 2000 a degree was not required to become an RN in Saskatchewan. Thus, in 2006, a two-year diploma was the highest education level achieved for 65.8% of registered nurses in Saskatchewan, while 32.6% of Saskatchewan's RNs had a Baccalaureate as their highest education attainment.<sup>3</sup>

On April 23, 2008, the provincial government announced that LPN graduates will receive greater recognition for their increased education requirements by earning diplomas instead of certificates upon completion of the 65-week Practical Nursing Education Program. The change will comply with SIAST's academic regulations, which award a diploma for any program longer than 60 weeks.

## THE NURSING STAFF MIX

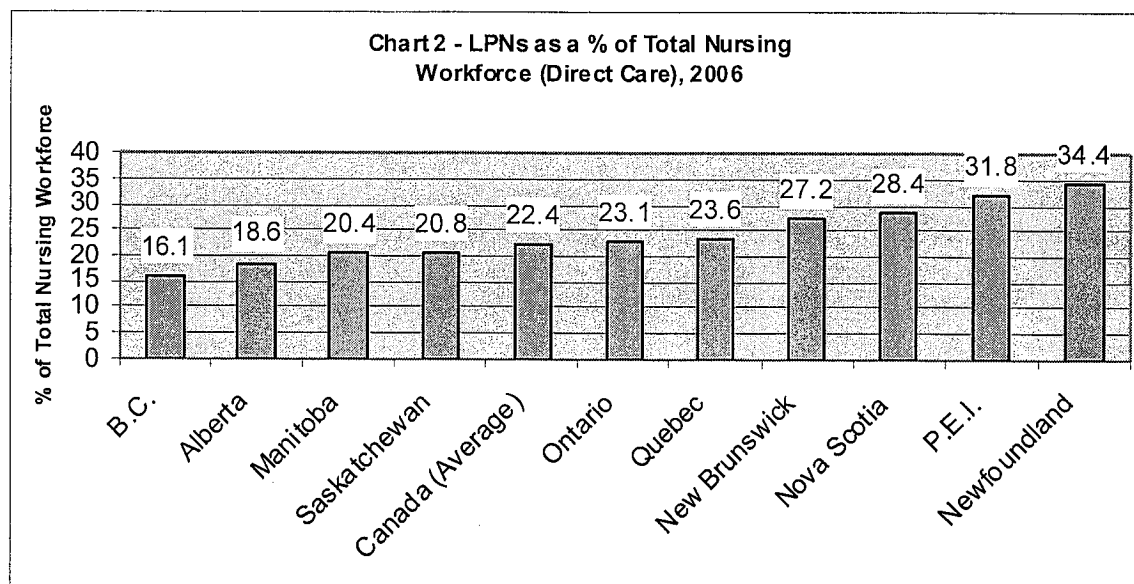
As Chart 1 shows, the number of LPNs involved in direct care for every 100,000 residents varied considerably among provinces from a high of 501 in Newfoundland and Labrador to a low of 125 in B.C. With 221 LPNs for every 100,000 residents, Saskatchewan was in the middle of the pack, behind the Atlantic provinces and Manitoba, but slightly above the national average.



Source: CIHI, *Highlights from the Regulated Nursing Workforce in Canada, 2006*

<sup>3</sup> Canadian Institute for Health Information, *Highlights from the Regulated Nursing Workforce in Canada, 2006*, (Ottawa: CIHI, 2007), p. 46.

Chart 2 below shows the number of Licensed Practical Nurses as a percentage of the total nursing workforce, including RPNs, engaged in direct care. In Saskatchewan, LPNs comprise 20.8% of the total nursing workforce. This percentage is higher than those in the other western provinces, but it is below the national average (22.4%) and significantly lower than the percentages in Ontario, Quebec and the Atlantic provinces. In Newfoundland and Labrador, over one-third (34.4%) of nurses involved in direct care are LPNs.



Source: Data compiled from CIHI, *Highlights From the Regulated Nursing Workforce in Canada, 2006*

Table 1, below, shows the ratio of RNs to LPNs involved in direct care across Canada. Only B.C., Alberta and Manitoba have a higher ratio of RNs to LPNs than Saskatchewan, which has 3.43 RNs for every LPN. Ontario, Quebec and all four Atlantic provinces have lower ratios of RNs to LPNs than Saskatchewan.

