



LPN Perspectives of Factors that Affect Nurse Mobility in Canada

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Abstract

Although the licensed practical nurse (LPN) workforce represents an ever-growing and valuable human resource, very little is known about reasons for practical nurse mobility. The purpose of this study was to describe LPN perspectives regarding motives for inter-provincial/territorial (P/T) movement in Canada. Participants included 200 LPNs from nine P/T, and data were analyzed using a qualitative descriptive approach. Three primary themes were identified regarding motivators for LPN migration, including (a) scope of practice, (b) education and advancement opportunities and (c) professional respect and recognition. Although current economic forces have a strong influence on nurse mobility, these findings emphasize that there are other equally important factors influencing LPNs to move between jurisdictions. As such, policy makers, administrators and researchers should further explore and address these themes in order to strengthen Canada's nursing workforce.

Background

While there have been strong efforts to study registered nurse (RN) migration, both within Canada and abroad, very little is known about the experiences of migrating licensed practical nurses (LPNs). As LPNs are the second-largest health profession in Canada, representing just under a quarter of the nursing workforce, this lack of data signifies a gap in the literature (CIHI 2010). Recent trends indicate that the LPN workforce is growing, with an 18.5% increase in registration numbers since 2005 (CIHI 2010). Although little work has been done to understand the factors influencing this upward trend, some sources suggest that it is a result of increasing healthcare demands, mounting financial pressures and worsening RN shortages (Service Canada 2012).

With changing patient needs and evolving models of nursing, the move to team-based delivery indicates that there will be a greater role for LPNs in healthcare. Despite limited research concerning the LPN workforce, recent efforts have been made to explore nursing perceptions regarding the ability to work to full capacity, describing various barriers and facilitators to enhancing LPNs' scope of practice in Canada (Oelke et al. 2008; White et al. 2008). Although this work has not been applied to nurse migration, it does provide evidence that LPNs have unique viewpoints, compared to their RN colleagues.

Earlier Canadian work on mobility trends for RNs and LPNs describes nurse movement over the past 15 years, and the push and pull factors influencing nurse migration (Baumann et al. 2004). Reports identified that LPNs tend to migrate

to larger provinces, such as Ontario and Alberta (Baumann et al. 2004; CIHI 2010). However, there is little or no information regarding distinctive push and pull factors that influence LPNs' decisions to move within Canada and abroad (Baumann et al. 2004). The purpose of this study was to gain a better understanding of LPN perspectives regarding their motives for inter-provincial/territorial (P/T) movement.

Method

This paper utilizes qualitative data obtained from surveys of LPNs from across Canada, obtained as part of a program of research on nurse mobility and migration (McGillis Hall et al. 2012). A qualitative descriptive methodology was used in which data from the surveys' open-ended question, "Do you have anything further you would like to add?" was transcribed and analyzed using a directed content analysis approach, as described by Bradley and colleagues (2007).

In our study, LPN qualitative comments were independently assessed by two reviewers to gain a general sense of the material, and then data were coded in order to capture and catalogue key concepts. Coding was primarily approached by inductive means to limit the creation of imposed preconceived results (Glaser (1992, in Bradley et al. 2007). From there, themes that were considered fundamental unifying concepts about LPN perspectives on mobility were identified from the conceptual codes (Boyatzis 1998). Care was taken to preserve the essence of the nurses' perspectives.

Qualitative comments from 200 LPN study participants, representing nine different P/T and 25.7% of the total LPN respondents ($n=778$), were examined for this analysis. Direct reflections from LPNs in six of the nine provinces (Alberta, British Columbia, Ontario, Newfoundland and Labrador, New Brunswick and Saskatchewan) are included in this paper, as no new themes emerged and data saturation was reached.

Results

A comprehensive examination of the data revealed three primary themes regarding motives for LPN mobility: (a) scope of practice, (b) education and advancement opportunities and (c) professional respect and recognition. The three themes are described in greater detail below.

Scope of practice

The importance of scope of practice in influencing nurses' decisions to migrate was highlighted. Many LPNs described wanting to practise to full scope, elucidating that their decision to move between P/T was driven primarily by a desire to maximize use of their professional skills:

I currently live and work as a full-time LPN in Fort McMurray, AB. I am working to my full scope of practice in a full-time position. I would not consider moving to another province to continue nursing unless the scope of practice was at par with Alberta's LPNs. If I were still working as an LPN in Newfoundland I would be at the same level of practice as a nursing assistant in Alberta. I feel it's unfair to have educated people working in nursing homes or hospital settings where they are unable to work to their full ability.

