

NURSING

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Nursing

INTRODUCTION

Nursing is the largest regulated professional group within the Canadian health workforce (Canadian Institute for Health Information [CIHI], 2018). Nurses provide care to individuals, families and communities and work in a wide variety of specialties 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);
- Licensed practical nurses (LPNs);
- Registered psychiatric nurses (RPNs); and
- Nurse practitioners (NPs).

In 2017, nearly 426,000 regulated nurses were eligible to practise nursing in Canada (Canadian Institute for Health Information [CIHI], 2018).

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 practice, 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 Quebec called the *Augustines de la Miséricorde de Jésus* founded North America's first hospital in Quebec City, the *Hôtel-Dieu de Québec*. In the mid 17th 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 (Canadian Institute for Health Information [CIHI], 2018; Pringle, Green, Johnson, & Downey, 2004); (*Religieuses Hospitalières de Saint-Joseph*, 2018).



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 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 (Paul & Ross Kerr, 2011; (Anthony & Landeen, 2009).

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, Dodd, & Rousseau, 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 (Canadian Nurses Association [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 (Canadian Nurses Association [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 the key events in the history of the professionalization of nursing in Canada.

TABLE 1: Timeline of the professionalization of nursing in Canada

1874	The first formal hospital-based nurse training program is established in St. Catharines, Ontario.
1908	The Canadian National Association of Trained Nurses is established.
1913	Manitoba becomes the first province to regulate registered nurses.
1919	The University of British Columbia opens the first university program for nurses.
1924	The Canadian Nurses Association is founded in Hamilton, Ontario.
1942	The University of Toronto offers a four-year integrated degree program to prepare graduates for public health nursing.
1945	The Registered Nurses Association of British Columbia is certified as a bargaining agent under the <i>Labour Relations Act</i> .
1946	Following the Quebec 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> .)

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TABLE 1: Timeline of the professionalization of nursing in Canada

1948	Saskatchewan becomes the first province to regulate RPNs.
1959	The University of Western Ontario becomes the first university to offer a master's program in nursing.
1960s	Nursing programs move from hospitals to community colleges and universities.
1967	Dalhousie University establishes the first primary health-care nurse practitioner program.
1970s	The unionization of nursing becomes more widespread across Canada.
1979	Alberta endorses a Bachelor of Nursing degree as an entry-to-practice requirement for RNs.
1981	The National Federation of Nurses' Unions is founded.
1982	The University of Alberta offers the first distance degree in nursing.
1987	The Canadian Association of Schools of Nursing accredits the first undergraduate university nursing program.
1990s	Provinces prepare to mandate a bachelor's degree as an entry-to-practice requirement for RNs.
1997	Newfoundland and Labrador becomes the first province to regulate NPs.
1998	Bachelor's degrees become entry-to-practice requirements for RNs in four provinces.
1991	The first specialty certification is offered by the CNA. The University of Alberta becomes the first school to offer a PhD program in nursing.
2005	A bachelor's degree is required for entry to practice in all provinces and territories except Quebec and the Yukon.

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

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” (Canadian Indigenous Nurses Association [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 practice 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.

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 Practice Nurses, CNSs, NPs and nursing faculty.

LICENSED PRACTICAL NURSES ¹

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

¹ 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 Quebec, they are referred to as “nursing assistants” or “nurse auxiliaries.”

registration as an LPN in most provinces and territories. Because of the tremendous demand for LPNs in Quebec, 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.

REGISTERED NURSES

Bachelor's degree programs in nursing are offered in every province and territory except the Yukon.

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).

RN entry-to-practice 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). Quebec is the only province that still offers diploma programs for RNs, delivered by 30 CEGEPs 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 Quebec 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 Quebec, 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. Alternately, students who obtain their high school diploma outside Quebec may complete a four-year bachelor's degree program at one of Quebec's universities.

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 the lifespan and in a variety of health-care settings. Patients may include individuals, families, groups, communities and populations in a variety of settings (Canadian Association of Schools of Nursing (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.

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.

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

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 (Canadian Nurses Association [CNA], 2015a). Some universities offer honours bachelor programs, during which students gain in-depth research knowledge. Others offer direct-entry bachelor's degrees in psychiatric nursing (BPN). A few universities use an advanced standing model that require students to complete a set number of credits before applying to their university's nursing program.

Direct-entry bachelor programs typically take 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-practice. 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 (Canadian Nurses Association [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

RPNs are regulated in four Canadian provinces and one territory: British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon (Canadian Institute for Health Information [CIHI], 2018).

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) (Registered Psychiatric Nurses Of Canada [RPNC], 2012).

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 (CAN, 2019a).

IEN-TO-BSCN PROGRAMS

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.

Internationally Educated Nurses

Nurses educated outside of Canada seeking initial registration as LPNs, RNs, NPs or RPNs in a province (other than Quebec or the territories) must first submit an application to the National Nursing Assessment Service. The National Nursing Assessment Service 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, IENs are generally required to write an exam as part of the registration or licensure process.

Acknowledging 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).

