A Critical Review of Discourses Surrounding Practical Nurse Education in Canada

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Abstract

The author's self-reflection on personal experiences teaching in a practical nurse (PN) program was the impetus for this discussion. The purpose of this analysis was to reveal and analyze relationships between nursing knowledge and PN education. Predominating discourses surrounding practical nurse education in Canada were identified and analyzed utilizing a post-structural, critical theoretical perspective. Utilizing a 2-phase dialectical approach, a literature review and subsequent analysis were undertaken to identify and discuss three predominating PN discourses, identified as *variability/standardization discourse*, *practical nurse instructor discourse,* and *collaboration and relationship to knowledge base* discourse. Critical analysis of the three discourses was framed by reflection upon critical questions, which were organized to reflect alignment and coherence among ontological, epistemological and ethical philosophical components. The exploration of the relationship between the three identified discourses and the larger discursive landscape highlights the multiple complexities inherent in the enactment of PN education in current contexts. The goals of this discussion included: to promote greater awareness of the 'truths' within PN discourses, to identify potential gaps in current research related to PN education, to identify potential gaps in knowledge informing PN education, and to promote greater awareness of the possibilities of collaboration among nurse educators.

A Critical Review of Discourses Surrounding Practical Nurse Education in Canada

"…if you scrutinize reality closely enough…it becomes fantastic"

(Creative Arts Television-Diane Arbus, 1972)

My past experiences teaching in a practical nurse program in BC, plus being in graduate school, created personal tension as I struggled with teaching from a content-driven, skills-based curriculum with the goal of expediting nurses into the workforce. As I have continued through graduate studies at the University of Victoria, I have realized that my tensions stem from the awareness that certain pedagogical approaches, philosophical underpinnings, and/or theoretical influences from nursing literature were not prevalent within that particular teaching and learning context. Thus, I have begun to reflect on thoughts about what knowledge is informing practical nurse (PN) diploma education. As I continue to review nursing[1] literature, I have focused on the discourses that underpin discussions regarding nursing education, and whether they also explicitly address practical nursing education. Does/should nursing literature inform practical nurse practice and education? Should practical nurse educators bring similar skills and knowledge for teaching as faculty in baccalaureate entry-to-practice programs? Having reflected on these questions, and developing a more critical awareness of underlying philosophies, theories, and pedagogical approaches which impact teaching and learning, I realize the complexity of the interaction of factors that affect one's ability to teach nursing. For example, the institutional philosophy as a whole influences the ultimate goals of a program; admission processes influence student recruitment; communication between site managers affects on-going curricular change and enactment; the availability of mentors affects teaching and learning; and curriculum design and resource availability influence one's ability to teach. However, what I also have reflected on

[1] Nursing is defined here as "one profession with three regulated nursing groups: RNs, LPNs, and RPNs" (CNA, 2007, p. 6).

are potential attributes, experiences, and knowledge that are needed for nurse educators. What discourses inform nurse educators in practical nurse diploma programs? Are there expectations for educators outlined in nursing literature for practical nurse diploma educators? Thus, my intended focus for this project is to critically review written discourses surrounding practical nurse (PN) education, to uncover beliefs, constructed truths, assumptions, ambiguities, and /or contradictions which are embedded within this discursive landscape.

Area of Concern/Interest

The definition of "nurse" in Canada includes nurses from three different regulatory groups including Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Registered Psychiatric Nurses (RPNs) (Canadian Nurses Association, 2007). However, I have wondered if the research and/or theoretical literature are understood to be relevant only to baccalaureate nursing programs, or does this knowledge base also inform practical nurse diploma programs? When reading theoretical literature and nursing research on nursing education, I have reflected on the relevance of this information for nurse educators, who may teach in either baccalaureate degree or PN diploma programs. Many questions have arisen for me, including whether practical nurse education, and thus educators, are included or represented in the literature. Are discourses in nursing education explicitly or implicitly excluding those who teach in practical nurse programs? What impact does nursing education scholars' work have on expectations for practical nurse educators? Do the discursively created regulatory categories of "nurse" create boundaries in nursing education and research?

I see this project as contributing to nursing education by identifying potential gaps in current nursing education research, and potential gaps in knowledge sources that currently inform

practical nurse education. More specifically, the exploration of discourses within PN education can make explicit the truths that are constructed in the literature through the use of language. By utilizing a critical approach to analyzing both research and theoretical literature, this project can enhance or promote a new understanding of predominant discourses and their influence on PN education. As Mill, Allen and Morrow (2001) state, a critical approach to analysis can expose truth as a relation of power, (uncovering hidden power imbalances), challenge the status quo, and critique 'taken-for-granted' values and beliefs. The resulting "enlightened awareness of phenomena" (Mill et al., 2001, p. 116) is an important outcome of critical analysis, which can promote greater awareness (consciousness) of issues, omissions, or concerns regarding how knowledge is produced and perpetuated. Thus, the results of this review could influence the development of educator competencies for practical nurse educators, encourage collaboration and communication among educators of PN and baccalaureate nursing programs, and highlight the need for further research related to what sources of knowledge are informing PN education.

My Assumptions, Beliefs and Biases

This project begins with an exploration of my own assumptions, beliefs and biases with respect to PN education. Throughout my past professional practice experience, I did not work directly with licensed practical nurses (LPNs). As an educator, I realized that I wanted to know more about PN education, as I found that there were many opinions surrounding what practical nurse education may or may not be. "What constituted practical nurse education? How was this determined? Who taught in practical nurse diploma programs? How does this program fit within the larger context of nursing education as a whole?" These were all questions which stimulated my interest in teaching in a PN diploma program.

I also recognize my own educational background, including graduating from a baccalaureate nursing program after completing high school. I do see nursing situated as an academic discipline and practice profession (Northrup et al., 2004) as a result of my initial nursing education, which contributes to my belief that there is disciplinary knowledge which informs nursing practice. Therefore, as an educator I now wonder if or where PN diploma education fits within this context, and this questioning has been the impetus for this project.

Initial Approach to Inquiry

Initially, I conducted preliminary searches in Summon (University of Victoria library) and Google Scholar©, in attempts to find literature specific to PN education in Canada. Very little literature was found, except for literature relating to licensed practical nurses' experiences transitioning into baccalaureate programs (Boyar, Senturia, & Palisin, 1989; Gordon & Melrose, 2010; Melrose & Gordon, 2008; 2011; Rowsell, 2008). In general, there are few Canadian research articles available specific to PN curricula or pedagogical influences for educators teaching in such programs. My initial impression from delving into the literature is that much of the nursing education literature either implicitly or explicitly refers to baccalaureate education, through usage of terms such as undergraduate, registered nurse, or nurses. When scholars discuss discourses in nursing, such as student-centered pedagogies and attributes of effective educators, it is sometimes not clear if this includes instructors teaching at the PN diploma level.

Historically, RNs initially received either a diploma or a baccalaureate degree to practice nursing. However, four decades ago, the nursing profession began discussions regarding having a baccalaureate degree as preparation for nursing practice (Kikuchi, 2009). In 1982, provincial and territorial bodies throughout Canada agreed that RNs should have a degree as a minimum

requirement to practice nursing (Canadian Association of Schools of Nursing, 2011; CNA, 2004). Gradually, hospital-based diploma programs were closed throughout Canada. Currently, LPNs receive a diploma (from institutions which offer programs of varying lengths), whereas RNs are generally now required to obtain a baccalaureate degree in order to practice nursing. Thus, I felt it important to review information provided by regulatory bodies for both diploma and baccalaureate-prepared nurses in order to understand the conceptualizations of nursing knowledge for the two regulatory groups of nurses.

I conducted preliminary reviews (via websites) of provincial and territorial regulatory bodies and associations for both practical nurses (Appendix A) and registered nurses (Appendix B) to see if within these discursive constructs, there is a suggested relationship between practical and registered nurse education. That is, is it explicitly stated that these two regulatory groups (RNs and LPNs) share a common knowledge base of nursing; thus inferring that the literature and research that is conducted in "nursing" in Canada, can inform both groups? It is noted that, for the focus of this project, I will not be including the third regulatory group of nurses, RPNs (registered psychiatric nurses) in the discussions. (It is also noted that LPNs are referred to as registered practical nurses in Ontario; but for clarity will be referred to as LPNs in this project).

A review of LPN provincial and territorial organizations (Appendix A) revealed various conceptualizations of nursing knowledge. For example, leaders of the Saskatchewan Association of LPNs explicitly state that LPNs "study from the same body of nursing knowledge as RNs" (SALPN, 2010, para. 2). The Licensed Practical Nurse Association of Prince Edward Island (LPNAPEI, 2012) and the Association of New Brunswick Licensed Practical Nurses (ANBLPN, 2005), also explicitly outline similar statements, acknowledging this shared knowledge base. Further, the *Standards of Practice* from ANBLPN outline the definition of nursing as one

discipline; sharing the same body of knowledge; the depth and breadth of knowledge differentiating education of LPNs and RNs. In the Yukon, leaders have adopted Alberta's Scope of LPN Practice Competency Profile. It is stated in these documents, that LPNs are one category of professional nurse. More specifically, the document outlines that LPNs study from the same body of nursing knowledge, "with a more focused approach in foundational knowledge, critical thinking and clinical judgment" (College of Practical Nurses of Alberta, 2009, para. 3). Practical nursing, as part of the family of nursing and the healthcare delivery system, is the conceptualization found within the *Standards of Practice and Code of Ethics* from the College of Licensed Practical Nurses of Newfoundland and Labrador (2007).

