

## **Working to their full scope: Exploring changing work relationships between RNs and LPNs**

### Project Summary

In Canada nurses are the largest group of employees working in health care institutions including acute care hospitals. Work relationships between RNs (registered nurses) and LPNs (practical nurses) have recently changed in these settings as a new staffing model (called CDMR) has been introduced in hospitals on Vancouver Island. This staffing model shifts from a predominantly RN model of care to a team model utilizing nurses with less educational preparation (more LPNs) and introducing relatively unskilled workers as health care or nursing assistants (HCAs). The RN remains responsible for appropriately delegating and/or supervising care provided by other nurses.

Little research has been done that addresses RN and LPN relationships in practice situations. One study suggests that ambiguity and confusion surrounding work responsibilities negatively affects nurses and patient care. There is also some research, primarily from the U.S., which suggests that hospitals with a greater proportion of RNs have better patient safety records and improved patient health outcomes.

As educators who prepare nurses for working in a wide range of health care settings including hospitals, we are interested in exploring how work relationships have changed for RNs and LPNs. We plan to interview RNs and LPNs to learn more about their everyday work and how this new staffing model is affecting their work relationships. We are interested in learning how these nurses are working together and how their work together is organized. Ultimately we are interested in learning how to better prepare both RNs and LPNs for working in today's complex hospital environments.

Purpose and objectives: The overall purpose of this study is to provide the foundation for a program of research that focuses on the changing work relationships between RNs, LPNs and other workers (Nursing Assistants or Health Care Assistants) who provide nursing services in acute care hospitals. In this setting relationships between RNs and LPNs have changed dramatically with the recent implementation of a controversial new nursing care delivery model (1) that shifts from a predominantly RN based model to a team model consisting of fewer RN's and more LPN's and introducing health care assistants (HCAs) on each shift. In-depth study is urgently needed. Specific objectives for this preliminary study include: 1) identify /describe the experiences and concerns of RNs and LPNs about changing work relationships and scopes of practice; 2) identify the conceptual (discursive) and textual resources that the nurses are drawing on to understand these changing relationships; and 3) provide an entry-point into further analysis of the social organization of nurses' work experiences.

Background and Significance: A review of RN and LPN regulatory documents across Canada (2) reveals much variation in how RN and LPN roles are conceptualized and little collaboration between RN and LPN groups regarding expectations for education and practice. This variability and lack of communication raises significant questions regarding how RNs and LPNs are drawing on nursing knowledge. As working relationships between RNs and LPNs are shifting, it is imperative to explore how nurses negotiate their roles in changing care delivery contexts.

## Project Description

Literature Review: Little evidence is available which addresses RN and LPN relationships in practice situations. However, a recent study from Eagar and colleagues (3) suggests that ambiguity and confusion surrounding scopes of practice negatively affects nurses in the workplace and could result in negative outcomes for both nurses and their patients. U.S. researchers suggest that staffing models which include more registered nurses (4, 5), more educated and experienced nurses (6, 7), and less fatigued or overstressed nurses (8, 9) have been shown to enhance patient safety. In a large Canadian study of hospital based nurses, Laschinger and Leiter (10) demonstrated the links between nursing staffing, work environments and patient safety. They also concluded that nurse leaders who fostered supportive and adequately staffed workplaces decreased burnout and enhanced the engagement of nursing staff. McGillis-Hall and colleagues (11) argue for more evidence related to nurse staffing and care delivery models. In Canada, the changing work relationships resulting from a shift toward a team based (collaborative) nursing care delivery model has yet to be explored.

Methodology: This study is guided by an Institutional Ethnographic (IE) approach to inquiry which investigates the social organization of experience (12, 13). In an IE investigation researchers pay particular attention to how textually mediated (e.g. policies, procedures, guidelines) institutional work processes and conceptual resources (discourses) that influence practice. Nurses draw on conceptual/textual resources from their education programs, from professional nursing organizations and from their workplace (14, 15). Exploring the social determinants of nurses' experiences helps to identify the unintended consequences of institutionalized practices with the goal of making positive change (16).

Recruitment: Approximately 8-10 RNs and 8-10 LPNs currently working in acute care hospitals on Vancouver Island. Participants would be volunteers who are interested in discussing changing scopes of practice and work relationships between RNs, LPNs and health care/ nursing assistants. We plan to work collaboratively with nurse leaders in Island Health to identify appropriate recruitment settings (for example, to recruit from settings where the team nursing model (CDMR) was introduced more than two years ago to avoid focusing on the negative impact of a new practice change). Participation in this study is entirely voluntary and participants can withdraw at any time.

Data collection methods: IE interviews usually begin from the standpoint of front-line workers as experts in their everyday work (17). Individual interviews with RNs and LPNs will be conducted on their own time (outside work hours) and audio-recorded and transcribed for data analysis. IE uses an emergent design as the social organization of people's work experiences become visible to the research team over time (18).

Analytic methods: In addition to identifying the main themes and experiences/ concerns of RNs and LPNs we can identify the conceptual (discursive) and textual resources that the nurses are drawing on to describe their work as they interact with each other and with health care/ nursing assistants. Our approach is guided by the work of Liza McCoy who described ways of analyzing interview accounts of experience with the goal of "keeping the institution in view" (19). This approach would give us an entry-point into further analysis of the social organization of these nurses' experiences.

