

# NURSES

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# Nurses

## Introduction

Nursing is the largest group of regulated health practitioners within the Canadian health workforce. Nurses provide care to individuals, families, communities, and populations and work in a wide variety of specialities and settings, but are best known for the care they provide in hospitals (Canadian Nurses Association [CNA], 2015b).

There are four categories of regulated nurses in Canada:

- Registered nurses (RNs) who work independently or interdependently with other health professionals providing direct health care services, promoting well-being and supporting the management of health and illness.
- Registered or Licensed practical nurses (LPNs) who work independently or interdependently with other health professionals providing direct health care services, promoting well-being and supporting the management of health and illness.<sup>1</sup>
- Registered psychiatric nurses (RPNs) who focus specifically on mental and developmental health issues by providing health services based on bio-psycho-social and spiritual models of care in four western provinces (BC, AB, SK, MB) and Yukon; and
- Nurse practitioners (NPs) who are RNs with advanced practise education who can autonomously evaluate, diagnose and manage clients' health across healthcare settings (Canadian Institute for Health Information [CIHI], 2021).

In 2020, over 448,000 regulated nurses were eligible to practise nursing in Canada (CIHI, 2021).

In this chapter we provide an overview of the nursing profession in Canada, tracing its historical roots to its contemporary form of education, scope of practise, regulation, employment and remuneration.



## History of the Profession

The history of nursing in Canada follows a complex path characterized by religious discourse, gendered divisions of labour and the dominance of the medical profession (Coburn, 1994).

As early as 1639, three Augustinian nuns in Québec called the *Augustines de la Miséricorde de Jésus* founded North America's first hospital in Québec City, the *Hôtel-Dieu de Québec*. In the mid 17<sup>th</sup> century, Jeanne Mance, a lay nurse and co-founder of the city of Montreal, established the *Hôtel-Dieu de Montréal* and recruited the *Religieuses Hospitalières de Saint-Joseph* from La Flèche, France, to help her provide care to the citizens of Montreal (CIHI, 2018; Pringle et al., 2014; Religieuses Hospitalières de Saint-Joseph, 2018).

<sup>1</sup> Since the adoption of the *Registered Health Professions Act* in 1993, LPNs use the professional designation of “Registered Practical Nurse” in Ontario. Before 1993, they were referred to as “registered nursing assistants.” In Québec, they are referred to as “nursing assistants” or “nurse auxiliaries.”

Canada's first hospitals were owned and operated almost exclusively by religious orders and predominantly by Roman Catholic sisters of French-Canadian origin. For example, the Grey Nuns of Montreal took centre stage in providing services in what are today known as the Prairies, while the Sisters of Providence of Montreal played a critical role in establishing health-care services in British Columbia (Paul, 2005).

English-Canadian nursing did not truly develop until after Florence Nightingale, a British nurse, founded the St. Thomas Hospital Nursing School in London, England, in 1860. Nightingale's model of nursing education soon spread to North America, but with differences in funding models. While the St. Thomas school was financially autonomous, nursing schools in Canada and the United States—with the exception of those in Roman Catholic-run hospitals—were largely financially and administratively controlled by hospital boards of directors (Anthony & Landeen, 2009; Paul & Ross Kerr, 2011).

Canada's first hospital diploma nursing program was established in 1874 at the General and Marine Hospital in St. Catharines, Ontario. It was known as the Mack Training School for Nurses, and it was based on a hospital apprenticeship model. Hospital diploma programs like this one soon became the model for training nurses across the country, largely because unpaid nursing students were an affordable staffing option for the rising modern hospitals. Once student nurses completed their training, few of them were hired on to work in hospitals (Bates et al., 2005).

### The professionalization of nursing

Graduates from these early nursing programs began to differentiate themselves from untrained or lay nurses in a process known as professionalization. Canadian nurses rallied for professional regulation and upgrading of nursing education in the public interest (CNA, 2013). The 1900s saw the development of legislation and regulation, the establishment of professional organizations and unions, and the creation of university education programs for nurses. Between the professionalization of nursing and advancements in hospital care, nursing soon became more specialized, and nurses began to take on greater responsibilities and leadership roles in health care.

The professionalization of nursing was further encouraged by the historically important role these health-care providers played in the Canadian military. While nurses served unofficially in the war of 1812, their first official role was as volunteers who helped care for the wounded during the Northwest Rebellion of 1885. More than 3,000 nurses served in the First World War, and twice that number served during the Second World War (CNA, 2013).

The Second World War marked a major turning point for Canada, for women, for Canada's health-care system and for the nurses who worked in it. Nurses sought better working conditions and more equitable treatment, including pay comparable to other professions, and unionized to achieve these objectives. In addition, the federal government created the National Health Grants Program in 1948, which led to the creation of many hospitals (Ross Kerr, 2011). During this period, graduates began to replace nursing students as the primary workforce of hospitals.

Table 1 summarizes some of the key events in the history and professionalization of nursing in Canada.

## Education

The formal educational requirements for regulated nurses in Canada range from two-year post-secondary diplomas for LPNs to undergraduate university degrees for RNs and RPNs and graduate degrees for Advanced Practise Nurses, CNSs, NPs and nursing faculty.

### Licensed practical nurses

LPN programs are offered by a variety of institutions in Canada, including colleges, vocational schools and other schools that offer distance education. Although the theoretical and clinical instruction may vary across the country, a two-year post-secondary LPN diploma is currently the educational requirement for registration as an LPN in most provinces and territories. Because of the tremendous demand for LPNs in Québec, there are more accredited LPN programs in that province than in any other.

Appendix 2 provides a list of the LPN programs approved by Canada's LPN regulatory colleges.

**TABLE 1:** Timeline of the professionalization of nursing in Canada

<b>1874</b>	The first formal hospital-based nurse training program is established in St. Catharines, Ontario.
<b>1908</b>	The Canadian National Association of Trained Nurses is established.
<b>1913</b>	Manitoba becomes the first province to regulate registered nurses.
<b>1919</b>	The University of British Columbia opens the first university program for nurses.
<b>1924</b>	The Canadian Nurses Association is founded in Hamilton, Ontario.
<b>1942</b>	The University of Toronto offers a four-year integrated degree program to prepare graduates for public health nursing.
<b>1945</b>	The Registered Nurses Association of British Columbia is certified as a bargaining agent under the <i>Labour Relations Act</i> .
<b>1946</b>	Following the Québec Nurses' Act of 1946, which provided for collective bargaining, the first nurses' union was formed in Canada: the <i>Fédération des infirmières et infirmiers du Québec</i> (now the <i>Fédération interprofessionnelle de la santé du Québec</i> .)
<b>1948</b>	Saskatchewan becomes the first province to regulate RPNs.
<b>1959</b>	The University of Western Ontario becomes the first university to offer a master's program in nursing.
<b>1960s</b>	Nursing programs move from hospitals to community colleges and universities.
<b>1967</b>	Dalhousie University establishes the first primary health-care nurse practitioner program.
<b>1970s</b>	The unionization of nursing becomes more widespread across Canada.
<b>1979</b>	Alberta endorses a Bachelor of Nursing degree as an entry-to-practise requirement for RNs.
<b>1981</b>	The National Federation of Nurses' Unions is founded.
<b>1982</b>	The University of Alberta offers the first distance degree in nursing.
<b>1987</b>	The Canadian Association of Schools of Nursing accredits the first undergraduate university nursing program.
<b>1990s</b>	Provinces prepare to mandate a bachelor's degree as an entry-to-practise requirement for RNs.
<b>1997</b>	Newfoundland and Labrador becomes the first province to regulate NPs.
<b>1998</b>	Bachelor's degrees become entry-to-practise requirements for RNs in four provinces.
<b>1991</b>	The first specialty certification is offered by the CNA. The University of Alberta becomes the first school to offer a PhD program in nursing.
<b>2005</b>	A bachelor's degree is required for entry to practise in all provinces and territories except Québec and the Yukon.

Source: (Canadian Nurses Association [CNA], 2013).

## Registered nurses

Bachelor's degree programs in nursing are offered in every province and territory except the Yukon.<sup>2</sup>

A variety of undergraduate programs are available to address the different needs of students, including direct entry, collaborative, post-RN, LPN-to-Bachelor of Science in Nursing (BScN), IEN-to-BScN (for internationally educated nurses), after-degree, and

fast-track or accelerated bachelor's degree programs. Some universities offer an honours option for students who wish to gain more in-depth knowledge in their areas of research. Students who graduate from these programs typically earn a BScN, though some programs award a Bachelor of Nursing (BN) or a Bachelor of Nursing Science (BNSc).

<sup>2</sup> Appendix 1 provides an overview of the university undergraduate programs approved by CASN and RN regulatory authorities by Canadian jurisdiction. Direct-entry bachelor's degree programs.

## The Canadian Indigenous Nurses Association (CINA)

A meeting of self-identified Indigenous nurses in Montreal/Kahnawake led to the formation of the Registered Nurses of Canadian Indian Ancestry in 1975. The nurses met to “pool their skills, education and cultural heritages to ultimately improve what they witnessed first-hand as nurses: the appalling overall health conditions faced by their own people” (CINA, n.d.). Today, the organization is known as the Canadian Indigenous Nurses Association (CINA). At nearly 45 years old, CINA is Canada’s longest-serving Indigenous health professional association.



CINA’s mission is to improve the health of Indigenous peoples by supporting Indigenous nurses and promoting the development and practise of Indigenous health nursing. To advance this mission, CINA engages in activities related to recruitment and retention, member support, consultation, research and education.

Learn more at [Indigenousnurses.ca/about](http://Indigenousnurses.ca/about).

RN entry-to-practise educational programs are approved by their respective jurisdictional nursing regulatory bodies and are often subject to a separate or conjoint accreditation process by the Canadian Association of Schools of Nursing (CASN). Québec is the only province that still offers diploma programs for RNs, delivered by 30 CEGEPs (Collège d’enseignement général et professionnel) programs (Federation des CEGEPS, 2017).

The Yukon does not offer initial registration and licensure of RNs. RNs who work in the Yukon are required to be registered with a nursing association in another Canadian jurisdiction and then to register with the Yukon Registered Nurses Association (YRNA, 2018).

Although Québec continues to offer diploma programs, the province also supports the development of baccalaureate-prepared nurses by offering post-RN programs through established partnerships between Cégeps and universities. In Québec, students can graduate from a three-year college program and qualify for registration as an RN. They can then choose to continue their studies toward a bachelor’s degree at one of the province’s universities. This is referred to as “DEC-BAC”—Diplôme d’études collégiales – Baccalauréat. Alternately, students who obtain their high school diploma outside Québec may complete a four-year bachelor’s degree program at one of Québec’s universities.

## Why a baccalaureate education for registered nurses?

According to CASN (2011), a broad-based baccalaureate education for nurses is warranted given the:

- Increasing complexity in nursing and health care;
- Rapidly expanding body of nursing and health-related knowledge;
- Rapidly expanded use of digital technologies in knowledge transfer and utilization;
- Need for “lifelong” learning to adapt to these changes and provide a basis for advanced nursing education;
- Accountability to the public for safe, competent, ethical and effective nursing care; and
- Need to understand and practise nursing within diverse social, cultural and geographic contexts.

Despite the slight differences in type of bachelor's degrees among universities, all undergraduate nursing programs provide general nursing education to meet the competencies required to practise at an entry level. Bachelor's degree curricula, based on appropriate learning models, address health and health-care issues (from simple to complex) that affect patients across their lifespan and in a variety of health-care settings. Patients may include individuals, families, groups, communities and populations in a variety of settings (CASN, 2017). Clinical placements—during which students provide nursing care under the supervision of experienced RNs and instructors—are an integral part of all nursing undergraduate curricula.

Most direct-entry bachelor's degree programs are located in universities and admit students directly after high school. Entrance requirements differ among universities and jurisdictions, but they typically require senior-level English or French, mathematics, chemistry, physics and biology (CNA, 2015a). Some universities offer honours bachelor programs, during which students gain in-depth research knowledge. A few universities use an advanced standing model that requires students to complete a set number of credits before applying to their university's nursing program.

Direct-entry bachelor programs typically take three to four years to complete.

### **Collaborative bachelor's degree programs**

Partnered universities and colleges jointly offer collaborative bachelor's degree programs (also referred to as integrated programs). Program models differ across the country. In general, students attend classes at a regional college for the first two years and then move on to complete their degrees at the partnered university.

Collaborative bachelor programs are four years in length.

### **Post-RN bachelor's degree programs**

Post-RN bachelor programs are designed for students who completed their nursing education at the college level or obtained their RN license before a bachelor's degree was required for entry-to-practise. These

university-based programs offer the additional courses required for a bachelor's degree.

Post-RN programs can take two years (full-time) to complete and are offered throughout Canada. Distance or online programs are also available in many jurisdictions.

### **LPN-to-BScN programs**

Most recently, LPN-to-BScN programs have become available for graduates of LPN certificate programs. LPN-to-BScN programs often include a “bridge” year during which students focus on updating their competencies to the RN level. After the bridge year, students are integrated into existing bachelor's degree programs at the same university.

LPN-to-BScN programs are generally three years long.

### **After-degree programs**

After-degree programs are for students who hold degrees in science or other related disciplines but are not nurses. After-degree programs are usually two years long and include theoretical and clinic-based nursing courses (CNA, 2015a).