While different education requirements and scopes of practice for LPNs can explain some of the variance among provinces, the above jurisdictional comparison suggests that Saskatchewan is more reliant on RNs than most other provinces.

**Table 1 – Ratio of RNs to LPNs - 2006**

Province	RN	LPN	Ratio of RNs to LPN
B.C.	25,763	5,313	4.9 : 1
Alberta	23,056	5,510	4.2 : 1
Manitoba	9,393	2,615	3.6 : 1
Saskatchewan	7,532	2,196	3.4 : 1
Ontario	77,791	23,398	3.3 : 1
Quebec	53,621	16,581	3.3 : 1
New Brunswick	6,830	2,553	2.7 : 1
Nova Scotia	7,737	3,072	2.5 : 1
PEI	1,266	590	2.2 : 1
Newfoundland	4,933	2,585	1.9 : 1

Source: Compiled from CIHI, *Highlights From the Regulated Nursing Workforce in Canada, 2006*

## FULL UTILIZATION OF PROFESSIONAL SKILLS

A number of health care studies, both national and provincial, have recognized the critical need for all health care providers, including LPNs, to practise to their full scope.

In 2001 the Saskatchewan Commission on Medicare, headed by Ken Fyke, recommended a shift in emphasis towards primary health services both to improve health and to contain growing health care costs. As one way of controlling expenditures, the Fyke Commission recommended "Using all providers to the maximum of their scope of practice, and using higher cost providers and services only when most appropriate."<sup>4</sup>

The subsequent Action Plan for Saskatchewan Health Care, which adopted most of the Fyke Commission's recommendations, recognized, "Every type of health care provider has unique skills that contribute to better health. When these skills are not used to the fullest, we may be missing opportunities for enhanced services, or wasting valuable resources."<sup>5</sup> The action plan acknowledged that many health care providers often were not able to use their skills to their full scope as part of a larger collaborative team. The plan also saw optimal utilization of skills as a way of addressing shortages. "At a time when we are experiencing shortages in a number of health professions, it is essential that we use the knowledge and skills of all health providers to the greatest extent possible."<sup>6</sup> Among other things, the action plan made the following commitment:

Our plan will mean new opportunities for health care providers to use the full range of their skills. Rather than being threatened by change, workers can be assured they will benefit from new roles, new training and enhanced professional development. Individuals and organizations will be invited to step out of existing patterns, and explore new ways of working together. Government will take the lead in identifying and removing barriers that prevent health care providers from using their training and skills to the fullest.<sup>7</sup>

Building upon the work of the Saskatchewan Action Plan on Health, Saskatchewan's Health Workforce Action Plan set an objective in 2005 to "support the optimal use of all health care professionals in working within their scope of practice."<sup>8</sup> The action plan acknowledged though several challenges to optimizing use of the three nursing professions because of overlapping roles, changes to educational and professional requirements, turf protection and lack of professional understanding.<sup>9</sup>

The Romanow Commission on the Future of Health Care in Canada echoed many of the same observations of the Saskatchewan health reports cited above. In particular, it pointed to the need to look beyond the shortages affecting some health professions:

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<sup>4</sup> Government of Saskatchewan, Saskatchewan Commission on Medicare, *Caring for Medicare: Sustaining a Quality System*, April 2001, p. 19.

<sup>5</sup> Government of Saskatchewan, *The Action Plan for Saskatchewan Health*, 2001, p. 49.

<sup>6</sup> *Ibid.*, p. 11.

<sup>7</sup> *Ibid.*, p. 49.

<sup>8</sup> Government of Saskatchewan, *Working Together: Saskatchewan's Health Workforce Action Plan*, December 2005, p.32.

<sup>9</sup> *Ibid.*, p. 36.

While much of the focus is on immediate and looming shortages of some health care providers, especially nurses, the deeper and more complex issues relate to their changing roles, the need to re-examine traditional scopes of practice, and the challenge of getting the right mix of skills from an integrated team of health care providers to deliver the comprehensive approaches to health care that Canadians expect.<sup>10</sup>

Despite the plethora of health studies and provincial action plans urging optimal utilization of all health providers' skills, only modest progress has been made in increasing the proportion of LPNs practising to their full scope.