Research teams across the country have studied the obstacles IENs encounter during the professional recertification process and job search. 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 (C. L. Covell, Primeau, Kilpatrick, & St-Pierre, 2017; C. L. Covell, Primeau, M.D., St-Pierre, I., 2018; Ramji & Etowa, 2018). These findings will be instrumental to the development of programs and policies that facilitate the rapid integration of IENs into the Canadian regulated nursing workforce (Giblin, Lemermeier, Cummings, Wang, & Kwan, 2016)

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.

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

NURSES AS LIFELONG LEARNERS

Like all health-care providers, 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 (Canadian Institute for Health Information [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 (CARNA), 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 (2019b) 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
• Neuroscience Nursing	

Graduate education for registered nurses

RNs often pursue higher education to take on specialized or advanced practice roles or to retrain for a new area of practice. Depending on the jurisdiction and work setting, RNs may need graduate-level education to pursue career paths in clinical or advanced practice, leadership, academia or research. In 2011, 4% of Canadian RNs reported a master's

degree or doctorate as their highest level of nursing education (Canadian Institute for Health Information [CIHI], 2013).

There are 34 universities in Canada that offer master's degrees in nursing (Canadian Association of Schools of Nursing (CASN), 2017). Some schools offer graduate courses by distance (Canadian Nurses Association [CNA], 2015a).

ADVANCED PRACTICE NURSES

Advanced practice nurses are RNs who have the expert knowledge base, complex decision-making skills and clinical competencies required for expanded practice (Canadian Nurses Association [CNA], 2008). According to the CNA (2008) advanced nursing practice is:

...an umbrella term describing an advanced level of clinical nursing practice 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.

(Canadian Nurses Association [CAN], 2008, p. 10.

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

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 practice. 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 practice and address complex health-care issues for patients, families, other disciplines, administrators and policymakers (Canadian Nurses Association [CNA], 2008). They specialize in a specific area of practice 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).

A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level International Council of Nurses [ICN], 2019.

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 practice. 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 practice 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 practice) (Canadian Nurses Association [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 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 (Canadian Association of Schools of Nursing (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 (Canadian Nurses Association, 2006). The licensing examinations for these categories have been agreed to by 10 regulatory jurisdictions through the Canadian Council of Registered Nurse Regulators (Canadian Council of Registered Nurse Regulators [CCRN], 2015). The family (all ages) 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 practice foci (e.g., cardiology and renal in Quebec, and neonatal in Nova Scotia, Quebec and Alberta) in keeping with provincial regulations and recognition of these specialties. Ontario offers a concurrent or post-master's specialty in anesthesia, and a post-master's pediatric NP specialization.

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

Doctorally Prepared Registered Nurses

Doctoral education programs prepare nurses to teach and supervise nursing students and to conduct rigorous, high-quality research (Canadian Association of Schools of Nursing (CASN), 2011).

RNs who hold PhDs teach nursing and other related courses at the 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 professional 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 (Canadian Association of Schools of Nursing (CASN), 2011).

There are 17 universities in Canada that offer doctoral programs in nursing (CASN, 2017).

SCOPE OF PRACTICE

Scope of practice 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.

The respective scopes of practice 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 practice setting make it impossible to provide a detailed account of how scopes of practice 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 practice may also be influenced by:

- Individual level of competence;
- Client needs and health goals;
- Practice setting;
- Employer requirements and policies.

(CARNA, 2011).

For instance, in a primary care setting, an RN's scope of practice 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 (College of Registered Nurses of British Columbia [CRNBC, 2015, p. 5])

Further examples of activities that may fall within an RN's scope of practice 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 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 practice 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 (Registered Nurses Association of Ontario [RNAO], 2015).

LICENSED PRACTICAL NURSES

While the LPN scope of practice 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 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. (Nurses Association of New Brunswick, 2015, p. 1)

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” (College of Licensed Practical Nurses of British Columbia [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 (College of Nurses of Ontario [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 practice in clinical practice, 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 practice are also defined by employer policy, which can include additional restrictions on practice. Finally, each RPN’s scope of practice is further defined by their own individual competencies.

NURSE PRACTITIONERS

The NP scope of practice 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 Practice Analysis (Canadian Council of Registered Nurses [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 practice 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 (Canadian Nurses Association, 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 practice 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 practice across the country (Canadian Nurses Association, 2016):

- Family (all ages)/primary health care/primary care (all ages);
- Adult;
- Pediatric;
- Neonatal (jurisdictional variations);
- Cardiology (Quebec only); and
- Nephrology (Quebec only) (Canadian Nurses Association, 2018).

Most are primary health-care NPs who work in a variety of community-based settings (Canadian Institute for Health Information, 2015). Their practice 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 practice includes patient counselling; health promotion; treatment of acute, critical or urgent illness; delivery of procedures; and monitoring of patients with chronic conditions (Canadian Nurses Association, 2018).

Regardless of stream of practice 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 practice and education, describing the scope of nursing practice and identifying competencies required for entry-level practice.

Nursing regulatory bodies license, establish and enforce standards, and approve formal education programs for nurses. Provincial and territorial legislation (College of Nurses of Ontario [CNO], 2014) 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).² Regulation assures Canadians that those who call themselves RNs, LPNs, RPNs or NPs provide high-quality, safe and ethical care.