One of the standards in the above mentioned document also highlights that LPNs must "keep informed about issues affecting the practice of nursing" (CLPNNL, 1995, p. 8). However, in the CLPNNL document, there is no reference to evidence-based practice or research utilization. It is written in the *Standards of Practice* document in the College of Licensed Practical Nurses Association of Nova Scotia (CLPNNS), that LPNs practice within the discipline of nursing, and provide a "theoretical and /or evidence-based rationale for all decisions" (CLPNNS, 2011, p. 8). As well, it is noted that LPNs will "articulate findings of assessment using a theory, framework, or evidence-based tool" (CLPNNS, 2011, p.8). Interestingly, according to the LPN information available on-line for the Northwest Territories (NWT Health and Social Services, 2012), "there is no defined scope of practice for licensed practical nurses" (p. 1). The College of Licensed Practical Nurses of British Columbia (CLPNBC, 2010) *Standards of Practice for Licensed Practical Nurses* (2010) outline LPNs as being one of "three categories regulated nursing practitioners in BC" (p.13). Leaders from the College of Licensed Practical Nurses of Manitoba (CLPNM, 2011) outline LPN competencies as including application of research findings, as well

as integrating theoretical principles and concepts in his or her practice, which would suggest an awareness of research critique and analysis by nurse educators teaching in these programs.

In reviewing all of the provincial/territorial LPN regulatory body websites, I did not find any specific competencies or standards related to educators teaching in LPN programs. However, several RN regulatory body documents (ARNNL, 2007; ARNPEI, 2011; CNO, 2009; CRNBC, 2012, CRNNS, 2011), outline competencies for RNs in educator roles. As many instructors who teach in LPN programs are RNs, one could assume that these standards could be applicable to their teaching practice, and could also explain perhaps why LPN regulatory documents do not outline competencies for the educator role.

In summary, there are inconsistencies among provincial and territorial regulatory bodies as to whether LPNs are drawing on the same source of nursing knowledge as RNs. Thus, I believe this project is important in that it will attempt to identify, through an analysis of the scholarly literature, what knowledge is informing practical nurse education in Canada.

Purpose and Objectives

Upon review and preliminary analysis and reflection on various documents and resources, it becomes clear that discursively created constructs of regulatory categories of nurses, provincial regulatory/professional groups' definitions of nursing knowledge, plus national organizations' conceptualizations of nursing knowledge, are inconsistent across Canada. Thus, when attempting to understand the relationship and influence of nursing education literature on education within these regulatory groups, the situation becomes even more opaque. If one assumes (as some nursing associations and colleges do), that all nurses share one unique body of knowledge, then does that not infer that all nurses (and nurse educators) should be informed by the scholarly

literature? Therefore, it becomes significant to attempt to clarify what knowledge underpins PN education, and whether scholarly discourses outline beliefs or assumptions which suggest that nursing literature should inform both RN and PN education. Thus, the purpose of this project is to critically review practical nurse literature to identify and analyze dominant discourses which surround PN diploma education in Canada. The objectives of this project include:

1. Identify dominant discourses in practical nurse education literature.
2. Analyze dominant discourses in PN education literature to uncover underlying beliefs, constructed truths, assumptions, ambiguities, and sources of knowledge within the discursive landscape.

Philosophical, Theoretical and Methodological Approaches

A constructivist and pluralistic worldview underpins this project. Ontologically, this perspective includes a rejection of the concept of a single reality or truth; but rather that "reality is constructed, subjective, multiple, [and] relative" (Pennsylvania State University, 2007, p.1). There is not one consistent set of truths, but many socially constructed truths, and a pluralistic approach allows for "encouragement and tolerance of multiple points of view" (Risjord, 2010, p. 183).

Philosophies that shape learning theories include constructivism, social constructivism, and constructionism (Young & Maxwell, 2007). Within a learning context, the epistemological foundation is one of knowledge construction; knower and knowledge are linked to create knowledge (Pennsylvania State University, 2007; Young & Maxwell, 2007). Further, this knowledge is created within "the social"; and includes a process of "meaning making or knowledge building in which learners integrate new knowledge into a pre-existing network of

understanding" (Young & Maxwell, 2007, p. 9). Learning theorists such as Piaget and Dewey have influenced views of learning through the development of their theories of cognitive constructivism. These theories have influenced our understanding of how learning occurs within individuals, which has aided educators' understandings of how students can best learn. However, the purpose of this project, rather than focusing on the cognitive aspects of constructivism, is to focus on the *social* aspects. Social constructivism extends the psychological aspects of cognitive theories into the social realm, by focusing on how knowledge and meaning are created in the social arena through interactions between and among individuals, groups and cultures. Thus, one can begin to see "truth" not as representing reality, but as part of social practice, which includes language. In opposition to some philosophers, who suggest that language mirrors the objective reality; the constructivist stance infers that *a particular* reality is constructed, changed, and/or maintained through the use of language, and discursive structures (Foucault, 1972; Mills, 2010; Purvis & Hunt, 1993). As Mills (2010) further states, "the real is characterized as a set of constructs formed through discourse…we have access only to the discursive structures which determine our perceptions of the real" (p.45). Therefore, I would like to focus on a review of discourses which are present in PN education literature, to expose the constructed truths (assumptions, attitudes and beliefs) that underpin practical nurse education.

Discourse theory will also inform my project. Various definitions of discourse exist throughout the literature, so it is important to define it in order to outline the parameters of my project. Mish (2004) defines discourse as "conversation; formal and usually extended expression of thought on a subject" (p. 204). Janks and Locke (2008) define discourse as the practice of constructing and constituting the world in meaning, or " an abstract noun denoting language in use as a social practice with particular emphasis on larger units such as paragraphs, utterances,

whole texts or genres" (p. 31). Purvis and Hunt (1993) describe the concept of discourse as processes which "involve the production of meanings and truth-claims" (p. 497). For the purposes of my project, I will focus on Purvis and Hunt's broad definition of discourse. As Purvis and Hunt assert (1993), discourses both allow and impede certain things to be said. The epistemological assumption inherent in this approach is that "language, speech, and writing can never be fully referential…and is always contestable" (Purvis & Hunt, 1993, p. 485).

A post-structural critical social theoretical perspective underpins the questions to be utilized for the critical analysis of relevant articles. This perspective encourages one to reflect on the social construction of reality, including the construction of knowledge, which helps in "understanding previously unseen constraints that contribute to oppression" (Butcher, 2011, p. 3). Habermas asserts that critical theory, as a branch of scientific inquiry, can be utilized to describe and "uncover distortions and constraints that impede free, equal, and un-coerced participation in society" (Stevens, 1989, p.58). Various scholars, including Foucault, have utilized a critical approach to reflect on conditions under which knowledge is created and maintained; how this knowledge is seen as truth; and exposure of the rules as to what can be said or not said (Foucault, 1972; Mills, 2010). Foucault offered new perspectives for understanding relationships between knowledge, truth and power, as constructed within the social, discursive realm (Blackburn, 2008; Cheek, 2004; 2008; Mills, 2010). A critical analysis of practical nursing literature "provides a means for critical examination of the role of nursing…through the examination of social constructs placed on nursing" (Longo & Dunphy, 2012, p. 100). I have outlined the questions I utilized for focusing my review of the literature, which are discussed below (under 'Critical Analysis of the Literature'). For the purposes of the critical review of discourses, I designed the questions to reflect a post-structural critical theoretical perspective.

Literature Review

I conducted literature searches via Summon, through the University of Victoria Library. Searching The Cumulative Index to Nursing and Allied Health Literature (CINAHL) database using search terms "practical nurs*", canad*, "education" and "scholarly", yielded 37 articles. Substituting "vocational" for the term "practical" in the original search field yielded 2 articles which were already represented in the original search. Searching CINAHL with the search terms "practical nurs*", canad* and curricu* produced one article. In total, the CINAHL search produced 38 articles.

Using the search terms " licensed practical nursing" and "education" in the Google Scholar© database brought up over one thousand articles; however narrowing the search by utilizing the search terms "licensed practical nurse education" and "Canada" produced 23 sources. Searching with the terms "practical nurse education", "Canada" and "curriculum" yielded 14 results. Removing duplicates from each Google search resulted in a total of 21 individual resources. Thus, searching in the two above databases yielded 59 articles in total. Endnote® software was utilized for reference management and organization of the literature search.

Critical Analysis of the Literature

Overview

The 59 articles identified above were systematically reviewed in order to broadly identify predominating discourses. In discussions with my supervisor, I developed questions that would be utilized in the process of analyzing each article, discussed possible inclusion criteria, and began identifying predominating discourses. A question template (Appendix C) was utilized to record reflections and notes as each article was reviewed, and I created a chart to aid in the

documentation of the various discourses (Appendix D). Below are detailed discussions which outline each phase of the 2-phase dialectical analysis process. For added clarity, Appendix E contains a flow chart which outlines the entire critical analysis process.

Phase 1 Analysis

The purpose of phase one was to broadly review the literature to identify predominant discourses. This process was conducted recursively, as I initially reviewed 59 articles, wrote notes, and reflected upon predominating discourses as evidenced in the available literature**.** Tentative thoughts on some of the discourses were beginning to appear at this point, and based on the available literature, I was reflecting on whether to include *pre and post* licensure PN educational literature, or only *pre*-licensure literature. The following four questions guided this phase of recursive analysis:

1. What is said/not said regarding the purpose(s) of practical nurse education?
2. What is said/not said regarding pedagogical approaches which guide practical nurse education?
3. What is said/not said about the relationship between practical and registered nurse education?
4. What is said/not said regarding the role of nursing theory and/or research in practical nurse education?