### **Accelerated bachelor's degree programs**

Accelerated bachelor's degree programs offer similar curricula as direct-entry or collaborative programs but in a condensed format. Courses are offered over summer months, enabling students to complete these programs over a shorter period.

### **Registered psychiatric nurses**

Education programs for RPNs are located in four Canadian provinces and one territory: British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon (CIHI, 2018).<sup>3</sup>

Students may complete a two-year diploma program (pre- or post-bachelor's degree) or a four-year bachelor's degree program. Though a bachelor's degree is not required to practise as an RPN, more and more RPNs are earning them—a development supported by the Registered Psychiatric Nurses of Canada (RPNC, 2012).

<sup>3</sup> Appendix 3 provides a list of RPN programs in Canada that are approved by the RPN regulatory colleges in Canada.

## Internationally Educated Nurses (IENs)

According to the Government of Canada (2021), the IENs represent 8.9% of Canada's regulated nursing supply—more than 25,000 immigrant nurses in Canada within the last 10 years. Nurses educated outside of Canada seeking initial registration as LPNs, RNs, NPs or RPNs in a province (other than Québec or the territories) must first submit an application to the National Nursing Assessment Service (NNAS). The NNAS is a partnership of Canadian nursing regulatory authorities and has three roles:

- To verify credentials for IENs;
- To compare these credentials to Canadian standards; and
- To provide a secure, centralized electronic repository for nurses' education and registration credentials.

After completing the application, which takes 12 months approximately, IENs are generally required to write the NCLEX-RN exam as part of the registration or licensure process (see more: <https://www.cno.org/en/become-a-nurse/registration-requirements/education/faqs-nclex-rn-as-educational-requirement-for-iens/>).

Acknowledging that some IENs struggle to recertify, many jurisdictions have government and/or privately funded incentives and programs in place to assist IENs with accessing regulated employment. For example, since 2001, CARE Centre for Internationally Educated Nurses has helped thousands of IENs become RNs in Ontario. CARE Centre, and similar centres across the country, support IENs through competency assessments, exam preparation and review, profession-specific language instruction and communication workshops, observational job shadowing, workplace transition programs, and networking opportunities (CARE Centre for Internationally Educated Nurses, 2017).

For RNs, the percentage of IENs has remained at roughly 9% for the past 5 years, with BC, ON and AB having the highest percentages at 14%, 11% and 10% respectively (CIHI 2022). Research teams across the country have studied the obstacles IENs encounter during the professional recertification process and job search. For instance, recent focus group research conducted by Flecker (2022) highlighted that the registration process is stressful, complex, expensive, and lengthy, preventing many IENs from working in Canada and putting their knowledge, experiences, and expertise within the health system. The research findings identified four barriers such as the immigration status, the long processing times, the fees related to registration process, as well as the return of service agreements. Recent evidence indicates that CARE Centre and similar initiatives help many IENs become eligible to practise their profession, secure work as regulated nurses and integrate into their workplaces in Canada (Covell et al., 2017; Covell et al., 2018; Ramji & Etowa, 2018). These findings are instrumental to the development of programs and policies that facilitate the rapid integration of IENs into the Canadian regulated nursing workforce (Giblin et al.).

Several universities/colleges offer bachelor's degree programs specifically for internationally educated nurses (IENs). These programs include two years of study at an affiliated college. During this time, IENs focus on ensuring their nursing knowledge and skills match Canadian standards. Bridging programs also enable IENs to gain competency in English or French and familiarize themselves with the professional vocabulary used in Canadian workplaces. After two years of study at the affiliated college, students progress to the BScN program at the affiliated university (Algonquin College, n.d.).

Total time to complete an IEN-to-BScN program is four years.



## Nurses as lifelong learners

Like other health practitioners, nurses are lifelong learners. Nurses often participate in continuing education or return to university to specialize in a particular area of nursing, pursue certification, advance their formal education or gain new knowledge and skills. For example, in 2011, 32% of RNs employed in Canada who had initially obtained a diploma in registered nursing returned to school to complete a bachelor's degree in nursing (CIHI, 2018).

RNs are required by all regulatory colleges to demonstrate their continued professional competency to retain their license and continue practising nursing. Continuing education is one of many ways nurses can maintain and develop new professional competencies. Continuing education is offered in many formats, including workshops, professional development courses, employer-sponsored in-services, online courses, simulations, computer-based training programs and online courses (College of Registered Nurses of Alberta [CRNA], 2013).

RNs can also demonstrate their competency in a nursing specialty by becoming certified in that specialty. Many nurses are certified in health education roles, such as lactation consultants and diabetes educators. Like most health-care providers, practising nurses are certified in basic cardiac life support. Some are further certified in advanced cardiac life support, pediatric advanced life support or trauma nursing.

The CNA (2019a) offers national certification programs for RNs in the following specialties:

• Cardiovascular Nursing	• Occupational Health Nursing
• Community Health Nursing	• Oncology Nursing
• Critical Care Nursing	• Orthopaedic Nursing
• Emergency Nursing	• Pediatric Nursing
• Gastroenterology Nursing	• Peri-Anesthesia Nursing
• Gerontology Nursing	• Perinatal Nursing
• Hospice Palliative Care Nursing	• Perioperative Nursing
• Medical-Surgical Nursing	• Psychiatric and Mental Health Nursing
• Neonatal Nursing	• Rehabilitation Nursing
• Nephrology Nursing	• Wound, Ostomy and Continence Nursing
• Neuroscience Nursing	

RNs often pursue higher education to take on specialized or advanced practise roles or to retrain for a new area of practise. Depending on the jurisdiction and work setting, RNs may need graduate-level education to pursue career paths in clinical or advanced practise, leadership, academia or research. In 2011, 4% of Canadian RNs reported a master's degree or doctorate as their highest level of nursing education (CIHI, 2013).

There are 34 universities in Canada that offer master's degrees in nursing (CASN, 2017). According to CASN's report (2019), the percentage of nursing students' admission within master's program increased by 11.7% between 2017 and 2018, whereas the percentage of doctoral admissions decreased by 1.0%. Some schools offer graduate courses by distance (CNA, 2015a). The use of some distance education courses represents 56.2% of all programs, which contributed to facilitate students' access (CASN, 2019). In Canada, the most granted nursing degrees are Master of Nursing (MN), Master of Science in Nursing (MScN), as well as Master of Nursing Science (MNSc) (Almost, 2021).



RPN-to-BScN programs are offered in the Western provinces of Canada and are designed to supplement RPNs theoretical and clinical nursing knowledge in areas other than psychiatry (CNA, 2021).

Psychiatric nursing programs include theory and clinical instruction in psychiatric and general nursing. Some RNs with bachelor's degrees enrol in RPN diploma programs to gain specialized knowledge in psychiatric nursing. RPNs work autonomously and collaboratively with interdisciplinary teams, and refer clients to other health-care services as required.

### Advanced practise nurses

Advanced practise nurses are RNs who have the expert knowledge base, complex decision-making skills and clinical competencies required for expanded practise (CNA, 2008). According to the CNA (2008, p.10) advanced nursing practise is:

*...an umbrella term describing an advanced level of clinical nursing practise that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.*

Core advanced practise nursing roles include direct patient care, research, education, consultation, collaboration and leadership activities (DiCenso et al., 2010). The Canadian definition of an advanced practise nurse is in keeping with the International Council of Nurses' definition (ICN, 2018). Currently, there are two recognized advanced practise roles in Canada: clinical nurse specialist (CNS) and nurse practitioner (NP).<sup>4</sup>

### Clinical nurse specialists

The role of the CNS calls for a master's degree but is not regulated, and it differs from the role of the NP in that CNSs function within the RN scope of practise. In other words, they do not diagnose, prescribe, order tests or admit and discharge patients. Instead, CNSs use their knowledge and expertise to contribute to the development of nursing knowledge and evidence-based practise and address complex health-care issues for patients, families, other disciplines, administrators and policymakers (CNA, 2008). They "specialize in a specific area of practise that can vary by population, setting, disease or medical subspecialty, type of care or type of problem" (DiCenso et al., 2010, p. 1). Many CNSs work in hospitals, coordinating care services for inpatients, or manage large outpatient caseloads. Research shows CNSs who work in complementary roles in outpatient clinics, managing caseloads of patients, can improve the quality of care and reduce patient use of hospital services, thus improving health system outcomes (Kilpatrick et al., 2014).

Most universities in Canada do not have formal CNS programs, so students interested in this role pursue master's degrees with clinical, leadership or other programs focused on supporting advanced practise. One of the problems faced by CNSs in Canada is that they do not have title protection. The CNA position statement is not used consistently by employers, and some employers use the CNS title for nurses without master's degrees (Bryant-Lukosius et al., 2010; Campbell & Profetta-McGrath, 2013).

### Nurse practitioners

An NP is an RN with additional graduate or post-graduate education and clinical practise experience. NPs are educated in both nursing theory and medical skills and possess the knowledge and skills to autonomously diagnose, order and interpret diagnostic tests, prescribe treatment (including drugs), and perform specific procedures (within their legislated scope of practise) (CNA, 2008, 2015b).

NP programs are now offered only at the graduate level. This reflects changes brought forth by provincial regulations that require a master's degree for an RN to become an NP. There has been a progressive

<sup>4</sup> See Appendix 4 for a list of universities in Canada that offer NP and graduate programs in nursing.

increase in the number of NP programs offered at Canadian universities and colleges over the last 10 years, with 28 such programs reported in 2015–2016. There are NP programs in all provinces but none in the territories (CASN, 2017).

Generally, education programs for NPs are focused on family (all ages), adults and pediatric populations—the categories recommended in the 2006 Canadian Nurse Practitioner Initiative (CNA, 2006). The licensing examinations for these categories have been agreed to by 10 regulatory jurisdictions through the Canadian Council of Registered Nurse Regulators (CCRNRR) (2015). The family NP program focus is the most common, and is also known as primary health care. Not all program types are offered in all provinces. Some universities offer other practise foci (e.g., cardiology and renal in Québec, and neonatal in Nova Scotia, Québec and Alberta) in keeping with provincial regulations and recognition of these specialities. Ontario offers a concurrent or post-master’s specialty in anesthesia, and a post-master’s pediatric NP specialization. In Québec, there is another speciality – “Nurse Education or Infirmière formatrice (in French)”

***Doctorally Nurse Educator (or Education Nurse) is closer to Infirmière formatrice. (a formatrice is a trainer of one kind of another)***

Doctoral education programs prepare nurses to teach and supervise nursing students and to conduct rigorous, high-quality research in different nursing domains including clinical, education, management and policy area. (CASN, 2011). Generally, nursing students who intend to pursue their doctoral studies may choose between two different programs – Doctor of Nursing Practise (DNP) (not yet available in Canada) or Doctor of Philosophy (PhD) in Nursing. The DNP program focuses on preparing nurses to be experts in advanced nursing practise, whereas the PhD program is designed to prepare nursing as scholars to advance research within nursing discipline. In 2021, the University of Toronto started to deliver a new doctoral program – Doctor of Nursing (DN)—which aims to develop nursing leaders to be able to translate research into practise, apply evidence in decision-making as well as develop and implement clinical innovations within the health system (Almost, 2021).

RNs who hold PhDs teach nursing and other related courses at the college and university level. They compete for funding to conduct research that supports efforts to

address problems concerning the profession, health services, policy and system issues, and public health. They deliver presentations at local, national and international scholarly meetings, publish in peer-reviewed journals and books, and share their knowledge with related communities of interest. They hold leadership positions within universities, colleges and regulatory, professional, not-for-profit and governmental organizations in Canada and internationally. Currently, there is a projected shortfall in the number of PhD-prepared nurses in Canada (CASN, 2011).

The first doctoral program in nursing was implemented in 1991 at the University of Alberta, followed by the University of British Columbia within the same year (Almost, 2021). Today, there are 17 universities in Canada that offer doctoral programs in nursing (CASN, 2017).

## Scope of Practise

First, it is relevant to distinguish between role and scope of practise. The first means the activities and responsibilities that a nurse is allowed to practise within a healthcare organization (MacPhee, 2014). Whereas scope of practise refers to the activities nurses are educated and authorized to perform as set out in legislation and regulations and complemented by standards, guidelines, policy positions and codes of ethics (College of Registered Nurses of British Columbia [CRNBC], 2015). Each jurisdiction has laws, licensing bodies and regulations that describe requirements for education and training, and define the procedures, actions and processes nurses are permitted to perform (described in more detail in the Regulation section below). Even though the scope of practise is regulated by nursing regulatory bodies, the healthcare organizations may limit the activities and responsibilities of nurses according to their organizational policies (MacPhee, 2014).

The respective scopes of practise for each of the four categories of regulated nurses in Canada are not static. They have developed and changed over time in response to the health needs of the population, advancements in nursing knowledge and technology, and changes in the health-care system (CNA, 2015b). Differences in education, regulation and practise setting make it impossible to provide a detailed account of how scopes of practise are applied in the many different settings across the country.

## Registered nurses

Outside of legislation, standards and other regulatory controls specific to a particular jurisdiction, an RN's individual scope of practise may also be influenced by:

- Foundational knowledge;
- Individual level of competence;
- Client needs and health goals;
- Practise setting;
- Employer requirements and policies (CARNA, 2011).

For instance, in a primary care setting, an RN's scope of practise will include leading patient physical exams, interpreting outcomes, deciding whether a referral to an NP or physician is necessary, and determining if it is appropriate for the RN to deliver the next steps in care, such as developing a treatment plan (Registered Nurses Association of Ontario [RNAO], 2015).