² 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 Practice Standard: Nurse Practitioner, available at 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 practice settings. The competencies also serve as a guide for curriculum development and program accreditation, and ensure the public and employers are aware of the practice 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-practice registration examinations (CCRNR, 2019).

REGISTERED NURSES

RNs are self-regulated across Canada as 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-practice 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-practice 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-practice exam, was implemented in Canada (with the exception of Quebec) 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 practice or pursue graduate education (CASN, 2018).

LICENSED PRACTICAL NURSES

LPNs are currently regulated across Canada (Canadian Institute for Health Information [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-practice 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 (Canadian Institute for Health Information [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 Appendix 4). Provincial and territorial regulatory authorities are responsible for setting the entry-to-practice competencies, standards of practice 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-practice 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.

PROFESSIONAL REPRESENTATION ACROSS CANADA

UNIONS

In Canada, 91% of nurses who work in the public sector (a total of 282,300) are union members (Canadian Federation of Nurses Unions [CFNU], 2017). The movement to unionize nurses arose throughout the 1970s in 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, was formed.

Initially, nurses unions "focused on negotiating contracts, handling grievances and other labour relations issues" (Canadian Federation of Nurses Unions (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. For a list of the unions that represent nurses in Canada, see Appendix 5.

PROFESSIONAL ASSOCIATIONS

There are many professional associations for nurses in Canada and internationally, and nurses belong to them for many reasons. 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 practice, and become certified in a specific area of practice. 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 more than 100,000 nurses as the national and global professional voice of nurses in Canada. The association advances the practice 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.

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, 2019c).

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 practice 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: 48% of the health workforce is made up of nurses (Canadian Institute for Health Information [CIHI], 2018). While overall numbers of nurses are increasing, growth of the profession is slowing. The breakdown of the 425,757 regulated nurses with active licences in 2017 is:

- 301,010 (70.7%) were RNs (including 5,274 NPs);

- 118,810 (27.9%) were LPNs; and
- 5,937 (1.4%) were RPNs (CIHI, 2018).

The numbers of nurses actually employed in their professions are lower. Of the 398,845 nurses employed in 2017:

- 281,373 were RNs (including 4,967 NPs);
- 106,854 were LPNs; and
- 5,651 were RPNs.

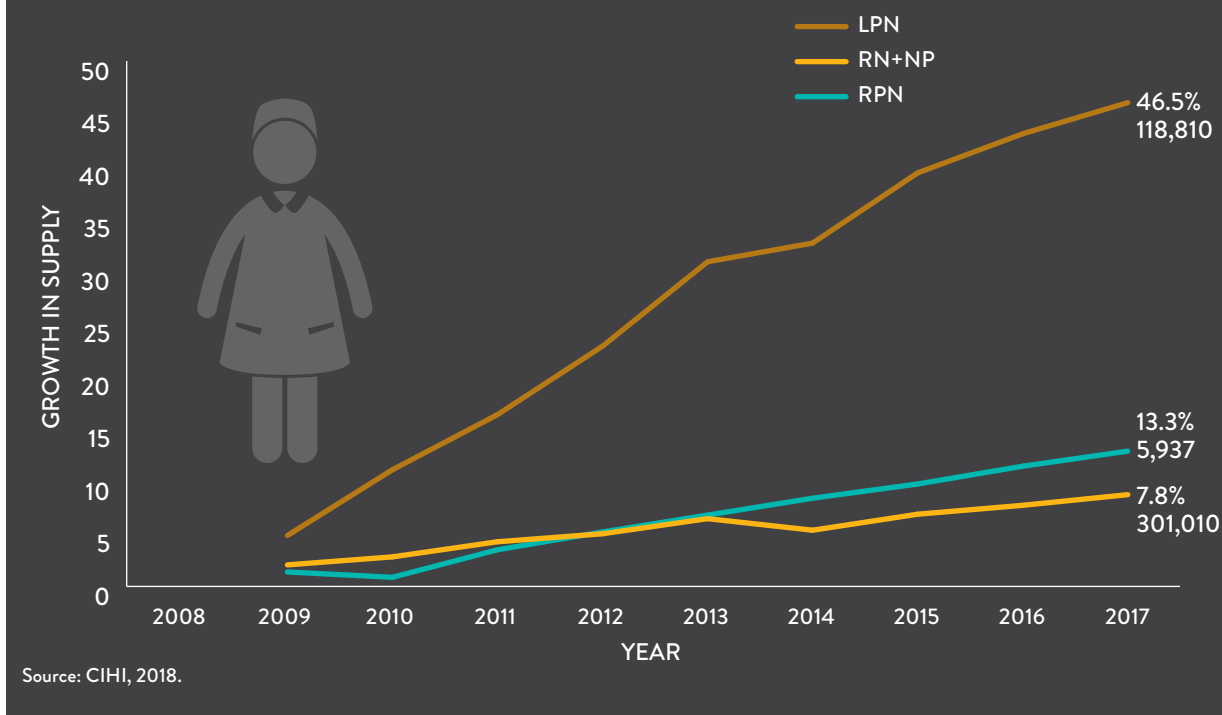
The vast majority of nurses (91%) held a license to practise in the same jurisdiction where they completed their training. As shown in Figure 1, the number of nurses in Canada grew significantly between 2008 and 2017, with LPN development outpacing RPNs and RNs. Average annual growth peaked at 5.6% in 2013 and then slowly declined, reaching 4.3% in 2017. The higher LPN supplies in Ontario and Quebec may reflect the large number of LPN programs available across these provinces. The higher growth in supply of LPNs may reflect the length of educational programs, which are shorter in duration (two years on average).