I designed a template (Appendix C) with the questions above, in order to be able to document notes and reflective thoughts as I read each article. Concurrently, I documented notes on a chart in which I would track the discourses being identified, utilizing the following questions to guide this process:

5. Who is included/excluded in discussions of practical nurse education?
6. Whose position is privileged in discussions?
7. What power dynamics shape the discursive landscape?

Being that there was very little literature available on PN education as a whole, and noting that several articles focused on LPNs transitioning into RN programs (a post-licensure focus), I decided at this point to include pre-licensure PN discussions as an inclusion criterion. In discussions with my supervisor, it also became clear that my focus remained too large, as I was identifying discourses within the larger landscape (Appendix D), while not focusing on those directly related to *pre-licensure PN education*. Thus, I revisited my notes, articles, and chart once again, to focus on specific discourses that related to my intended focus of pre-licensure PN education, and to think more specifically about inclusion/exclusion criteria. Focusing more narrowly and applying inclusion criteria resulted in the identification of discourses specifically related to pre-licensure PN education.

Thus, for my analysis, I developed the following inclusion criteria: literature written in English, published in Canada, published after 1991, and addressing *pre*-licensure education. I subsequently applied the inclusion criteria to the original 59 articles. Fourteen articles remained, which allowed for a more detailed review and reflection upon the articles. It was at this point of continuously revisiting the articles that I continued to identify predominating discourses and color-coded the text in the chart (Appendix F) to reflect the identified discourses. Figure 1 outlines the predominating discourses:

Figure 1. Phase 1- Predominating Discourses

Discourse	# of Articles (max. 14)
Wide variability in PN programming/length/hours/theory/practice; need further standardization of education/application processes; PN curriculum being improved/lengthened; little info/research available on PN education/private PN programs	9
Instructor issues- too few/lack of support/often learn by trial and error/need highly skilled instructors/need to provide high quality experiences/little research on educator requirements	6
Competition/shortage- clinical placements	2
Collaboration/bridging/laddering between PN and RN programs and relationship to knowledge base	7
HR/staffing needs	1
Need to increase enrollments	1
PN education to meet competencies/legislation	2

After identifying predominating discourses from the 14 articles, it became evident that seven of the articles that included discussions regarding practical nurse education were non-scholarly material. I felt that although these articles were non-scholarly (they were unreferenced and/or did not draw on nursing literature), they did represent a significant part of practical nurse discourse (as they were from a practical nurse journal) therefore I included them in the phase one analysis. However, I removed these seven articles from the second phase of the analysis, as discussed in further detail below.

Phase 2 Analysis

This phase involved a more detailed analysis and critique of the predominating discourses of the seven remaining articles that met my inclusion criteria. This analysis was guided by the following question:

Whose interests does this particular discourse serve?

For purposes of the phase two of the critical analysis, I discussed with my supervisor whether the non-referenced, non-scholarly articles should be included. As this project is a focus on critiquing written, scholarly literature, it was decided that the non-referenced articles would be excluded for this phase of the analysis. What is intriguing, however, is how half of the articles that contained discussions of PN education were not referenced. Six articles were from a journal for registered practical nurses in Ontario, which infers a certain 'truth' or credibility to the authors' claims. Being not referenced suggests that they represent personal opinion rather than scholarly discussion, or perhaps there are potential reasons why the authors did not draw on disciplinary scholarship. (Although beyond the focus of this critical analysis, it is important to also analyze published opinion, as it can be interpreted by large numbers of non-critical readers as 'truth'). Thus, seven articles were utilized for phase two of the critique. This critique process was performed utilizing a framework which is discussed below. A detailed critical analysis of three identified predominating discourses (*variability/standardization within practical nurse programs*, *instructor issues*, and *bridging/collaboration between practical and registered nurse programs)* follows the framework discussion.

Critical Analysis of Predominating Discourses

Framework for Analysis

There are various ways of approaching the critical analysis of predominating discourses identified in the literature. Although I have utilized questions to help frame my analysis so far, in discussions with my supervisor it was clear that a framework would be helpful in guiding the analytical discussions. McIntyre and McDonald (2013) argue for a framework which is underpinned by philosophy, as it is in thinking philosophically that one develops the ability to

theorize, or use "theoretical formulations to make connections between the significant phenomena we encounter in the world of human health" (p. 11). Thus, as McIntyre and McDonald state, philosophy as a discipline can provide a basis for how one can explore complex questions that arise within the discipline of nursing. As well, the primary areas of philosophical inquiry (ontology, epistemology, and ethics) are utilized to "raise particular questions that are highly useful in exploring and understanding the diverse ways that people think about the discipline of nursing" (McIntyre & McDonald, 2013, p. 12). Questions such as 'What is a nurse educator?' (ontological); 'What is practical nursing knowledge?' (epistemological); and 'What values and beliefs are embedded in practical nurse education discourses?' (ethics) can then be utilized to frame discussions and analyze discourses.

Thus, the assumptions within McIntyre and McDonald's framework align well with the objectives of my project, as all are utilizing philosophical foundations in order to raise questions about various ways in which nursing (and nursing education) are conceptualized. Therefore, this framework supports the exploration of various views or 'truths' about practical nursing, without the expectation of a resolution or suggestion of one ultimate 'truth' regarding practical nursing or PN education. As Pesut and Johnson (2007) suggest, utilizing philosophical inquiry invites a "diversity of approaches" (p. 117) which aids in understanding and critiquing nursing knowledge.

Having underpinned my project with philosophical and theoretical foundations, and being familiar with the University of Victoria School of Nursing MN Curriculum Framework (University of Victoria, n.d.; Young, 2012), I will utilize this framework for my analysis. The School of Nursing MN Curriculum Framework utilizes the three areas of philosophical inquiry that are outlined by McIntyre and McDonald (2013), and provides a "model for attending to coherence among and between ontological, epistemological, ethical, and practice dimensions"

(University of Victoria, n.d., para. 1). I have created a chart (Appendix G) in which I have incorporated my questions that were outlined earlier (as part of my 2-phase dialectical analysis), in addition to other potential questions to reflect upon, utilizing the framework described by McIntyre and McDonald (2013), the University of Victoria (n.d.), and Young (2012). Below are detailed discussions of the three identified discourses, utilizing the outlined philosophical framework and chart to organize the analysis.

Variability/standardization Discourse

Discussions within variability/standardization discourse highlight multiple truths or interpretations surrounding the ontological questions of 'What is a PN student? 'What is a profession/discipline/vocation/skilled worker?' 'What is a nurse ?', as well as epistemological questions regarding what constitutes PN education. Downey (2004), in an overview of nursing education in Canada, discusses the wide variability in preparation of practical nurses when comparing programs across the country. Both theory and clinical hours vary greatly between programs; as well, overall total hours completed in programs vary considerably. As Downey asserts, "the wide range of theory and clinical practice time required in the LPN programs across the provinces —that results in the same credential — is unsettling" (p. 109). Martin Saarinen (2008) acknowledges how the rapid expansion of practical nurse programs in the past (in response to nurse shortages) resulted in "substandard curricula, declining admission standards, and lack of standardization among schools" (Bramadat & Chalmers, as cited in Martin Saarinen, 2008, p. 21). Historically, formal PN training programs were "tailored to meet jurisdictional needs and, subsequently, offered much variation in content and expectations" (Canadian Institute of Health Information, 2007, p. 19). While members of the Canadian Institute of Health Information (CIHI, 2007) suggest that current PN programs are becoming more consistent across

various provinces and jurisdictions, “they are not consistent in their content and delivery to the degree that the full range of LPN competencies are taught in all jurisdictions” (p. 19).

What is excluded in the discussions above regarding variability are the notions of research, theory, and/or and the knowledge base utilized for a program for educating practical nurse students. Rather, it would appear that local contexts and socio-economic influences help shape the expectations of what practical nurses would learn within various programs. For example, Downey (2004) sees changes to the length of practical nurse programs related to added competencies and skills however does not address the significance of nursing disciplinary knowledge (including research and theory) as impacting practical nurse programming. Further, Downey (2004) asserts that little information is available on private practical nurse education programs which exist in British Columbia and Quebec, which impacts how programs can be compared and contrasted. Thus, it seems that the variability inherent in various PN programs has allowed individual organizations and employers to significantly impact how the role is understood, and the competencies and skills identified/valued, which also impacts educators who are instructing PN students.

Certain assumptions have underpinned the creation of various PN programs, in that clinical experiences (expressed as the number of hours) in addition to the amount of ‘theory’ has been adjusted or altered as needed in order to prepare LPNs to be the ‘best fit’ within local employer contexts. From an ontological perspective, this leads to a multiplicity of interpretations and explanations for what a PN student might be, as well as what a PN educator might be. Epistemological concerns such as whether theory underpins PN education, and what PN education ‘is’ also becomes quite variable. Questions then arise as to how context may influence the role (and hence the education) of practical nurses, as well as all nurses as a group.