In general, an RN's daily work life involves providing:

- Health care to promote, maintain and restore health;
- Prevention, treatment and palliation of illness and injury;
- Primary health status assessment;
- Intervention planning and implementation; and
- Health service coordination (CRNBC, 2015, p. 5)

Further examples of activities that may fall within an RN's scope of practise include:

- Assisting clients with the activities of daily living;
- Communicating appropriately with clients, colleagues and others;
- Collaborating with other members of the health-care team;
- Coordinating care services for clients;
- Counselling clients;
- Developing professional caring relationships with clients and others;

- Documenting timely, accurate reports;
- Managing or applying physical restraints;
- Mentoring or preceptoring other nurses;
- Planning client care;
- Pronouncing death;
- Providing disease prevention and health promotion services (e.g., blood glucose screening);
- Recommending or administering some medications;
- Teaching;
- Using isolation techniques; and
- Using some types of equipment and technology.

The fluidity and complexity of RNs' scopes of practise can present significant challenges for health-care planners. For example, the lack of national—or even provincial—uniformity in how RNs work within their scopes has led policy planners in this area to estimate that only 61% of RNs practise to their full scope in primary care (RNAO, 2015).

## Licensed practical nurses

While the LPN scope of practise may differ slightly by jurisdiction, in general, LPNs practise autonomously in collaboration and under the direction of RNs, physicians, pharmacists or other duly qualified medical practitioners in all settings (Nurses Association of New Brunswick, 2015). New Brunswick's *Licensed Practical Nurses Act* of 2014 (p.1) defines an LPN as

*... a graduate of an approved school of practical nurses who is not a registered nurse in New Brunswick, undertakes the care of patients under the direction and in collaboration with a registered nurse or duly qualified medical practitioner or pharmacist, for custodial, convalescent, sub-acutely ill and chronically ill patients, and who assists registered nurses in the care of acutely ill patients, rendering the services for which he or she has been trained.*

Although LPNs must work under the supervision of others, in some cases, they may provide nursing services to a client in a private home if the attending physician or NP has provided explicit directions (College of Licensed Practical Nurses of British Columbia [CLPNBC], 2014). LPNs often work closely with RNs, and their responsibilities may appear to overlap. Some colleges and regulatory authorities, such as the CLPNBC and the CRNBC, have sought to define these relationships to foster collaboration among nurses. For example, RNs supervise LPNs by providing clinical guidance, which “includes collaboration and support which may lead to clinical direction” (CLPNBC, 2014). This means the RN provides clinical guidance for the overall plan of care, while the LPN’s care planning responsibilities include:

- Assessing and identifying actual or potential client limitations and strengths;
- Collaborating, contributing and participating in the care planning process; and
- Reviewing and interpreting the plan of care.

The complexity and predictability of each individual case will dictate what and how much of the care is provided by an LPN versus an RN. In less complicated cases with lower risk of negative patient outcomes, much of the care can be provided by an LPN. If a patient becomes unstable and care becomes complicated with the patient’s outcomes in question, an RN may take over (CNO, 2014; Registered Nurses Association of Ontario [RNAO], 2015).

### Registered psychiatric nurses

RPNs focus on mental and developmental health, mental illness and addictions while integrating physical health, providing care for clients with complex psychosocial, mental health and physical needs. They coordinate care for individuals, families, groups, communities and populations in a variety of health-care settings with a variety of health-care professionals (Registered Psychiatric Nurses Of Canada [RPNC], 2012). More specifically, RPNs work within their scopes of practise in clinical practise, education, research and administration.

RPNs can offer the following services:

- Crisis consultation and intervention;
- Individual, family and group counselling or psychotherapy;
- Education;
- Consultation with public, private or voluntary organizations;
- Program development;
- Psychosocial rehabilitation;
- Community liaising with resource agencies or individuals;
- Vocational counselling in residential or day programs; and
- Mental health and addiction services (RPNC, 2008).

The legislated definition of registered psychiatric nursing can be vague. Provincial legislation may state that registrants of a certain jurisdiction are authorized to practise psychiatric nursing in that region while failing to define the limits and activities of this role. In response to these knowledge gaps, provincial regulatory colleges, such as the College of Registered Psychiatric Nurses of British Columbia, provide additional direction to ensure that RPNs carry out the identified nursing activities and have the necessary education and competencies. The boundaries of RPN practise are also defined by employer policy, which can include additional restrictions on practise. Finally, each RPN’s scope of practise is further defined by their own individual competencies.

### Nurse practitioners

The NP scope of practise is broader than that of the RN. Statements about NP competencies may vary slightly among jurisdictions, but they all reflect the competencies as outlined in the CCRNR NP Practise Analysis (CCRNR, 2015).

NPs are RNs who have received additional graduate-level education and are independent care providers. NP core competencies include direct patient care, research, education and consultation and leadership activities. The CNA offers speciality certifications in various fields for NPs.

While the NP scope of practise is governed by the jurisdiction where the NP works, in general, NPs can:

- Diagnose and treat illnesses;
- Order and interpret diagnostic tests;
- Set and cast bone fractures;
- Admit and discharge hospital patients; and
- Prescribe medications (CNA, 2018).

NPs use a holistic, research-grounded approach to emphasize health promotion as well as illness and injury prevention to complement rather than replace the care delivered by other health-care providers. In addition to providing a wide range of health-care services to patients, NPs also help patients access other health and social services (HealthForceOntario, 2014).

Although the amount of time NPs spend in clinical practise is dependent on setting and work contracts, most of their time is generally focused on providing specialized care to patients. There are several streams of NP practise across the country (CNA, 2016):

- Family (all ages)/primary health care/primary care (all ages);
- Adult;
- Pediatric;
- Neonatal (jurisdictional variations);
- Cardiology (Québec only); and
- Nephrology (Québec only) (CNA, 2016).

Most are primary health-care NPs who work in a variety of community-based settings (HI, 2015). Their practise is focused on health promotion, preventive care, diagnosis and treatment of acute common illnesses and injuries, and monitoring and management of stable chronic conditions (Donald et al., 2010, 2014). Acute care NPs work in a wide range of acute care clinical settings including hospitals, providing care to adults, children and neonates. Their practise includes patient counselling; health promotion; treatment of acute, critical or urgent illness; delivery of procedures; and monitoring of patients with chronic conditions (CNA, 2018).

Regardless of stream of practise or jurisdiction, the primary focus of the NP role is clinical. Clinical care delivered by an NP may include comprehensive care to clients of all ages, health promotion and disease prevention, and supportive, curative, rehabilitative and palliative care (Association of Registered Nurses of Newfoundland and Labrador, 2006).

## Regulation

Nursing is a self-regulated profession in Canada. Through provincial and territorial legislation, nursing regulatory authorities are responsible for ensuring registered nurses are safe, competent, compassionate and ethical practitioners. Regulatory bodies achieve this mandate through a variety of regulatory activities, such as overseeing registration and licensure, carrying out professional conduct reviews, setting standards governing nursing practise and education, describing the scope of nursing practise and identifying competencies required for entry-level practise.

Nursing regulatory bodies license, establish and enforce standards, and approve formal education programs for RNs, LPNs, RPNs and NPs either separately or together (see Table 2). Provincial and territorial legislation and regulations give regulated nurses the legal authority to use the titles Registered Nurse/RN, Licensed Practical Nurse/LPN, Registered Psychiatric Nurse/RPN or Nurse Practitioner/NP (CNA, 2007).<sup>5</sup> Regulation assures Canadians that those who call themselves RNs, LPNs, RPNs or NPs provide high-quality, safe and ethical care.

<sup>5</sup> There is some variation across the country in the titles used by NPs. For example, some nurses in Ontario use the title RN Extended Class. However, all nurses who practise as NPs must write NP exams and call themselves NPs (K. Hunter, personal communication, July 2018). For more information, please see the CNO's Practise Standard: Nurse Practitioner, available at [cno.org/globalassets/docs/prac/41038\\_strdrnec.pdf](http://cno.org/globalassets/docs/prac/41038_strdrnec.pdf).

The primary purpose of entry-level competencies is to describe the skills required for entry-level nurses to provide safe, competent, compassionate and ethical nursing care in a variety of practise settings. The competencies also serve as a guide for curriculum development and program accreditation, and ensure the public and employers are aware of the practise expectations for entry-level nurses.

Students who meet the requirements of an approved nursing education program are eligible to write a registration examination approved by the board or council of the jurisdictional regulatory body. Candidates must pass this exam before they can register to practise. Entry-level competencies inform the development and revision of entry-to-practise registration examinations (CCRNR, 2019).

### Registered nurses

RNs are self-regulated health professionals who work autonomously and in collaboration with others. RNs coordinate health care, deliver and direct services, and support clients in their self-care decisions in situations of health, illness, injury and disability at all stages of life. While there are slight variations among nursing regulatory colleges across the country, the basic requirements for RNs are the same:

- They must graduate from a recognized nursing program;
- They must pass an entry-to-practise registration exam; and
- They must demonstrate language competency and the ability to practise, either by having graduated in the past four or five years or by having practised a given number of hours during that time (CNA, 2015).

In 2011, the CCRNR issued a request for proposal for a new RN entry-to-practise licensing exam to replace the Canadian Registered Nurse Examination (CRNE). As a result, the National Council Licensure Examination for Registered Nurses (NCLEX), an American-based RN entry-to-practise exam, was

implemented in Canada (with the exception of Québec) in 2015. There have been significant issues with the NCLEX since its introduction into Canada, including problems with the French translation, and values and questions reflective of the U.S. health system—all of which have contributed to higher failure rates than under the CRNE (Canadian Nursing Students' Association [CNSA], 2016).

In response, CASN recently announced the Canadian Examination for Baccalaureate Nursing. The purpose of this exam is to officially recognize that graduates of Canadian programs have mastered the essential components of baccalaureate education for nursing in the Canadian context, and are well-prepared to enter practise or pursue graduate education (CASN, 2018).

### Licensed practical nurses

LPNs are currently regulated across Canada (CIHI, 2013). In Ontario, they carry the professional designation of Registered Practical Nurse. To register as an LPN, candidates must meet the requirements for registration with the regulatory authority in the province or territory where they plan to work. These include but may not be limited to:

- Graduate from an approved LPN program or equivalent;
- Demonstrate language proficiency;
- Meet the entry-to-practise competencies;
- Pass the Canadian Practical Nurse Registration Examination;
- Demonstrate evidence of good character, including the moral and ethical judgment expected of an LPN;
- Demonstrate the cognitive, behavioural, communication, interpersonal and physical skills and abilities required to practise as an LPN; and
- Pass a criminal record review (Canadian Council of Practical Nurse Regulators [CCPNR], 2013).

## Registered psychiatric nurses

RPNs in British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon must register with their respective regulatory authorities (CIHI, 2018).

Registration requires that candidates:

- Have graduated within the last four years from an approved psychiatric nursing program;
- Have been employed in the practise of psychiatric nursing or its equivalent for at least 1,400 hours in the past five years;
- Have completed an approved psychiatric nursing refresher education program within the past three years;
- Have passed the Canadian Registered Psychiatric Nurse Examination;
- Be competent to practise psychiatric nursing;
- Meet English language proficiency requirements; and
- Show evidence of good character (College of Registered Psychiatric Nurses of Alberta [CRPNA], n.d.).

## Nurse practitioners

Regulation of NPs is relatively new in Canada, with Newfoundland and Labrador becoming the first to regulate them in 1997 (see Table 2). Provincial and territorial regulatory authorities are responsible for setting the entry-to-practise competencies, standards of practise and licensure requirements for NPs in their respective jurisdictions. To practise in Canada, NPs must:

- Be a registered nurse;
- Hold either an NP post-bachelor's degree certificate, an NP post-graduate certificate or an NP graduate degree;
- Pass an entry-to-practise exam administered by the regulatory college; and
- Register with a provincial/territorial regulatory body.

NPs have additional title protection (beyond that of RNs) within each province and territory.