The overall supply of regulated nurses grew at an average annual rate of 1.7% between 2008 and 2017. This is the lowest average growth of nurse supply in over the 10-year period (CIHI, 2018). This decrease could be due to fewer nurses applying for registration or more nurses choosing not to renew their registrations (due to retirement, leaving the profession or migrating to another jurisdiction within or outside Canada) (CIHI, 2015). 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).

The slight decrease in the supply of registered nurses is concerning. It has been 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).

The number of registered and employed RPNs has remained steady over the last decade. While the supply of RPNs eligible to practise increased by 13.3% between 2008 and 2017 (reaching 5,937), in 2014 it began to slow (CIHI, 2015). Almost all (95.2%) RPNs are employed.

Figure 1: Growth (%) in the supply of regulated nurses, 2008–2017



In 2017, the distribution of RPNs remained stable across Canada’s western provinces, with British Columbia employing the highest number. There were 51.7 RPNs per 100,000 Canadians (Canadian Institute for Health Information [CIHI], 2018).

The number of NPs has more than doubled in the last five years. In 2017, CIHI reported an increase in the number of NPs in Canada to 5,274, representing approximately 1.8% of the RN supply. More than half (2,855) of the NPs in Canada work in Ontario. While the number of NPs has increased, they still account for only 1.8% of all RNs (Canadian Institute for Health Information [CIHI], 2018); CIHI, 2017).

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 Quebec and the territories. And of the four categories of regulated nurses, RPNs have the highest proportion of males (19.5%), versus 9.1% for

LPNs, 7.1% for NPs and 8.0% for RNs (Canadian Institute for Health Information [CIHI], 2018).

Age

In 2017, 71.9% (21,837) of new nurses were younger than 35, and the majority (88.9%) had graduated in the last two years. In 2017, the average ages for nurses were 44.3 years for RNs, 41.1 years for LPNs, 45.1 years for RPNs and 44.4 years for NPs (CIHI, 2018).

In 2008, 82,899 regulated nurses in Canada were aged 55 years or older; this number is growing slightly so that by 2017, 94,255 nurses were at least 55 years old (CIHI, 2018). These trends may reflect the current economy, which encourages older workers to remain in the workforce longer.

Overall, the proportion of younger nurses is higher across all nursing professions. 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.

PRACTICE 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 practice 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 (Canadian Nurses Association [CNA], 2015b).

Most nurses (86% of RNs, 87% of LPNs, 83% of RPNs and 91% of NPs) provide direct care (Canadian Institute for Health Information [CIHI], 2018).

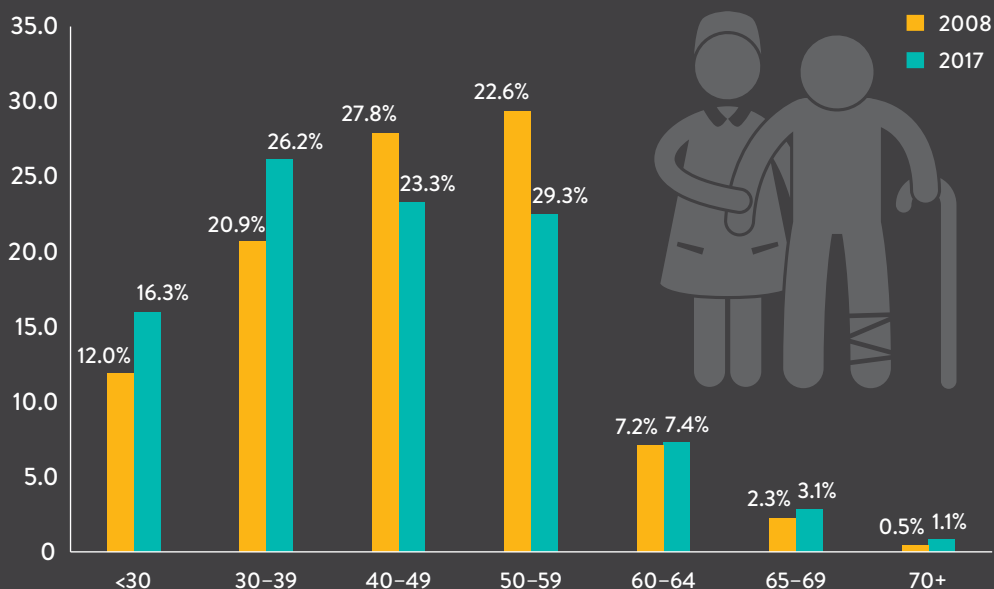
Within these realms, nurses assume a variety of specialized roles. For example, some nurses specialize in direct patient care as flight nurses during the transportation of critically ill patients. Other nurses work in public health departments or the school system, providing preventive care to children 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.

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).