According to surveys conducted by SALPN, the percentage of LPNs who reported full utilization of their professional skills increased from 44% in 2004 to 50% in 2006.<sup>11</sup> As Table 2 shows, the full utilization of LPN skills rose to varying degrees in Prairie North, Prince Albert/Parkland, Sunrise, Regina Qu'Appelle and Sun Country health regions from 2003 to 2004. However, the levels of full utilization vary by wide margins from a low of 31% in Sun Country to a high of 71% in the Prince Albert/Parkland.

**Table 2 - Full Utilization of LPN Professional Skills by Health Region**

<b>Health Region</b>	<b>2003 (CUPE Survey)</b>	<b>2004 (SALPN Survey)</b>
A, KY, MCR	N/A	71%
Prairie North	45%	58%
Prince Albert/Parkland	66%	71%
Kelsey Trail	N/A	38%
Heartland	N/A	40%
Saskatoon	N/A	38%
Sunrise	39%	49%
Cypress	N/A	49%
Five Hills	N/A	30%
Regina Qu'Appelle	34%	38%
Sun Country	22%	31%
<b>Total</b>	<b>40%</b>	<b>44%</b>

*Source: CUPE Research, 2004 SALPN Survey*

LPN utilization also varies across health facilities. According to the 2004 SALPN survey, LPNs working in special care homes are much more likely to fully utilize their professional skills (71%) than their counterparts working in hospitals (33%). Over half of LPNs working in integrated facilities (55%) reported that they were being fully utilized.<sup>12</sup>

According to the 2004 SALPN survey, blood glucose monitoring, oxygen therapy and changing simple dressings were the competencies most likely to be performed by LPNs. On the other hand, less than a quarter of LPNs were allowed to remove drains, assign patient care, call for doctor's orders or lead teams. Even though 89% of LPN survey respondents had completed the

<sup>10</sup> As cited in Government of Saskatchewan, *Working Together: Saskatchewan's Health Workforce Action Plan*, December 2005, p.31.

<sup>11</sup> 2006 utilization rates by health region are not yet available from SALPN.

<sup>12</sup> Saskatchewan Association of Licensed Practical Nurses, *Report on the 2004 Utilization Survey of Licensed Practical Nurses*, April 2005, p. 11-12.

administration of medications course, only 47% reported they were always allowed to administer medications.<sup>13</sup>

## RATIONALE FOR FULL UTILIZATION OF LPN SKILLS

### Maintaining a cost-effective public health system

Making the best possible use of the skills of all health providers was a key component of the Action Plan for Saskatchewan Health's strategy to sustain a cost-effective public health care system. Too often though higher paid providers, like RNs, are performing functions that lower paid professionals like LPNs are trained to carry out as well, resulting in the health system incurring unnecessary expense.

Under the separate CUPE, SEIU and SGEU collective agreements with the Saskatchewan Association of Health Organizations, a LPN in Saskatchewan currently makes a starting wage of \$23.99 per hour, \$24.84 per hour after one year and a top rate of \$25.68 per hour after two years. By comparison, a general duty Nurse A under the SUN-SAHO collective agreement makes a starting wage of \$26.90 per hour and a top rate of \$32.96 per hour after five years.