**TABLE 2:** Regulatory colleges, professional associations and unions in Canada

Alberta

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>College of Registered Nurses of Alberta (CRNA)</u></a>	RN	1916	<a href="#"><u>Alberta Association of Nurses (AAN)</u></a>	<a href="#"><u>United Nurses of Alberta (UNA)</u></a>	1977
<a href="#"><u>College of Registered Nurses of Alberta (CRNA)</u></a>	NP	2002	<a href="#"><u>Alberta Association of Nurses (AAN)</u></a>	<a href="#"><u>United Nurses of Alberta (UNA)</u></a>	1977
<a href="#"><u>College of Registered Psychiatric Nurses of Alberta (CRPNA)</u></a>	RPN	1955	<a href="#"><u>Alberta Association of Nurses (AAN)</u></a>	<a href="#"><u>United Nurses of Alberta (UNA)</u></a>	1977
<a href="#"><u>College of Licensed Practical Nurses of Alberta (CLPNA)</u></a>	LPN	1986	<a href="#"><u>Alberta Association of Nurses (AAN)</u></a>	<a href="#"><u>United Nurses of Alberta (UNA)</u></a>	1977



## British Columbia

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>British Columbia College of Nurses and Midwives (BCCNM)</u></a>	RN	1918	<a href="#"><u>Nurses and Nurse Practitioners of British Columbia (NNPBC)</u></a>	<a href="#"><u>British Columbia Nurses Union (BCNU)</u></a>	1981 <sup>6</sup>
<a href="#"><u>British Columbia College of Nurses and Midwives (BCCNM)</u></a>	NP	2005	<a href="#"><u>Nurses and Nurse Practitioners of British Columbia (NNPBC)</u></a>	<a href="#"><u>British Columbia Nurses Union (BCNU)</u></a>	1981
<a href="#"><u>British Columbia College of Nurses and Midwives (BCCNM)</u></a>	RPN	1951	-	<a href="#"><u>British Columbia Nurses Union (BCNU)</u></a>	1981
<a href="#"><u>British Columbia College of Nurses and Midwives (BCCNM)</u></a>	LPN	1988	<i>Licensed Practical Nurses of Association of BC</i>	<a href="#"><u>British Columbia Nurses Union (BCNU)</u></a>	1981

## Manitoba

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>College of Registered Nurses of Manitoba (CRNM)</u></a>	RN	1913	<a href="#"><u>Association of Regulated Nurses of Manitoba (ARNM)</u></a>	<a href="#"><u>Manitoba Nurses Union (MNU)</u></a>	1975
<a href="#"><u>College of Registered Nurses of Manitoba (CRNM)</u></a>	NP	2005	<a href="#"><u>Association of Regulated Nurses of Manitoba (ARNM)</u></a>	<a href="#"><u>Manitoba Nurses Union (MNU)</u></a>	1975
<a href="#"><u>College of Licensed Practical Nurses of Manitoba (CLPNM)</u></a>	LPN	1946	<a href="#"><u>Association of Regulated Nurses of Manitoba (ARNM)</u></a>	<a href="#"><u>Manitoba Nurses Union (MNU)</u></a>	1975
<a href="#"><u>College of Registered Psychiatric Nurses of Manitoba (CRPNM)</u></a>	RPN	1960	<a href="#"><u>Association of Regulated Nurses of Manitoba (ARNM)</u></a>	<a href="#"><u>Manitoba Nurses Union (MNU)</u></a>	1975

## Newfoundland & Labrador

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>College of Registered Nurses of Newfoundland and Labrador (CRNNL)</u></a>	RN	1954	-	<a href="#"><u>Registered Nurses' Union of Newfoundland and Labrador (RNUNL)</u></a>	1974
<a href="#"><u>College of Registered Nurses of Newfoundland and Labrador (CRNNL)</u></a>	NP	1997	-	<a href="#"><u>Registered Nurses' Union of Newfoundland and Labrador (RNUNL)</u></a>	1974
<a href="#"><u>College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL)</u></a>	LPN	1983	-	-	1974

<sup>6</sup> British Columbia Nurses Union, broke off from Registered Nurses Association of British Columbia who in 1946 was certified to act as a bargaining agent for BC nurses.

## New Brunswick

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#">Nurses Association of New Brunswick (NANB)</a>	RN	1916	-	<a href="#">New Brunswick Nurses Union (NBNU)</a>	1978
<a href="#">Nurses Association of New Brunswick (NANB)</a>	NP	2002	-	<a href="#">New Brunswick Nurses Union (NBNU)</a>	1978
<a href="#">Association of New Brunswick Licensed Practical Nurses (ANBLPN)</a>	LPN	1960	-	<a href="#">New Brunswick Nurses Union (NBNU)</a>	1978

## Northwest Territories & Nunavut

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#">Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU)</a>	RN	1999 (NU)/ 1973(NWT)	-	<a href="#">Union of Northern Workers (UNW)</a>	1998
<a href="#">Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU)</a>	NP	2004	-	<a href="#">Union of Northern Workers (UNW)</a>	1998
<a href="#">Northwest Territories Department of Health and Social Services</a>	LPN	2011 (NU)/ 1988 (NWT)	-	<a href="#">Union of Northern Workers (UNW)</a>	1998

## Nova Scotia

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#">Nova Scotia College of Nursing (NSCN)</a>	RN	1910	-	<a href="#">Nova Scotia Nurses Union (NSNU)</a>	1976
<a href="#">Nova Scotia College of Nursing (NSCN)</a>	NP	2002	<a href="#">Nurse Practitioners Association of Nova Scotia (NPANS)</a>	<a href="#">Nova Scotia Nurses Union (NSNU)</a>	1976
<a href="#">College of Licensed Practical Nurses of Nova Scotia</a>	LPN	1957	-	<a href="#">Nova Scotia Nurses Union (NSNU)</a>	1976

## Ontario

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#">College of Nurses of Ontario (CNO)</a>	RN	1922	<a href="#">Registered Nurses Association of Ontario (RNAO)</a>	<a href="#">Ontario Nurses Association (ONA)</a>	1973
<a href="#">College of Nurses of Ontario (CNO)</a>	NP	1997	<a href="#">Registered Nurses Association of Ontario (RNAO)</a>	<a href="#">Ontario Nurses Association (ONA)</a>	1973
<a href="#">College of Nurses of Ontario (CNO)</a>	RPN	1951	<a href="#">Registered Practical Nurses Association of Ontario (WeRPN)</a>	<a href="#">Ontario Nurses Association (ONA)</a>	1973

## Prince Edward Island

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>College of Registered Nurses of Prince Edward Island (CRNPEI)</u></a>	RN	1949	–	<a href="#"><u>Prince Edward Island Nurses Union (PEINU)</u></a>	1974
<a href="#"><u>College of Registered Nurses of Prince Edward Island (CRNPEI)</u></a>	NP	2006	<a href="#"><u>Prince Edward Island Nurse Practitioner Association (PEINPA)</u></a>	<a href="#"><u>Prince Edward Island Nurses Union (PEINU)</u></a>	1974
<a href="#"><u>College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI)</u></a>	LPN	1959	–	<a href="#"><u>Prince Edward Island Nurses Union (PEINU)</u></a>	1974

## Québec

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>Ordre des Infirmières et Infirmiers du Québec (OIIQ)</u></a>	RN	1946	<a href="#"><u>The Quebec Nurses Association (QNA)</u></a>	<a href="#"><u>Fédération Interprofessionnelle de la Santé du Québec (FIQ)</u></a>	1987
<a href="#"><u>Ordre des Infirmières et Infirmiers du Québec (OIIQ)</u></a>	NP	2003	<a href="#"><u>Association des Infirmières Praticiennes Spécialisées du Québec (AIPSQ)</u></a>	<a href="#"><u>Fédération Interprofessionnelle de la Santé du Québec (FIQ)</u></a>	1987
<a href="#"><u>Ordre des infirmières et Infirmiers Auxiliaires du Québec (OIIAQ)</u></a>	RPN <sup>7</sup>	1974	–	<a href="#"><u>Fédération Interprofessionnelle de la Santé du Québec (FIQ)</u></a>	1987

## Saskatchewan

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#"><u>College of Registered Nurses of Saskatchewan (CRNS)</u></a>	RN	1967	–	<a href="#"><u>Saskatchewan Union of Nurses (SUN)</u></a>	1974
<a href="#"><u>College of Registered Nurses of Saskatchewan (CRNS)</u></a>	NP	2003	<a href="#"><u>Saskatchewan Association of Nurse Practitioners (SANP)</u></a>	<a href="#"><u>Saskatchewan Union of Nurses (SUN)</u></a>	1974
<a href="#"><u>Saskatchewan Association of Licensed Practical Nurses (SALPN)</u></a>	LPN	1956	–	<a href="#"><u>Saskatchewan Union of Nurses (SUN)</u></a>	1974
<a href="#"><u>The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS)</u></a>	RPN	1948	–	<a href="#"><u>Saskatchewan Union of Nurses (SUN)</u></a>	1974

7 A Licensed Practical Nurse is given the designation a Registered Practical Nurse (RPN) in Ontario

## Yukon

Regulatory Authority	Nursing Group	First Year Regulated	Professional Association(s)	Union	Year Union Established
<a href="#">Yukon Registered Nurses Association (YRNA)</a>	RN	1994	-	<a href="#">Yukon Employees Union (YEU)</a>	1965
<a href="#">Yukon Registered Nurses Association (YRNA)</a>	NP	2012	-	<a href="#">Yukon Employees Union (YEU)</a>	1965
<a href="#">Yukon Department of Community Services</a>	RPN	2009	-	<a href="#">Yukon Employees Union (YEU)</a>	1965
<a href="#">Yukon Department of Community Services</a>	LPN	1987	<a href="#">Yukon Licensed Practical Nursing Association (YLPNA)</a>	<a href="#">Yukon Employees Union (YEU)</a>	1965

Note: Adapted from Garrett & MacPhee (2014)

## Professional Representation across Canada

### Unions

As Table 1 notes, the movement to unionize nurses arose throughout the 1970s. It was in part a response to the federal government’s call for severe financial constraints that would directly affect the remuneration of public sector workers, including nurses. During this time, it became clear that there was no national voice that could speak for nurses, and in 1981, the National Federation of Nurses Unions, later to be renamed the Canadian Federation of Nurses Unions (CFNU), was formed.

The CFNU represents nearly 200,000 nurses and student nurses, who are members of the eight provincial nurses unions and the Canadian Nursing Students’ Association (see Table 2). Initially, nurses unions “focused on negotiating contracts, handling grievances and other labour relations issues” (CFNU, 2006, p. 3). The role of nurses unions today concentrates primarily on public policy, labour relations, remuneration (including benefits and pensions), work environment and conditions (including safe staffing requirements), retention and recruitment issues, employee assistance and educational opportunities for nurses.

### Professional associations

There are many professional associations for nurses in Canada and internationally, and nurses belong to them for many reasons (see Table 2). Professional associations can help nurses update their education and knowledge, get information about annual conventions and conferences,

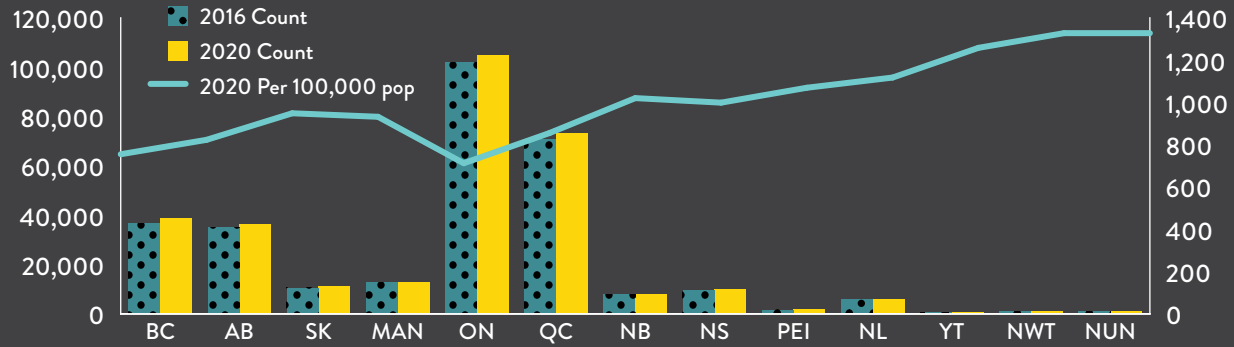
network with other nurses and health professionals in their areas of practise, and become certified in a specific area of practise. Membership in a professional association also helps nurses learn about new career opportunities and contribute to policies that affect their profession, the health system and the health of Canadians.

The CNA represents nearly 50,000 nurses as the national and global professional voice of nurses in Canada. The association advances the practise and profession of nursing to improve health outcomes and strengthen Canada’s publicly funded, not-for-profit health system. CNA is a member of the International Council of Nurses (ICN).