Registered nurses

Among RNs, 63.6% work in hospitals, while the rest are employed in community health agencies (15.7%), nursing homes or long-term care facilities (9.1%) or

Figure 2: Regulated nurses by age group, Canada, 2008–2017



Source: CIHI, 2017.

other settings (11.5%). Nearly 90.5% of RNs are employed providing direct patient care, while 6.3% are employed as managers. The remaining 16.0% are employed in other types of nursing positions in academia, government or industry. The majority (59.5%) work full-time, while 40.5% work in part-time or casual positions (Canadian Institute for Health Information [CIHI], 2018).

Registered psychiatric nurses

As of 2017, 60.2% of RPNs were employed full time in psychiatric nursing (Canadian Institute for Health Information [CIHI], 2018). 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 (Canadian Institute for Health Information [CIHI], 2018).

Licensed practical nurses

At 48.5%, LPNs have lower rates of full-time employment than RNs or RPNs, and it takes LPN graduates longer to find full-time positions (CIHI, 2018). 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.

Nurse practitioners

NPs are unique in that almost all of them (94.2%) are employed (Canadian Institute for Health Information [CIHI], 2018). The majority (82.6%) work in urban areas, and most (77%) work full-time (CIHI, 2018). More than half (62.2%) 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) (Canadian Institute for Health Information [CIHI], 2018). 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). However, 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 5,274 NPs practising in 2017, with over 57% of them working in Ontario (2018). This means that there are only about 14 NPs per 100,000 Canadians – one fifth of the per capita supply in the U.S. – suggesting 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 (Little & Reichert, 2018).

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, 2017). The average minimum salary for a general-duty RN is about \$64,000, with the maximum ranging from \$69,000 in Quebec to almost \$93,000 in Alberta. LPNs earn less per hour than the other nursing professions, with minimum unionized salaries of around \$50,000 and maximums as high as \$70,000 (CFNU, 2017). According to a recent CFNU survey, the average full-time NP (including unionized & non-unionized) earns about \$103,000 annually (Little & Reichert, 2018).

KEY ISSUES FOR THE PROFESSION

HEAVY WORKLOADS

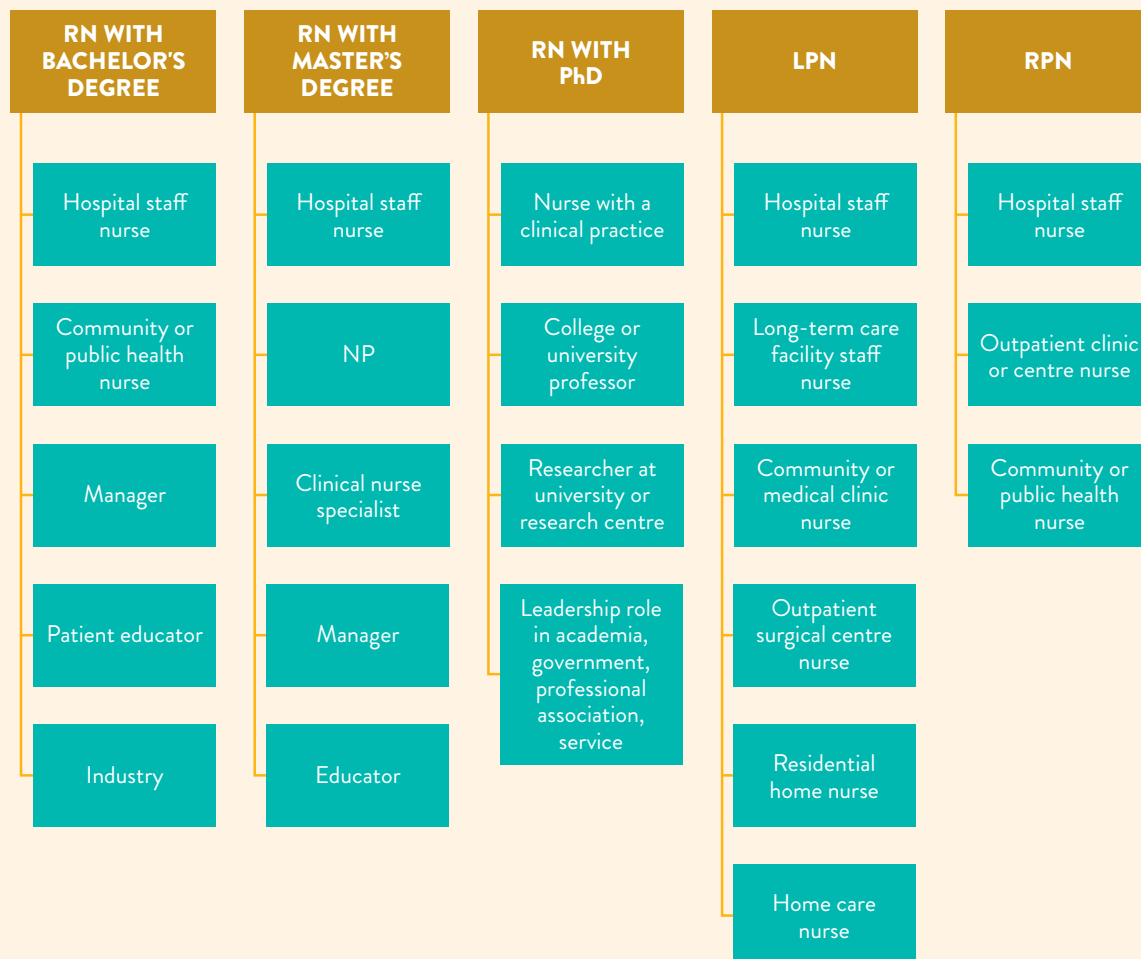
Nurses at all career stages expressed frustration when they were unable to provide high-quality care due to high workloads, high patient-to-nurse ratios, and ongoing issues with involuntary overtime and the resulting increase in absenteeism, which the CFNU has documented as an ongoing issue over the 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