The above discussions intertwine with discourses related to development of *skilled workers*, such as those outlined in the Ministry of Regional Economic and Skills Development (2010) document, *Skills for Growth: British Columbia's Labour Market Strategy to 2020*. This document outlines the rapid growth expected within healthcare occupations over the next decade, and the Ministry forecasts that 77% of all jobs in BC will require post-secondary education. It is clearly stated that the labour market requires a highly skilled workforce, whose skills align with economic demands. As stated by the Ministry of Regional Economic and Skills Development (2010), the workforce needs to "get the right skills, in the right place, at the right time" (p. 2). Thus, the priorities outlined in this document include increasing the skill level of the BC workforce, attracting workers from outside the province, and improving productivity of the workforce. Key outcomes of this governmental initiative include supporting labour market training programs that are responsive to local needs, and having post-secondary institutions utilize labour market outcomes to inform student enrollment processes and curricula (Ministry of Regional Economic and Skills Development, 2010). Thus, one could possibly see how there could be variability in PN programming and delivery, depending on local contexts, which are influenced by *skilled worker* discourses. This constructed 'truth' regarding skilled worker training certainly can, due to its position as a governmental initiative, exert considerable influence on institutional leaders who must then consider the goals and expected outcomes from the above-mentioned document. The assumptions underlying the Ministry include training workers to be efficient (and the most productive), while simultaneously being responsive and "matching those skills with the demand from the employers" (Ministry of Regional Economic Skills Development, 2010, p. 2). Thus, there is considerable power in the notion of a provincial governmental body focusing on large scale upskilling of workers, as a way of boosting the economic outlook of a province.

From an ethical perspective, *skilled worker* discourse includes assumptions regarding the need for preparing almost all students for post-secondary education (through the development of core competencies of collaboration, critical thinking and creative thinking), as well as having collaborative relationships between communities, employers, and institutions in order to support student development (Ministry of Regional Economic Skills Development, 2010). As well, it is outlined by the Ministry (2010) that it is necessary to support on-going skill development in employees, in addition to creating safe and quality working conditions. What is not said, is if/how disciplinary knowledge is represented within a skilled worker mandate, or how this knowledge may contribute to the development of creativity and critical thinking.

It may also be helpful to define word *practical*, and how this might aid in further understanding PN discourses. According to Harper's (2012) etymological dictionary, the word *practical* can be defined as follows: "of, or pertaining to matters of practice; applied; dealing with practical matters, applied, not merely theoretical; fit for action; practice as opposed to theory" (p. 54). Further, the term *applied* is defined as "put to practical use, as opposed to abstract or theoretical" (Harper, 2012, p. 1). These definitions could also possibly contribute to some understanding of why such wide variability has existed within PN programs, as well as why there is little consistency in terms of regulatory bodies' information regarding the knowledge base of practical nursing. An epistemological question arising is whether there is a 'theoretical' component to PN education, or by very definition, is practical nurse education devoid of theoretical underpinnings? How does this relate to PN education within the larger nursing education landscape, as well as for RNs teaching in PN programs?

What appears contradictory to the concept of 'practical' are current changes made in PN curricula, including the new provincial PN curriculum in British Columbia. The new curriculum

document (Project Steering Committee, 2011) now includes an explicit curriculum philosophy statement, a framework based on various theoretical constructs, as well as outlines learner-centered pedagogical underpinnings for the curriculum. This seems to suggest that PN education leaders do see philosophy and theory as having a role in PN education, and also see potential changes (in terms of pedagogical approaches) in how educators teach in PN programs.

Reflecting upon the definition of *profession* can also inform the above discourse with respect to PN education. A profession can be defined as a "calling requiring specialized knowledge and often long academic preparation" (Mish, 2004, p. 575), and "a body of persons engaged in some occupation; pertaining to skilled or learned trades" (Harper, 2012, p. 63). Northup et al. (2004) argue that nursing is both an academic discipline and a practice profession, and discuss pertinent characteristics that contribute to the definition of a profession, including public accountability and self-regulation, having a specialized body of knowledge, providing a service to the public, and having formal entry qualifications. Parse (1999) also defines nursing as a discipline and a profession, and states that "the profession of nursing consists of persons educated in the discipline according to nationally regulated, defined, and monitored standards" (p. 275).

The question arises as to where PN education resides with respect to interpretations of profession and characteristics as outlined in the literature. While provincial and territorial bodies now exist for LPNs (which provide public accountability and self-regulation, for example), there has also been variability in terms of entry requirements for PN programs, as well as inconsistent conceptualizations of the unique body of knowledge being utilized for PN education. There are various views and interpretations of nursing as a discipline and/or profession, just as there are various definitions of 'discipline' and 'profession', which add to the complexities of

understanding issues related to nursing education. The question also arises as to whether practical nurse education is professional education, or perhaps training as per the discussion regarding skilled workers above? Is there more power and influence when PN education is conceptualized in a particular way? As May and Fleming (1996) suggest, does policy change reinforce or maintain "boundary contests between professions" (p. 1095)? And, what impact do the conceptualizations such as *profession*, *discipline*, *skilled worker*, *practical nurse*, *training, and education* used to describe nurses and nursing education have on how governmental representatives, nurses, and the public see the practice and education of nurses?

Robinson (2009) explored the knowledge bases of all three regulatory groups of nursing students (RNs, LPNs, and RPNs) in Alberta shortly before their graduation. The goals of the research, as outlined by Robinson, included developing a model for describing and analyzing educational content, and providing information for decision-makers regarding "optimal workforce utilization" (p. iii) of various categories of nurse. According to Robinson, all three groups of nurses were drawing from the same disciplinary knowledge base, however their roles were differentiated through legislation, what/how they are taught, as well as what skills they were allowed to perform in practice. From an ontological perspective, the PN student role is therefore conceptualized as evolving from a legislated role, and also from the skills and competencies that are designed by regulating bodies, which subsequently influence what is taught in various PN educational programs. Interestingly, Robinson noted the difficulties in comparing scopes of practice and competencies among the categories of nurses, as these documents were "not organized according to a common framework" (p. iv). Further, Robinson stated that when comparing scope of practice and regulatory documents, "they appeared to be written in isolation from each other, using very different structuring, organization, and level of detail, and without

any reference to each other's scope of practice" (p. v). Thus, this seems to infer that from an epistemological perspective, there is a lack of explicit relationship between the knowledge bases of each category of nurse, not to mention little collaboration among groups in the creation of regulatory documents. Could this perpetuate regulatory silos of each category of nurse, which could subsequently influence educational experiences of nursing students? Ethically, one wonders if there may be embedded beliefs or values related to creating and/or perpetuating difference among the categories (which can create a climate of subordination), rather than a focus on commonalities and collaboration that might aid in creating less confusion. A focus on commonalities and collaboration could perhaps create more of a focus on the social mandate of all nurses – to provide care to individuals, groups, and communities to enhance and maintain health.

While Robinson (2009) outlined five types of curricula in teaching and learning (ideal, formal, perceived, experiential, and operational), the ideal curriculum, which consists of "what scholars say should be taught" (p. 2) was not addressed in her study, as it was seen as beyond the scope of the research. The operational curriculum (defined by Robinson as what is observed in teaching/learning environments), was addressed by observing interactions of various categories of nurse within focus groups, as they designed care plans for hypothetical patients. Classroom teaching and learning, or direct patient care by students in a clinical setting (as part of the operational curriculum), was not observed. It is the ideal curriculum which addresses scholars' views on teaching and learning in nursing, which could also have provided additional insights into pertinent research, as well as the importance of disciplinary knowledge and educator competencies which underpin nursing education. Therefore, could the goal of the research (optimal workforce utilization of categories of nurses) have created privilege in terms of which

types of curricula would be examined- and did this exclude the disciplinary realm of nursing education by not addressing the ideal curriculum? One wonders if the discourse of *workforce utilization*, similar to that of *skilled workers* discussed above, inherits more power and influence by virtue of its focus for research that simultaneously does not address wider disciplinary considerations or contributions made by scholars of the discipline.

Meadows and Prociuk (2012) suggested that past changes made to the length of the practical nurse program in British Columbia, (increasing it to 14 months), aligned the practical nurse program with the RN diploma program which was in place prior to 2005. As noted by Meadows and Prociuk,

> all RN programs in British Columbia became 4-year degree programs in 2005. By comparison, the current program for LPNs requires 14 months of postsecondary studies. Changes in educational requirements mean that LPN training approximates the RN diploma program that had been in place in British Columbia prior to 2005. (p.274)

While the current practical nurse program in British Columbia has been lengthened to 16 months, it is interesting to note that the authors appear to suggest that 14 months of education was equivalent to 2 years, without also discussing curricular content, pedagogical approaches, instructor attributes or disciplinary knowledge. Rather, it is a suggestion that 'time spent' (as well as money) qualified one for a particular credential. The comments by Meadows and Prociuk echo Downey (2004), who has questioned whether current changes to the PN curriculum are perhaps reflecting possible movement of PN programs into what used to be RN diploma programs. Thus, it appears here that the question of 'What is a practical nurse?' might be in alignment with 'What is an RN?' and creates tension surrounding what constitutes each category of nurse, and subsequently what constitutes nursing education. Is there also power inherent in this alignment

with the RN diploma program? Does this relate to notions of who is a professional? Again, it is in the tensions within and around the various discourses that light is shed on the various conceptualizations of nursing, both at the ontological and epistemological levels.

Elliott (1995) reviewed curricular elements in discussions surrounding practical nurse education. Elliott outlined the roles of registered nurses and support workers, and suggested that a vocational education is inadequate for those support workers involved in activities such as family assessment, community/home care, group teaching, health promotion; or nursing care plan revising/evaluating. In the author's study, RNs were referred to as 'professionals', whereas support workers included those who assist RNs, and include LPNs, nursing attendants, RN aides, psychiatric aides, and home health aides. When discussing training expectations, Elliott suggests that the training model preferred by both groups (RNs and support workers) was "a concurrent model that combines a period of academic training with practical training, after which the credential is obtained and with the expectation that education will continue on a life-long basis" (p. 59). What was not made explicit in Elliott's discussions was a definition of 'academic training', and if this would then include an expectation for inclusion of nursing disciplinary knowledge. As well, it is not outlined whether life-long learning would entail moving towards an academic degree, or possibly other certification programs that may exclude an academic education.