CNA’s membership includes the Canadian Network of Nursing Specialties, which

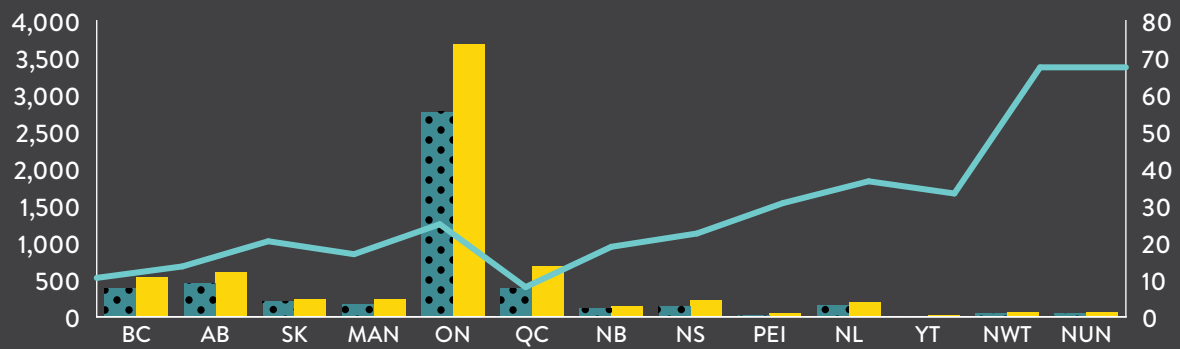
*...consists of a committed group of nurses who have joined one of 45 national associations in a specialized area of nursing. By joining these national associations, nurses enhance the breadth and depth of specialized nursing knowledge, as well as the connections and organizational linkages available to CNA and to the network. The nursing specialties in the network range widely from aboriginal health nurses to operating room nurses to occupational health nurses to legal nurse consultants. (CNA, 2019b).*

**Figure 1.1: Registered nurses—count and per population rates in Canadian provinces and territories, 2016 and 2020**



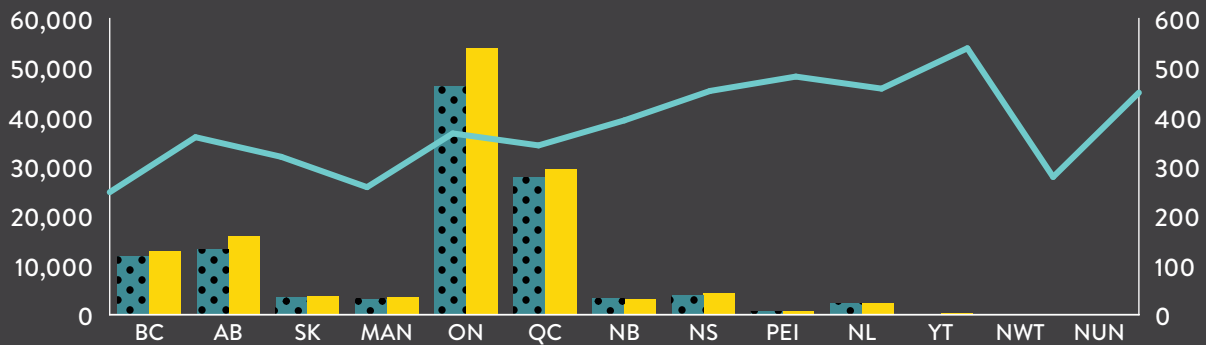
Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

**Figure 1.2: Nurse practitioners—count and per population rates in Canadian provinces and territories, 2016 and 2020**



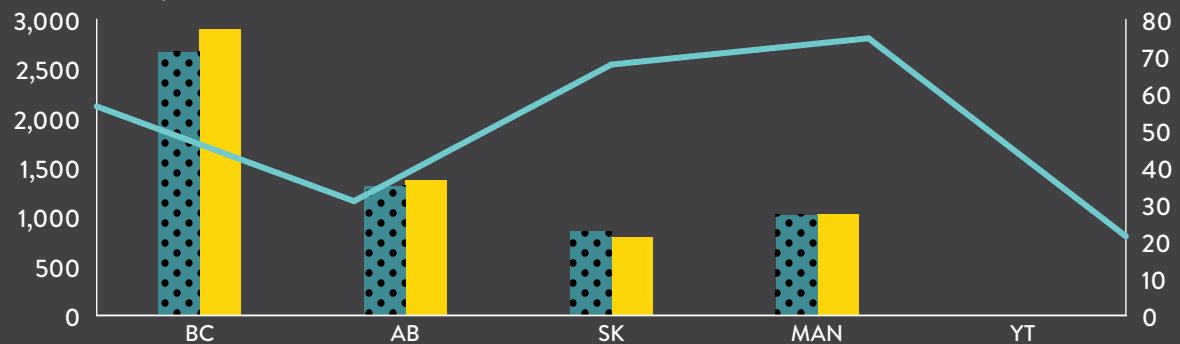
Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

**Figure 1.3: Licensed practical nurses—count and per population rates in Canadian provinces and territories, 2016 and 2020**



Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

**Figure 1.4: Registered psychiatric nurses—count and per population rates in Canadian provinces and territories, 2016 and 2020**



Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

In 2018, CNA expanded its membership to include all four categories of regulated nurses in Canada. This decision signals a commitment to intra-professional collaboration that will enable the nursing professions in Canada to respond more effectively to the evolving health-care systems and needs of the Canadian population. CNA is now a national association that provides a united voice for all nurses in Canada (CNA, 2018c).

There are also a number of specialty-focused professional associations, either for specific areas of nursing practise such as critical care or for specific medical disorders or conditions (e.g., cancer), as well as some role-specific nursing associations (e.g., NPs, nurse administrators). Sigma Theta Tau is the honour society for nurses (Matthews, 2012).

## Demographics

### Supply of nurses in Canada

Nursing is by far the largest health profession in Canada making up nearly half of the health workforce. While overall numbers of nurses are increasing, growth of the profession is slowing. The breakdown of the 448,044 regulated nurses with active licences in 2020 is:

- 304,558 (69.5%) were RNs (including 6,661 NPs);
- 130,710 (29.2%) were LPNs; and
- 6,115 (1.4%) were RPNs (CIHI, 2021).

Figures 1.1, 1.2, 1.3 and 1.4 depict the number and per population ratio of RNs, NPs, LPNs and RPNs by jurisdiction for 2020. Although Ontario and Québec have the largest number of nurses, their per population rate is lower than some other provinces.

The numbers of nurses actually employed in their professions are lower. Of the 406,077 nurses employed in 2020:

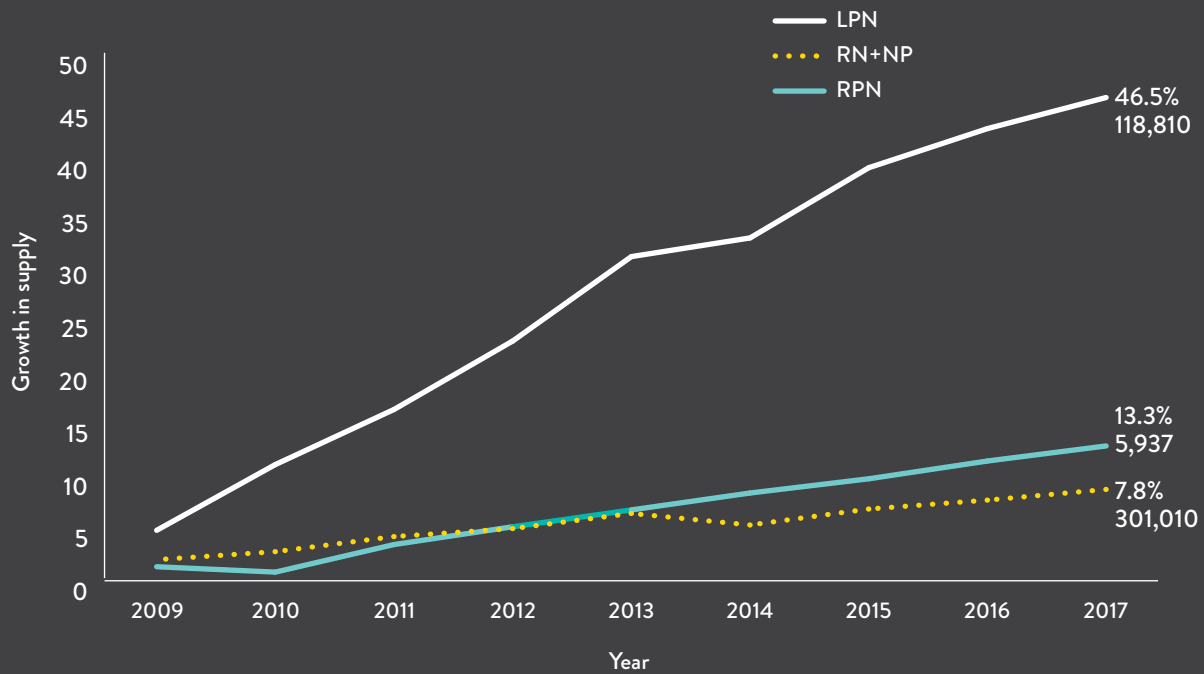
- 275,659 were RNs (including 6,086 NPs);
- 118,537 were LPNs; and
- 5,795 were RPNs.

The vast majority of nurses (91%) held a license to practise in the same jurisdiction where they completed their training.

The number of nurses has increased but the growth across categories has been uneven (Figure 2). Between 2009 and 2017, with LPN development outpacing RPNs and RNs. Average annual growth peaked at 5.6% in 2013 and then slowly declined, reaching 4.3% in 2017. The higher growth in supply of LPNs may reflect the length of educational programs, which are shorter in duration (two years on average).

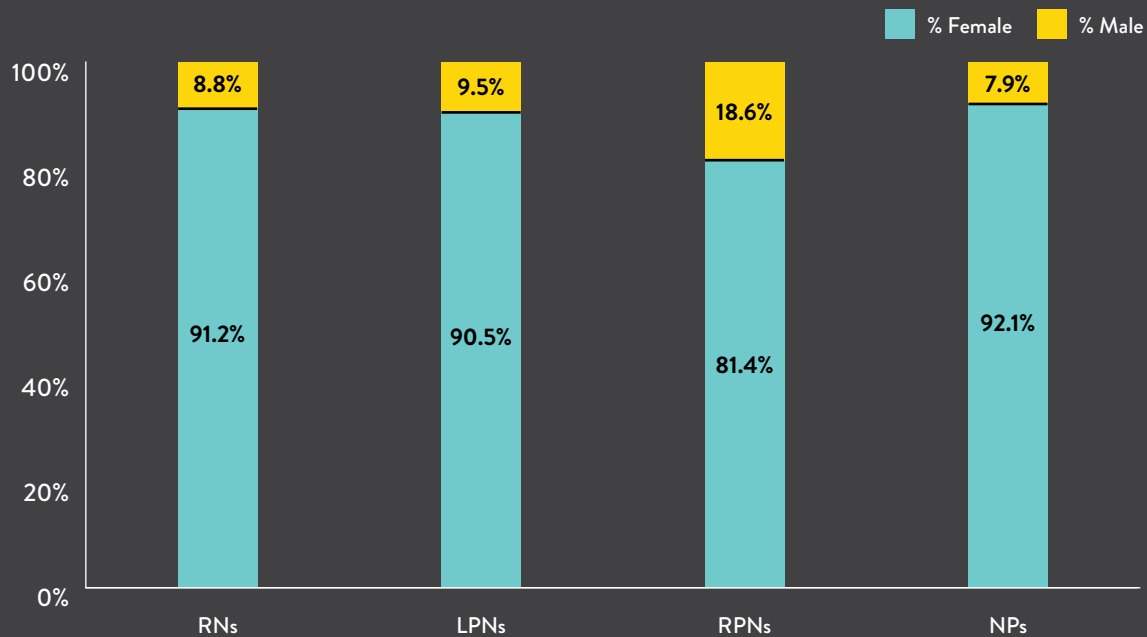
Between 2018 and 2020, all groups of nurses employed increased with the exception of RNs who saw a decrease from 2018 to 2019 of 3.1% and a slight increase of .7% from 2019 to 2020 but still below the 2018 number of employed nurses: 282,394. This is clearly an impact of the pandemic, but the overall supply of regulated nurses only grew on average 1.7% between 2008 and 2017 which reflects other trends over and above the pandemic. For example, regulatory changes in Ontario requiring RNs to have practised nursing in the three years prior to renewing their licenses may also have cut out RNs who were not practising but were registered with the College (CIHI, 2015).

**Figure 2: Growth (%) in the supply of regulated nurses, 2009–2017**



Source: CIHI, 2018.

**Figure 3: Gender distribution of regulated nurses by type, 2020**



Source: CIHI Nursing in Canada 2011–2020.



The decrease in the supply of registered nurses is of concern. In 2009 it was estimated that, by 2022, Canada will require an additional 60,000 full-time equivalent RNs to meet the health-care needs of the Canadian population (Tomblin-Murphy et al., 2009). Since 2010, only ad hoc programs were developed to address nurse retention and recruitment and no updated nursing workforce planning was undertaken.

## Gender and age distribution of nurses in Canada

### Gender

Overall, nursing remains a female-dominated profession. The largest proportions of male regulated nurses are found in Québec (11.2% men). Of the four categories of regulated nurses, RPNs have the highest proportion of males (18.6%), versus 9.5% for LPNs, 7.9% for NPs and 8.8% for RNs (CIHI, 2021).

### Age

In 2020<sup>8</sup>, the average ages for nurses were 43.6 years for RNs, 41.0 years for LPNs, 44.4 years for RPNs and 44.2 years for NPs (CIHI, 2021). In 2019, we note that most regulated nurses are aged between 35 and 54 (CIHI, 2020).

Overall, the proportion of younger nurses is higher across all nursing professions (see Figure 4). The younger cohort is most significant in the LPN supply (29% of LPNs are 35 years or younger, versus 23% of RNs, 21% of RPNs and 15% of NPs). The younger and higher LPN supply may reflect the nature of LPN preparation, which is shorter in duration than that of RNs and RPNs.