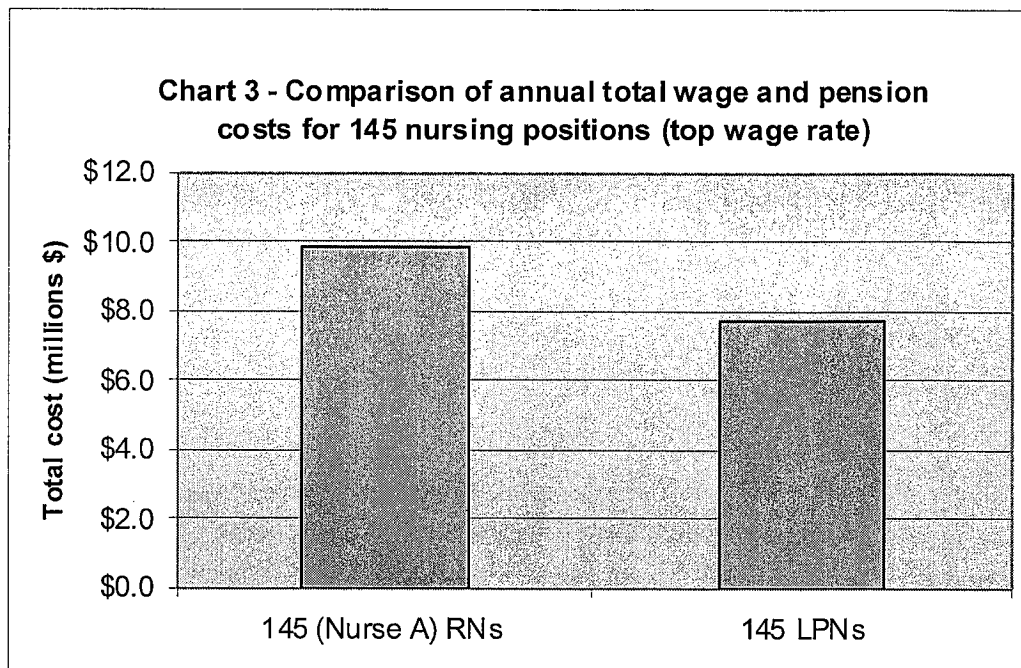
Based on 1944 annual hours of work, the difference in annual wage costs between an LPN and a Nurse A will range from \$5,567.04 to \$14,152.32, depending on years of experience in the position. When employer pension contributions are taken into account, the cost differences increase from \$6,027.69 to \$15,079.58. Over the span of a 40-year career, the additional costs of employing a Nurse A in a position that an LPN could fill would total over \$830,000, assuming modest annual 2% wage increases for both classifications.

The partnership agreement between SUN and the Government of Saskatchewan identifies 800 nursing vacancies that need to be filled. In fact, approximately 145 of these vacancies are being temporarily filled by LPNs due to the inability to recruit RNs to these positions, many of which are in rural long-term care facilities. As Chart 3 below shows, the cost to our public health care system of replacing these 145 LPNs with the same number of RNs would not be insignificant. The total wage and pension costs to employers to hire 145 (Nurse A) RNs at the top wage rate would amount to \$9.9 million annually, compared to a \$7.7 million cost of employing 145 LPNs at the top wage rate – a difference of \$2.2 million a year. The extra cost to health employers over a 40-year period, once again assuming modest 2% annual wage increases, would be over \$100 million.

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<sup>13</sup> SALPN, *Report on the 2004 Utilization Survey of Licensed Practical Nurses*, April 2005, p. 16. The administration of medications course was included as part of the CPN starting in 1993. At the 2008 SALPN annual conference a bylaw was passed to require all LPNs to complete this course by December 1, 2010. The health assessment course will become mandatory for all LPNs by December 1, 2012.





*Source: CUPE Research*

Replacing LPNs with RNs would also incur additional overtime, sick leave and long-term disability costs.

We are not suggesting that LPNs can replace RNs in every situation. While there are overlapping scopes of practice, in some cases RNs are better positioned to work in intensive care, emergency wards, health management and administration, education and research. Nonetheless, it makes little sense for a health region to wait a year or longer to permanently fill a nursing vacancy, when a LPN is already effectively performing the job on a temporary basis. In situations like these it makes sense for all parties – the employer and unions – to review the requirements of the position to determine if an LPN could fill the vacancy on a permanent basis.

### Reduction in workloads

RNs are overworked and burning out from doing work that LPNs are trained to perform. The amount of overtime worked by registered nurses far outstrips that of other health care staff. According to statistics from the Workforce Planning Branch of Saskatchewan Health, the number of overtime hours per full-time equivalent that SUN members worked was 68.49 hours in 2006-07, up from 58.24 hours in 2005-06. By comparison, the overtime hours per FTE for provider groups, which includes LPNs, was 29.58 in 2006-07, up from 25.97 in 2005-06.<sup>14</sup>

Allowing LPNs to work to their full scope of practice would ease workloads for RNs, resulting in lower levels of overtime, stress and additional savings for the health care system.

<sup>14</sup> Workforce Planning Branch, Saskatchewan Health, May 2007.

## Improved morale and health for LPNs

The 2004 SALPN survey found that “most LPNs do not feel valued, fulfilled or supported.” These feelings, however, were much more pronounced among those LPNs who were never allowed to fully utilize their skills. As Table 3 shows, LPNs who reported they were never fully utilized were much more likely to feel demoralized, frustrated at work and to experience stress and anxiety than their counterparts who were frequently fully utilized. Not surprisingly, nearly one-fifth of LPNs who were never fully utilized reported that they did not feel part of the health care team, and 16% even stated that they had lost confidence in their abilities.

