

# BRIEF

Regarding the Utilization  
of Licensed Practical Nurses  
In the  
Saskatchewan Health Care  
System



Submitted by  
The Canadian Union of Public Employees

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CUPE Research

# Introduction

The Canadian Union of Public Employees is the largest union in the province of Saskatchewan with approximately 22,000 members in the health care, municipal, school board, university sectors, as well as Legal Aid, Human Rights Commission and community-based organizations.

We represent health care workers in 18 health districts in acute, long-term and homecare sectors. Our members are in the Health Service Provider bargaining unit established by the Health Labour Relations Reorganization Commissioner, James Dorsey. That unit includes such positions as Licensed Practical Nurses (LPNs), nurses aides, laboratory technicians, clerical positions, laundry and dietary aides, home care aides, special care aides, public health, mental health and many others.

We are presenting this brief to raise awareness of the concerns of our Licensed Practical Nurses (LPNs). LPNs are trained to provide valuable and important nursing service in our health care system yet their skills are greatly underutilized and undervalued. There are also many misconceptions about the role and scope of practice of LPNs. These misconceptions (sometimes perpetuated by inaccurate research) have led to a reluctance – and at times a fear – to fully utilize LPNs in the tasks for which they were trained.

The Canadian Union of Public Employees believes it is important to educate District Health Boards and the provincial government about the training background and professional skills of Licensed Practical Nurses. We are hopeful that once employers and the provincial government understand the valuable role that LPNs can play in the health care system, they will more fully utilize the skills and knowledge of LPNs within the nursing team.

## The Licensed Practical Nurse – A Brief History

Licensed Practical Nurses have provided quality health services in the province for over 50 years. Nursing assistants were first used in Saskatchewan in 1946 in the Swift Current area to meet the nursing shortage created by the Second World war. The training program for nursing assistants was moved to Kelsey Campus shortly afterwards. A second program was established at Wascana Campus in Regina in 1972. It was in the

early 1950s that nursing assistants were given a “certification” examination and became Certified Nursing Assistants within the scope of the *Saskatchewan Registered Nurses Act*.

Certified Nursing Assistants formed their own professional association in 1958 but remained under the regulations of the Saskatchewan Registered Nurses Association and legislation until 1988 when the *Certified Nursing Assistants Act* was passed by the Saskatchewan legislature. In 1993, provincial legislation was amended to change the name of Certified Nursing Assistant to Licensed Practical Nurse (LPN).

## **The Licensed Practical Nurse - Training**

Licensed Practical Nurses (LPNs) are skilled members of a nursing team who provide direct patient care within their scope of practice. The training program for a Licensed Practical Nurse currently runs over an 11-month period but discussions are under way with SIAST to expand the training program to 18 months.

For many years, the first year program for LPNs was the same as the first year training for Registered Nurses (RNs). Registered Nurses completed one more year of training at SIAST for their two year diploma or could complete a four year degree program at the University of Saskatchewan.

According to the Saskatchewan Association of Licensed Practical Nurses (SALPN), 83 percent of Registered Nurses in the province have a two-year diploma.

Licensed Practical Nurses can also receive specialized training beyond their eleven month program at SIAST. An Administration of Medications course has been available at SIAST since 1992 and over 48 percent of LPNs in the province have completed this course, according to SALPN. By the year 2001 it will be mandatory for all LPNs to have completed the Administration of Medications course in order to maintain their full license. A conditional license will be granted to those LPNs who do not have the course.

LPNs can also take a specialized course to become an Operating Room Technician. The pre-requisite for this position is six months experience as an LPN and completion of both the Drug Therapy and OR Technician course at SIAST.

## The Regulatory Body - SALPN

One of the misconceptions that LPNs encounter on a regular basis is the myth that LPNs are not licensed or regulated. There is a mistaken perception among the public and some health professionals that only Registered Nurses or Registered Psychiatric Nurses are licensed and regulated by a professional body.

The Saskatchewan Association of Licensed Practical Nurses (SALPN) is the governing body for Licensed Practical Nurses in the province of Saskatchewan. The powers of SALPN are determined by provincial legislation, *The Licensed Practical Nurses Act*, first passed on September 23, 1988 and amended in 1993 to reflect the name change from Certified Nursing Assistant to Licensed Practical Nurse. SALPN represents approximately 2,100 LPNs in the province.

SALPN is responsible for setting the standards of professional conduct and determining the professional competencies of LPNs in the province. The scope of practice of an LPN is meticulously outlined in documents of SALPN and is based on the educational and skills set developed in the training course for LPNs.

In terms of the independence of LPNs in a health care setting, *the Licensed Practical Nurses Act* defines the practice of a LPN as:

- “...performance of health care services under the direction of a:
- (i) duly qualified medical practitioner;
  - (ii) registered nurse, or,
  - (iii) psychiatric nurse who is registered pursuant to *the Psychiatric Nurses Act*.”

Although LPNs provide nursing care under the direction of a physician or a registered or psychiatric nurse, they are fully responsible for their own professional conduct and safe delivery of care.

A Licensed Practical Nurse must pay an annual fee of \$150 to SAPLN and have worked 900 hours in the previous five years in order to maintain her license as a practicing LPN. LPNs may pay a lesser amount to maintain their status as a non-practicing LPN if they are on disability, maternity or other kinds of leaves.

## **The Under-Utilization of LPNs in Saskatchewan**

One of the major concerns raised by our members who are Licensed Practical Nurses is that employers are not fully utilizing LPNs in the delivery of health services. LPNs have received training in a broad range of skills such as patient assessment, infection control, patient education, palliative care, pre and post natal care, and many other professional competencies. The full range of the professional skills of LPNs is outlined in the SALPN document, *Professional Competencies of the Licensed Practical Nurse*.

In many health care settings, however, LPNs are not using all of their skills for which they were trained because the employer does not assign duties to the full extent of the LPN's scope of practice. In some cases there are employers who have a policy to fully use the skills of LPNs but do not apply their own policy. Additionally, there are many LPNs who work as nurse aides or special care aides or in other positions because employers have cut the number of LPN positions in their facilities.

What is frustrating for many LPNs is the fact that in the past they used to perform many of the tasks that they are not now permitted to do. Such decisions are being made by RN managers who are in a conflict-of-interest position of determining the nursing staff mix to the advantage of RNs and the disadvantage of LPNs.

The under utilization of LPNs raises a number of serious questions. First of all, there is a concern raised by LPNs of the impact of underutilization on their skills competencies. If LPNs are trained to do certain tasks yet are limited to a smaller range of tasks, they may lose their proficiency in certain skills. The administration of medications is a new area within the scope of practice of LPNs, and over 48 percent have training for this, yet employers are reluctant to assign these duties to skilled LPNs.

The under utilization of LPNs is also wasteful from a human resource planning perspective. It makes little sense to use only a few of the skills of a LPN in the delivery of health care when LPNs are trained and capable of providing a broader range of skills

in the workplace. There are many areas of competencies where LPNs and RNs overlap and it would be extremely practical and cost effective to utilize LPNs in the areas of their competencies and assign RNs to those duties where their skills can be best utilized. The Committee on Nursing Skills Requirements in the Saskatchewan Home Care Program, established in 1987, recommended that Registered Psychiatric Nurses and LPNs had the "knowledge and skills appropriate to perform some services now performed by Registered Nurses and other home care personnel". Although home care policies were revised to reflect this recommendation, LPNs are still not fully utilized in the delivery of health services in home care.

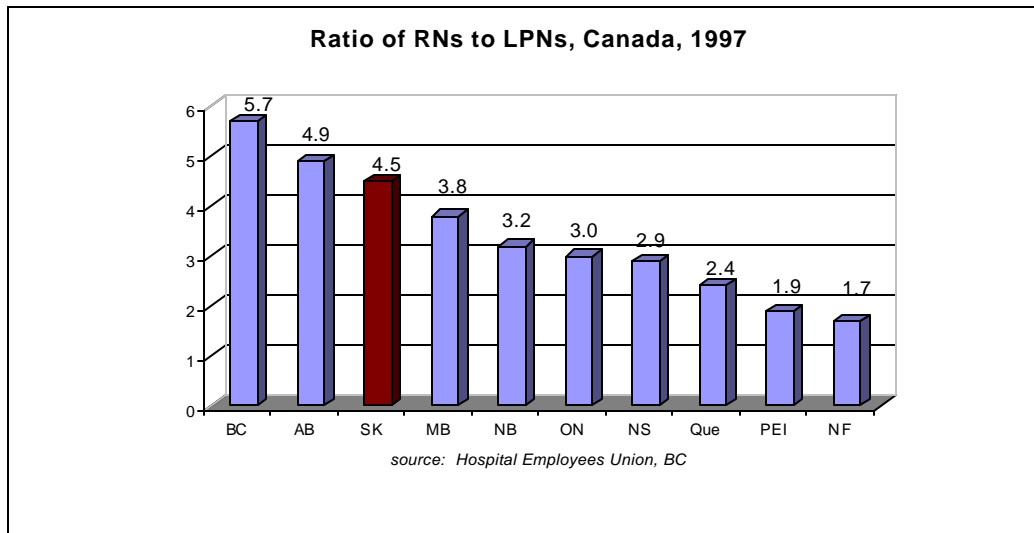
The other concern for LPNs is that the ratio of LPNs to RNs has weakened over the last number of years. According to the Saskatchewan Health Employer Survey produced by Saskatchewan Health, the number of RNs (FTEs) per 1,000 population increased from 3.7 to 5.4 and the number of Special Care Aides per 1,000 population increased from 2.4 to 2.6 between 1994 and 1997. The number of LPNs only increased slightly from 0.9 to 1.0 LPNs per 1,000 population in the same period.

The utilization of LPNs varies from health district to health district. The Lloydminster Health District had the highest number of LPNs employed, according to the Saskatchewan Health Employer Survey. In 1997 there were 2.9 LPNs per 1,000 population in that health district compared to the South East Health District which reported a total of 0.3 Full-Time Equivalentents in the district (registering 0.0 LPNs per 1,000 population).

There is an urgent need to address the under utilization of LPNs in the province of Saskatchewan and begin to fully use these skilled professionals in the areas of their competencies.

## **Provincial Comparisons**

The utilization of Licensed Practical Nurses or Registered Practical Nurses, as they are referred to in Ontario, varies significantly between provinces. The lowest ratio of RNs to LPNs is in Newfoundland where, in 1997, there were 1.7 RNs for every LPN practicing in the province. Second lowest ratio was in Prince Edward Island where the ratio was 1.9 RNs for every Licensed Nursing Assistant.



The highest ratio of RNs to LPNs is in British Columbia where there are 5.7 RNs for every LPN. Alberta had the second highest ratio with 4.9 RNs for every LPN in the province. Saskatchewan followed close behind Alberta with 4.5 RNs for every LPN. With the recent commitment from the provincial government to increase the number of RNs, we expect that this ratio will increase even more.

### **New Brunswick**

There appears to be a trend in other provinces to move toward increased use of LPNs in health care delivery. In New Brunswick the ratio of RNs to LPNs dropped from 4.7 in 1995 to 3.2 in 1997 – a 32 per cent decrease in two years. The decrease was not the result of fewer RNs but an increase in LPN positions. In that province, the ministry of health implemented a nursing staff ratio of 40 per cent care aide, 40 per cent practical nurses and 20 per cent Registered Nurse. Rather than laying off care aides, the government provided financial assistance to care aides to complete one year of training to become LPNs. RNs were freed up to do long term planning and support for residents and their families. (HEU, *In the Family of Nursing*, 1997, p5-6)

### **British Columbia**

In April of this year the British Columbia government announced a \$5 million initiative to increase the number of LPNs in the health care system. The new funding

will be used to convert 218 care aide positions to LPN positions, create 74 new care aide positions, provide training at the regional level and complete research on LPN and care aide utilization. An additional \$5 million is committed for next year. (HEU news release, April 16, 1999)

The funding for increased LPN and care aide positions will focus on long-term care to address the increased acuity of residents and workload of staff in that sector. The research on nursing team utilization will be overseen by the joint employer-union committee on LPN and Care Aide Utilization established by the last round of collective bargaining in the facilities sector. The Hospital Employees' Union expects that the research will lay the groundwork for improved LPN and care aide utilization in the acute care sector.

## **The Need for Research**

One of the key elements of the British Columbia nursing team initiative is the allocation of \$200,000 for province-specific research on the utilization of LPNs and Care Aides in B.C facilities. The research will conduct case studies of best practice models and implementation factors and examine the utilization trends and experiences of other provinces.

The research in B.C. will fill an important gap in information on nurse staffing mix in Canada. There is very little Canadian-based research that examines nursing staff mix models and their impact on quality of care. Professional associations and unions representing RNs have instead turned to research from the United States to argue that the move away from an all-RN model will jeopardize patient care. But a group of researchers recently concluded that it is not appropriate to make generalizations about the nursing staff mix in the United States and apply it to Canada.

Several years ago the Hospital Employees' Union commissioned the Centre for Health Studies at York University to conduct a systematic review of literature on the impact of nurse staffing levels and mix on the quality and cost of care.

The main conclusion of the six researchers who conducted the literature review was that there is a paucity of research applicable to Canadian LPNs and that the majority of research on this issue is based on United States examples. The researchers looked at

three main factors in the literature review: mortality, quality and cost. Their conclusions were:

- **mortality:** although there are some studies from the U.S. that reveal lower mortality rates with an increase in the number and mix of RNs, the research does not capture all factors contributing to mortality. One important factor not captured is staff level versus staff mix.
- **quality:** the literature review concluded that the research measuring quality of care is even less clear than the data on mortality. Some research indicates no change, others showed a decline and some research indicated a slight improvement in quality. Thus the York researchers concluded that there is no clear picture of the impact of shifts in nurse staffing on quality of care.
- **cost:** the review also determined that the mixed findings on the cost-effectiveness of different nursing mix models made it difficult to come to any general conclusions. Many of the studies examined were limited in the measures of costs used in the analysis and in the length of time in which the cost-effectiveness was assessed.

The York University researchers stated that it is not appropriate to draw conclusions from the U.S. studies unless other important factors are considered including overall staffing levels, the training and competencies of non-RN staff, work process and setting.

Considering the inconclusive studies from the United States and the absence of primary research in Canada, there is a strong need to conduct research to assess the appropriate staff mix in health care facilities. The nursing staff mix not only varies from province to province, it also differs between acute, long-term and home care sectors and by health district. What may be an appropriate staff mix in acute care may not be the best staff mix in a long-term care setting. A comprehensive study of staff mix models in the various health care settings must be undertaken before any conclusions can be made about what kind of nursing staff mix is the best for safe and quality patient care.

## Conclusions and Recommendations

Licensed Practical Nurses are under utilized in the Saskatchewan health care system. We need more LPNs working as part of the health care team and we need to permit LPNs to fully use their skills to the maximum of their professional competency.

There are a number of recommendations that we would like to make with respect to the utilization of LPNs in Saskatchewan.

- **Increase the number of LPNs in the province**

Changing acuity in the acute, long-term and home care sectors requires the deployment of more skilled and professional staff. One argument put forward is that greater acuity of patients requires an only RN staff. We believe that LPNs should play a greater role in the nursing team, using their professional competencies to complement RN skills.

Simply put, we need to employ more LPNs. Saskatchewan could follow the lead of New Brunswick and British Columbia and provide training funds to assist special care aides to upgrade to LPNs. There are many LPNs who are currently working as aides but who want positions as LPNs. The approach in these two provinces was not to increase the number of LPNs as a way of cutting RN positions. Instead, the strategy was to maintain RN positions and upgrade the skills of aides to LPNs so that there would be a higher level of skills in the health care system.

- **Improve the Utilization of LPN skills**

There needs to be a concerted effort on the part of all health districts and other health care employers to review the professional competencies of the Licensed Practical Nurse and to assess to what extent the full range of skills are being utilized. If LPN skills are not utilized to their full extent, a strategy to improve skills utilization should be developed.

In the Regina Health District, a committee was established to develop a document that outlines the scope of practice of the Licensed Practical Nurse.

The purpose of this document “is to facilitate the maximum utilization of LPN skills within the Regina Health District.” We view this policy document as an important first step in recognizing the skills of LPNs and the importance of fully using those skills in the delivery of health care services.

We encourage all health districts to undergo a similar process and begin to fully utilize the skills and abilities of LPNs within their scope of practice.

- **Involve LPNs in Staff Mix Decisions**

It is critical that LPNs and other health providers have a role in determining the nursing staff mix and levels in health care facilities. We believe that it is inappropriate to allow one professional group the exclusive right to determine appropriate staff mix and level.

The goal of all members of the nursing team must be to improve the staffing mix and level. In the Saskatchewan Union of Nurses magazine Spectrum, this point was eloquently made:

*“Rather than quarreling about scope of practice in an understaffed agency, patients as well as each health provider group will be better served by fighting for better staffing, which means an appropriate staff mix. Safe staffing will also produce more employment than turf protection. Organizations that represent registered nurses, registered psychiatric nurses and licensed practical nurses can work together to insist that nursing duties be performed by licensed personnel, assisted by appropriate support staff.”*

- Spectrum, January 1998, p40

One of the goals of health reform was to improve co-ordination and delivery of health services. This goal will never be achieved until the skills and voice of LPNs are recognized.

- **Research on LPN utilization**

As outlined earlier in our brief, there is an urgent need for research and analysis on the utilization of LPNs and the appropriate nurse staff mix and level that ensures quality of patient care.

The Minister of Health could request the Health Services Utilization and Research Commission (HSURC) to conduct this research. The research on LPN and care aide utilization in B.C. is the responsibility of a joint employer-union committee in which the Hospital Employees' Union is playing a major role in its design and methodology. If HSURC were to conduct research on LPN utilization, we would request that CUPE have a role in developing the framework of the research.

Although we believe that research is important, we urge the government and health employers to begin the process of improved LPN utilization without delay. From a purely practical point of view, it is in the best interests of any health care employer to fully utilize the skills of all its employees. It would be extremely valuable for health employers to document how LPNs are being utilized in their workplace so that a provincial overview could be developed.

- **Reclassification/Salary Review**

Licensed Practical Nurses need to be reclassified immediately. The wage rates of LPNs have declined dramatically over the years and must be corrected.

The skills, abilities and training of LPNs are significantly greater than that of special care aides yet LPNs earn just over a dollar an hour more than an aide.

LPNs need to be paid at a wage rate commensurate with their professional training and skills set.

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