## Practise settings and employment status

Nurses practise in all provinces and territories in Canada and in five domains:

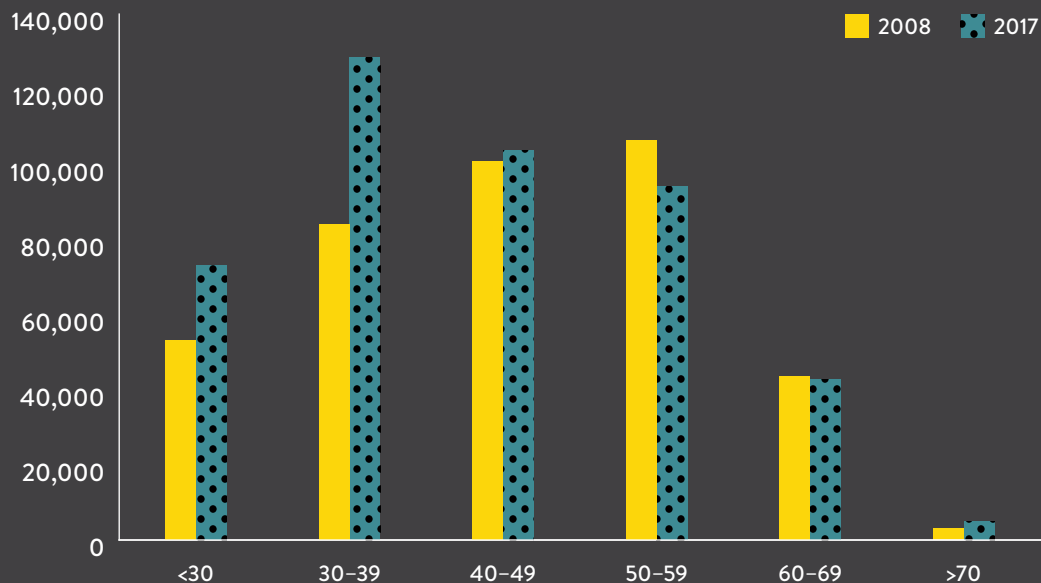
- *Clinical care nurses* provide direct care to people of all ages;
- *Education nurses* teach clients, patients, and other nurses and health-care providers;
- *Administration nurses* provide administrative services in hospitals and other practise settings, as well as provincial/territorial or federal governmental organizations;
- *Research nurses* conduct research in all areas of health and social care; and
- *Policy nurses* develop and evaluate regulatory, professional and governmental policies (CNA, 2015b).

Most nurses (85% of RNs, 87% of LPNs, 85% of RPNs and 91% of NPs) provide direct care (CIHI, 2021).

Within these realms, nurses assume a variety of specialized roles. For example, some nurses specialize in direct patient care as flight nurses during the transportation of critically ill patients. Other nurses work in public health departments or the school system, providing preventive care to children and families, such as infant check-ups or immunizations. Some nurses work in colleges or universities, teaching nursing students and conducting research. Nurses who work for professional or governmental agencies may develop and analyze policies. Many nurses are administrators in health-care organizations, schools of nursing or insurance companies. Most nurses, however, work directly with people in need of nursing care in hospitals, clinics, or residential and home environments.

8 For 2020 data CIHI adopted a less granular approach to age grouping—less than 30 30 to 59 and over 60—as such the older more granular data are included here.

**Figure 4: Regulated nurses by age group, Canada, 2011–2020**



Source: CIHI, 2021 Nursing in Canada, 2011–2020 Data Tables.

### **Registered nurses**

Registered nurses account for the majority of all regulated nurses in Canada, with most of the regulated nurses providing direct care in hospitals (CIHI, 2018). In 2020, 84% of RNs had a single employer at the time of registration.

Among RNs, 68.3% work in hospitals, while the rest are employed in community health agencies (14.8%), nursing homes or long-term care facilities (9.0%) or other settings (11.5%). Nearly 90.2% of RNs are employed providing direct patient care, while 6.9% are employed as managers. The remaining are employed in other types of nursing positions in academia, government or industry. The majority (61.4%) work full-time, while 38.6% work in part-time or casual positions (CIHI, 2021). In 2019, this percentage decreased—The majority of nurses (58%) were employed full-time, while 32% work in part-time, and 10% work in casual positions (CIHI, 2020).

### **Registered psychiatric nurses**

As of 2020, 61.8% of RPNs were employed full time in psychiatric nursing (CIHI, 2021). RPNs with fewer years of experience were less likely to have full-time employment, which may explain the rate of part-time employment. In 2017, RPNs worked in acute care hospitals (45.8%), community health agencies (31.5%), long-term care and other settings (11.6%). The employment trends for RPNs have remained constant over time (CIHI, 2018).<sup>9</sup>

### **Licensed practical nurses**

At 51.9%, LPNs have lower rates of full-time employment than RNs or RPNs (CIHI, 2021). Most LPNs provide direct patient care in a variety of settings such as hospitals, long-term care facilities, public health and community health centres, primary care clinics and industry.

<sup>9</sup> Updated 2020 data for RPN were incomplete.

### **Nurse practitioners**

The majority of NPs (84.9%) work in urban areas, and most (77%) work full-time (CIHI, 2021). More than half (64.6%) of NPs work outside of the hospital sector, generally in clinics or medical offices where they have the support and supervision of physicians (when required by provincial regulation) (CIHI, 2021). There is a growing trend toward specialization as acute care nurse practitioners, who specialize in hospitalized patients, such as critically ill neonates or cancer patients.

Overall, evidence suggests NPs improve access to holistic, cost-effective, high-quality care that reduces wait times and costs throughout the broader health system (Little & Reichert, 2018). Despite some small increases in the number of NPs in Canada over the past decade, the supply of NPs in Canada remains small. CIHI reports that there were 6,086 NPs practising in 2020, with over 55% of them working in Ontario (CIHI, 2021). With only about 17 NPs per 100,000 Canadians—one fifth of the per capita supply in the U.S.— it suggests that Canada has a long way to go before it can take advantage of the untapped potential of NPs to meet Canada’s health-care needs.

### **Coverage of Services and Remuneration**

Compensation for nurses varies depending on many interrelated factors, including professional designation (RN, LPN, RPN, NP), the type and scope of the position, demand and geographical location.

The CFNU publishes an annual update of unionized nurses’ salaries comparing various nursing contract provisions (CFNU, 2021). In its 2021 update, it was noted that:

- hourly rates of pay for general duty, acute care RNs range from a low of \$25.05 in Québec to a high of \$48.37 in Alberta (see Figure 4). The annual income also ranges from a minimum of \$48,847.50 in Québec to a high of \$93,795.75 in Saskatchewan.

- hourly rates of pay for LPNs range from a minimum of \$23.50 in Québec to a maximum of \$37.22 in Saskatchewan and similarly a minimum annual income of \$45,852 in Québec to a maximum of \$73,241.22 in Manitoba.
- hourly rates for NPs range from a minimum of \$29.50 in Québec to a maximum of \$62.92 in Ontario (not including data for BC and AB); annual salaries range from a minimum of \$62,360 in Québec to a maximum of \$130,104, also in Québec.

## **Key Issues for the Profession**

### **Heavy workloads**

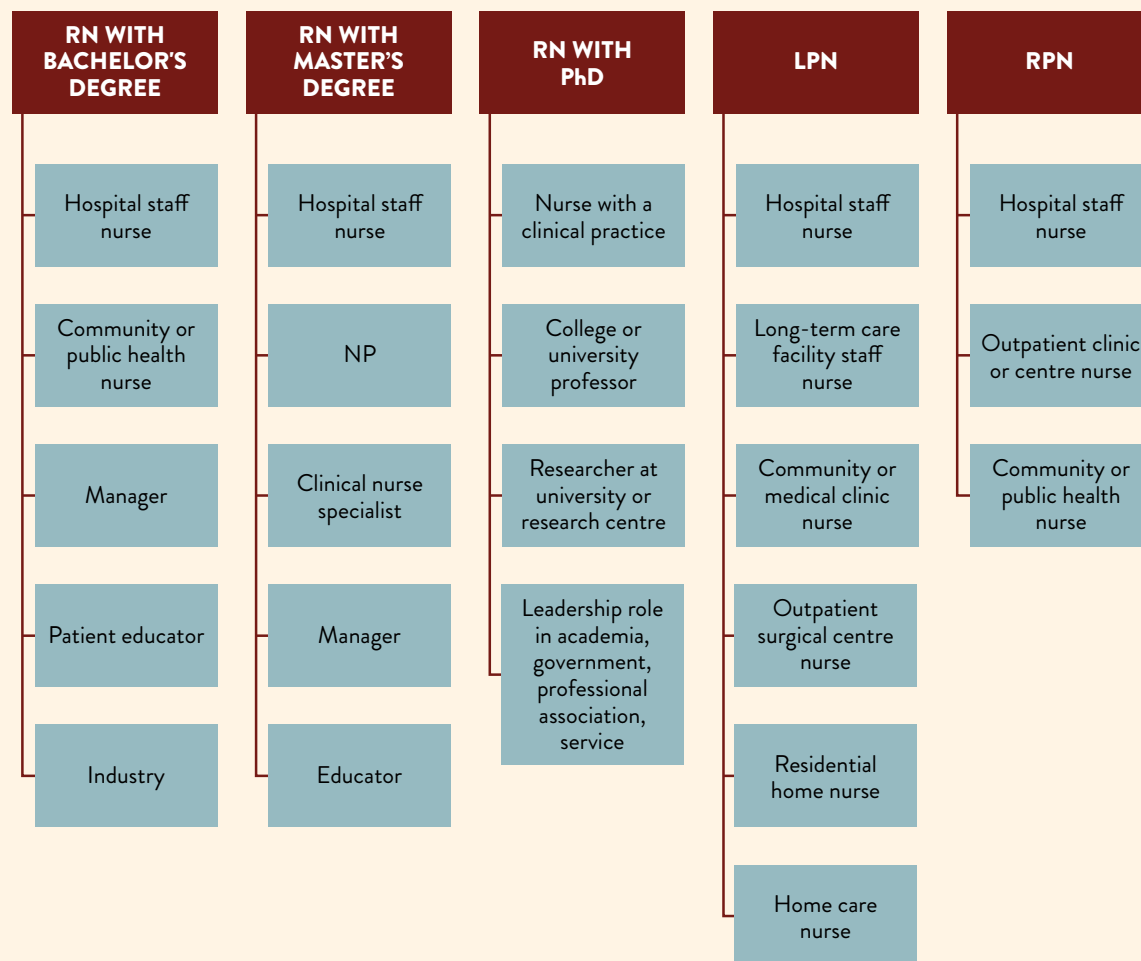
Nurses at all career stages expressed frustration when they were unable to provide high-quality care due to high workloads, high patient-to-nurse ratios, and ongoing issues with involuntary overtime and the resulting increase in absenteeism, which the CFNU has documented as an ongoing issue over the past decade (CFNU, 2017). As the acuity of patients continues to rise, research shows that providing optimal quality care requires that nurse qualifications and competencies be matched to specific patient needs, as assessed on a real-time, unit-by-unit, shift-by-shift basis (MacPhee, 2014; MacPhee et al., 2017).

## Many careers in one

Common reasons nurses report for pursuing nursing as a career include to care for others, to make a difference and to help people (Price et al., 2013). Nurses at different stages of their careers identified distinct sets of values, expectations and needs related to their career development, but generally shared a focus on quality, patient-centred care (Price, 2015). The profession is also considered to be family friendly, pay well and offer job security (Price et al., 2013).

Other benefits include:

- **Versatility:** With a wide variety of settings, roles, patient groups and populations, nursing offers many different options (see Figure 3).
- **Learning opportunities:** Thanks to advances in medicine and nursing research, nurses are constantly learning new things and ways to improve the care they provide.
- **Specialization:** Nurses can choose to specialize and become experts in areas of practise or with specific patient populations that interest them.
- **Flexibility:** Work schedules can accommodate many constraints thanks to the variability available in number of hours per week, shifts (days, evenings or nights) and days of the week (weekdays or weekends).
- **Portability:** Nurses can work in other cities, regions (urban or rural), provinces and even countries.



## Workplace violence

Violence in the health-care sector is on the rise. Verbal and physical violence happens every day in health-care facilities from coast to coast, resulting in devastating personal and financial costs (Silversides, 2019). A 2020 CFNU study conducted by Stelnicki and colleagues reported that workplace violence has a negative impact on nurses' mental health. They noted that the physical assault was the most reported type of exposure of mental disorders affecting many nurses within their work environment. Similarly, CFNU (2020) added that workplace violence may exacerbate the level of mental health illness among nurses, resulting in leaving the profession and increasing nursing shortages. Indeed, the results of a national survey conducted by McGillis Hall and Visekruna (2020) reported that 60% of approximately 7,153 regulated Canadian

nurses participated in the study intend to leave their jobs, and more than one quarter consider leaving the nursing profession. In order to retain and recruit nurses, attention must be paid to promoting healthy work environments for nurses. In the report *Enough is Enough: Putting a Stop to Violence in the Health Care Sector*, the CFNU (2020) called for governments to work with its member organizations to:

- To strengthen and improve OH&S legislations so as to create safe workplace standards for health care workplaces.
- To ensure meaningful and consistent enforcement and reporting, as well as strong language around the prevention of violence and bullying in health care workplaces, through risk assessments, education, training and emergency preparedness.

## Impact of COVID-19 on the nursing workforce

Since the first wave of the pandemic in 2020, nurses have been on the frontlines to care for patients and their families, to educate the public on how to prevent the transmission of the infection, putting their lives at risk with limited resources of protecting and training (International Council of Nurses [ICN], 2021). For the past year, nurses have been working hard not only to fulfill their activities in clinical settings but also to participate in delivering 9.33 billion doses of vaccines worldwide (ICN, 2021). In Canada, as elsewhere, this led to excessively heavy workloads, impacting the nurses' mental health and the nursing workforce broadly.

In 2022, Statistics Canada released its national survey, which explored the experiences of healthcare workers during the COVID-19 pandemic, indicating that 95% of healthcare workers reported being impacted by the pandemic. The most significant impacts that health care workers reported were:

- 86.5% felt more stressed at their work
- 74.6% had an increased workload
- 55.5% had to do other work that they do not usually do.

Among health care workers groups, nurses (92%) were the most who reported feeling stressed and burnout at their work. In addition, nurses reported having an increased workload as the second significant impact of the pandemic on their work.

Similarly, the Canadian Federation of Nurses Unions (CFNU, 2022) released its national survey, indicating that the pandemic has worsened the nursing workforce crisis and highlighting that:

- Two in three nurses indicated that their mental health worsened compared to the last year.
- Two in three nurses rated their level of stress at work due to the pandemic as high or very high.