There are also ambiguities with the term *training*, which intersects with how nursing education was historically situated in training schools (Martin Saarinen, 2008; Scaia & McPherson, 2010). While the terms education and training are often used interchangeably, one wonders if there are embedded assumptions and beliefs surrounding PN education being conceptualized as having elements of training and/or education, and how this also relates to the beliefs and assumptions of PN educators. Bevis and Watson (1989) categorized several facets of

learning (item, directive, rationale, contextual, syntactical, and inquiry) as representing either training or education. Training, according to Bevis and Watson, includes utilizing a "rigidly defined preplanned curriculum" (p. 72) and is often driven by content required for passing of licensing examinations for nurses. Education, according to Bevis and Watson, encompasses "learning for professional nursing practice [and] demands more than the prescribed training of such structured curricula" (p. 73). Bevis and Watson further argue that nursing programs are more professional if they weigh educative facets of learning more than training facets; those programs that put more emphasis on training are thus 'technical' programs. Thus, this leads to further questions about PN students, and the power associated with whether they are seen as 'professional' or 'technical' nurses. (Interestingly, this mirrors past discussions regarding the differences between diploma and baccalaureate RNs).

It is significant to note the language utilized by Elliott (1995), in that RNs were referred to as professionals; all other identified groups were considered together in one group, identified as support workers (and therefore not professionals). In addition, the education of the group of support workers (which included LPNs) was referred to as vocational. Similar to discussions above regarding the definition of *practical*, the term *vocation* has been used to describe nursing education, and in the past nursing educational programs did exist in vocational institutions. Harper (2012) defines a *vocation* as "one's occupation or profession; a spiritual calling" (p. 12); Mish (2004) defines vocation as an "occupation or profession" (p. 811). Historically, the nursing role was seen as a 'calling', as women were assumed to be innately able to engage in caring and nurturing interactions, by virtue of their gender. As Martin Saarinen (2008) discussed in her overview of the historical development of nursing education, "the ideology of the born nurse incorporates taken for granted notions that all women are born with "feminine" and "domestic" traits of caring and nurturing, and do not need to be educated to do "what comes naturally" (p.

17). Further, McDonald and McIntyre (2010) assert that this ideology continues to persist in healthcare contexts today, with many employers assuming and expecting women to work based on ideals of servitude and self-denial. Thus, layered within Elliott's discussion are notions of power created through conceptualizations such as *professional*, and who is included (RNs) and excluded (LPNs). The assumption made by Elliott (1995) is that LPNs are not professionals, which influences not only the ontological and epistemological realms of defining a practical nurse, and what constitutes PN education, but infers a clear separation between the worlds of RNs and LPNs (and thus nursing and practical nursing students). Ethically, one wonders if this perception continues to influence the perpetuation of educational silos and lack of collaboration of educators in RN and PN programs.

From a slightly different perspective, Myers, Keat, Pelkman and French (1997) surveyed applicants to nursing programs, and found that practical nurse program applicants were often older applicants, with at least one dependant. These potential students were more likely to choose a practical nurse program instead of an RN program. As well, those potential students who described a strong desire to be a nurse-stating that they 'always wanted to be a nurse'- were eight times more likely to choose a practical nurse program over a baccalaureate program. There was no discussion regarding the potential differences in educational programming and curriculum, however, or how potential students conceptualized the differences and/or similarities between RN and PN education. When asked where they might be in 10 years after working as LPNs, most applicants to PN programs chose bedside or home care nursing (Myers et al., 1997). Does the model of a practical and/or vocational program infer a model aligned with the 'born nurse' conceptualization discussed above? Are there differences in available resources (including financial) for applicants to PN versus RN programs? Are there 'class' differences between PN and RN students? Viewing the literature with a critical feminist lens, for example, can reveal

possible relationships between the constitution of women's work, what knowledge or education may or may not be needed in nursing work, and how the instrumentality of nursing work (the tasks to be done) often supersedes the emotional, relational work of nursing (McDonald & McIntyre, 2010). Thus, the ontological question of 'what is a nurse' becomes aligned with one's own perception about what knowledge/skills/attributes are needed to be a nurse, and whether one views nursing as a 'calling', an extension of one's innate ability to care for another, or needing training and/or education. Thus, these multiple realities or truths of what it means to be a nurse, not only influence one's choice of education, but are also embedded in society's constructs, definitions, understandings and assumptions about the nature of nursing work.

Also, one can question whether the structure of nursing education, through the various categories of nurses, creates or perpetuates exclusionary practices surrounding who can access various programs. For example, how does gender intersect with other social categories (class, race, ethnicity, and ability) to create disparities among women and men who may decide to apply for a PN or BSN program? As Van Herk, Smith and Andrew (2011) state, "attention should be directed towards examining multiple and intersecting inequities, as well as to the structural and institutional barriers that create and maintain…inequities" (p. 31) related to gender, class, race, ethnicity and ability. While Scaia and McPherson (2010) acknowledge that the term nurse historically has referred to "a range of practitioners with a range of training and experience" (p. 195) resulting from many educational routes into nursing, a critical perspective can help to reflect upon whether there are inequities regarding if and how students are able to access various programs. For example, are there more funding options available for students of PN programs? Are there different recruitment practices by individuals of PN programs? How do institutions create or maintain power via admission procedures and "stratification of students" (Van Herk et al., 2011) among nursing programs?

Practical Nurse Instructor Discourse

Various authors discuss issues surrounding instructor recruitment, educational preparation, and preparedness of instructors to engage in teaching and learning (Downey, 2004; Martin Saarinen, 2008; & Robinson, 2009). Martin Saarinen asserts that a "lack of common understanding within nursing of how we define our discipline restricts our ability to articulate to others, including nursing students, who we are, what makes us distinct, and why we require a particular level of education" (p. 61). Although Martin Saarinen (who taught in a program where PN and RN students shared common classes) argues for an intra-professional model of nursing education, which would have PN and RN students attending class together for the initial stages of their education, it is unclear if her statement above is inclusive of all categories of nurse, or whether it is referring to RNs only- that is, is nursing one discipline, or three? Answering the question of why each group requires a certain level of education would help to clarify the ontological question of "What is a practical nurse?', as well as how theoretical underpinnings may differ between curricula. However, the complexities of responding to local contexts and employer needs may markedly influence the generalizability and subsequent answer to that very question! Martin Saarinen argues that intraprofessional education of RN and PN students would aid in dismantling silos of education and encourage collaboration between RN and PN programs. However, Martin Saarinen does not discuss the epistemological differences between the categories of nurse, and how they would differ- that is- what is the relationship between PN and RN education? Does this in any way, perpetuate a hierarchical relationship between RNs and LPNs? Do BSN nurses no longer value shift work or the caring body work of nursing, and prefer LPNs to perform this work instead?

Worth noting is Downey's (2004) historical overview of the development of LPN education in Canada. According to Downey, Dr. Helen Mussallem, leader of the Canadian Nurses'

Association in 1965, noted how "the public would be very confused about the role of the nursing assistant [LPN] and the registered nurse and there was potential for conflict between the two groups" (Mussallem, as cited by Downey, 2004, p. 26). Thus, Dr. Mussallem recommended that nursing assistant (LPN) programs be merged with RN programs, eliminating the nursing assistant role. (There were also concerns voiced at this time that LPNs could eventually replace RNs). Although the merger of programs was recommended by CNA leaders to the Royal Commission on Health Services, it was ultimately rejected, as "hospitals had become dependent on the availability of nursing assistants and the care they provided" (Downey, 2004, p. 27). From an ethical perspective, discourses surrounding RN shortages throughout this time contributed to the assumptions and beliefs that there would not be enough nurses to work within various institutions, and to reject any suggested change perhaps allowed for continued institutional control over nurses' work. What becomes significant, is how nurses' work is defined, and how this might be impacted by discourses surrounding shortages and who performs nursing work (McIntyre & McDonald, 2010). Further, how do economic discourses intersect with nursing shortage discourses, and what is their subsequent influence on PN education? How would this influence those teaching PN students?

Robinson's (2009) study found that instructors in many nursing programs, including practical nurse programs, often had little experience with teaching, and subsequently learned to teach by "trial and error" (p. v). Respondents to the study reported that they often had no classroom teaching experience, and this echoes Downey's (2004) suggestion that there is a shortage of educators for nursing programs, and there is a need for increased Master's and doctorate-prepared nurses to enhance teaching and learning in all nursing programs. What was not discussed by Robinson (2009) was if the educational requirements for educators included instructors at the practical nurse level. Downey did acknowledge that there is little research

available on the educational preparation required for PN educators. However, according to Downey (2004), PN program leaders of various PN programs (n= 23) reported their requirements for PN educators to include clinical experience (3-5 years), teaching experience (2-3 years), and 70% of these programs required full-time faculty to also have a baccalaureate degree in nursing. Four schools reported requiring Master's degrees in nursing (either in progress or completed) for teaching in a PN program. These requirements for PN educators raise thought-provoking ontological and epistemological questions regarding 'What constitutes a PN instructor?' and 'What knowledge informs PN educator practice'? Further, how are PN educators similar or different to educators in baccalaureate programs? How is each person's role influenced/not influenced by the other? How do PN program leaders decide which credentials they may require for their program?