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, McGillis Hall, Angus & Peter, 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 practice 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.



needs, as assessed on a real-time, unit-by-unit, shift-by-shift basis (MacPhee, 2014; MacPhee, Dahinten, & Havaei, 2017).

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). 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 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.

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. 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

CNSA	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

APPENDIX 1. UNIVERSITIES WITH BACCALAUREATE NURSING PROGRAMS BY JURISDICTION

Please refer to program websites for current information.

BRITISH COLUMBIA				
University	Type of program	Program length (years) ³	Degree	Language of instruction
<u>British Columbia Institute of Technology</u>	Direct-entry accelerated	3	BScN	English
Douglas College				
<u>Nursing (BSc)</u>	Direct-entry	4	BScN	English
<u>Psychiatric Nursing (BSc)</u>	Direct-entry psychiatric nursing	4	BScPN	English
Kwantlen Polytechnic University				
<u>BSc in Nursing</u>	Direct-entry	4	BScN	English
BScN Post-Baccalaureate	After-degree ⁴	2 ½ ⁵	BScN	English
<u>Bachelor of Psychiatric Nursing</u>	Direct-entry psychiatric nursing	4	BScPN	English
Langara Community College				
<u>Nursing</u>	Direct-entry	4	BScN	English
<u>Nursing Transition Program</u>	LPN to BScN ⁶	3	BScN	English
Thompson Rivers University				
<u>BSc in Nursing</u>	Direct-entry	4	BScN	English
<u>Advanced Placement for LPNs</u>	Post LPN	2	BScN	English
<u>Trinity Western University</u>	Direct-entry	4	BScN	English
<u>University of British Columbia</u>	Direct-entry	4	BScN	English
<u>University of British Columbia-Okanagan</u>	Direct-entry	4	BScN	English
University of Northern British Columbia				
<u>Collaborative Baccalaureate Nursing Program</u>	Direct-entry ⁷	4	BN	English
<u>Post-Diploma Nursing</u>	Post-RN	2	BN	English
<u>University of the Fraser Valley</u>	Direct-entry	3 or 4	BScN	English
<u>University of Victoria</u>	Collaborative	4 ⁸	BScN	English
<u>Vancouver Community College</u>	Direct-entry	3 ⁹	BScN	English
<u>Vancouver Island University</u>	Direct-entry	4	BScN	English

3 Full-time study unless otherwise indicated.

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

5 Accelerated, with courses offered continuously over 27 months.

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

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

8 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.

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

ALBERTA				
University	Type of program	Program length (years) ¹⁰	Degree	Language of instruction
<u>Athabasca University</u>	Post-RN	3	BN	English
	LPN to BScN	3	BN	English
<u>Grant MacEwan University</u>	Direct-entry	4	BScN	English
<u>Mount Royal University</u>	Direct-entry	4	BN	English
<u>University of Alberta</u>	Direct-entry	4	BScN	English
	Direct-entry Bilingual	4	BScN	French and English
	Honours	3-5 ¹¹	BScN Honours	English
	After-degree ¹²	2	BScN	English
	RPN to BScN	2	BScN	English
<u>University of Calgary</u>	Direct-entry	4	BN	English
	Post-RN	2	BN	English
<u>University of Lethbridge</u>	Direct-entry	4	BN	English
	Post-RN	2	BN	English
SASKATCHEWAN				
University	Type of program	Program length (years) ¹³	Degree	Language of instruction
<u>First Nations University of Canada</u> ¹⁴	Direct-entry	4	BScN	English
<u>University of Regina</u>	Direct-entry ¹⁵	4	BScN	English
University of Saskatchewan				
<u>Nursing</u>	Direct-entry	4	BScN	English
<u>Post-Degree Nursing</u>	Post-degree		BScN	English

¹⁰ Full-time study unless otherwise indicated.

¹¹ Available to general and post-RN students.

¹² For students who have Bachelor of Science degrees in fields other than nursing.

¹³ Full-time study unless otherwise indicated.

¹⁴ Offered by the University of Saskatchewan.

¹⁵ Offered in collaboration with Saskatchewan Polytechnic.

MANITOBA				
University	Type of program	Program length (years) ¹⁶	Degree	Language of instruction
Brandon University				
Bachelor of Nursing	Direct-entry	4	BN	English
BSc in Psychiatric Nursing	Direct-entry	2	BScPN	English
Red River College				
	Direct-entry	3 ¹⁷	BN	English
University College of the North	Direct-entry ¹⁸	4	BN	English
University of Manitoba	Direct-entry	4	BN	English
ONTARIO				
University	Type of program	Program length (years) ¹⁹	Degree	Language of instruction
Brock University				
Nursing	Direct-entry	4	BScN	English
Collaborative Nursing	Collaborative ²⁰	2	BScN	English
Humber College of Applied Arts & Technology				
Collaborative Nursing	Collaborative ²¹	4	BN	English
Second Entry Preparation	After-degree	2	BN	English
Lakehead University				
Nursing	Direct-entry	3	BScN	English
Nursing – Compressed	Accelerated	3	BScN	English
Laurentian University	Post-RN ²²	4	BScN	English/ French
McMaster University	Direct-entry	4	BScN	
Nipissing University				
Nursing	Direct-entry ²³	4	BScN	English
Post-RPN (full-time)	Post-RPN (LPN)	3	BScN	English
Post-RPN (part-time)	Post-RPN (LPN) ²⁴	5 (part-time)	BScN	English
After-degree	After-degree	2	BScN	English
Queen's University	Direct-entry	4	BScN	English

16 Full-time study unless otherwise indicated.

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

18 Offered collaboratively with the University of Manitoba.

19 Full-time study unless otherwise indicated.

20 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.

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

22 Distance online program.

23 Offered in collaboration with Canadore College.

24 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				
University	Type of program	Program length (years) ¹⁹	Degree	Language of instruction
Ryerson University				
Collaborative	Collaborative ²⁵	4	BScN	English
Post-RN	Post-RN	2	BScN	English
Trent University				
	Direct-entry honours	4	BScN	English
	Accelerated	3	BScN	English
	LPN to BSN ²⁶	6	BScN	English
University of Ontario Institute of Technology				
Collaborative	Collaborative ²⁷	4	BScN	English
Post-RPN	Post-RPN (LPN)	3	BScN	English
University of Ottawa				
Collaborative	Collaborative ²⁸	4	BScN	English & French
Post-RN	Post-RN	2	BScN	French
BScN Second Entry	After-degree ²⁹	2	BScN	English & French
BScN Bridging Program for Registered Practical Nurses	LPN to BScN ³⁰	4	BScN	English
BScN Bridging Program for IENs	IEN bridge to BScN	4	BScN	English
University of Toronto				
	Direct-entry advanced standing ³¹	2	BScN	English
University of Western Ontario				
Collaborative	Collaborative ³²	4	BScN	English
Compressed Time Frame BScN	Accelerated	2	BScN	English
University of Windsor				
	Collaborative ³³	4	BScN	English
York University				
Collaborative BScN	Collaborative ³⁴	4	BScN	English
Second Entry BScN	Direct-entry advanced standing ³⁵	3	BScN	English
BScN for IENs	IEN bridge to BScN	4	BScN	English

25 Offered in collaboration with George Brown and Centennial colleges.

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

27 Offered collaboratively with Durham College.

28 In collaboration with Algonquin College and La Cité.

29 In collaboration with Algonquin College.

30 Distance online program.

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

32 In collaboration with Fanshawe College.

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

34 In collaboration with Seneca and Georgian colleges.

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

QUEBEC ³⁶				
University	Type of program	Program length (years) ³⁷	Degree	Language of instruction
McGill University				
BScN	Direct-entry ³⁸	3	BScN	English
Bachelor of Nursing (Integrated)	Collaborative ³⁹	2	BN	English
Université de Montréal				
Nursing	Direct-entry ⁴⁰	3	BScN	French
Collaborative	Collaborative	3	BScN	French
Université du Québec à Chicoutimi				
Nursing	Direct-entry	3	BScN	French
Post-RN (2-year)	Post-RN	2	BScN	French
Post-RN (3-year)	Post-RN	3	BScN	French
	Direct-entry	3	BScN	French
Université du Québec à Rimouski	Post-RN	2	BScN	French
Université du Québec à Trois-Rivières				
	Direct-entry	3	BScN	French
	Post-RN	3	BScN	French
Université du Québec en Abitibi-Témiscamingue				
Nursing	Direct-entry	3	BScN	French
Post-RN	Post-RN	3	BScN	French
Université du Québec en Outaouais				
Nursing	Direct-entry	3	BScN	French
Post-RN	Post-RN	3	BScN	French
Université Laval				
Nursing	Direct-entry	3	BScN	French
Post-RN	Post-RN	3	BScN	French
Université de Sherbrooke				
Nursing	Direct-entry	3	BScN	French
Post-RN	Post-RN	2	BScN	French

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

37 Full-time study unless otherwise indicated.

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

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

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

NEW BRUNSWICK				
University	Type of program	Program length (years) ⁴¹	Degree	Language of instruction
Université de Moncton				
Nursing	Direct-entry	4	BScN	French
LPN-BScN	LPN to BScN ⁴²	3	BScN	French
University of New Brunswick				
	Direct-entry	4	BN	English
	Post-RN	3	BN	English
	LPN to BScN13	3	BN	English
NOVA SCOTIA				
University	Type of program	Program length (years) ⁴³	Degree	Language of instruction
Cape Breton University	Direct-entry	3	BScN	English
Dalhousie University				
Nursing (4-year)	Direct-entry	4	BScN	English
Nursing (2-year)	Direct-entry advanced standing ⁴⁴	2	BScN	English
St. Francis Xavier University				
Nursing	Direct-entry	4	BScN	English
Post-RN	Post-RN ⁴⁵	3	BScN	English
Post-Degree	Post-degree	2	BScN	English
PRINCE EDWARD ISLAND				
University	Type of program	Program length (years) ⁴⁶	Degree	Language of instruction
University of Prince Edward Island				
BScN	Direct-entry	4	BScN	English
Accelerated BScN	After-degree	2	BScN	English