Consequently, Statistics Canada (2022) reported that nurses, compared to other health care groups, are most likely to intend to change their jobs or leave their current job within the next three years. Also, the 2022 CFNU's national survey indicated that thousands of nurses across Canada are considering leaving their current job and the nursing profession altogether, reporting that:

- 59% of early-career nurses, 56% of mid-career nurses, and 20% of late-career nurses are considering leaving their current job within the next year.
- 19% of nurses are considering leaving the profession altogether.
- 41% of nurses, who suffer from clinical symptoms of burnout, are more likely to indicate they are considering leaving the nursing profession altogether.

To sum up, Canadian nurses have been struggling with an endemic level of burnout, stress, and mental health disorder symptoms due to a number of complex issues, including toxic work environments, excessive workloads and inadequate staffing. The COVID-19 pandemic has significantly exacerbated these issues and impacted the nursing workforce, which became vulnerable.

## Conclusion

Nursing, the largest health profession in Canada, has evolved to encompass four categories of regulated nurses: RNs, LPNs, RPNs and NPs. These different categories of regulated nurses work in a variety of settings and roles across the country to provide care to patients and clients of all ages and profiles. Employment projections for nurses are strong, with the demand for RNs rising as the Canadian population grows and ages. Key issues of workloads and workplace violence are critical to address for continued growth of this much needed profession.

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## List of Acronyms

CASN	Canadian Association of Schools of Nursing
CCRN	Canadian Council of Registered Nurse Regulators
CFNU	Canadian Federation of Nurses Unions
CIHI	Canadian Institute for Health Information
CINA	Canadian Indigenous Nurses Association
CLPNBC	College of Licensed Practical Nurses of British Columbia
CNA	Canadian Nurses Association
CNO	College of Nurses of Ontario

CNS	Clinical Nurse Specialist
CRNBC	College of Registered Nurses of British Columbia
CRNE	Canadian Registered Nurse Examination
IEN	Internationally Educated Nurse
LPN	Licensed Practical Nurse
NCLEX	National Council Licensure Examination for Registered Nurses
NNAS	National Nursing Assessment Service
NP	Nurse Practitioner
OH&S	Occupational Health and Safety
RN	Registered Nurse
RNAO	Registered Nurses Association of Ontario
RPN	Registered Psychiatric Nurse
RPNC	Registered Psychiatric Nurses of Canada

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## Appendix 1. Universities with Baccalaureate Nursing Programs by Jurisdiction

### BRITISH COLUMBIA

University	Type of program	Program length (years) <sup>10</sup>	Degree	Language of instruction
<a href="#"><u>British Columbia Institute of Technology</u></a>	Direct-entry accelerated	3	BScN	English
<b>Douglas College:</b> <a href="#"><u>Nursing (BSc)</u></a>	Direct-entry	4	BScN	English
<b>Douglas College:</b> <a href="#"><u>Psychiatric Nursing (BSc)</u></a>	Direct-entry psychiatric nursing	4	BScPN	English
<b>Kwantlen Polytechnic University:</b> <a href="#"><u>BSc in Nursing</u></a>	Direct-entry	4	BScN	English
<b>Kwantlen Polytechnic University:</b> <a href="#"><u>BScN Post-Baccalaureate</u></a>	After-degree <sup>11</sup>	2 ½ <sup>12</sup>	BScN	English
<b>Kwantlen Polytechnic University:</b> <a href="#"><u>Bachelor of Psychiatric Nursing</u></a>	Direct-entry psychiatric nursing	4	BScPN	English
<b>Langara Community College:</b> <a href="#"><u>Nursing</u></a>	Direct-entry	4	BScN	English
<b>Langara Community College:</b> <a href="#"><u>Nursing Transition Program</u></a>	LPN to BScN <sup>13</sup>	3	BScN	English
<b>Thompson Rivers University:</b> <a href="#"><u>BSc in Nursing</u></a>	Direct-entry	4	BScN	English
<b>Thompson Rivers University:</b> <a href="#"><u>Advanced Placement for LPNs</u></a>	Post LPN	2	BScN	English
<b>Thompson Rivers University:</b> <a href="#"><u>Trinity Western University</u></a>	Direct-entry	4	BScN	English
<a href="#"><u>University of British Columbia</u></a>	Direct-entry	4	BScN	English
<a href="#"><u>University of British Columbia-Okanagan</u></a>	Direct-entry	4	BScN	English
<b>University of Northern British Columbia:</b> <a href="#"><u>Collaborative Baccalaureate Nursing Program</u></a>	Direct-entry <sup>14</sup>	4	BN	English
<b>University of Northern British Columbia:</b> <a href="#"><u>Post-Diploma Nursing</u></a>	Post-RN	2	BN	English
<a href="#"><u>University of the Fraser Valley</u></a>	Direct-entry	3 or 4	BScN	English
<a href="#"><u>University of Victoria</u></a>	Collaborative	4 <sup>15</sup>	BScN	English
<a href="#"><u>Vancouver Community College</u></a>	Direct-entry	3 <sup>16</sup>	BScN	English
<a href="#"><u>Vancouver Island University</u></a>	Direct-entry	4	BScN	English

10 Full-time study unless otherwise indicated.

11 For students who have Bachelor of Science degrees in fields other than nursing.

12 Accelerated, with courses offered continuously over 27 months.

13 This includes one year of part-time study for LPNs to transition to the BScN program.

14 Offered collaboratively by the University of Northern British Columbia, the College of New Caledonia, and Northwest Community College.

15 Offers years three and four of a continuous BScN program for students from Aurora College, Camosun College, College of the Rockies and Selkirk College in British Columbia.

16 Accelerated, with courses offered over a continuous 36 months.

## ALBERTA

University	Type of program	Program length (years) <sup>17</sup>	Degree	Language of instruction
<a href="#"><u>Athabasca University</u></a>	Post-RN	3	BN	English
<a href="#"><u>Athabasca University</u></a>	LPN to BScN	3	BN	English
<a href="#"><u>Grant MacEwan University</u></a>	Direct-entry	4	BScN	English
<a href="#"><u>Mount Royal University</u></a>	Direct-entry	4	BN	English
<a href="#"><u>University of Alberta</u></a>	Direct-entry	4	BScN	English
<a href="#"><u>University of Alberta</u></a>	Direct-entry Bilingual	4	BScN	French and English
<a href="#"><u>University of Alberta</u></a>	Honours	3-5 <sup>18</sup>	BScN Honours	English
<a href="#"><u>University of Alberta</u></a>	After-degree <sup>19</sup>	2	BScN	English
<a href="#"><u>University of Alberta</u></a>	RPN to BScN	2	BScN	English
<a href="#"><u>University of Calgary</u></a>	Direct-entry	4	BN	English
<a href="#"><u>University of Calgary</u></a>	Post-RN	2	BN	English
<a href="#"><u>University of Lethbridge</u></a>	Direct-entry	4	BN	English
<a href="#"><u>University of Lethbridge</u></a>	Post-RN	2	BN	—

## SASKATCHEWAN

University	Type of program	Program length (years) <sup>20</sup>	Degree	Language of instruction
<a href="#"><u>First Nations University of Canada</u></a> <sup>21</sup>	Direct-entry	4	BScN	English
<a href="#"><u>University of Regina</u></a>	Direct-entry <sup>22</sup>	4	BScN	English
<a href="#"><u>University of Saskatchewan: Nursing</u></a>	Direct-entry	4	BScN	English
<a href="#"><u>University of Saskatchewan: Post-Degree Nursing</u></a>	Post-degree		<b>BScN</b>	<b>English</b>

<sup>17</sup> Full-time study unless otherwise indicated.

<sup>18</sup> Available to general and post-RN students.

<sup>19</sup> For students who have Bachelor of Science degrees in fields other than nursing.

<sup>20</sup> Full-time study unless otherwise indicated.

<sup>21</sup> Offered by the University of Saskatchewan.

<sup>22</sup> Offered in collaboration with Saskatchewan Polytechnic.

## MANITOBA

University	Type of program	Program length (years) <sup>23</sup>	Degree	Language of instruction
Brandon University: <a href="#">Bachelor of Nursing</a>	Direct-entry	4	BN	English
<b>Brandon University:</b> <a href="#">BSc in Psychiatric Nursing</a>	Direct-entry	2	BScPN	English
<b>Red River College</b>	Direct-entry	3 <sup>24</sup>	BN	English
<b>University College of the North</b>	Direct-entry <sup>25</sup>	4	BN	English
<b>University of Manitoba</b>	Direct-entry	4	BN	English

## ONTARIO

University	Type of program	Program length (years) <sup>26</sup>	Degree	Language of instruction
<b>Brock University:</b> <a href="#">Nursing</a>	Direct-entry	4	BScN	English
<b>Brock University:</b> <a href="#">Collaborative Nursing</a>	Collaborative <sup>27</sup>	2	BScN	English
<b>Humber College of Applied Arts &amp; Technology:</b> <a href="#">Collaborative Nursing</a>	Collaborative <sup>28</sup>	4	BN	English
<b>Humber College of Applied Arts &amp; Technology:</b> <a href="#">Second Entry Preparation</a>	After-degree	2	BN	English
<b>Lakehead University:</b> <a href="#">Nursing</a>	Direct-entry	3	BScN	English
<b>Lakehead University:</b> <a href="#">Nursing – Compressed</a>	Accelerated	3	BScN	English
<b>Laurentian University</b>	Post-RN <sup>29</sup>	4	BScN	English/ French
<b>McMaster University</b>	Direct-entry	4	BScN	–
<b>Nipissing University:</b> <a href="#">Nursing</a>	Direct-entry <sup>30</sup>	4	BScN	English
<b>Nipissing University:</b> <a href="#">Post-RPN (full-time)</a>	Post-RPN (LPN)	3	BScN	English
<b>Nipissing University:</b> <a href="#">Post-RPN (part-time)</a>	Post-RPN (LPN) <sup>31</sup>	5 (part-time)	BScN	English
<b>Nipissing University:</b> <a href="#">After-degree</a>	After-degree	2	BScN	English
<b>Queen's University</b>	Direct-entry	4	BScN	English

23 Full-time study unless otherwise indicated.

24 Accelerated, with courses offered over a continuous 32 months.

25 Offered collaboratively with the University of Manitoba.

26 Full-time study unless otherwise indicated.

27 Brock University and Loyalist College BScN degree collaborative program. Students complete years one and two at Loyalist College and years three and four at Brock University.

28 A University of New Brunswick and Humber Collaborative BN degree.

29 Distance online program.

30 Offered in collaboration with Canadore College.

31 Offered by Nipissing University to RPNs who are employed at partnered health-care agencies throughout Ontario. Delivered through online theory courses and face-to-face clinical practicum courses.

ONTARIO cont.

University	Type of program	Program length (years) <sup>26</sup>	Degree	Language of instruction
<b>Toronto Metropolitan University:</b> <a href="#">Collaborative</a>	Collaborative <sup>32</sup>	4	BScN	English
<b>Toronto Metropolitan University:</b> <a href="#">Post-RN</a>	Post-RN	2	BScN	English
<b>Trent University</b>	Direct-entry honours	4	BScN	English
<b>Trent University</b>	Accelerated	3	BScN	English
<b>Trent University</b>	LPN to BSN <sup>33</sup>	6	BScN	English
<b>University of Ontario Institute of Technology:</b> <a href="#">Collaborative</a>	Collaborative <sup>34</sup>	4	BScN	English
<b>University of Ontario Institute of Technology:</b> <a href="#">Post-RPN</a>	Post-RPN (LPN)	3	BScN	English
<b>University of Ottawa:</b> <a href="#">Collaborative</a>	Collaborative <sup>35</sup>	4	BScN	English & French
<b>University of Ottawa:</b> <a href="#">Post-RN</a>	Post-RN	2	BScN	French
<b>University of Ottawa:</b> <a href="#">BScN Second Entry</a>	After-degree <sup>36</sup>	2	BScN	English & French
<b>University of Ottawa:</b> <a href="#">BScN Bridging Program for Registered Practical Nurses</a>	LPN to BScN <sup>37</sup>	4	BScN	English
<b>University of Ottawa:</b> <a href="#">BScN Bridging Program for IENs</a>	IEN bridge to BScN	4	BScN	English
<b>University of Toronto</b>	Direct-entry advanced standing <sup>38</sup>	2	BScN	English
<b>University of Western Ontario:</b> <a href="#">Collaborative</a>	Collaborative <sup>39</sup>	4	BScN	English
<b>University of Western Ontario:</b> <a href="#">Compressed Time Frame BScN</a>	Accelerated	2	BScN	English
<b>University of Windsor</b>	Collaborative <sup>40</sup>	4	BScN	English
<b>York University:</b> <a href="#">Collaborative BScN</a>	Collaborative <sup>41</sup>	4	BScN	English
<b>York University:</b> <a href="#">Second Entry BScN</a>	Direct-entry advanced standing <sup>42</sup>	3	BScN	English
<b>York University:</b> <a href="#">BScN for IENs</a>	IEN bridge to BScN	4	BScN	English

