



Facing Forward:
**Current and Future
Health Care Trends and Issues
and the
Implications for Canada's
Practical Nurses**

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...and the countless practical nurses who regularly contact our national and provincial associations and organizations to voice their concerns and share their perspectives about Canada's health care system.

*throughout this report the title LPN or Licensed practical nurse is used, for simplicity, as the title for this nursing category. The title LPN is the official title in the following provinces/territories: YK, BC, AB, MB, SK, NS, NF, and soon PEI. Other titles include RPN (ON), RNA (NB, QC), CNA (NWT)

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INTRODUCTION

The Canadian Practical Nurses Association (CPNA) has prepared this document to inform governments, health care organizations and individuals about the current and future trends and issues facing the profession of practical nursing. As the second largest regulated health care provider group in Canada, trends and issues that affect practical nurses also affect the health care system and, most importantly, health care consumers.

CPNA encourages all practical nurses to appreciate the unique opportunity they have in preserving the person to person contact in health care delivery.

Canada's practical nurses have dedicated more than half a century to health care services to the public. The mission of the Canadian Practical Nurses Association is "to promote safe, competent, holistic nursing care". For nearly 25 years, the Association has strived to assist practical nurses across the country to provide this quality care. CPNA encourages all practical nurses to appreciate the unique opportunity they have in preserving the person to person contact in health care delivery. Practical nurses will continue to be important members of the health care team for years to come.

To learn more about the trends and issues facing practical nurses across the country and the perceptions of practical nursing groups about general health care trends and policy issues, a survey was distributed nationally to practical nurse registrars, practical nurse associations and selected practitioners and educators. Eight jurisdictions responded. Additional information was gathered from jurisdictional reports provided to the Practical Nurse Registrar's Conference, held September 1999 in Edmonton, Alberta and to the Canadian Practical Nurses Association Annual Meeting, held May 1999, in Vancouver, BC.

Specifically, CPNA sought to learn the practical nurse perspective regarding the following key focus questions:

1. What do you (or your organization) foresee will be the most pressing health care trends/issues for Canadians over the next 5 years?
2. What do you (or your organization) believe will be the most important health policy requirements from governments (federal/provincial/territorial) in the next 5 years?

3. What current and future trends/issues can you (or your organization) identify as significant for all health care providers?
4. What current and future profession-specific trends/issues can you (or your organization) identify for Practical Nurses?

The analysis of the responses to these focus questions provides the content of this document. The Canadian Practical Nurses Association welcomes this opportunity to share these perspectives with you.

HEALTH TRENDS FOR CANADIANS

Over the next five years and beyond, Canadians will face new challenges presented by current and emerging health care trends. Practical nurses and others identify rising health care costs, changing technology, an aging population, health reform initiatives, funding and issues pertaining to access to services as some of the forces that will continue to transform our health care system.

Rising Health Care Costs

The recently released Second Report on the Health of Canadians "Toward a Healthy Future" notes that in 1997 Canada spent \$2,339 per capita (source: OECD Health Data 1998, US \$ adjusted for cost of living) on health care or 9.3% of GDP. The average annual rate of growth in health care expenditures has decreased dramatically since 1975, from 11.1% to 1.2% of GDP yearly¹. Despite this decrease, current growth coupled with the costs of emerging technology and the needs of our aging population will continue to situate health care as one of our society's most predominate funding priorities.

Emerging Technology

Not only does each new technological advancement carry with it a price tag, which includes associated costs such as staff training, but also these advancements ultimately change health care delivery as we know it. Not so long ago the patient undergoing cataract removal and lens implantation was hospitalized for days, if not weeks; bed-ridden with sand bags carefully placed on either side of their head and a firm admonishment to "lie still". Now, this same procedure is day surgery, with the cost of after care, such as the visiting nurse to instill eye drops, transferred to a different funding stream. Patient Controlled Analgesia (PCA), TeleMedicine, computerized patient charts, and countless other innovations have altered the way health providers organize their work and changed the role that consumers play in the system. Information systems and the easy access of the Internet - Prime Minister Chretien recently announced 6000 new community access sites in urban and rural Canada² - have created an entirely new breed of health care consumer. Informed and no longer passive, Canadians are actively participating in their health care and steering themselves along the path to recovery or, indeed, to a dignified death.

Aging population

"I am forever revising my definition of old upwards. Not only is this because of my own advancing age it is because of the active lifestyles I see my older patients enjoying"

***Ontario
Registered
Practical Nurse***

Much has been written about the aging of the Canadian population. In 1996, 12% of the population was 65 or older. This is expected to double by 2041 to approximately 10 million people or 22-25% of the future population³. Numerous reports document the numbers of "baby boomers" expected to retire in the near future. Overall increased life expectancy is applauded as a success indicator reflecting the state of health of Canadians. Janice Nicholson, Professor of Health Administration, York University succinctly identifies that the pressing "concern over the increase in the proportion of elderly really relates to two factors: the increase in the non-productive proportion of the population which has to be supported by the employed; and the increase in the prevalence of chronic disease conditions in the population."⁴ National Population Health surveys completed in 1993-94 documented that 81% of Canadians over 65 and living at home self reported at least one chronic condition (i.e. arthritis, cancer, diabetes, heart problems or hypertension).⁵ Clearly this information foreshadows an increased demand for health care services driven in a large part by this sector of the population.

Health Reform Initiatives

That "the effects of hospital restructuring on patients, health care providers and costs are still largely unknown" is a conclusion reached by W. Down and C. Mallette at the Nursing, Utilization and Outcomes Research Unit, McMaster University and the University of Toronto⁶. A host of anecdotes and media reports suggest that the system is under stress. Patients report long waits and rushed attention from caregivers. Nurses of all categories consistently report being asked to do more with less: less staff, fewer supplies, more acutely ill patients. Nurses, especially Licensed Practical Nurses, also have issues related to the manner in which decisions are made: restructuring strategies which are developed in isolation of all stakeholders, which are developed to address funding short falls rather than consumer needs and long term planning. Licensed Practical Nurses and other nurses have suffered the greatest disruption as a result of restructuring initiatives, simply because nursing makes up the largest regulated health care provider group in Canada. From 1990 to 1996 alone, 15,000 nursing positions were eliminated in Canadian Hospitals. Downsizing and decentralization of many provincial health care systems have

contributed significantly to the influx of a greater number of more acutely ill clients into homecare programs. Thus provincial home care expenditures grew at approximately 11 percent per annum in recent years⁷. It is well documented that families provide a considerable amount of home care. This, coupled with an increase in household out-of pocket health care expenditures averaging between two to three percent annually⁸, creates an emerging picture of individual Canadians assuming an increasing share of both the care and the cost of that care for their loved ones; an alarming trend. In order to maintain quality care within the context of fiscal restraint, collaboration among all levels of health care providers is necessary. To ensure that all views are considered, Licensed Practical Nurses must be involved in the decision-making process related restructuring or reforming of nursing services at both the government policy and institutional level.

Funding

"Without money, nothing else matters" was a frank comment received on one of our survey responses. Certainly, various levels of government can agree that there is a pressing need to provide sustainable funding for health care now and into the future. In his July 1999 letter to the Canadian Practical Nurses Association, Health Minister Allan Rock spoke of the 1999 federal budget, which provided \$11.5 billion to the provinces to address their immediate health care priorities and needs. He noted that the Budget designated another \$1.4 billion to strengthening of health research and other programs. He stated

"This investment is only a beginning. All levels of government and the health care community are working together to revitalize the health care system as a whole, and to ensure quality care for all Canadians."

The Canadian Practical Nurses Association, is a member of the Health Action Lobby (HEAL), and supports the coalition's current recommendations including those pertaining to long-term and sustainable funding, an increase in federal cash for health care and an appropriate index to be applied to the cash entitlement allocated to health care⁹. This describes the needed "top down" perspective that funding discussions must include. When viewed from the ground up, the funding issue emerges as various issues related to access to services.

Access to services

Issues around access to services are varied and complex. The shift from hospital to community-based care has raised many eyebrows as Canadians wonder where they find the services they need while caring for themselves or their loved ones at home. Respite care for family caregivers, health and wellness promotion strategies and a host of other needs are emerging as Canadians cope with the changing health care system. Of great concern is access to appropriate caregivers. Looming nursing shortages and shortages of other health care providers, which are in fact already occurring in several jurisdictions, are contributing to this alarm. Cost cutting strategies have, in many cases, resulted in the replacement of some regulated staff with less costly unregulated care providers. In other instances, Canadians are prevented from receiving the full range of care from their care providers, such as LPNs. The Manitoba Nursing Professions Advisory Council (MNPAC), points out in its 1997 report "Shared Values & Recommendations Related to Nursing Resource Planning" that

“complete utilization of the LPN’s knowledge, skills and abilities has been limited in many settings for a variety of reasons but primarily due to the philosophy of management”.

and

“the limits and boundaries around the practice of the various categories of nursing personnel often seem to shift or change according to factors other than competencies.”

Arbitrary and unfounded restrictions to the practice of LPNs and others that prevent them from practicing to their full scope of practice and in accordance with their educational preparation contribute to access to service problems. When Canadians are forced to wait for care from other providers, while appropriately prepared practitioners practice below capacity, this adds unnecessary cost to the system and creates frustration and dissatisfaction within the profession. It is important to both the overall cost and efficiency of the health care system that employing agencies and governments support and utilize all nursing professions to their maximum potential within their scopes of practice.

Nursing at all categories are capable of contributing more than they currently do in the delivery of health care and are a major untapped resource within the system. A cost effective approach to care delivery, which maintains quality, can be achieved by recognizing the potential of Licensed Practical Nurses and Registered Nurses.

"What I believe we must strive for is a people-centred system in the truest sense, one that ensures the right care by the right provider at the right time in the right place at reasonable cost."

***Health Minister
Allan Rock,
speech to
Canadian Medical
Association
September 7,
1998***

An overall view of the services and providers required by Canadians in the near and distant future is needed. HEAL, in their recent pre-budget brief, recommended

"That the federal government work cooperatively to develop a strategic vision for a seamless continuum of health care services that responds to the current and emerging health needs of Canadians; and that the federal government work collaboratively with health stakeholders, non-governmental organizations and the public to develop an implementation plan for this vision"

and

"That the federal government work with stakeholders to articulate a long-term integrated human resource plan for all health care providers"¹⁰.

Clearly, these are important first steps essential for successfully eliminating access to service concerns.

HEALTH POLICY CONSIDERATIONS

Central to a health care system that works well and is responsive to the needs of those it is intended to serve are the policies upon which the whole system rests. Undeniably, there will be as many different policy interpretations as there are people in the system. The challenge to policy makers is to hear all the views and meld them into a plan that produces the best possible outcomes for all Canadians.

Part of the process includes seeking consultation from various stakeholders about policy issues. It is during this process that practical nurses often miss the opportunity to participate in high level discussion about Canada's health care system. There currently exists no formal mechanism for practical nurses to exchange views with Health Canada and the federal Health Minister. Consider that nearly one-quarter of all nurses are licensed practical nurses, and that the perspective of practical nursing is unique within nursing. As a profession geared to the direct care of Canadians in all walks of life, this perspective must be brought to the table in all discussions about health care and, especially, nursing. A formal mechanism needs to be established to ensure that the view of the LPN is present at both Federal and Provincial government levels.

This said, it is very compelling when different health care providers reach similar conclusions about policy directions. Although a practical nurse's approach to the issues differs from other health care providers and indeed other nurses, such as registered nurses and registered psychiatric nurses, there is no denying that effective national health policy demands certain components.

Respondents to our survey identified the following 6 key policy considerations:

1. National health policy must uphold the principles of the Canada Health Act and extend these principles to community care. CPNA fully supports the five fundamental principles in Canada's Medicare:
 - Universality
 - Comprehensiveness
 - Portability
 - Public funding and administration
 - Accessibility

CPNA believes Medicare must be reviewed and enhanced, but its principles must be upheld. CPNA fully supports our Medicare and encourages its membership to promote positive change in Canada's health system.¹¹

2. National health policy must consider the needs that Canadians themselves identify. Canadians want the ear of their government; they need to know they have been heard. They also need to know that their information is secure and that rapid advances in information technology don't preclude their basic right to confidentiality pertaining to health information.
3. Funding mechanisms, while striving to contain costs, must address current and future needs and be flexible enough to address broad determinants of health, emerging roles (such as expanded role nurses, LPN and RN) and technology.
4. Legislation and regulation must be enabling and provide guidance to the professions to achieve important advances, such as labour mobility (AIT). Current and future practice issues need to be considered, such as the increased community focus for LPNs. Ministry education standards must support new professional competencies and roles and ensure sufficient program seats to address the need for practical nurses and others to meet the public demand. And professionals must be able to practice as educated and according to scope of practice; artificial limitations on practice must be eliminated. "Barriers to efficient and effective practice lead to an inefficient health care delivery system"¹².
5. Health Human Resource (HHR) planning must consider the roles played by all health care professionals and maximize the skills and scope of practice of each. Nursing service settings, which recognize and utilize the education and expertise of all nursing categories to ensure positive patient outcomes must be promoted. Planning must include processes that are inclusive and transparent to ensure that necessary consultation is achieved. It is simply not acceptable to presume that one professional group can speak for another; each bring a unique and necessary viewpoint to the discussions.

6. Continued support for health research is a priority. It is particularly important to focus on under-examined areas. Practical nurses identify significant gaps in information about their profession, as little research exists about this provider group.

THE ISSUES AND THE IMPLICATIONS FOR LPNs

Licensed practical nurses share many issues in common with all health providers. Each provider group takes pains to express the issues that will impact on their practice and in turn on their care of Canadians. Where similarities exist across the professions, compelling conclusions can be drawn. Likewise, the differences between the issues that impact the professions deserve close scrutiny. What works for one provider group but gets in the way of effective practice for another is worth noting.

Table 1 summarizes the issues that will impact on the practice of practical nurses (PNs) in the near and more distant future. This initial step of identifying the issues provides necessary information that will aid in the development of measures (i.e. recruitment and retention strategies) to support practical nurses in the provision of quality care to Canadians.

Table 1: Health Care Issues and the Implications for LPNs

Issue	Implications for LPNs
<p><i>Under-utilization</i></p>	<p>One of the major issues impacting on the profession of licensed practical nursing is the artificial barriers to practice. This occurs when trained nurses (LPNs) are restricted from giving the care they were educated to provide to the health consumers of Canada. LPNs in many facilities are prevented from working to their optimal potential. In broad terms, to what degree an LPN is permitted to practice within their educational scope is dependent upon the philosophy and viewpoint of the employer. In some facilities, LPN job descriptions have been reduced so drastically they prevent LPNs from being effective caregivers, which is frustrating to the practitioner and is certainly not cost-effective¹³.</p> <p>The National Nursing Competency Project (NNCP) (June 1997) identified 304 competencies required for entry-level practitioners by at least one nursing group (LPN, RN, and RPN) in 2001. LPNs reported that 72.4% of these competencies would be required by entry-level LPNs in 2001. Of the total number of competencies required 68.8% were shared by all three categories of nurses¹⁴.</p> <p>The Chaudiere-Appalaches Regional Health Authority, Quebec (1997-1998) conducted a 5-site pilot project on the use of practical nurses in homecare. The major findings were: the majority of clients in the home care program can be seen by practical nurses (60%); except for the usual orientation no special program of education is needed since the care activities performed by LPNs in home care are part of their general scope of activities; patient satisfaction for services rendered by LPNs is equal or superior to the satisfaction for services rendered by RNs¹⁵.</p> <p>All provinces and territories in Canada have LPNs. They receive theoretical and clinical education in one to two year post-secondary or upper secondary programs, and are qualified to provide competent professional nursing care. LPNs are professionals with a defined scope of practice, and are regulated through legislation in each province/territory. The obvious conclusion is that health professionals should be able to practice to the full extent of their scope of practice. CPNA believes that the current practice of under-utilization of LPNs directly impacts on the system's cost efficiency. Facility boards and ministries of health should challenge administrators on the current practice of under-utilizing LPNs</p>
<p><i>Desire for collaborative interdisciplinary focus of care delivery</i></p>	<p>The NNCP describes a vision of health and nursing in 2001 that includes the view that "In 2001, all nursing groups have expanded their roles and recognize when their competencies overlap within the discipline and with other health care providers. This recognition is significant, because working with clients often includes working with intradisciplinary and interdisciplinary teams. Intradisciplinary and interdisciplinary teamwork is collaborative and is based on the values of respect, equality, autonomy and honesty."¹⁶</p> <p>In May 1999, the CPNA Board discussed appropriate ends for the organization and identified that the achievement of a collaborative interdisciplinary focus for practical nurse practice was a priority. Simply put, the best way to provide effective health care for Canadians is to involve the client in a process that draws on all of the available resources, working cooperatively toward the common outcome of quality care.</p>

