Resolution Statement

Synergy of Professional Nursing Roles

Approved by: 2017 National Assembly, Canadian Nursing Students’ Association
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Submitted to: CNSA Board of Directors - National Assembly
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Introduction and Background

Historically, there have been many changes to the Canadian health care system and the nursing profession within that system. One of those changes is the shift towards replacing Registered Nurses (RN) with Registered Psychiatric Nurses (RPN) and Licensed Practical Nurses (LPN) (also called Registered Practical Nurses in the Province of Ontario)\(^1\) (Duncan, Rodney, & Thorne, 2014). Aside from this, there is a paucity of research on whether or not RPNs are replacing RNs. Unfortunately; this staffing mix has resulted in multiple challenges. One of the most significant challenges has been the “lack of clarity in how nurses...can be supported to work together and value their different roles and contribution” (Duncan et al., 2014, p. 626). Ultimately, this confusion has led to a lack of cohesion among nurses, which has negatively impacted patient care and the working environment (Duncan et al., 2014). RNs, with some exceptions in Québec, receive their Baccalaureate education at a college or university. LPNs typically receive their Diploma education at a college, and RPNs can either receive their education through a diploma, degree program or technical school in western Canada. Nurses across Canada have struggled to achieve distinction between these different nursing roles (Limoges & Jagos, 2015).

In 2010, The World Health Organization (WHO) published a Framework for Action on Interprofessional Education and Collaborative Practice where “collaboration in education and practice [is recognized] as an innovative strategy that will play an important role in mitigating the global health workforce crisis” (WHO, 2010, p. 7). Though the WHO supports interprofessional education, there has been a lack of education to address the absence of role clarity among nurses (Limoges & Jagos, 2015). Not only are practicing nurses struggling to understand the different roles of nurses, but according to Limoges and Jagos (2015), nursing students across Canada have expressed that because the education for RNs and LPNs are completely segregated, they feel as if they have little knowledge on how to effectively work together with other nurses that have a different educational background. Additionally, students sense the tensions among the various nursing roles in the workplace, public and media sources and as a result, have started to consider the apparent lack of cohesion as acceptable (Limoges & Jagos, 2015). Thus, nursing students need to be provided proper interprofessional education and opportunities to

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\(^1\) To avoid confusion in this resolution, LPN will be used to represent Licensed Practical nurses and Registered Practical Nurses, and RPN will represent Registered Psychiatric Nurses.
operate as change agents in restoring harmonious working relationships among nurses and promoting equality and equity in the workplace among the many different professions they work with (Linoges & Jagos, 2015).

According to the WHO (2010), in order to achieve the ultimate goal of interprofessional education, an advocate is needed to champion the movement towards the long-term goal of having a workforce that effectively participates in collaborative practice (WHO, 2010). WHO (2010) encouraged the application of interprofessional collaboration by "identifying and supporting interprofessional education and collaborative practice champions, ensuring appropriate collaborative practice-friendly policies are in place, and sharing the positive outcomes of successful collaborative programs" (p. 40). The Canadian Nurses Association (CNA) is one of the national nursing stakeholders who have championed the movement towards collaborative practice with their intention on creating a draft code of ethics (draft April 29, 2016) that will include and speak to both RN and LPN roles in practice.

Links to CNSA’s Mandate and Current Position

CNSA currently does not have a Position Statement on the issue regarding interprofessional education for RN, LPN, and RPN students. There is, however, a desire within the CNSA mandate to facilitate the recruiting of LPN and RPN members. CNSA has consistently been lacking in advocating for interprofessional education among RN, LPN, and RPN students. According to CNSA By-Law NO.1 section 4.01.4, CNSA membership is open to RN, LPN, and RPN students (2016). Though this is true, CNSA currently has a minimal amount of LPN and RPN student members and historically has primarily focused on advocating for RN students. In accordance with the CNSA (2016) Strategic Plan 2016-2021, ensuring RN, LPN and RPN students have equal representation and access to services will meet the objective of being the primary resource for Canadian nursing students². CNSA can be one of the primary driving forces behind advocating and lobbying for appropriate Canadian nursing education stakeholders to increase implementation of interprofessional education in all nursing student curricula across Canada³ (CNSA, 2016). Lastly, CNSA can create new partnerships by building relationships with LPN and RPN stakeholders across Canada to ensure further professional collaboration⁴ (CNSA, 2016). This will facilitate a strong educational and practical foundation for future Canadian nurses to work well with different roles of the nursing profession and provide excellent patient care.