32 Offered in collaboration with George Brown and Centennial colleges.

33 Includes a two-year program that provides a pathway to admission to the BScN honours program.

34 Offered collaboratively with Durham College.

35 In collaboration with Algonquin College and La Cité.

36 In collaboration with Algonquin College.

37 Distance online program.

38 Students must complete at least 10 university full-course equivalents prior to admission to the BScN program.

39 In collaboration with Fanshawe College.

40 In collaboration with St. Clair College (Windsor and Thames/Chatham campuses) and Lambton College (Sarnia).

41 In collaboration with Seneca and Georgian colleges.

42 Students must have completed a minimum of 60 credits toward any university degree and meet the program prerequisites.



## QUÉBEC<sup>43</sup>

University	Type of program	Program length (years) <sup>44</sup>	Degree	Language of instruction
<b>McGill University:</b> <a href="#">BScN</a>	Direct-entry <sup>45</sup>	3	BScN	English
<b>McGill University:</b> <a href="#">Bachelor of Nursing (Integrated)</a>	Collaborative <sup>46</sup>	2	BN	English
<b>Université de Montréal:</b> <a href="#">Nursing</a>	Direct-entry <sup>47</sup>	3	BScN	French
<b>Université de Montréal:</b> <a href="#">Collaborative</a>	Collaborative	3	BScN	French
<b>Université du Québec à Chicoutimi:</b> <a href="#">Nursing</a>	Direct-entry	3	BScN	French
<b>Université du Québec à Chicoutimi:</b> <a href="#">Post-RN (2-year)</a>	Post-RN	2	BScN	French
<b>Université du Québec à Chicoutimi:</b> <a href="#">Post-RN (3-year)</a>	Post-RN	3	BScN	French
<b>Université du Québec à Chicoutimi:</b> <a href="#">Post-RN (3-year)</a>	Direct-entry	3	BScN	French
<b>Université du Québec à Rimouski</b>	Post-RN	2	BScN	French
<b>Université du Québec à Trois-Rivières</b>	Direct-entry	3	BScN	French
<b>Université du Québec à Trois-Rivières</b>	Post-RN	3	BScN	French
<b>Université du Québec en Abitibi-Témiscamingue:</b> <a href="#">Nursing</a>	Direct-entry	3	BScN	French
<b>Université du Québec en Abitibi-Témiscamingue:</b> <a href="#">Post-RN</a>	Post-RN	3	BScN	French
<b>Université du Québec en Outaouais:</b> <a href="#">Nursing</a>	Direct-entry	3	BScN	French
<b>Université du Québec en Outaouais:</b> <a href="#">Post-RN</a>	Post-RN	3	BScN	French
<b>Université Laval:</b> <a href="#">Nursing</a>	Direct-entry	3	BScN	French
<b>Université Laval:</b>	Post-RN	3	BScN	French
<b>Université de Sherbrooke:</b> <a href="#">Nursing</a>	Direct-entry	3	BScN	French
<b>Université de Sherbrooke:</b> <a href="#">Post-RN</a>	Post-RN	2	BScN	French

43 A bachelor's degree is not required to be an RN in Québec; therefore, nursing programs differ slightly from programs in other Canadian provinces and territories. Most university nursing programs are designed for graduates of Québec pre-university or vocational colleges, referred to as Cégeps. Students must apply to programs, and acceptance is not guaranteed.

44 Full-time study unless otherwise indicated.

45 This program is for students who have completed college-level courses in health sciences but who are not RNs.

46 An integrated program for students who obtained a nursing diploma or DEC from a Québec college. Length of time to complete the Bachelor of Nursing Integrated, including college and university components, is five years.

47 Integrated program for RNs who have obtained a nursing diploma from a Québec CEGEP and have less than three years of experience.

## NEW BRUNSWICK

University	Type of program	Program length (years) <sup>48</sup>	Degree	Language of instruction
<b>Université de Moncton:</b> <a href="#">Nursing</a>	Direct-entry	4	BScN	French
<b>Université de Moncton:</b> <a href="#">LPN-BScN</a>	LPN to BScN <sup>49</sup>	3	BScN	French
<b>University of New Brunswick</b>	Direct-entry	4	BN	English
<b>University of New Brunswick</b>	Post-RN	3	BN	English
<b>University of New Brunswick</b>	LPN to BScN13	3	BN	English

## NOVA SCOTIA

University	Type of program	Program length (years) <sup>50</sup>	Degree	Language of instruction
<b>Cape Breton University</b>	Direct-entry	3	BScN	English
<b>Dalhousie University:</b> <a href="#">Nursing (4-year)</a>	Direct-entry	4	BScN	English
<b>Dalhousie University:</b> <a href="#">Nursing (2-year)</a>	Direct-entry advanced standing <sup>51</sup>	2	BScN	English
<b>St. Francis Xavier University:</b> <a href="#">Nursing</a>	Direct-entry	4	BScN	English
<b>St. Francis Xavier University:</b> <a href="#">Post-RN</a>	Post-RN <sup>52</sup>	3	BScN	English
<b>St. Francis Xavier University:</b> <a href="#">Post-Degree</a>	Post-degree	2	BScN	English

## PRINCE EDWARD ISLAND

University	Type of program	Program length (years) <sup>53</sup>	Degree	Language of instruction
<b>University of Prince Edward Island:</b> <a href="#">BScN</a>	Direct-entry	4	BScN	English
<b>University of Prince Edward Island:</b> <a href="#">Accelerated BScN</a>	After-degree	2	BScN	English

48 Full-time study unless otherwise indicated.

49 Includes a program that enables LPNs to transition to the 3<sup>rd</sup> year of the BN program.

50 Full-time study unless otherwise indicated.

51 For students who have previously studied at university and have completed prerequisite courses.

52 Part-time distance and accelerated options available.

53 Full-time study unless otherwise indicated.

## NEWFOUNDLAND AND LABRADOR

University	Type of program	Program length (years) <sup>54</sup>	Degree	Language of instruction
<a href="#"><u>Memorial University of Newfoundland</u></a>	Direct-entry <sup>55</sup>	4	BN	English

## NORTHWEST TERRITORIES

University	Type of program	Program length (years) <sup>56</sup>	Degree	Language of instruction
<a href="#"><u>Aurora College</u></a>	Direct-entry	4	BScN	English

## NUNAVUT

University	Type of program	Program length (years) <sup>57</sup>	Degree	Language of instruction
<a href="#"><u>Nunavut Arctic College</u></a> <sup>58</sup>	Direct-entry	4	BScN	English

Sources: Health Personnel Database. Adapted from CIHI and CASN, 2015.

Note: The Yukon does not have any schools of nursing.



<sup>54</sup> Full-time study unless otherwise indicated.

<sup>55</sup> Offered collaboratively with Memorial University of Newfoundland and the Centre for Nursing Studies (both in St. John's) and the Western Regional School of Nursing in Corner Brook.

<sup>56</sup> Full-time study unless otherwise indicated.

<sup>57</sup> Full-time study unless otherwise indicated.

<sup>58</sup> BScN is in Arctic Nursing. Offered in collaboration with Dalhousie University. Degree conferred by Dalhousie University.

## Appendix 2. Licensed Practical Nurse Programs by Jurisdiction<sup>59</sup>

### British Columbia

- Camosun College
- Canadian Health Care Academy
- CDI College
- College of New Caledonia
- College of the Rockies
- Discovery Community College
- North Island College
- Northern Lights College
- Northwest Community College
- Okanagan College
- Spratt-Shaw Community College
- Stenberg College
- Thompson Rivers University at Williams Lake
- University of the Fraser Valley
- Vancouver Career College

### Alberta

- Bow Valley College
- Columbia College
- Edmonton Norquest College
- Northern Alberta Keyano College
- Southern Alberta Lethbridge College
- Medicine Hat College
- Northern Lakes College
- Portage College
- Prairie College of Applied Arts and Technology

### Saskatchewan

- Saskatchewan Institute of Applied Arts and Technology

### Manitoba

- Assiniboine Community College
- CDI College
- Université de Saint-Boniface
- University College of the North

### Ontario

- Algonquin College
- Cambrian College
- Canadore College
- Centennial College
- Collège Boréale
- Conestoga College
- Confederation College
- Durham College
- Fanshawe College
- Fleming College
- George Brown College
- Georgian College
- Humber College
- La Cité Collégiale
- Lambton College
- Loyalist College
- Mohawk College
- Niagara College
- Northern College
- Sault College
- Seneca College

<sup>59</sup> Approved by LPN regulatory colleges in Canada, 2014.

- Sheridan College
- St. Clair College
- St. Lawrence College

## Québec

- Campus Notre-Dame-de-Foy
- Cégep André-Laurendeau
- Cégep Beauce-Appalaches
- Cégep de Baie-Comeau
- Cégep de Chicoutimi
- Cégep de Drummondville
- Cégep de Granby-Haute-Yamaska
- Cégep de Jonquière
- Cégep de l'Atibiti-Témiscamingue
- Cégep de l'Outaouais
- Cégep de la Gaspésie et des Îles
- Cégep de La Pocatière
- Cégep de Lévis-Lauzon
- Cégep de Limoilou
- Cégep de Matane
- Cégep de Rimouski
- Cégep de Rivière-du-Loup
- Cégep de Saint-Félicien
- Cégep de Saint-Hyacinthe
- Cégep de Saint-Jérôme
- Cégep de Saint-Laurent
- Cégep de Sainte-Foy
- Cégep de Sept-Îles
- Cégep de Sherbrooke
- Cégep de Sorel-Tracy
- Cégep de Trois-Rivières
- Cégep de Victoriaville
- Cégep du Vieux Montréal

- Cégep John Abbott
- Cégep régional de Lanaudière
- Cégep Saint-Jean-sur-Richelieu
- Champlain College – Campus Lennoxville
- Champlain College – Campus Saint-Lambert
- Collège d'Alma
- Collège Dawson
- Collège de Bois-de-Boulogne
- Collège de Maisonneuve
- Collège de Valleyfield
- Collège Édouard-Montpetit
- Collège François-Xavier Garneau
- Collège Héritage
- Collège Montmorency
- Collège Shawinigan
- Vanier College

## New Brunswick

- New Brunswick Community Colleges

## Nova Scotia

- Centre for Nursing Studies Practical Nursing Program
- Nova Scotia Community College

## Prince Edward Island

- Holland College

## Newfoundland and Labrador

- College of the North Atlantic

## Yukon

- School of Health, Education and Human Services
- Yukon College

## Nunavut

- Nunavut Arctic College

## Appendix 3. Registered Psychiatric Nurse Academic Programs<sup>60</sup>

BRITISH COLUMBIA				
<b>Douglas College Psychiatric Nursing Program</b>	BSc in Psychiatric Nursing	4 years	BSc	English
<b>Douglas College Psychiatric Nursing Program</b>	Diploma in Psychiatric Nursing (Post Baccalaureate)	3 years	Diploma	English
<b>Kwantlen Polytechnic University</b>	BSc in Psychiatric Nursing	4 years	BSc	English
<b>Stenberg College (Regional Online)</b>	Diploma in Psychiatric Nursing (Post Baccalaureate)	2 years	Diploma	English
ALBERTA				
<b>Grant MacEwan University</b>	Diploma in Psychiatric Nursing (Post Baccalaureate)	28 months	Diploma	English
<b>Grant MacEwan University</b>	BSc in Psychiatric Nursing (Post Diploma)	12 months	BSc	English
SASKATCHEWAN				
<b>Saskatchewan Institute of Applied Arts &amp; Technology</b>	Diploma in Psychiatric Nursing (Post Baccalaureate)	2 and a half years	Diploma	English
MANITOBA				
<b>Brandon University</b>	BSc in Psychiatric Nursing	4 years	BSc	English



<sup>60</sup> Approved by the LPN Regulatory College in Canada, 2014.

## Appendix 4. Nurse Practitioner and Graduate Programs in Nursing by Canadian University

UNIVERSITY	Nurse practitioner program	Master's program	Doctoral program
Athabasca University	Yes	Yes	No
Dalhousie University	Yes	Yes	Yes
Lakehead University	Yes	Yes	No
Laurentian University	Yes	Yes	No
McGill University	Yes	Yes	Yes
McMaster University	Yes	Yes	Yes
Memorial University	Yes	Yes	Yes
Queen's University	Yes	Yes	Yes
Toronto Metropolitan University	Yes	Yes	No
Saskatchewan Institute of Applied Science and Technology	Yes	Yes	No
Trinity Western University	Yes	Yes	No
Université de Moncton	Yes	Yes	No
Université de Montréal	Yes	Yes	Yes
Université de Sherbrooke	Yes	Yes	Yes
Université du Québec à Chicoutimi	Yes	Yes	No
Université du Québec à Rimouski	No	Yes	No
Université du Québec à Trois-Rivières	Yes	Yes	No
Université du Québec en Outaouais	Yes	Yes	No
Université Laval	Yes	Yes	Yes
University of Alberta	Yes	Yes	Yes
University of British Columbia	Yes	Yes	Yes
University of British Columbia-Okanagan	Yes	Yes	No
University of Calgary	Yes	Yes	Yes
University of Lethbridge	Yes	Yes	No
University of Manitoba	Yes	Yes	Yes
University of New-Brunswick	Yes	Yes	No
University of Northern British Columbia	Yes	Yes	No
University of Ottawa	Yes	Yes	Yes
University of Saskatchewan	Yes	Yes	Yes
University of Toronto	Yes	Yes	Yes
University of Victoria	Yes	Yes	Yes
University of Western Ontario	Yes	Yes	Yes
University of Windsor	Yes	Yes	No
York University	Yes	Yes	No