Morrison, Scarcello, Thibeault and Walker (2009) conducted a study of the use of simulation in a distance practical nurse program. Morrison et al. (2009) hint at possible competencies for nurse educators, as they state that "nurse educators need to determine the best content to be taught by simulation, identify the learning outcomes, seek realism, and carry out debriefing sessions" (p. e69). Also, they recommend that a nurse educator's goal be to provide flexible, innovative, high-quality experiences for distance students. Since their discussions and literature review only refer to nurses and nursing education as a whole, Morrison et al. appear to infer that the undifferentiated nursing literature (which does not necessarily discuss the applicability to the varying categories of nursing student) is relevant to PN education. Thus, both RN and PN students could be seen as ontologically and epistemologically similar, in terms of 'who they are' and 'what/how they learn'. As well, there are assumptions surrounding the

applicability of distance education and simulation learning for PN students, despite very little research support.

It is worth noting that the utilization of high-fidelity simulation learning (HFSL) in nursing education is a fairly recent development. Downey (2004) suggests that increased funding is recommended to "introduce or expand the simulation opportunities, [as] this would help to conserve the clinical practice opportunities for those activities and processes that cannot be learned through simulation alone" (p. 4). While there has been some research done with HFSL in baccalaureate programs, there remains concerns about the ontological, epistemological and ethical underpinnings of this teaching tool, and the need for awareness and understanding of how these relate to HFDL, before it is utilized in teaching/learning contexts. Parker and Myrick (2010) assert that "although a growing body of evidence has validated the use of this technology-based learning tool, further research and critical analysis are needed to promote the most effective application" (p. 326) of HFSL. Thus, educators must be able to contextualize educational theory, philosophy, and pedagogical perspectives in order to effectively engage with HFSL. While Morrison et al. (2009) assert that simulation creates a safe environment for developing skills, knowledge and critical thinking, they also acknowledge the need for further research. As well, the authors call for more research related to distance education of practical nurses. Ethically, one must consider the beliefs and assumptions embedded in HFSL, as well as other discourses (such as economic, educator, and clinical placement shortages) that could be influencing the recommendation for HFSL as an alternative to clinical experiences.

Robinson's (2009) exploration of the knowledge bases of the three categories of nursing students in Alberta revealed various types of thinking which emerged from the data analysis. 'Nurse-thinking', as described by Robinson, included "reasoning or responding as a nurse would;

drawing upon patient information, learned knowledge and prior experience (whether stated or unstated); and thinking as nurses about the patient's situation and possibilities" (p. v). Robinson found that all three categories of nurses engaged in 'nurse-thinking'; however the better the knowledge base and the more complex the task, the greater the 'nurse-thinking'. Robinson utilized Stark, Lowther, Hagerty, and Orczyk's conceptual framework for comparing professional programs, in which three interconnected elements (the professional preparatory environment, educational processes, and professional competence) differentiate each category of nurse. Further, Robinson suggested that the outcome competencies that result from the above elements (which differentiate each category of nurse), also require differing teaching strategies. Thus, highly skilled instructors are needed to teach nursing, connecting 'knowing what' with 'knowing how'. As Robinson states, "the teaching needs to be done in such a way that know-what and know-how are inextricably connected" (p. 31). Robinson also indicated that "nurse-thinking is more likely if academic programs encourage problem-solving" (p. 73). Robinson does suggest that fostering nurse-thinking requires quality teaching, in which instructors will need to be aware of teaching approaches that will facilitate nurse-thinking, and would likely include "those that are student-centered, and hold students responsible for their own learning" (p. 69). Thus, certain epistemological questions related to pedagogical approaches arise, in terms of what a 'highly skilled instructor' would be, and how he or she might vary their teaching practices depending on the contexts in which he or she taught. Also, what are not addressed are ontological underpinnings of teaching strategies utilized, and how they might align with the overall curricular structure within a PN program. What is required of educators in order to be able to teach all nursing groups in this highly skilled manner? How does Robinson's recommendation of educators being able to connect 'knowing what with knowing how' relate to Benner and Tanner's (1987) conceptualization of development of clinical judgment, with knowing how being

"embodied intelligence" (p. 26)? What implications does this have for how educators may teach in PN programs?

Martin Saarinen (2008), in recommending intraprofessional education for PN and RN students, argues that it seems counterproductive to teach RN and PN students separately from "a curriculum that both must learn" (p.51). Further, Martin Saarinen argues for an undergraduate, intraprofessional program which would introduce both categories of nursing students to the epistemological and ontological underpinnings of nursing as a discipline and a profession, and thus introduce students to phenomena which are central to the discipline of nursing. Martin Saarinen asserts that "an intraprofessional nursing class in the first year of studies would enable RN and LPN students to realize early on that they perform virtually the same physical work" (p. 65). Thus, the question then becomes- is a 'task' or skill that is performed by an individual tied to a specific knowledge base? Can a skill be performed without being informed by a certain perspective, which includes knowledge and/or judgment? Evans and Donnelly (2006) suggest that there is such a relationship between knowledge, skill, and judgment in the practice of nursing. Despite nursing often being defined by the tasks performed, Evans and Donnelly assert that knowledge for nursing skills or tasks includes theoretical and ethical knowledge. Thus, are there underlying assumptions that this knowledge is foundational to PN education? How are outcomes and competencies similar or different for students in PN programs and RN programs?

Collaboration/bridging and Relationship to Knowledge Base

As stated in earlier discussions, there are multiple understandings of practical nursing and PN education as reflected throughout the literature. Nursing is conceptualized differently in the literature (as to whether it is one or more professions and/or disciplines), mirroring the

differences seen in my review of the various provincial/territorial regulatory bodies discussed earlier. Downey (2004) refers to the three professions of nursing in her review of nursing education; Martin Saarinen (2008) suggests that all three regulatory groups (RNs, LPNs and RPNs) are seen as one discipline and profession; and Myers et al. (1997) refer to nursing as a profession, without mention of the various categories of nurse. Morrison et al. (2009), in their study of the use of simulation in a distance practical nurse program, refer only to 'nurses' and 'nurse education' collectively. In their discussion and literature review sections, for example, they only refer to 'nurses'- without differentiating as to which category of nurse they refer. Thus, there seems to be a recognition or assumption that all three categories of nurse share a relationship by virtue of a similar knowledge base, while also having several different possibilities for conceptualizing nursing, nursing categories, and nursing education. Martin Saarinen explicitly states that "both nursing categories [RNs and LPNs] study from the same body of nursing knowledge and share a common philosophy of nursing" (p. 63). However, several authors have noted how educational silos appear to exist between RN and PN programs, with little collaboration and understanding between instructors of both programs (Downey, 2004; Martin Saarinen, 2008; Robinson, 2009). Downey (2004) reports a lack of collaboration among regulatory groups of nurses. Martin Saarinen (2008), in her review of the development and widespread adoption of the construct of interprofessional education in Canadian health care, reminds readers that there is no evidence to suggest that interprofessional education will increase collaborative practice. Rather, she proposes *intra*-professional education to increase collaboration of RN and PN students in the early stages of their education. Martin Saarinen suggests that in this design, both groups of nursing students would be introduced to common subject matter. Interestingly, Martin Saarinen suggests that it is cognitive skills (critical thinking, decision making, and professional judgment) which separate nurses from other health care personnel.

What is not clear, however, is what cognitive skills may differentiate categories of nursing personnel.

Robinson (2009) asserts that developing 'nurse-thinking' in students is crucial for educators, and depends on whether topics are taught as silos or malls; and whether theory and practice is segregated or seamless. As well, students need to be encouraged to think and problem solve. However, Robinson does not discuss specific competencies, education, or experience instructors would require that would facilitate these skills in students. Robinson concurs with others, however, in her recommendation that bridging or laddering programs should be in place for PN and RN education, and that all categories of nurse begin in a common program. What is missing from all of the above discussions, however, is a questioning of what power differentials might be perpetuated by this hierarchical educational arrangement. What beliefs and assumptions reside around who would carry on in the RN program, versus who would exit earlier for a PN career? Does this not continue to perpetuate the divisiveness that seems so characteristic of PN and RN education? Does this arrangement favour governmental legislation (which focuses on cost control), giving regulatory groups more influence than professional associations and unions? One noted recent development in British Columbia is new legislation that allows LPNs to join the same bargaining association as RNs and RPNs (British Columbia Nurses Union, 2013). Leaders of the BCNU anticipate that this will enhance collaboration between nursing groups, while decreasing competition among unions and improving patient care. The BC Ministry of Health (2013) suggest that this change will "allow for a team-based approach to care and focus on competencies and scope rather than union, political, or labour relations perspectives" (para. 7). How will this change potentially impact PN education and collaboration among educators?

Issues of gender and power possibly relate to the tensions and differences that continue to exist among conceptualizations of practical nursing and nursing education. McDonald (2010), in discussing nursing as gendered work, states the significance of the ontological position of 'a nurse' as one rooted in characteristics associated with femininity, including submissiveness, dependency, nurturance, and altruism. Further, 'care', seen as central to the profession and discipline of nursing, is "complicated by the social belief in care as an innately female quality" (McDonald, 2010, p. 362). This belief then extends into certain epistemological assumptions surrounding knowledge that is valued within nursing education. Thus, as McDonald (2010) states, tensions remain as to how nursing, and nursing education, are conceptualized, and notes that "the view of nursing as a vocation may be held by numbers of nurses in practice" (p. 364). As well, McDonald (2010) notes that beliefs surrounding nursing as a practical skill, not requiring advanced knowledge of science or theory, also persist, which perhaps influences the on-going existence of educational silos between PN and RN education. As well, Mackay (as cited by McDonald, 2010) suggests that the "concept of vocation is embedded in many of the accepted practices and attitudes within nursing, such as being in service to others and putting others first" (p. 364). Perhaps it is varying beliefs and assumptions surrounding what constitutes a 'nurse' and 'practical nurse', which create and maintain educational silos by virtue of those who choose to educate students within the various programs. Thus, it is within the multiple constructions of the ontological, epistemological and ethical components of practical nursing, and their relationship with the larger nursing landscape, that certain beliefs, ambiguities, assumptions, and tensions within PN education are created and maintained.

Interestingly, the lack of collaborative effort between RN and PN program leaders is contradictory to discourses throughout healthcare that outline the significance and need for

collaboration among all health care groups. As outlined by Martin Saarinen (2008), numerous Canadian health care reforms took place several years ago, which were the result of various influential commissions, groups, and individuals (Romanow Report, the prime minister, various territorial/provincial leaders and premiers). One major change was the adoption of interprofessional education, in addition to primary health care (Martin Saarinen, 2008). While not endorsing interprofessional education, the CNA has endorsed interprofessional collaboration (CNA, 2011). This document outlines the assertion that nurses will collaborate with other health care professionals, in addition to encouraging effective collaboration among regulators, educators and other professional associations. What is not clearly outlined in this document, is whether 'nursing' is one profession, collaborating with other health care professionals, or whether each category of nurse is a separate profession, thus collaborating with other categories of nurses, in addition to other health care professionals. Paradoxically, PN and RN programs continue to exist in silos with little or no collaboration; yet graduates are expected to engage in collaborative practice. Ethically, how do educators teach or model collaborative practice, when PN and RN students are educated separately, including clinical practicums? Are there assumptions regarding what each group knows/not knows about others' scopes of practice? How do educators conceptualize PN and RN student roles to their groups of students? How might nursing care (and education) be enhanced by the identification of foundational competencies (including similarities and differences) for nurses of all categories and levels?

Summary

Foundational to this project has been the awareness and understanding of the multiple complexities and truths that are simultaneously enacted in PN education, which have been revealed through an exploration of various discourses in the literature. When I first initiated this

project, I expected to review various discourses within and around PN education, in order to gain further insights to alleviate my tensions. I expected to come up with 'an answer' about how I would move forward in my teaching career, having been enlightened by the completion of this project. Interestingly, having reflected further upon not only all of my MN coursework, but also on the philosophical and theoretical underpinnings of my project, I have come to more fully appreciate the numerous complexities that arise in attempting to maneuver within and around issues in practical nursing education. Instead of arriving at 'the answer', which I now know is not only unrealistic but over-simplistic, I now see the significance of instead raising more questions about the current answers, discussions and discourses. It is in raising critical questions that one sees the complexities inherent in the three PN discourses discussed in this project. As well, it is significant to note that, although I have focused on three discourses within this paper, the discussions have also extended beyond those three discourses. As Mills (2004) states, discourses do not exist in isolation from each other, rather they are "always in dialogue and in conflict with other positions" (p. 12). Thus, what begins as a discussion of one particular discourse, evolves into how other discourses are juxtaposed, which highlights the web-like nature in which multiple realities are continuously constructed. It is hoped that the discussions and questions raised in this project will perhaps create further thought on collaboration between PN and RN programs, stimulate conversations among nurse educators, contribute to the development of competencies for PN educators, or perhaps stimulate further research with respect to PN education.

So, as I reflect once again on my unsettledness that I experienced when I first wrote my introduction, I realize that knowledge is constantly evolving, changing, and incomplete, discourses are constructions of various realities that intersect with one another, and multiple truths can, paradoxically, co-exist. Barnett (2012) states that questions that arise are never really

resolvable, as further questions arise which only lead to further questioning. Also, Barnett argues, the answers to these questions, as well as further questions "spring from perspectives, value positions and even ideologies that are mutually incompatible" (p. 5). So, how does one reconcile such competing knowledges? Barnett suggests that this condition of 'supercomplexity', or 'learning for an unknown future', necessitates one to not only appreciate that "all descriptions of the world are contestable" (p. 6), but also learning ways to dwell in this highly complex world. Thus, Barnett argues that under these conditions of complexity and uncertainty, the focus of education is not epistemological, but rather ontological.

I found this philosophical perspective so insightful, as it helped me to re-conceptualize my own anxieties regarding how to engage with competing knowledges and/or discourses in PN education. Barnett's (2012) suggestion of transcending disciplinary knowledge towards "new modes of human *being*" (p. 8), which can assist one in appreciating knowing in an uncertain world, resonated with me quite significantly. That is, one's relationships with knowledge, or certain dispositions (Barnett, 2012), can be fostered in teaching and learning in order to effectively engage with supercomplexity. Barnett asserts that it is dispositions of carefulness, thoughtfulness, humility, criticality, receptiveness, resilience, courage, and stillness that should be fostered in teaching and learning for supercomplexity, as they will help one to "thrive in such a world" (p. 9). For me, I found that perhaps a possible answer (not 'the answer') to my tensions is to re-focus some of my attention towards my dispositions, as they may very well be potential stabilizing factors in the on-going tensions of engaging with the world of ever-changing complexity.

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Appendix A

Provincial Practical Nurse Regulatory Bodies and Associations

College of Licensed Practical Nurses of British Columbia (CLPNBC)

College of Licensed Practical Nurses of Alberta (CLPNA)

Saskatchewan Association of Licensed Practical Nurses (SALPN)

College of Licensed Practical Nurses of Manitoba (CLPNM)

Registered Practical Nurses Association of Ontario (RPNAO)

Ordre des infirmières et infirmiers auxiliaries du Québec (OIIQA)

Association of New Brunswick Licensed Practical Nurses (ANBLPN)

College of Licensed Practical Nurses of Nova Scotia (CLPNNS)

Licensed Practical Nurse Association of Prince Edward Island (LPNAPEI)

College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL)

Northwest Territories Department of Health and Social Services (HLTHSS)

Appendix B

Provincial Registered Nurse Regulatory Bodies and Associations

College of Registered Nurses of British Columbia (CRNBC)

College and Association of Registered Nurses of Alberta (CARNA)

Saskatchewan Registered Nurses' Association (SRNA)

College of Registered Nurses of Manitoba (CRNM)

College of Nurses of Ontario (CNO)

Registered Nurses Association of Ontario (RNAO)

Ordre des infirmières et infirmiers du Québec (OIIQ)

Nurses Association of New Brunswick (NANB)

College of Registered Nurses of Nova Scotia (CRNNS)

Association of Registered Nurses of Prince Edward Island (ARNPEI)

Association of Registered Nurses of Newfoundland and Labrador (ARNNL)

Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU)

Yukon Registered Nurses Association (YRNA)