**Table 3 – Personal impact of LPN utilization**

	LPNs frequently fully utilized	LPNs never fully utilized
Feel frustrated at work	4.5%	43.3%
Feel demoralized	1.5%	24.8%
Experience stress and anxiety	11.5%	21.3%
Don't feel part of the health care team	2.7%	19.1%
Have lost confidence in abilities	2.7%	16.4%

*Source: SALPN, Report of the 2004 Utilization Survey of Licensed Practical Nurses*

Poor morale among under-utilized LPNs has a number of consequences. For instance, high levels of stress have been linked to a number of health problems including: arthritis and rheumatism, back problems, chronic bronchitis/emphysema, stomach/intestinal ulcers, heart disease, asthma and migraines.<sup>15</sup> The SALPN surveys also found that under-utilized LPNs had higher rates of absenteeism than fully utilized LPNs. In addition to higher absenteeism, prolonged stress can lead to lower productivity and increased extended health and disability plan costs.

Conversely, full utilization of LPN skills would greatly improve the morale of nursing staff, which would have a number of positive spin-off effects, including improved job satisfaction, higher productivity, lower absenteeism, decreased utilization of extended health plans and enhanced retention rates.

## Better patient outcomes

A team approach, rather than a top-down structure, contributes to a healthier work environment and improves the quality of care. Increasing the full utilization of LPN skills would result in greater collaboration of health care providers, which would advance the primary health care model. Better patient outcomes will result.

Hospital patients and long-term care clients are negatively impacted when they have to wait for care from other providers, while properly trained LPNs are prevented from functioning to their maximum ability. For instance, using LPN Operating Room Technicians to their full scope of practice could help alleviate the backlog in operating rooms across the province.

<sup>15</sup> Margot Shields, “Stress, health and the benefit of social support,” *Health Reports*, Vol. 15, No.1, January 2004, Statistics Canada, p. 24.

## BARRIERS TO FULL UTILIZATION

While some improvements have been made in better utilizing LPNs, there is clearly more work that needs to be done. There stills exists a hierarchal workplace culture in many health care facilities that restricts the ability of health care providers to work together to deliver the best care possible.

A December 2003 position paper by the Canadian Practical Nurses Association observed, "To what degree LPNs are allowed to practice in many facilities is based on the nurse managers' philosophy rather than the care needs required and the competencies of available nursing resources. The LPNs role and responsibilities often fluctuate based on this philosophy and the availability of registered nurses."<sup>16</sup> This view is borne out by the 2004 SALPN survey in which 59% of LPN respondents cited the nurse manager as being responsible for deciding whether they could not fully utilize their skills, followed by the RN on shift (34%), administrator (33%) and board policy (32%).<sup>17</sup>

Many LPNs who are members of CUPE feel like they need to fight for their right to do their job, to perform the tasks that they have been trained to do. Others report feeling like they have to continue to prove themselves. In too many health facilities, LPNs still do not receive the respect they deserve.

The inability of LPNs to practise to their full scope raises a fundamental contradiction that the CPNA pointed out in its position paper: "It is not acceptable to regulate a profession and then permit others to arbitrarily restrict the practice of that same regulated health professional. Limiting the practice of nursing professionals to roles that are less than those enabled by educational preparation and regulatory authority wastes precious nursing human resources, at a time when the health care system can ill afford it."<sup>18</sup>

## CONCLUSION AND RECOMMENDATIONS

Despite some modest progress in some health care facilities, LPNs in Saskatchewan remain woefully under-utilized. Using LPNs to their full scope of practice would boost morale, reduce workloads for other providers, improve patient care, and effectively allocate public health care dollars.

As suggested above, moving forward with a firm commitment to full utilization of LPN professional skills would encounter some resistance in the form of turf protection. However, in 2000 the regulatory bodies representing the three nursing groups – the Registered Psychiatric Nurses Association of Saskatchewan, SALPN and the Saskatchewan Registered Nurses' Association - released a joint document entitled "Nursing in Collaborative Environments." The document acknowledged and accepted the existence of overlaps between the scope of practice of the RNs, RPNs and LPNs. It pointed out that the respective regulatory bodies have the responsibility to define their practitioners' scope of practice, but this scope changes over time since the health care system does not operate in a static environment. According to the RPNAS, SALPN and SRNA,

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<sup>16</sup> Canadian Practical Nurses Association, *The Untapped Resource: Implementing Full Scope of Practice for Licensed Practical Nurses*, Position Paper, December 2003, p. 1.

<sup>17</sup> SALPN, p17.

<sup>18</sup> Canadian Practical Nurses Association, p. 1-2.

Today's health care environment requires providers of health services to increase their ability to deliver safe and effective care that is both accessible and affordable. Doing so means ensuring that health human resources in general, and nursing human resources in particular, are used in a collaborative manner that maximizes their utilization and is in keeping with their applicable scope of practice.<sup>19</sup>

The provincial government and health employers would be wise to take such an approach in addressing today's nursing shortage.

Licensed Practical Nurses have a vital contribution to make in the delivery of appropriate and effective nursing services in Saskatchewan. The Government of Saskatchewan, Saskatchewan Association of Health Organizations and health employers need to make a concerted effort to eliminate barriers that prevent LPNs from practising to their full scope in all health care workplaces across the province.

### **Recommendation # 1 - A commitment to ensure full utilization of LPN skills**

As noted above, there has been a modest increase in the full utilization of LPN professional skills in recent years. The current rate of utilization, however, is still unacceptably low. This represents a huge waste of human resources, skills and education.

The Government of Saskatchewan and every health region must publicly support and endorse the optimal utilization of all regulated nursing groups. In particular, the provincial government, SAHO and health employers must work together to ensure the immediate full utilization of LPN professional skills in every health region. Progress towards this goal should be measured with quarterly reports.

### **Recommendation #2 - Examination of current nursing vacancies**

The provincial government and health regions need to carefully examine current nursing vacancies and the nursing care competencies required for those positions to determine the potential of LPNs to meet those nursing service needs. All stakeholders should be prepared to have an open and honest discussion to determine the right nurse for the right job.

Once this examination is completed, the provincial government should require all health regions to regularly report the vacancies for each of the three nursing categories: RNs, RPNs and LPNs. This is the practice followed in Manitoba.

### **Recommendation #3 - Convert more LPN jobs into full-time positions**

Less than half of the LPN workforce (45.6%) in Saskatchewan is employed full-time. In contrast, 55.6% of registered nurses and 78.7% of registered psychiatric nurses in Saskatchewan were employed full-time in 2006. Saskatchewan LPNs have much higher rates of casual employment than their nursing counterparts: 20.5% for LPNs, compared to 11.2% for registered nurses and 5.1% for registered psychiatric nurses.<sup>20</sup>

<sup>19</sup> Registered Psychiatric Nurses Association of Saskatchewan, Saskatchewan Association of Licensed Practical Nurses, Saskatchewan Registered Nurses' Association, *Nursing in Collaborative Environments*, 2000, p. 5.

<sup>20</sup> CIHI, *Highlights from the Regulated Nursing Workforce in Canada, 2006*, p.46.

Many LPNs, the overwhelming majority of whom are women, may actually prefer part-time or casual hours in order to balance work and family responsibilities, such as raising young children or caring for elderly parents. However, a number of LPNs who work on a part-time or casual basis also hold down second jobs. It would be far easier to recruit and retain LPNs if more full-time positions were provided. Manitoba's nursing strategy has set an objective of increasing full-time employment in each nursing category.

The provincial government should work with health regions to increase the percentage of full-time LPN staff to a rate at least comparable to the RN rate.

#### **Recommendation #4 - Develop clear policies for health employers**

At the level of the health region, boards and administrators must develop clear policies for the full utilization of LPN skills in the workplace. Health region CEOs need to take a leadership role in providing direction to managers, who in turn would provide clear policies to nurse managers. All parties must make a real commitment to a collaborative work environment in order to better serve the public.

#### **Recommendation #5 - Educate RNs and RPNs on LPN competencies**

Although the *Licensed Practical Nurses Act* was amended several years ago to give LPNs the autonomy to work to their full scope of practice, data collected through the SALPN survey suggests that nurse managers are the biggest impediment to LPNs fully utilizing their professional skills. In addition to setting clear policies, health regions should ensure that all RNs and RPNs are educated on the full range of competencies held by LPNs.

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Guy/research rep 2006-08/health care/LPN Strategic Plan (Final).Doc