## Project Description

Ethical considerations: We are currently preparing our application for joint ethical review with the University of Victoria and Island Health. Although no risks to participating in the study are anticipated, nurses who are experiencing conflict may find discussing their work relationships uncomfortable. As experienced nurses and researchers, we will provide adequate time and support/debriefing during the interview to address any concerns that may arise. Participants will be reminded that they can refuse to answer any question and that their responses will be disguised to maintain anonymity. At the time of the interview, individuals will be asked to sign a consent form that outlines the purpose of the study, the procedures to be used, and any risks or discomforts. The consent form will inform participants of provisions for confidentiality as well as potential benefits that may occur as a result of the research.

Limitations: As with all qualitative and exploratory research, we will be unable to generalize findings from the research to other areas and institutions, since the sampling strategy is purposive rather than random. However, IE allows us to map out the influence of textually mediated discourses and work processes that people draw on and enact in their everyday work. Texts function in ways that coordinate people's actions across time and setting. The reader will need to decide if the study findings have relevance for their particular work context.

Plans for Knowledge Exchange: The members of this collaborative research team include academics, doctoral students and practice partners who are in a position to make and/or recommend changes that respond to the concerns raised by study participants. Although it takes more time to build collaborative research relationships we believe that respectful research relationships increase the opportunity for knowledge mobilization and meaningful /appropriate practice change.

Timeline: April-June 2014: Submit to joint institutional ethics committee, hire project transcriptionist and research assistant, complete literature review, prepare information letters for participants, begin recruitment once ethical approval is obtained; July – Sept. 2014: bi-weekly team meetings, JBI Systematic Review training for doctoral student, begin interviews, data transcription and analysis; Oct. – Dec. 2014: Team analysis retreat, continue interviews and analysis, submit KT abstract to CNA conference; Jan. – Mar. 2015: Prepare summary reports, prepare manuscript and conference papers for dissemination of findings to scholarly, professional, and lay audiences, prepare new grant proposal (e.g. CIHR or MSFHR).

## References:

British Columbia Nurses Union. (2014). Care delivery model redesign. Retrieved from:

<https://www.bcnu.org/CDMR.aspx?category=CDMR&type=Overview>

2. Butcher D (2013). A critical review of discourses surrounding practical nurse education in Canada. Unpublished MN project, University of Victoria.

3. Eagar S, Cowin L, Gregory L, & Firtko A. (2010). Scope of practice conflict in nursing: A new war or just the same battle? *Contemporary Nurse*, 36(1-2), 86-95.

## Project Description

4. Lang T, Hodge M, Olson V, Romano P. & Kravitz R. (2004). Nurse-patient ratios: A systematic review on the effects of nurse staffing on patient, nurse employee, and hospital outcomes. *JONA: The Journal of Nursing Administration* 34, 326-337.
5. Lankshear A, Sheldon T. & Maynard A. (2005). Nurse staffing and healthcare outcomes: A systematic review of the international research evidence. *Advances in Nursing Science* 28: 163-174.
6. Aiken L, Clarke S, Cheung R, Sloane D & Silber J. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association* 290: 1617-1623.
7. McGillis Hall L, Doran D & Pink G.( 2004). Nurse staffing models, nursing hours, and patient safety outcomes. *JONA: The Journal of Nursing Administration*, 34: 41-45.
8. Rogers A, Hwang W, Scott L, Aiken L, and Dinges, D . (2004). The working hours of hospital staff nurses and patient safety. *Health Affairs* 23: 202-212.
9. Aiken L, Clarke S, Sloane D, Sochalski J & Silber J. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association* 288: 1987-1993.
10. Laschinger H, & Leiter M. (2006). The impact of nursing work environments on patient safety outcomes: The mediating role of burnout engagement. *JONA: The Journal of Nursing Administration* 36: 259-267.
11. McGillis-Hall L. et al. (2006). Decision making for nurse staffing: Canadian perspectives. *Policy, Politics, & Nursing Practice*, 7(4), 261-269.
12. Smith DE (2005). *Institutional ethnography: A sociology for people*. Walnut Creek, CA: Altamira.
13. Smith DE (1999). *Writing the social: Critique, theory, investigations*. Toronto: University of Toronto Press.
14. MacKinnon K. (2011). Rural nurses' safeguarding work: Re-embodying patient safety. *Advances in Nursing Science*, 34(2) 119-129.
15. MacKinnon K. (2012). We cannot staff for 'What ifs': the social organization of rural nurses' safeguarding work. *Nursing Inquiry*, 19(3), 259-269. DOI: 10.1111/j.1440-1800.2011.00574.x
16. Campbell M. & Gregor F. (2002). *Mapping social relations: A primer in doing institutional ethnography*. Aurora, ON: Garamond.
17. Smith DE. (1987). *The everyday world as problematic: A feminist sociology*. Boston, MA: Northeastern University Press.
18. DeVault, M. L. & McCoy, L. (2002). Institutional ethnography: Using interviews to investigate ruling relations (pp. 751-776). In J.G. Gubrium & J.A. Holstein (Eds.) *Handbook of interview research: Context and method*. Thousand Oaks, CA: Sage.
19. McCoy L. (2006). Keeping the institution in view: Working with interview accounts of everyday experience. In *institutional ethnography as practice*, edited by D.E. Smith, 109-126. Lanham, MD: Rowman and Littlefield.