

Practically Speaking:

An International Comparison of
Registered Practical Nurse
(Enrolled Nurse) Roles
To Identify Best Practice

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Association of Ontario



RPNAO

Registered Practical Nurses
Association of Ontario



*“The elements of nursing
are all but unknown...”*

Florence Nightingale



Reviewed literature, surveyed some and interviewed others

Face to Face Interviews: Belgium, England, Finland, New Zealand, Australia, US (Texas, Louisiana, Minnesota)



England



New Zealand

In the event of an earthquake



Canadian visitor praises Kiwi ENs' story

NEW ZEALAND enrolled nurses (ENs) are formidable advocates for themselves, which would also make them strong advocates for their patients. This praise came last month from a Canadian nursing leader visiting New Zealand to learn how enrolled nursing functions here.

Dianne Martin is chief executive officer of the Registered Practical Nurses Association of Ontario (RPNAO). Ontario, Canada's most populous province, has 38,000 registered practical nurses (RPNs), the local equivalent of ENs. Of these, 32,000 are currently practising.

Martin said a big issue facing RPNs in Ontario was role confusion. To tackle this, the RPNAO wanted to learn how the role functioned in other countries, and to look for practice activities, processes or strategies that reduced role confusion. To this end, she has spent several months visiting countries with similar health systems to Canada, including New Zealand, Australia, the United Kingdom and some European countries, to find out

how the EN role (or its equivalent) compared between countries. This included looking at how they were educated and regulated, and their scope of practice.

The United States has also been on her itinerary, because even though it has a quite different health system, it is important to Canadian nursing, due to major migration between the countries.

Martin said the New Zealand EN story, of the decline, then rejuvenation of the role, was instructive to her province, Canada and the rest of the world. She was impressed with the "cohesiveness of the nursing community" here, and "the courage of your ENs, which is so obvious and strong and is beneficial to your health-care system".

In Wellington last month, she discussed enrolled nursing with EN section officials Angela Crispin and chair Leonie Metcalfe, along with NZNO chief executive Memo Musa and professional nursing adviser Suzanne Rolls.

Martin said a powerful lesson from her



Front, from left: Dianne Martin and Canadian nursing consultant Sue Matthews. Back, from left: NZNO enrolled nurse section representative Angela Crispin and professional nursing adviser Suzanne Rolls.

international consultation was that a diverse nursing workforce was more flexible than a homogenous one, and better equipped to meet the challenges of tight health budgets and social change. •

Australia



United States

★★★★★
**NURSES FOR
TRUMP**
MAKE AMERICA GREAT AGAIN!
★★★★★



Race & Racism in Nursing

Belgium



What We Learned

- Close to 60% of jurisdictions have an alternate nursing role to RN
- Worldwide the education, scope of practice, unionization, regulation and use of Practical/Enrolled nurses are highly diverse and vary considerably in scope and complexity
- Rural areas use higher proportions of RPNs/ENs
- Demand for RPNs/ENs increases with shortages of RNs

What We Learned

- The vast majority of jurisdictions regulate Practical Nursing/Enrolled Nursing
- A few jurisdictions eliminated or diminished the role, but have reintroduced it (e.g. New Zealand, England)

Why did England and New Zealand eliminate the role?

- Fell out of fashion
- Degrees became the focus
 - Quoted research from the US about higher levels leading to better outcomes
- But...

There are 3 levels of education for RNs in the US

 1. BScN
 2. Associate Degree
 3. Diploma
- Can't generalize research across jurisdictions



Why did New Zealand and England reintroduce the role?

- Patient need
- Shortage of RNs
- Educational institutions wanted more students
- Need for nursing career opportunities
- Need to lower costs
- Nursing Leadership advocated for the role