Rationale

Whereas, CNSA’s strategic plan for 2016-2021 objective A is to be the primary resource for Canadian nursing students (2016); and

Whereas, CNSA’s strategic plan for 2016-2021 objective B is to influence and advance innovation and social justice in the nursing curriculum and the nursing profession (2016); and

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² Refer to 2016-2021 CNSA Strategic Plan Objective A: Outcome 1 and 2
³ Refer to 2016-2021 CNSA Strategic Plan Objective B: Outcome 1
⁴ Refer to 2016-2021 CNSA Strategic Plan Objective C: Outcome 1, 2, and 3
Whereas, CNSA’s strategic plan for 2016-2021 objective C is strengthening linkages and creating new partnerships (2016); and

Whereas, CNSA stakeholders such as CNA have taken action towards collaborative practice by drafting a new Code of Ethics that includes both RNs and LPNs (draft April 29, 2016); and

Whereas, CNSA By-Law NO.1 section 4.01.4 states that RN, LPN, and RPN students can be members of CNSA; and

Whereas, the WHO identifies the need for a champion to lead the movement towards interprofessional education; therefore

Resolution

Be It Resolved, That CNSA ensures equity and equality of RN, LPN, and RPN students within the association

Be It Further Resolved, That CNSA actively pursues the creation of new partnerships with LPN and RPN stakeholders across Canada

Be It Further Resolved, That CNSA advocates and lobbies for interprofessional education throughout RN, LPN, and RPN nursing student programs across Canada

Relation to Canadian Nursing School Curriculums

According to the Canadian Association of Schools of Nursing (CASN) in their National Nursing Education Framework for Baccalaureate education under Domain 4: Communication and Collaboration, section 4.2 states that students should be well prepared on how to educate and communicate with all members of the interprofessional team (2015). In practice, nurses constantly work with other members of the health care team to ensure excellent patient care. It is important that all nursing students are educated on how to effectively and professionally communicate with all healthcare professionals. Domain 5: Professionalism, section 5.3 outlines the importance of nursing programs preparing their students to act as role models for the interprofessional nursing team (CASN, 2015). The nursing profession needs more nurses to be courageous in fostering collaborative practice. It is imperative that nursing students be inspired and challenged during their nursing education to facilitate and participate in advocacy for all segments of the nursing profession. Lastly, Domain 6: Leadership, section 6.3 states that students need to be educated on the ability to collaborate with, and act as a resource for LPNs and other members of the interdisciplinary team (CASN, 2015). RNs acting as leaders in this area are essential to ensure progression of the nursing profession and to promote collaborative practice.
When comparing the education standards in place for RN, RPN and LPN regulators, they have similar outlooks on collaborative practice. The Registered Psychiatric Nurse Regulators of Canada (RPNRC), published the *Registered Psychiatric Nurse Entry-Level Competencies* (2014) that states RPN students need to be educated to accept leadership responsibility in coordinating collaborative practice within the healthcare team and must engage in professional communication with stakeholders (p. 15). Similarly, the Canadian Council of Practical Nurse Regulators (CCPNR) outlines the importance of educating LPNs to work collaboratively with other healthcare professionals to ensure achievement of care outcomes in their *Entry-to-Practice Competencies for Licensed Practical Nurses* (2013). This document outlines the importance of LPN students receiving support and guidance on how to work in cohesion with other healthcare members (CCPNR, 2013). It is easy to draw parallels between the competencies for both LPNs and RPNs when examined against the RN education framework.

**Conclusion**

CNSA is the national voice for nursing students in Canada and therefore has the obligation to ensure there is equity and equality among RPN, LPN, and RN students. The resolution being proposed is for CNSA to be one of the driving forces or champions behind advocating for interprofessional education. It is important that all nursing students receive clarity on their own role as well as understand other nursing disciplines; thus, working with stakeholders across the country that represent these disciplines is of utmost importance. In addition, advocating for interprofessional education in all nursing curricula must be a key component of CNSA’s approach to this issue. This will ensure that at graduation they are prepared to practice collaboratively and ultimately improve patient care.
References


http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf