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The primary responsibility of the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) is to protect the public. The public has the right to expect that all LPNs are educationally prepared to provide safe, competent and ethical nursing care. Continuous learning and maintaining competence for all health professionals is an issue that is assuming primary emphasis in today's health care system. For the public to be assured that LPNs are competent to provide safe, competent and ethical nursing care it is a necessity that LPNs engage

in life long learning. As LPNs you are constantly required to reflect on your practice to ensure you have the necessary education to provide the nursing care required for a changing society and the health care environment and, as a result of that reflection, take the appropriate action to acquire and develop new competencies or enhance the competencies you have.

Provincially, as the LPN profession has continued to evolve, with the inclusion of Medication Administration (1996/97) and Health Assessment (2001/02) as core competencies for the entry level practitioner, a competency gap has been created between the novice and expert LPNs. In an effort to eliminate this competency gap and to ensure the CLPNNL is fulfilling its mandate of public protection the Board of the CLPNNL has decided that effective April 1, 2012 all LPNs providing nursing services to patients / clients / residents must have completed approved courses in Medication Administration and Health Assessment. Therefore, effective April 1, 2012 only those practical nurses that have successfully completed this education (Medication Administration and Health Assessment) will be eligible for licensure as a practical nurse. If you have not completed this education I strongly encourage you to contact the Centre for Nursing Studies (Phone: 777-8162 Toll Free: 1-888-290-6272 Email: mbrowne@cns.nf.ca to determine when you may enroll in these courses to meet the April 1, 2012 deadline.

If you have successfully completed courses in medication administration or health assessment other than those offered through the Centre for Nursing Studies (i.e. Paramedic and Pharmacy Technician) you most contact the CLPNNL so that a determination can be made regarding equivalency of those courses.

PUBLIC INFORMATION

The PULSE is the official Publication of the College of Licensed Practical Nurses of Newfoundland and Labrador

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Usual editions are April, August and December. The editor welcomes feedback and suggestions from readers on this newsletter.

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NOTICE OF ANNUAL BUSINESS MEETING

SATURDAY, JUNE 9TH, 2007 19:00 – 20:30 HOURS

In accordance with the Licensed Practical Nurses' Act, 2005 Article 11 (2), notice is hereby given that the annual meeting of the CLPNNL will be held on Saturday, June 9th, 2007 at the Capital Hotel in St. John's.

College of Licensed Practical Nurses of Newfoundland and Labrador Annual Business Meeting Will be held at the CAPITAL HOTEL, ST. JOHN'S SATURDAY, JUNE 9TH, 2007 (1900 hrs)

2007 Excellence In Practice Award

Who has inspired you? The Excellence in Practice Award Selection Committee is currently seeking and accepting nominations for the 2007 Excellence in Practice Award.

This is your chance to recognize your peers and celebrate the achievements of LPNs. Each year at the annual dinner, the CLPNNL presents the Award of Excellence to one deserving LPN. We know there are many LPNs who demonstrate professional excellence on a daily basis and are very deserving of the CLPNNL Excellence in Practice Award. In order for excellent LPNs to be considered for this accolade, they must be nominated. Please take this opportunity to nominate those LPNs who have left their mark on our profession!

For further information on the 2007 Excellence in Practice Award or to obtain a nomination form, please contact the office of the CLPNNL at 1-888-579-2576 or e-mail joneill@clpnnl.ca. Deadline for receipt of applications will be May 14th, 2007.

"Happiness does not come from doing easy work, but, from the afterglow of satisfaction that comes after the achievement of a difficult task that demanded our best."

Theodore Issac Rubin

PROVINCE INTRODUCES NEW TELECARE SERVICE

The Government of Newfoundland and Labrador is committed to providing quality, accessible primary health care services to all residents of the province.

Meeting this commitment, Government officially launched the province's new toll-free telephone service, HealthLine, on September 27, 2006. HealthLine is now providing Newfoundlanders and Labradorians with access to health advice and information, 24 hours a day, 7 days a week, regardless of where they live.

Primary health care is the first level of contact people have with the health and community services system, such as a family doctor, nurse practitioner, community health nurse, paramedic, or social worker. A new addition to the health-care community, HealthLine benefits patients with non-emergent situations or minor symptoms regardless of where they live – ultimately improving access to health care services in rural and remote communities.

HealthLine's specially trained registered nurses use computerized standardized clinical guidelines to triage calls and rapidly identify callers' needs. Through a telephone assessment that lasts an average of 10 minutes, the nurse collects pertinent information and assesses the caller's needs. Based on the assessment, the registered nurse will provide symptom-specific information, education, advice on self-care, or help determine if the caller should make an appointment with a family physician, go to a clinic, contact a community service or go to a hospital emergency room. The registered nurse may also direct the caller to an automated library of recorded health information. All calls are free of charge and an MCP card is not required.

HealthLine is not an emergency line. Individuals should always call their local emergency number or 911, where available, in the case of emergencies. HealthLine is also not meant to replace physicians; therefore, the service does not include writing prescriptions or ordering medical tests.

In addition, HealthLine nurses do not make diagnoses. The registered nurses follow computerized standardized guidelines and nursing practices of Newfoundland and Labrador. They provide symptom advice and health information and guide the caller to the most appropriate action based on the

description of the caller's symptoms at the time of the call.

In keeping with standard professional health care practices, all calls and records are confidential. When a person calls, the nurse asks caller's name; however, this information is optional. A record is kept of every caller and is managed in the same manner as standard medical records. The Department of Health and Community Services will be monitoring HealthLine on a monthly basis to ensure that provincial performance standards are being met.

HealthLine's main office is located in St. Anthony. Two satellite sites are located in Stephenville and Corner Brook.

As part of the Primary Health Care Atlantic partnership, Newfoundland and Labrador has an agreement with the Province of New Brunswick regarding the establishment of the contact centre in this province. As part of this agreement, Clinidata, the largest telecare service provider in Canada, will be managing HealthLine. Clinidata is among the top five providers of telecare services in the world and currently provides services to populations in New Brunswick, Ontario, the Northwest Territories, British Columbia and the Canadian Armed Forces.

Over the last decade, Clinidata has implemented many formal and centralized tele-nursing services throughout the country. With Clinidata operating the HealthLine service in Newfoundland and Labrador, nine of the 13 provinces and territories now have province-wide telecare service available, and that number is sure to grow until all Canadians have access to health care 24 hours a day, 7 days a week.

If you have a health-related issue or question, call HealthLine at 1-888-709-2929.

For more information about the HealthLine service, visit our website at www.yourhealthline.ca or contact Joy Stuckless, RN, BN, Project Manager Selfcare/Telecare Project, Department of Health and Community Services, 709-729-4826, joystuckless@gov.nl.ca or Marlene M. Penney, RN, CNCC©, Director of Operations, NL Healthline, Clinidata Corporation, 709-454-4133, mpenney@clinidata.com

New Staff Member Joins the College

We are pleased to introduce Patricia McCarthy to the College of Licensed Practical Nurses of Newfoundland and Labrador. Patricia is the new Executive Assistant and a part of the team! Patricia started in January 2007 and brings a variety of education, experience and background to her role. Welcome Patricia!

PROFESSIONAL DEVELOPMENT WORKSHOPS AT A GLANCE

"Practical Nursing – Leading the Way in Changing Times"

DAY 1: SATU	RDAY, JUNE 9TH, 2007	Registration Form:
18:00 - 19:00	Registration	N.
19:00 - 20:30	Annual Business Meeting	Name:
20:30 – 22:30	Wine & Cheese Reception (Cash Bar)	Facility/Agency:
DAY 2: SUNDAY, JUNE 10, 2007		
09:00 - 09:10	Greetings and Welcome	Mailing Address of Registrant:
09:15 – 10:15	Stephanie Staples, LPN, Coach and Professional Speaker - Your Life Unlimited- An LPN's Journey Part I	
10:15 - 10:30	Nutrition Break / Poster Display	
10:30 – 12:15	Stephanie Staples, LPN, Coach and Professional Speaker – Your Life Unlimited – An LPN's Journey Part II	Phone Number:
12:15 - 13:15	Lunch (On your own) and Poster Display	Registration Fee:
13:15 – 14:00	JoAnna Bennett, QPPE Project Consultant and Janice O'Neill, CLPNNL Practice Consultant – How can you make a difference in your workplace?	A Registration Fee of \$148.00 must accompany the registration form. Registration deadline is Friday, June 1st, 2007. Refund:
14:00 – 15:00	Chris Heubner, Lloyd Sadd Insurance Broker – Understanding Professional Liability Risks and Insurance.	If notice of cancellation is received on or before May 18, 2007, a full refund will be provided. A processing fee of 50% of the registration fee will be retained if cancellation is received after May 18, 2007. Registrants who do not attend
15:00 - 15:20	Nutrition Break / Poster Display	the workshops and have not cancelled are required to pay
15:20 – 16:30	Rhonda Fagner, Incontinence Advisor, Women's Health Program, Eastern Health – Incontinence Advice	the full registration fee and no refund will be provided. Alternate registrations from the same organization will be accepted up to the day before (June 8, 2007) the actual start
19:00 – 20:30	Annual Dinner and Excellence in Practice Award Presentation	of the workshops.
20:30 – 22:00	Entertainment	Accommodations: Capital Hotel 208 Kenmount Road, St. John's, NL A1V 1W6
DAY 3: MONDAY, JUNE 11, 2007		Toll Free: 1-800-503-1603 or 709-738-4480
09:00 – 10:00	Salma Debs-Ivall, RN, MScN – A Guided Tour of the Nurse One Portal	Fax: 709-738-4481 Room Rate: \$115.00 plus tax single, double, triple or quad.
10:00 - 10:20	Nutrition Break	Recoil Rate. \$117.00 plus tax single, double, triple of quad.
10:20 – 11:30	Dr. Rick Singleton, D. Min. Director of Pastoral Care & Ethics, Eastern Health – Doing the Right Thing and Doing the Thing Right	A credit card will be required for reservations. Should you need to cancel a reservation, please do so 48 hours in advance of your arrival date to avoid charges on your credit card.
11:30 – 12:15	Carmel Collins, RN, CHPCN (C) Dr. H. Bliss Murphy Cancer Centre – Pain and Symptom Control/Management	A block of rooms will be held until May 14th, 2007. When booking your rooms, please state booking code "CLPNNL".
12:15 – 12:30	Closing Comments, Wrap-up and Evaluation	

The Canadian Nurses Portal: NurseONE

What is NurseONE?

Nurse ONE is a personalized interactive web-based resource providing nurses in Canada – this country's health care knowledge workers with access to current and reliable information to support their nursing practice, manage their careers and connect with colleagues and health-care experts.

What can NurseONE offer me?

You can access up to date, accurate information on a wide range of topics fully vetted and reviewed by the CAN and its review committee. Information from a trusted source, Nurse ONE is you online colleague.

Professional Practice:

You can enrich your knowledge through evidence-based information, clinical references, disease specific information, nursing policy statements and much more.

Online Libraries:

You can immediately access the Cochrane Collection, e-CPS, e-Therapeutics and STAT!Ref Electronic medical Library.

Careers:

You can send career questions to health care career management experts, develop your portfolio or post your resume on-line. As well, you have My Account, a personalized section of the site

visible to you at all times while you are working in NurseONE and where you can save documents, web addresses and other important items.

And this is just the beginning. NurseONE also offers a self-assessment tool to assist nurses in managing their continuing competency requirements, emergency preparedness resources and will soon offer online discussion forums.

How and why was NurseONE created?

Delivering health care in Canada's diverse communities, from large urban centres to small northern inlets is a challenge. But, it is a challenge that First Nations and Inuit Health Branch (FNIHB), Health Canada knew could be overcome with technology. FNIHB partnered with the CAN and provided three years of funding to create NurseONE, a unique personalized and interactive web-based resource to support Canada's Nurses. To ensure NurseONE's relevance to you, we tested it with nurses throughout its development. The results have influenced the portal's navigation and will continue to impact the information that is developed for the site.

How can I access NurseONE?

You can access NurseONE by logging onto www.nurseone.ca and completing the registration steps outlined on the screen. Over the coming months, the site will evolve and grow.

Retirement

After 38 years of service as a Licensed Practical Nurse, Phyllis Greene retired in August of last year. Phyllis worked for 36 years at the Fogo Island Cottage Hospital and for her last 2 years at the Fogo Island Health Centre. Phyllis received the CLPNNL Excellence in Practice Award in 2005 and it was noted during this award presentation that Phyllis had only taken one sick day in her whole career spanning over her 38 years of service!

Congratulations and best wishes from your co-workers at Fogo Island Health Centre. You have been a role model for us all and we wish you a happy retirement.



National Nursing Week, May 7th to 13th, 2007

National Nursing Week provides Canadians with the opportunity to learn about our profession's commitment of safe, competent and ethical nursing care in the public interest. During National Nursing Week, Monday, May 7th, 2007 will be designated as LPN Day in Newfoundland and Labrador. The theme of National Nursing Week 2007 is 'Think You Know Nursing' Take a Closer Look."

This is a great opportunity to invite others to learn about licensed practical nursing in Newfoundland and Labrador. In partnership with other health professionals/providers, Licensed Practical Nurses provide professional nursing care and promote health and healing to the residents of Newfoundland and Labrador in a variety of care settings.

Quality Professional Practice Environment (QPPE) Update

Since it's start up in January 2005, eight sites across the province have taken part in the recent QPPE Quality Professional Practice Environment (QPPE) Program. The most recent participants are the nurses of the IPS Unit at the Captain William Jackman Memorial Hospital in Labrador City. Known as the IPS MINERS Team, they started in January 2007 and have completed the initial information and assessment steps in preparation for developing action plans to improve their working environment.

The Carbonear CARBES Team who started in September 2006, are actively involved in action planning to implement strategies to improve their work life

Western Memorial PACERS Team and Sir Thomas Roddick CARE BEARS Team are in the process of completing their post-test questionnaires. This will indicate the effectiveness of their action plans to make positive changes to their work places as well as identify issues that may require ongoing attention.

The Escasoni SWITCH Team is continuing with their action plan implementation and plan to move forward with more initiatives over the next months. Some of the QPPE activities by these teams have resulted in changes in how they can more effectively provide nursing care, respond to families and visitors and relate to the support departments and services they interact with on a daily basis.

Congratulations to Cindy Carew, LPN; Ella Codner, LPN; (QPPE Working Group Members) Hannah Power, LPN: Karen Byrne, LPN; June Bursey,

LPN and Edith Linehan, LPN 3 West Escasoni Complex who have all successfully completed the post basic modules to perform Gastrointestinal Tube Feedings & Nasogastric Suctioning and Oxygen Therapy & Oral Suctioning!

The Clarenville HOME Team are in the long-term self-sustainability phase of their QPPE Program, which involves establishing internal organizational linkages to recognize and support their ongoing activities. ARNNL/CLPNNL will continue to support their QPPE activities until these linkages are finalized.

All these QPPE Teams are commended for their enthusiasm, commitment and creativity as participants in this program. They have demonstrated that taking control of your work environment can achieve results and help make it a better place to work.

Numerous requests for information and opportunity to be part of this program have been received at ARNNL. Limited program resources are such that an annual cycle allows for 2 new sites to start up, 2 to be ongoing through the year and 2 more to be maintained in the sustainability phase. Increased resources for QPPE will provide opportunity for more sites to participate. Your support of this program will impact your opportunity to participate!

For more information on the QPPE Program or how to get involved, please contact JoAnna Bennett at: jbennett@arnnl.nl.ca.

Understanding Your Scope of Practice, Janice O'Neill, LPN, Practice Consultant

All Licensed Practical Nurses are professionally and legally accountable to practice within their established scope of practice. Consequently, it is essential that each Licensed Practical Nurse know what competencies are approved to be within the scope of practice within the province of Newfoundland and Labrador, within your employing agency and within your own nurse-client relationships.

The Scope of Practice of a profession outlines the range of roles, functions, responsibilities and activities its practitioners are educated and licensed to perform. It sets the practice boundaries for all its practitioners. However, the actual Scope of Practice of individual practitioners may be significantly narrower than the scope of practice of the profession as a whole, being influenced by the type of practice setting and the needs of the clients and employers. (CLPNNL, 2004)

To determine what competencies are authorized to be within your scope of nursing practice in the province, you can check out the following sources:

- Practical Nursing Program Curriculum What were you taught in your practical nursing program and what is being taught in today's Practical Nursing program?
- CLPNNL Scope of Practice Document (revised August 2004) This
 document identifies over 100 entry level competencies for LPNs in the
 province of NL.
- Continuing Education Programs The Centre for Nursing Studies
 offers formal continuing nursing education courses. Competency
 modules have been developed as a result of the additional competencies added in the PN program and are available for purchase by agencies for LPNs who graduated from programs that did not include certain competencies.

To determine what competencies are within the scope of nursing practice

within your agency, you must be familiar with all relevant nursing policies. Further, by participating in agency-based continuing education sessions and inservices, you have an opportunity to seek clarification on the scope of nursing practice for new and emerging roles.

Finally, to determine what client specific competencies you should perform, you need to reflect upon your own knowledge and experience and evaluate your ability to perform the specific competency in the particular client care situation. Because you are asked to perform a particular function, or you did a similar function in another role or area of practice, that may not validate that the competency is within the scope of practice. Ask yourself:

- AM I EDUCATED to perform this function? Did I gain the required theoretical knowledge and practical experience to safely and competently perform this role?
- AM I AUTHORIZED to perform this function? Is the performance of the function supported in nursing documents, policy and/or procedural guidelines?
- AM I COMPETENT to perform this function? Do I have the necessary skill, judgment and required supports to safely perform this function for this client?

Do not let ignorance or assumptions affect your career. Know what competencies are within your scope of practice. Obtain the necessary authorization, education and practical experience to safely perform all of the competencies required for your area of practice. If you are unsure whether a specific function or task falls within your scope of practice, use all the resources that are available to you, including placing a call to the College of Licensed Practical Nurses of Newfoundland and Labrador.

Reprinted and adapted with permission: ARNNL Access, January 2005 (written by Lynn Power, RN, MN Nursing Consultant, Practice)

National Survey of the Work and Health of Nurses (NSWHN)

The 2005 National Survey of the Work and Health of Nurses (NSWHN) represents a collaborative effort involving the Canadian Institute for Health Information, Health Canada, and Statistics Canada.

The NSWHN was designed to examine links between the work environment and the health of regulated nurses in Canada, and is the first nationally representative survey of its kind. The survey's high response rate (80%) reflects the enthusiasm with which nurses involved themselves in the survey.

Nearly 19,000 regulated nurses, representing registered nurses (RNs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs) across the country were interviewed on a variety of topics, including the conditions in which they practice, the challenges they face in doing their jobs, and their physical and mental well-being.

They shared their perceptions of work organization, including staffing, shift work, overtime and employee support. Nurses were also asked about work stress, role overload, respect, and quality of patient care. Information about their health status, such as chronic conditions, pain, self-perceived general and mental health, medication use, and the impact of health on the performance of nursing duties, was also collected.

This document presents key findings from the 2005 NSWHN for each province, as well as for the three territories combined.

The information provides a sampling of the rich variety of information collected by the 2005 NSWHN. The complete Findings from the 2005 National Survey of the Work and Health of Nurses is available from the Statistics Canada website free of charge as a downloadable electronic publication in Adobe Acrobat format.

The publication is also available in print form (Statistics Canada catalogue number 83 003 XPE).

NEWFOUNDLAND AND LABRADOR

Newfoundland and Labrador had about 7,800 nurses in 2005, 2.5% of the national total.

About 94%, or 7,300 of Newfoundland and Labrador's nurses, were women and 6%, or 500, were men.

Two-thirds (67%) of nurses in the province were registered nurses (RNs), somewhat below the percentage in the other jurisdictions combined. The national figure was 79%.

Nurses in this province were relatively young. The average age was 42.8, 1.5 years younger than the national average.

Nearly four-fifths (78%) of nurses in Newfoundland and Labrador had full-time jobs, well above the figure for the rest of Canada. The national figure was 61%.

Working overtime was less common among nurses in Newfoundland and Labrador: 28% reported they usually worked paid overtime, and 29% worked unpaid overtime. At the national level, the respective figures were 30% and 49%.

Having more than one job was also relatively less common than elsewhere in Canada. About one in 10 nurses (9%) reported having two or more jobs; nationally the percentage was 19%.

Nurses in Newfoundland and Labrador were less likely to put in long hours, meaning more than 40 hours per week. Just over three in 10 (31%) said they usually put in long hours. At the national level, 37% of nurses reported long hours.

Nurses in Newfoundland and Labrador had little say in their work schedules, compared with nurses elsewhere. Only one-quarter reported having flexibility in their days of work, and 22%, flexibility in the hours. The respective figures at the national level were 38% and 31%.

NURSING CARE

Nurses were asked if they thought that the quality of care delivered in their workplace had changed in the year before the survey.

Less than one-quarter (24%) of the nurses in Newfoundland and Labrador said that the quality of care had deteriorated, slightly lower than the proportion elsewhere in Canada. The national average was 27%.

Only 9% said that quality of care had improved, significantly lower than the proportion of nurses elsewhere who reported improvement. Across the country, proportions ranged from 9% to 19%.

One in 15 nurses in Newfoundland and Labrador (7%) said that in the 12 months before the survey, patients had occasionally or frequently received the wrong medication or dose. This was the lowest reported rate of such errors in Canada. The national figure was 18%.

Nurses in Newfoundland and Labrador were far less likely to report injuries to themselves through needlesticks or other contaminated sharp objects. An estimated 40% said they had had such an injury at some point in their career, well below the proportion elsewhere in Canada. The national figure was 48%.

In contrast, more than one-third (36%) of nurses in the province said they had been physically assaulted by a patient in the year before the survey, the highest proportion in Canada. Nationally, 29% of nurses in Canada reported physical assault.

Nurses in Newfoundland and Labrador were much more likely than those in other parts of the country to express concern about their risk of contracting an infectious disease in their workplace. About 55% expressed this concern, well above the proportion elsewhere in Canada. The national figure was 48%.

National Survey of the Work and Health of Nurses (NSWHN), continued on next page...

...continued, National Survey of the Work and Health of Nurses (NSWHN)

WORK ENVIRONMENT

Job strain results when the psychological demands of a job exceed the worker's discretion in deciding how to do the job.

More than one-third of Newfoundland and Labrador's nurses (35%)—the second highest proportion in the country—were classified as experiencing high job strain. The figure for all of Canada was 31%.

Although nearly four in 10 nurses (38%) in Newfoundland and Labrador reported low support from co-workers, this was actually a more positive picture than elsewhere in Canada. At the national level, 45% of nurses reported low co-worker support.

The vast majority (89%) of nurses in Newfoundland and Labrador said they had good working relations with physicians. And 84% reported a lot of teamwork between nurses and physicians.

The province's nurses were less likely than their counterparts elsewhere to be dissatisfied with their jobs; only 9% expressed job dissatisfaction. The national proportion was 12%.

PHYSICAL AND MENTAL HEALTH

Of all nurses in Canada, nurses in Newfoundland and Labrador were the most likely to have experienced pain that had interfered with their ability to do their jobs.

Just under one in three of the province's nurses (31%) indicated that pain had affected their ability to work in the six months before the survey—far higher than elsewhere in Canada. The national figure was 24%.

While 9% of nurses across Canada experienced depression, only 5% in Newfoundland and Labrador did.

At the national level, close to one in five nurses (18%) reported that in the four weeks before the survey their mental health had made it difficult to handle their workload. Such reports were relatively less common in Newfoundland and Labrador, where only 13% reported a difficulty.

The proportion of nurses who had taken health-related time off during the year before the survey in Newfoundland and Labrador was the third highest in the country. About 69% reported a work absence due to a health problem. The national figure was 61%.

2006 LPN Continuing Education Needs Assessment Summary

Sharon Fitzgerald, Associate Director -Centre for Nursing Studies

The results are in! Every 5 years, the Centre for Nursing Studies surveys LPNs through out the province to better understand their learning needs. As you know, the Centre offers a variety of educational programs designed to prepare knowledgeable, skilled and caring nurses. These include professional development courses, re-entry programs and post basic specialty programs. The survey results were informative indeed and will help immensely with future planning of educational opportunities. We thank those of you who participated as well as the CLPNNL staff who were key to the success of this venture in getting surveys out to members and the LPN Liaison nurses who helped in getting the completed surveys returned. The response rate was impressive at 68%.

Results were quite positive in showing that 72% of LPNs are interested in pursuing continuing education. The level of interest remains high for current course offerings including Health Assessment, Foot Care, Gerontology, Medication Administration and Mental Health. There is also still much interest in the competency modules including Blood Glucose Monitoring, Oxygen Administration/Oral Suctioning, Wound Care, and GI Tube Feedings and Urinary Catheterization. Other topics LPNs expressed an interest in included Clinical Topics, Professional Issues, Preceptorship, Hemodialysis Community Health, Immunizations, Leadership, Legal/Ethical Issues, Research and Communication.

Results indicated most LPNs prefer print-based materials using self-paced modules. However it useful to note 77% own a computer and 84% have access to the internet. This has implications for future delivery. Worthy of note is that some LPNs noted more incentives are needed to encourage LPNs to complete post basic programs including opportunities for funding and educational leave. Other LPNs expressed concern they are not working to their full scope of practice. All of this is useful data in planning programs that meet the continuing educational needs of LPNs throughout the province.

Information on current program offerings can be obtained by calling the Centre at (709) 777-8162 or visiting the Continuing Nursing Studies section of our website (www.cns.nf.ca). We look forward to ongoing collaboration with LPNs to ensure we continue to offer meaningful educational programs for interested learners.



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