Pay is not a concern for me, but being able to use the skills I obtained is. Here in Alberta LPNs work to full scope [and] my only reason for being in Alberta is because of this.

As well, enhanced scope of practice was depicted not only as a strong motivator for inter-jurisdictional movement, but also a key factor in deciding whether or not to migrate:

The issue of full utilization of healthcare professionals (e.g., LPNs) has to be addressed in regards to working to their full scope of practice without restrictions. I believe a lot of LPNs feel devalued and for this reason move to another province/country where they can practise to their full scope of practice.

Participants also discussed scope of practice within the context of skill sets, expressing concerns about losing valuable clinical skills and highlighting the need for greater understanding regarding LPNs' roles and abilities:

Due to the lack of being able to work to full scope, many LPNs lose their clinical judgment they learn in school and because of this lose confidence. LPNs are the only profession that I know of that will be educated and upon beginning in the work force are not allowed to work to full education/spectrum. This [is] slowly changing but more understanding of LPN scope of practice is needed by RN nurse management.

Education and advancement opportunities

Many LPNs in this study expressed disappointment regarding the lack of educational infrastructure and highlighted the challenges associated with finding flexible programs that enabled "bridging" from LPN to RN designation. In many instances, limited access to distance programs, both in English and in French, was seen as a primary driver for moving:

The most frustration I have experienced is that for me to further my education from a practical nursing diploma in Ontario to a BN in Manitoba, I would have to start my whole education over (except for possibly three courses) because I was not educated in Manitoba. Therefore, I am going to Alberta to further my education at Athabasca University, where they honour my diploma and five years' nursing experience. Unfortunately, I needed to get an Alberta licence just to start my schooling and to do my three practicums in that province.

Additionally, LPNs discussed concerns that their work and clinical experience were not being recognized by educational institutions:

It seems there isn't much credit applied for being and working [as an] LPN, which is a shame because it would probably sway my decision to further my education.

I love that the role of LPN/RPN is constantly changing. I still would like to bridge to RN, however, I don't think and feel that LPNs should have to start over. I strongly believe that with our work experience and continued education, LPNs should be able to bridge to RN without starting at a four-year nursing program at a university.

Professional respect and recognition

A number of LPN respondents also described the importance of being appreciated through other means, including professional respect and recognition. In particular, LPNs' comments conveyed frustrations with not being acknowledged as members of the nursing profession:

When I arrived in this province, as when I did in Ontario nine years ago, we were in a nursing "crunch." I had to fight and work twice as hard as any RN to be considered half as good. This attitude persists. It would be nice for the type of support, professionally speaking, that RNs receive. A good nurse isn't a registered nurse, it is a nurse who is caring, compassionate, hard-working and professional.

It is ... very disheartening when you move from a province where you are respected and utilized to your abilities and work with RNs, doctors, etc. and then move to a province where you are not even considered a "nurse" (that title only belongs to an RN) and are made to work in a very limited capacity "under" an RN.

Along with respect from colleagues, compensation was described as an indicator of professional recognition and a motivator for LPN mobility. Numerous LPNs expressed concerns that their salaries did not account for their increasing workloads and responsibilities:

LPNs are becoming in high demand, but the support and compensation is not there. Many LPNs are letting their licence go and work as care aides because of all the added responsibilities that an LPN has. There is also not enough education for some of us older LPNs that are now forced to take on added responsibilities. I sometimes have a hard time keeping up and with the couple dollars' difference to be a care aide, it is getting very tempting to let my licence go along with the huge responsibilities.

Discussion

Although current economic forces, such as wages and availability of jobs, have a strong influence on nurse mobility, it is clear there are other equally important factors that are influencing LPNs to move within Canada's borders. Findings from this qualitative analysis identify perspectives of Canadian LPNs, including the desire to become a more involved, valued member of the healthcare team. Although scope of practice, advancement opportunities and professional respect are not particularly new or radical themes in nursing workforce research, their application and interpretation through an LPN lens provides greater understanding of what motivates this particular group of nurses to move between jurisdictions.

Scope of practice

Despite varied perceptions regarding the definition of scope of practice, there remains a strong belief that LPNs are not being employed to their full capacity. These sentiments were reflected in this study, as many LPNs conveyed frustration regarding the perceived mismatch between their training and what they were "allowed" to do in practice. As such, wide disparities in LPNs' scope of practice seem to be acting as a strong motivator for nurses to stay within or to leave jurisdictions. For example, many LPNs described their decision to move from eastern to western provinces in order to maximize use of their skills. Consequently, current health human resources shortages in specific areas of the country may be worsening because of limited LPN utilization.

As well, some LPNs discussed the importance of barriers and facilitators that would enable them to work to full scope. For example, participants emphasized the importance of manager understanding and support regarding the LPN's role. The role of management and leadership support in facilitating nursing scope of practice, along with factors such as teamwork, patient acuity and workload (Oelke et al. 2008) and improved RN-LPN role clarity (White et al. 2008), have been described as elements that can influence nursing scope of practice.

Education and advancement opportunities

Although work has been done to understand and address the availability and quality of LPN education (Pringle et al. 2004), this analysis suggests that there may be interest in re-examining LPNs' training and development. In particular, this study could be useful for policy makers and nursing administrators in identifying specific opportunities to reconsider current structures and processes that might affect the nursing workforce. For example, interest in LPN–RN bridging programs suggests that there is demand to pursue higher education. Current barriers in the market, such as limited access to distance education and little recognition of LPN training and clinical experience, may be affecting LPNs' decisions and discouraging the development of local nursing capacity, pushing nurses away from their home P/T and pulling them towards other districts. As such, greater standardization of training and scope of practice may help to moderate inter-P/T movement.

In the United States, there has been an emergence of innovative LPN training programs to respond to the growing nursing shortage by creating greater nursing capacity in healthcare organizations (Lafer and Moss 2007). Certain states have taken the approach of hiring LPNs under the agreement that they continue their education and eventually obtain RN certification (Livornese 2012). These new models of LPN and LPN–RN bridging education suggest that greater cross-sector collaboration and dialogue among the different spheres of nursing (e.g., employers, educators, regulators, unions and policy makers) are needed to help create more dynamic opportunities for LPN development.

Professional respect and recognition

Studies have shown that nurses' perceptions of feeling valued can negatively influence job satisfaction (Collins et al. 2000) and act as a motivator for migration (McGillis Hall et al. 2009). As well, research has found that LPNs do not always feel respected by their nursing colleagues, a primary factor contributing to RN–LPN tensions (White et al. 2008). Many LPNs in this study conveyed similar themes, describing how a lack of professional respect and recognition influenced their decision to move. For example, LPNs expressed their disappointment that colleagues in some provinces did not consider them part of the nursing profession.

Additionally, results from this analysis underscore the importance of wages in affecting LPN perspectives concerning respect and recognition. In many studies, wages have been described as a key factor influencing nurses' decisions to migrate (Buchan et al. 2005). Many practical nurses described incongruities between increasing care responsibilities and low pay, suggesting that LPNs may not be willing to take on additional workloads if wages do not reflect their changing scope of practice.

Implications for Policy and Research

As the nursing shortage continues, policy makers and administrators should further explore and address the themes that emerged from this research, not only to minimize push–pull forces that are influencing internal mobility in Canada, but also to address the nursing shortage using a variety of strategies, including leveraging LPN capacity. Recent data show that proportionally, fewer LPNs than RNs migrate to the United States (CIHI 2010). This finding suggests that LPNs may represent a contingent of health professionals who would be more likely to stay within Canada. As such, there is opportunity to strengthen Canada’s nursing workforce by addressing elements that would retain and maximize use of LPNs where they are most needed.

Although this study provides a foundation for LPN perceptions regarding motivators for nurse migration, further work needs to be done. Additionally, efforts should be made to quantify forces that influence LPN movement and their effect(s) on workforce trends. For example, how might nurse mobility and licensure patterns change if each P/T had a distance LPN–RN bridging program? Would this attract more individuals to nursing or simply drain existing LPN capacity? As well, how might changes in scope of practice, such as national standardization, affect LPN motivations to move?

Overall, the LPN workforce represents an ever-growing and valuable human resource, both in Canada and abroad. There is tremendous potential to improve nurse retention in areas of high need by tackling elements that encourage or impede movement. In particular, addressing current LPN challenges regarding scope of practice, advancement opportunities and professional recognition may prove to enhance nurse capacity in this country.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada’s Office of Nursing Policy.

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