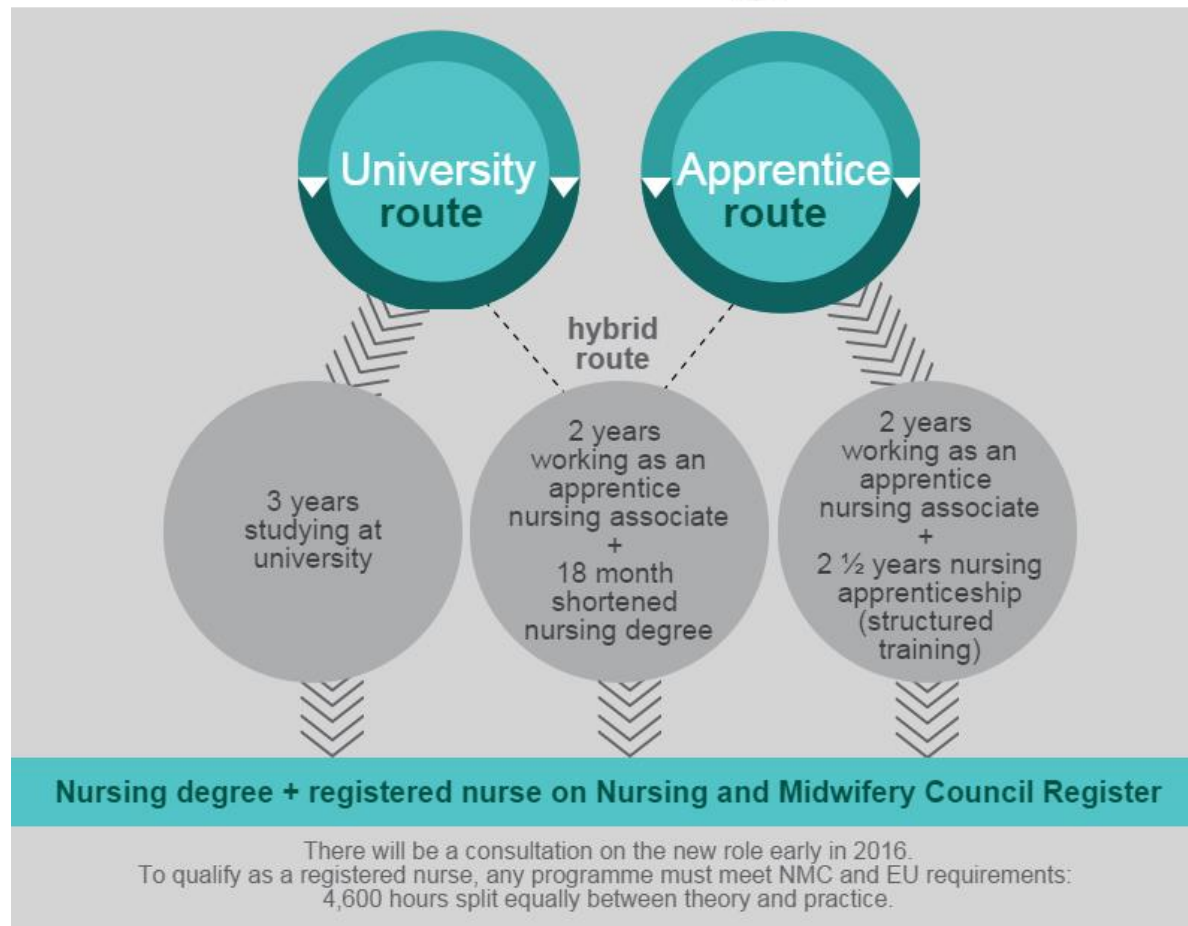


Career opportunities



Department
of Health

Routes into nursing



England: Introduced role as a nursing associate

Nursing associates

Pilot sites across the UK are running programmes to train nursing associates, but where did this new role come from, how will it fit into the existing workforce and what happens next?

NURSING ASSOCIATES: THE
NEW MEMBER OF THE
NURSING FAMILY

THE QUESTIONS BEING
ASKED

HOW HAS THE ROLE
DEVELOPED?

NURSE LEADERS' VERDICT

WHERE DID THE NURSING
ASSOCIATE IDEA COME
FROM?

TEAM LEADERS' VERDICT

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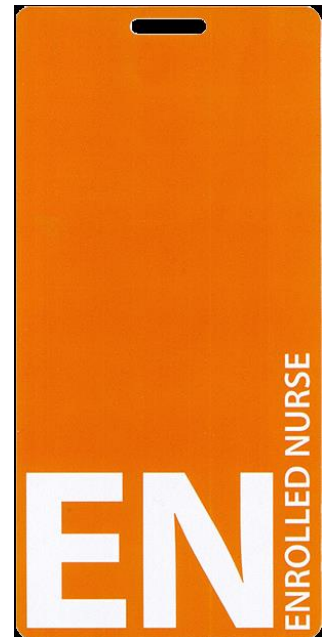
CHAPTER 1

NURSING ASSOCIATES: THE NEW MEMBER OF THE NURSING FAMILY

Titles

- Titles are different but most include either Licensed or Registered Practical Nurse, Enrolled Nurse or Auxiliary/Associate Nurse

LPN



Regulation

- Two broad models/types of licensing/registration are in common use:
 1. Based on education certification by the training institution; i.e. through the granting of a license/registration based on successfully completing an accredited education program
 2. Based on national or regional examination



Regulation: Responsible authorities

- Government ministries, typically those concerned with Health and/or Education
- National nursing organizations
- Independent statutory bodies
- A delegation from governments
- An organization that is responsible for the regulation of nurses

Regulation

- The statutes, presence or absence of a list of duties, or decision tree varied greatly
- The rationale for regulating the role differed across jurisdictions
- However, medication delivery seemed to be a catalyst in many countries

Download the Scope
of Practice Document

Educational Differences

- Entrance requirements for the programs (age, years of education)
- Duration (anywhere from 6 months to 3 years)
- Type of educational institution (secondary school, post-secondary school - non-tertiary, and tertiary)
- Accreditation status of educational institutions (accredited or non-accredited)
- Curriculum taught (including the split between theoretical and practical training)

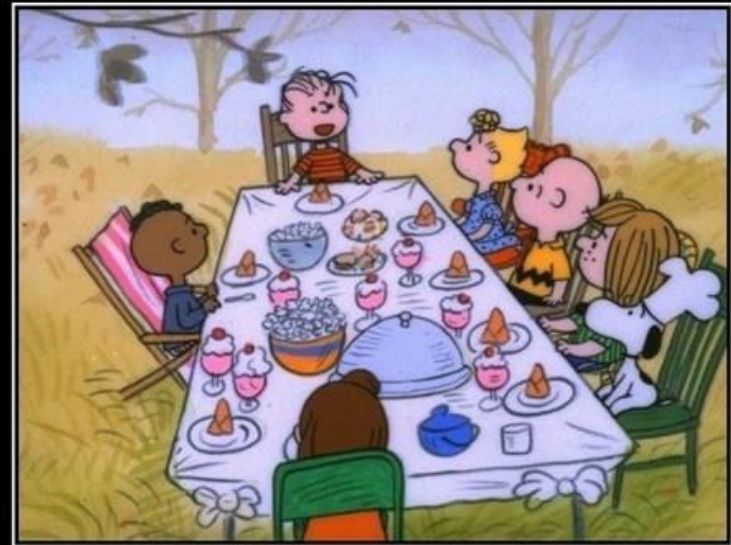
Education

- There has been a long standing push to standardize education across jurisdictions
- Education varies from 6 months to 3 years ending in either a diploma or a certificate – some with exam, some with no exam
- Globalization plays a big role in the desire to standardize education across jurisdictions
- US education is particularly challenging
 - Remember - 3 levels of RN education (4 year baccalaureate degree, 2-3 year associate degree and 3 year diploma, LPN 10 months to 1 year)

I'm not being racist, but...

Which country has high levels of racism within the nursing profession?

- South Africa
- USA
- Finland



RACISM

Sometimes it's subtle.

Which country has 60,000 RNs and 150,000 RPNs/ENs?

- Korea
- Finland
- Mexico
- Australia



Practical nurse for social and health care

- Specialize in
 - Emergency Care,
 - Rehabilitation,
 - Children's and Youth Care and Education,
 - Mental Health and Substance Abuse,
 - Welfare Work,
 - Nursing And Care,
 - Oral and Dental Care,
 - Care For The Disabled, and
 - Care For The Elderly



Scope of practice - We consistently heard that RPNs/ENs should be

- Allowed to work to their full scope of practice
- An equal part of the team
- A complementary role to other nursing roles

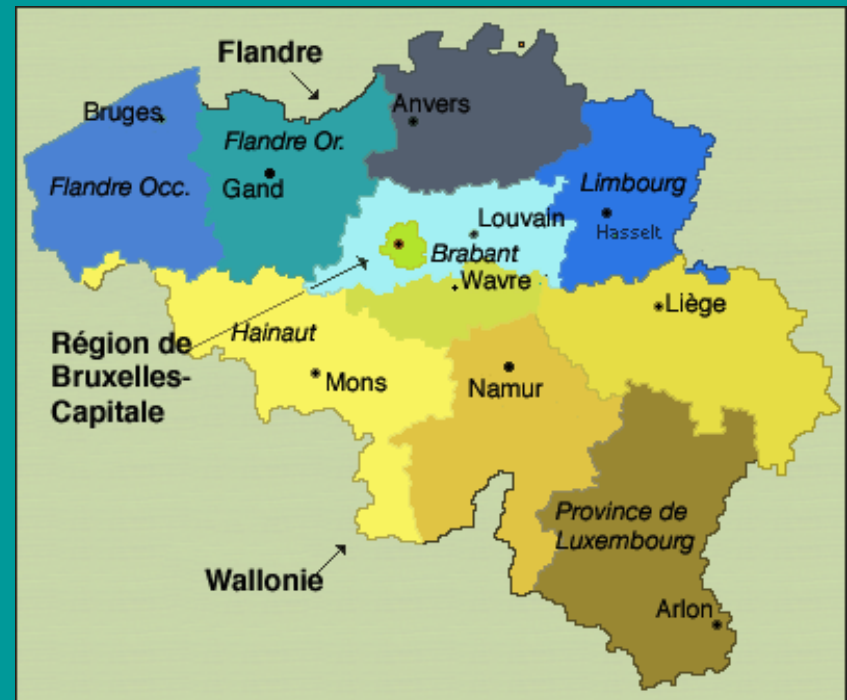
together everyone
TEAM
achieves more



HOW I MET YOUR MOTHER
NEXT

Which country's scope of practice is dependent on the language they speak?

- Belgium
- Sweden
- South Africa



Medication delivery

- Medication delivery continues to be the Holy Grail for Practical Nursing/Enrolled Nursing regulation and scope of practice



Scope of Practice

- Practice acts vary both in the way they restrict, or expand the roles and in their specificity or details in how they describe the role and its scope of practice
 - *“For instance, while the scope of practice for an enrolled nurse is restrictive and limiting; in reality enrolled nurses are expected to assume responsibilities that are far beyond their scope of practice in most health care settings.” Subedar 2006*
- Where national standards exist, there is better role clarity
 - *“There has been change over recent years and until the National Registration and Accreditation Scheme was introduced there was a degree of variability by jurisdictions as to the role and function of the EN. While there is still some variability this is reduced as there are a number of national standards that guide practice.” Debra Thoms (Chief Nurse, Australia)*

Scope of practice task lists or guidelines

The debate about task lists or guidelines is universal – with guidelines the favoured approach by organized nursing and task lists preferred by nurse managers



However, regardless of guidelines...

- Universally, employers restrict (or expand) the practice of RPNs/ENs
 - “The professional self-regulation model is also showing signs of strain because employers increasingly override it.” Hollyman 2006



Themes

- RPN/EN use is higher where there are shortages of RNs
- RPN/EN use is higher where policies support a broad scope of practice for RPNs/ENs (i.e., where scope of practice is restricted, the use of RPNs/ENs is less)
- Scope of practice is highly variable with Managers (and Directors of Nursing) being the key decision makers
- Confusion about scope of practice and roles of RPNs/ENs is universal and long-standing
- There are consistent differences in the desire for task lists and guidelines to determine scope of practice

Themes

- Where there were strong, accredited educational programs, there appeared to be less role confusion
- Where all categories of nurses are educated about the roles and scopes of practice of all roles, there is less confusion and little, if any, animosity
- Where there is strong expectation of equality and complementarity, there is little animosity
- Where the public understands the role, there is more respect for the role and pride in their work
- Where cultures focus on equality, lack of hierarchy and respect, there is little animosity

Cathy Andrew - New Zealand
Nurses Association

“It’s about the model of care, not
about scope of practice.”

We recommend:

- that organizations use the scope of practice of the Practical/Enrolled Nurse to guide their decisions regarding their use, and not allow organizational policies, manager preference or cost to determine their use.
- consistent scopes of practice across jurisdictions and thus consistent education of Practical/Enrolled Nurses. Decisions should be made based on risk management, and not risk aversion.
- that research about nurses from one jurisdiction should not be generalized to another jurisdiction. This is true of all categories of nurses. The inconsistency in education and use of the roles is so varied that it is not prudent to make decisions based on research from another jurisdiction.

We recommend:

- that every jurisdiction have accurate nursing workforce information and data available
- that policy makers and governments work with professional associations and regulatory bodies to ensure a consistent approach to scope of practice and workforce planning
- that we educate the general public about the role and scope of practice of Practical/Enrolled Nurses
- that there is intraprofessional education both at the pre and post licensure stages as in Australia where RNs are educated about the role of, working with, delegating to and supervising Enrolled Nurses. This education should also focus on how to work together

We recommend

- that organizations not implement Practical/Enrolled Nurses as a result of a shortage of RNs unless there is clear evidence that the role is within the scope of practice of the RPN/EN. And do not use Practical/Enrolled Nurses to replace RNs as a cost savings measure, unless the scope of practice and patient care needs warrant it. There is a need to ensure the role is implemented to address patient care needs.
- that there be further research and program evaluation studies to increase understanding in areas such as enablers and barriers to optimal scope of practice, the characteristics of high-functioning nursing teams, nursing models of care delivery, and the impact on outcomes at the patient, nurse, organization, profession, and system levels (RPNAO 2016, p. 27)

We recommend

- that organizations review their policies and procedures to assess their impact on the ability for healthcare professionals to work to their full scope of practice and to ensure the consistent application of those policies and practices
- that RN and Practical/Enrolled Nurses Associations work together to foster intraprofessionalism and respect for each nursing role

Kylie Ward, CEO, Australian College
of Nursing on why there is little
animosity

“It’s in the respect we have for the whole
profession. We’re tribal with other
professions, but there’s a protectiveness
within the profession.”

RPNAO Global Project – Phase Two - 2018

England

- First graduating class
- Working along side a NA
- Interviews with RNs and nursing leaders

- Finland
- Working alongside RPN/EN
- Interviews with RNs and nursing leaders

It is possible

We thank each person who took the time to speak with us and share their experience in utilizing Practical/Enrolled Nurses. Their generosity of spirit and desire to see the Practical/Enrolled Nurse succeed was truly inspiring.