<p><i>Changing roles and responsibilities</i></p>	<p>A higher level of competencies will be required when an LPN enters practice in the next few years. A higher autonomy in the performance of these competencies is also predicted for LPNs. Since Licensed Practical Nursing is a profession that is complementary to other health care disciplines and which shares functions with other professions, changes in the LPN role may impact on the composition of the health care team overall. LPNs will need to develop their leadership skills to assume new roles, and indeed continuing education programs are springing up across the country to address this need.</p>
<p><i>Continuing competency programs</i></p>	<p>There will be increasing pressure from the public and governments for health professionals, including LPNs, to demonstrate that they are continually improving individual competence. Continuing competency programs initiated by regulatory authorities will guide LPNs and others to develop plans to incorporate life-long learning opportunities into their practice. These will, in turn, result in practitioners that simply keep getting better, and future health care professionals will be something to behold.</p>
<p><i>Recognition of advanced specialty practice</i></p>	<p>With continuing competency programs, it will naturally follow that some LPNs will choose to specialize in particular areas. It will be important for employers and the public to recognize professionals who demonstrate advanced specialty practice. This will reinforce life long learning philosophies and ensure that highly trained practitioners are readily available in any given clinical setting.</p>
<p><i>Fostering professional identity</i></p>	<p>A clear professional identity and accurate information about health professionals must be relayed to the public and to governments. Some of this responsibility lies with the professions to ensure that scope of practice information and standards of practice are readily available. However, some of this responsibility lies with those in public or political forums speaking to issues regarding various health care professionals.</p> <p>Misunderstanding about who they are and what they do has been detrimental to the licensed practical nurse. Much damage was done to the profession when a 1997 Market Place program portrayed LPNs as unqualified and equated LPNs with unregulated health care providers. Incorrect information on National Occupation Classification Sheets has driven the impression that the profession is little more than technical health care workers. Recently, CPNA has been working closely with the HRDC department responsible for occupation classification information to identify and correct inaccurate information.</p> <p>In fairness, information about LPNs is not particularly abundant. There is currently no substantial national data collected about the LPN profession. The Canadian Institute of Health Information has identified the LPN group as a priority for upcoming data collection projects.</p> <p>The information that is available is legislation. LPNs are regulated health professionals in all jurisdictions. As the second largest regulated provider group in Canada, it is imperative that the federal/provincial/territorial governments understand the role and scope of the LPN profession. The public must receive accurate messages about the profession. This happens when governments include LPNs in health care discussions and value the role of this dedicated provider. Consultation about health care needs to include LPNs on a consistent basis, because, after all, if policy makers want to know about LPNs, and they should, then they need to ask one.</p>