41 Full-time study unless otherwise indicated.

42 Includes a program that enables LPNs to transition to the 3rd year of the BN program.

43 Full-time study unless otherwise indicated.

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

45 Part-time distance and accelerated options available.

46 Full-time study unless otherwise indicated.

NEWFOUNDLAND AND LABRADOR				
University	Type of program	Program length (years) ⁴⁷	Degree	Language of instruction
<u>Memorial University of Newfoundland</u>	Direct-entry ⁴⁸	4	BN	English

NORTHWEST TERRITORIES				
University	Type of program	Program length (years) ⁴⁹	Degree	Language of instruction
<u>Aurora College</u>	Direct-entry	4	BScN	English

NUNAVUT				
University	Type of program	Program length (years) ⁵⁰	Degree	Language of instruction
<u>Nunavut Arctic College</u> ⁵¹	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.



⁴⁷ Full-time study unless otherwise indicated.

⁴⁸ 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.

⁴⁹ Full-time study unless otherwise indicated.

⁵⁰ Full-time study unless otherwise indicated.

⁵¹ BScN is in Arctic Nursing. Offered in collaboration with Dalhousie University. Degree conferred by Dalhousie University.

APPENDIX 2. LICENSED PRACTICAL NURSE PROGRAMS BY JURISDICTION⁵²

Please refer to program websites for current information.

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
- Sprott-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

⁵² Approved by LPN regulatory colleges in Canada, 2014.

- Sault College
- Seneca College
- Sheridan College
- St. Clair College
- St. Lawrence College

QUEBEC

- 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 PROGRAMS⁵³

Please refer to program websites for current information.

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



⁵³ Approved by the LPN Regulatory College in Canada, 2014.

APPENDIX 4. NURSE PRACTITIONER AND GRADUATE PROGRAMS IN NURSING BY CANADIAN UNIVERSITY

Please refer to university websites for current information.

UNIVERSITY	PROGRAM		
	Nurse practitioner	Masters	Doctoral
Athabasca University	●	●	
Dalhousie University	●	●	●
Lakehead University	●	●	
Laurentian University	●	●	
McGill University	●	●	●
McMaster University	●	●	●
Memorial University	●	●	●
Queen's University	●	●	●
Ryerson University	●	●	
Saskatchewan Institute of Applied Science and Technology	●	●	
Trinity Western University	●	●	
Université de Moncton	●	●	
Université de Montréal	●	●	●
Université de Sherbrooke	●	●	●
Université du Québec à Chicoutimi	●	●	
Université du Québec à Rimouski		●	
Université du Québec à Trois-Rivières	●	●	
Université du Québec en Outaouais	●	●	
Université Laval	●	●	●
University of Alberta	●	●	●
University of British Columbia	●	●	●
University of British Columbia-Okanagan	●	●	
University of Calgary	●	●	●
University of Lethbridge	●	●	
University of Manitoba	●	●	●
University of New-Brunswick	●	●	
University of Northern British Columbia	●	●	
University of Ottawa	●	●	●
University of Saskatchewan	●	●	●
University of Toronto	●	●	●
University of Victoria	●	●	●
University of Western Ontario	●	●	●
University of Windsor	●	●	
York University	●	●	

APPENDIX 5. REGULATORY COLLEGES, PROFESSIONAL ASSOCIATIONS AND UNIONS IN CANADA

Regulatory college	Nursing group	First year regulated	Independent professional association(s)	Union	Year union established
British Columbia					
British Columbia College of Nursing Professionals	RN				
	NP	2018	Nurses and Nurse Practitioners of British Columbia	British Columbia Nurses Union	1981 ⁵⁴
	RPN				
	LPN				
Alberta					
College of Association of Registered Nurses of Alberta	RN	1916			
	NP	2002			
College of Registered Psychiatric Nurses of Alberta	RPN	1955		United Nurses of Alberta	1977
College of Licensed Practical Nurses of Alberta	LPN	1986			
Manitoba					
College of Registered Nurses of Manitoba	RN	1913	Association of Registered Nurses of Manitoba		
	NP	2005			
College of Licensed Practical Nurses of Manitoba	LPN	2001	—	Manitoba Nurses Union	1975
College of Registered Psychiatric Nurses of Manitoba	RPN	1960	Association of Registered Nurses of Manitoba		
Newfoundland and Labrador					
Association of Registered Nurses of Newfoundland and Labrador	RN	1954		Registered Nurses' Union of Newfoundland and Labrador	1974
	NP	1997	—		
College of Licensed Practical Nurses of Newfoundland and Labrador	LPN	1983	—	—	

⁵⁴The British Columbia Nurses Union broke off from the Registered Nurses Association of British Columbia, which was certified in 1946 to act as a bargaining agent for BC nurses.

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