<p>Shortages of providers</p>	<p>Curiously, in a time when many practical nurses report being unable to find full-time work, there is talk of present and future shortages. In some provinces, Alberta, Saskatchewan, British Columbia and New Brunswick for example, the current demand for practical nurses exceed the supply. Some of our member provinces report that the shortage of LPNs is their most pressing problem for the future. The Saskatchewan Association of Licensed Practical Nurses reports "employers are constantly contacting our office for a source of LPNs". The average age of LPNs is approximately 45 yrs, while the average age of LPN students is 29.5 yrs. Combined with a higher proportion of LPN retirees than new graduates, the depletion of LPNs in this manner will contribute to practical nursing shortages now and in the future.</p> <p>Shortages of other providers, such as RNs, will also impact on LPNs, as employers turn to them to provide needed nursing services.</p>
<p>Shift to community focused care</p>	<p>It is anticipated that the community will represent one of the largest areas of practice for practical nurses in coming years. Already, many LPN basic programs incorporate content relevant to this care setting. Continuing education already exists and likely will undergo ongoing enhancement as practical nurses seek the skills they need to provide quality nursing services to clients in the community.</p>
<p>Emerging technology</p>	<p>Technological advancements will dictate continuing education requirements for licensed practical nurses, as with other health care providers. LPNs will face the special challenge of preserving the human dimension of care in the face of increasing automation. All health care providers will need to be prepared to respond to a better informed public about issues and care requirement impacting on their health.</p>
<p>Casualization</p>	<p>The lack of permanent full-time opportunities for LPNs will continue to impact the profession. Discouraged casual workers will leave the profession. Other will take on too many positions in order to piece together some semblance of a career. New graduates who do not secure regular work will be slower to hone their skills, despite the fact that they are graduating with more skills than ever. The result for consumers will be a disjointed care experience, with many new faces participating in their treatment and a need to constantly orient new providers to their own special care requirements.</p>
<p>Recruitment and retention</p>	<p>Short sighted policy decisions and federal and provincial budget cuts have produced an increasingly harsh work environment for nurses. While attempting to reducing spending, some employers have removed some of the very components that contribute to quality practice environments and make nursing a viable career choice. Some LPNs have been stripped of their professional designation and required to work as unregulated care providers, in order to reduce the organization's payroll expenditures. In-house education departments in many facilities have been disbanded and educators and clinical resource specialists are increasingly scarce; the cost of their salaries thus saved. Employers may save dollars through these kinds of measures but at what other costs. These scenarios and previously described phenomenon, such as under-utilization, shortages of providers and casualization will continue to have significant impact on LPN recruitment and retention. Without supportive workplaces that enhance professional practice and provide stable employment, all areas of the nursing profession will continue to have difficulty attracting newcomers.</p>

<p><i>Aging population</i></p>	<p>It is well documented that the aging of the Canadian population will shift the health care system focus in the next few years. LPNs currently play a considerable role in the care of the elderly. It is anticipated that this will continue to be a major focus of practice for LPNs and an opportunity to attain advance specialty practice recognition, as previously discussed.</p>
<p><i>Increased use of unregulated care providers</i></p>	<p>CPNA strongly supports the appropriate use of health care human resources. It believes that unregulated health care workers have a legitimate role to play in the health care system. They can perform a variety of personal care services, freeing up practical nurses, registered nurses, and registered psychiatric nurses to be utilized more effectively in the provision of nursing services. Personal care services provided by unregulated health care workers must be non-invasive, that is, not going beyond the surface of the skin. Invasive procedures should be restricted to being performed by practical nurses, registered nurses and registered psychiatric nurses.</p> <p>While recognizing a role for the unregulated health care worker, CPNA is opposed to the increased, unrestricted utilization of unregulated health care workers at all levels of the health care system. CPNA believes there are two critical issues associated with increased utilization of unregulated health care workers. These are: public safety and delegation/supervision.</p> <p>CPNA is concerned that client safety can be compromised by the increased substitution of unregulated health care workers for nurses. Its concern has been substantiated by recent research studies carried out to examine substitution of nurses with unregulated health care workers. These studies suggest that improper utilization of unregulated health care workers do pose a risk to the public. Such research also suggests that substitution may not be cost-effective, due to unregulated health care workers requiring increased supervisory time, their increased absenteeism and high turnover rates (Manuel and Alster, 1994, Harrison Powers, Dickey, and Fort, 1990, Barter, McLaughlin and Thomas, 1994). Client confusion regarding the title and the inability to assess the appropriate care in some cases may put the client at risk when determining the appropriate caregiver.</p> <p>CPNA recognizes that regulated nurses are responsible for the appropriate delegation of nursing services. In the interest of client safety and well being, unregulated health care workers must be directly supervised by nurses, whether they be registered nurses, practical nurses or registered psychiatric nurses.</p> <p>The provincial and territorial governments must be publicly accountable for decisions that affect public safety. Governments, working together with professional associations, employers, the public, other stakeholders, and practical nurses must develop guidelines for the role and supervision of unregulated health care workers. The continued growth in utilization of unregulated health care workers by health care employers increasingly puts the public at risk and must not be allowed to continue.¹⁷</p>

**Continued support
for Research**

Government initiatives, such as this year's announcement of a \$25 million NURSE fund supporting nursing research, are important steps toward ensuring that health care decisions are based on sound information. Information sharing initiatives, such as the work of the Advisory Committee on Health Infostructure, are key to providing broadly available health information. LPNs will play an increased role in research in the future as granting organizations, such as the CHSRF, provide funding opportunities to those outside traditional research centers.

CONCLUSION

A review of the trends and issues sets the stage for continued discussions. What this document does is present the perspectives of licensed practical nurses as they pertain to issues that perplex many health care providers. What it does not do is suggest that licensed practical nurses have all the answers. True the very definition of collaboration, the search for the answers requires input from many sources. Licensed practical nurses strongly support ongoing discussions with federal/provincial/territorial governments and colleagues across the health care professions, in order to ensure a health care system that best meets the need of Canadians.

In conclusion, health trends, regardless of which professional group makes the observation, are clear and well supported. The trends dictate the priorities for health policy, now and in the future. Health policy development must incorporate several fundamental principles, such as responsiveness, inclusiveness, transparency, sustainable funding and broad health human resource strategies that recognize the wealth of health care providers that Canadians are fortunate to call their own.

The issues of relevance to various health care providers are similar in many instances. What differs is the impact of the issues on each unique professional group. Government must ensure that consultation about issues and health system strategy development draws on the expertise of all health providers, to effectively capture the richness of these perspectives.

It is particularly important that health care colleagues throughout the health care system and the various governments that fund this fundamental component of Canadian life recognize and value licensed practical nurses and all members of the health care team. Without a doubt, the success of any system depends on the contributions of all of the component parts.

"We have always been, and continue to be, the hands-on specialists, treating our clients as complex humans, not "cases" with parts to be treated. We do need to learn more about technology, but we need to hold firm to the art of nursing, to provide that human bond which heals both the spirit and body"

***C. Herbert,
Licensed Practical
Nurse,
British Columbia***

NOTES

- ¹ "Toward a Healthy Future: Second Report on the Health of Canadians," Federal, Provincial and Territorial Advisory Committee on Population Health, Charlottetown, PEI., 1999.
- ² The Honourable Jean Chretien, "Response to the Speech from the Throne," October 13, 1999
- ³ "Toward a Healthy Future: Second Report on the Health of Canadians," Charlottetown, PEI., 1999.
- ⁴ Janice Nicholson, "Current Issues: Health Care in Developed Countries," Comparative Health Administration, 2nd ed., Captus Press, North York, 1996.
- ⁵ "Toward a Health Future: Second Report on the Health of Canadians," Federal, Provincial and Territorial Advisory Committee on Population Health, Charlottetown, PEI., 1999.
- ⁶ W. Down and C. Mallette, "Fact Sheet: Health Human Resource Planning Literature Review: The Impact of Hospital Restructuring on Patients, Care Providers, and Health Care Costs", Nursing Effectiveness, Utilization and Outcomes Research Unit, McMaster University/University of Toronto, September 8, 1998
- ⁷ Margaret MacAdam, "Human Resource Issues in Home Care in Canada: A Policy Perspective", Home Care Development , Health Canada, July 1999
- ⁸ Vern Hicks, "The Evolution of Public and Private Health Care Spending in Canada, 1960-1997 - A Discussion Paper Sponsored by Canadian Institute for Health Information, Health Action Lobby and Health Canada", Canadian Institute for Health Information, July 1999.
- ⁹ "Health, Productivity and Prosperity for Canadians: HEAL Pre-budget Submission 2000/2001", Health Action Lobby (HEAL), September 1999.
- ¹⁰ *ibid*
- ¹¹ "Position Statement on Canadian Medicare", Canadian Practical Nurses Association, revised May 1999.
- ¹² "The Under-utilization of LPNs", Practice Advisory Statement #7, Manitoba Association of Licensed Practical Nurses, Winnipeg, MB., revised July 1998.
- ¹³ *ibid*
- ¹⁴ National Nursing Competency Project, Final Report, NNCP, Ottawa, Ontario, 1997.
- ¹⁵ "Report to the 1998 Registrar Conference", Ordre des infirmières et infirmiers auxiliaires du Canada, July 1998.
- ¹⁶ National Nursing Competency Project, Final Report, NNCP, Ottawa, Ontario, 1997.
- ¹⁷ "Position Statement on Increased Utilization of Unregulated Health Care Workers", Canadian Practical Nurses Association, revised May 1999.