Appendix C

Author:_____

1. What is said/not said about PN education?

2. What is said/not said about pedagogical approaches and PN education?

3. What is said/not said about relationship between RN and PN education?

4. What is said/not said about nursing theory and/or research in PN education?

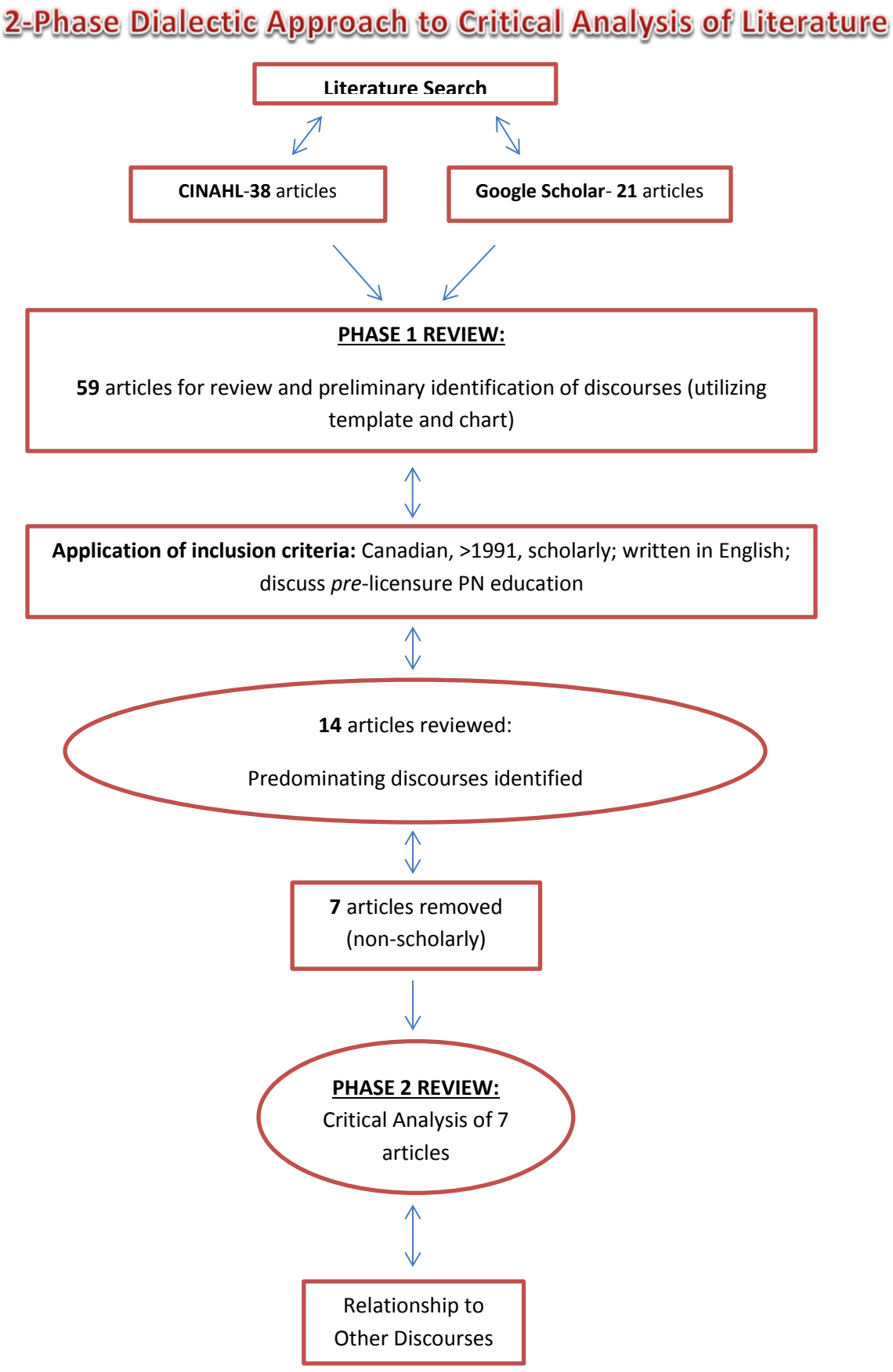
Appendix D

Predominating Discourses-REVISED

Discourse	**# of Articles (maximum 14)**
Shortage/nurse shortage	3
Full scope/expanded role/SOP/competencies	10
Collaboration/IPE/intra-professional collaboration	10
Evidence/research availability or absence	12
Role confusion/ambiguity/profession/discipline	9
PN Education (pre-licensure)	14
Cost/efficiency	8
History of PN Education	2
Health Care Re-structuring/HR planning/Employer Interests	5

Notes: on the literature review chart, many titles have more than one comment highlighted in any color; however for the chart above, each article only receives a count of '1' towards the discourse, no matter how often it is highlighted in the chart.

Appendix E


2-Phase Dialectic Approach to Critical Analysis of Literature
Literature Search
CINAHL-38 articles
Google Scholar- 21 articles
PHASE 1 REVIEW:
59 articles for review and preliminary identification of discourses (utilizing template and chart)
Application of inclusion criteria: Canadian, >1991, scholarly; written in English; discuss pre-licensure PN education
14 articles reviewed:
Predominating discourses identified
7 articles removed (non-scholarly)
PHASE 2 REVIEW:
Critical Analysis of 7 articles
Relationship to Other Discourses

Appendix F

ARTICLE	Meets Inclusion Criteria Y/N	Who is excluded/included?	Whose position is privileged?	What power dynamics shape	Predominating Discourse(s)
Downey, D.M. (2004). *Nursing education in Canada: Historical review and current capacity.* Canadian Nurses Association. Ottawa, ON: Author.	**Y** Canadian English Refers to RNs, LPNs, RPNs in Canada Current Pre-lic LPN info	Includes RPNS,LPNs, RNs Does not speak to education versus training; does mention concern in wide variability in prep. at LPN level Does refer to changes to length of LPN programs r/t competencies/skills; does not mention role of nursing disciplinary knowledge Refers to 3 nursing professions Does not discuss admission requirements (student knowledge/characteristics) when looking at issues surrounding recruitment, admission, retention (more of a focus on resources to support expansion, taking on of more *numbers* of students)	Gov't- focus on workplace/shortage Human resources slant Funded by the Cdn gov't	Gov't funding; 3 professions of nursing? Focus on increasing enrollments without looking at which group (RNs) is short Goal: "provide skilled/knowledgeable nurses" Wide range of hours of theory/clinical in LPN programs Areas of greatest shortage-clinical placements, instructors Need recruitment initiatives; more Masters/doctorate-prepared nurses, need to look at simulation, expand enrollments and increase retention rates History of LPN education-role developed in response to RN shortage-meant to assist, not replace RNs LPN programs placed in high schools, as a way to keep women in school and provide them with an occupation Discusses various issues around recruitment/retention/competition for clinical placements Little information available on private institutions and LPN programs (BC, Quebec) Wide variation in LPN program hours No research available on ed. Preparation for LPN educators	Shortage; enrollment; retention in school; competition; lack of collaboration/communication b/t reg. groups; too few at Master's/PhD level for teaching Challenges to expanding enrollments Under-represented groups and how to increase enrollments of same Role of history and development of LPN role Noted in 1964-there would be public confusion about the roles and potential conflict b/t nursing groups without clear understanding of what constituted 'nursing functions'-Mussallem recommended (in 1965) elimination of LPN role, but this was rejected How to best utilize RNS Courses added to reflect changes in LPNs SOP (r/t skills) Question of changes to LPN curriculum reflecting a movement towards 'space left by diploma RNs"
Martin Saarinen, J. (2008). *Dominant discourses and ideologies that have shaped the education of registered nurses and licensed practical nurses in Canada.* (Master's project). University of Victoria, Victoria, BC.	**Y** Canadian English Current Refers to LPN education Pre-lic LPN ed	Includes RNs, LPNs What is not discussed is knowledge-how it differs between LPNs /RNs, although they are seen as one discipline/profession	History Writer-teaches in both PN and BSN program Economics IPE Shared skills CST/Feminist theor. perspective	History as way to explain evolution of LPN role Born nurse ideology Professionalism ideology IPE Rapid expansion of schools r/t shortages- resulting in substandard curricula, declining admission standards, lack of standardization among schools, poorly prepared instructors (quality of instruction varied greatly) Early 20th century-medical opinion held that better educated nurses would be more cost efficient, effective, and competent Both nursing categories study from same body of knowledge Educators rarely teach in both programs-they are siloed Nursing students tend to explain SOP r/t tasks performed, as they "are unaware of the breadth and depth of nursing	Historical development of LPN role; economic and social discourses; inter vs, intraprofessional discourses; born nurse; professionalization; fear, educational silos; vocation/trade No evidence for interprofessional education increasing collaborative practice Historically-LPN role temporary created in times of RN shortage Nurses often had little say in curriculum Physicians as 'experts' Lack of common understanding about nursing as a discipline/profession create difficulties for educators/ articulating necessary educational prep (*unclear if author is including both categories of nurse here)*-author seems to be calling for nursing students to be able to differentiate nursing from other

				knowledge' they utilize (*how might education r/t this?)* Role confusion Intra-professional ed: shared classes for first year would enhance collaboration, respect- and have students realize that both nursing groups 'perform virtually the same physical work" *(so is the work separate from the thinking about the work?)* Advocates for a 2 year diploma program for LPNs; bacc. For RNS; dismantling silos and having educators teaching in both programs	disciplines (nurses will not have respect from others in an IPE framework) Intra-professional ed: introduce both groups to common subject matter(phil, pradigms, history/evolution of nursing, regulation, roles, SOP) Cognitive skills (critical thinking, decision making, professional judgment separate nurses from other HC personnel (*so what differentiates the categories of nurse?)*- less complex care needs,predictable outcomes, low risk for neg, *outcomes (how is that determined?)*
Robinson, M. (2009). *Knowledge and education at entry to nursing practice in Alberta*. KEP Steering Committee, Edmonton, AB: CARNA.	**Y** Canadian English Exploratory study on LPN, RPN and RN students nearing end of education program	All groups (LPN, RN, RPN) included in study Focus of study to explore knowledge bases of three groups of students…to provide useful information to decision makers -to develop a meta-model for use for further comparisons of knowledge bases of professionals *-(not sure where nursing disciplinary knowledge is represented in chain of congruence)*	Legislation-chain of congruence begins with legislation---SOP/competencies---curriculum---knowledge Research seemed to represent all groups well Employer-use information from study to use nurses as 'strategically possible'	Discusses 5 types of curricula-did not address 'ideal' (scholars) as 'beyond scope of research'; utilized case studies for students to demonstrate knowledge-did not observe in practice Did not observe teachers or students in practice-only in interviews Did not have access to certification exam information SOP/competency statements of nursing groups do not share common framework, making comparison difficult Each group of nurse unfamiliar with others' scopes of practice Vital for staffing decisions-stability, nursing experience, and system support Appears to be a relationship between studying nursing and how it is taught-need highly skilled instructors who can connect 'knowing what' with 'knowing how' Students-saw more differences b/t RNs and LPNs r/t education, than in practice; differences blur as LPNs gain experience LPN students/ed; have silos of knowledge with weak linkages RN Educators- methodologies influence foundational knowledge-CBL, PBL, SCL Education: key factor is 'nurse-thinking'-depth, detail; whether topics taught as silos or malls; theory and practice as segregated or seamless; extent to which students are encouraged to think and problem solve. Categories of nurse implies that it is possible to differentiate b/t them	Term 'nurse' confusing to students, as it applies to those with significantly overlapping as well as distinct knowledge bases Instructors-often learn by trial/error-often have no classroom teaching experience Development of SOP/competencies (regulatory documents) in isolation of each other-makes differentiation of roles and comparison difficult; SOP and competencies do not refer to the other nurse groups Differences lie in depth and detail in which topics are studied Larger amount of 'nurse-thinking' by RN students The better the knowledge base, the better the 'nurse-thinking'; the more complex the task, the better the 'nurse thinking' If each category of nurse had same knowledge base, there would be little reason to have categories Distinctions tend to be made regarding tasks, but other differentiations are important (knowledge base, how nurses think and reason) Skills need to be maximized for all nurses Need LPN-RN bridging/laddering Have all nurses begin in a common program Health Professions Act takes precedence, from which evolve SOP and competencies No research available comparing the three nursing roles Various ways to differentiate roles-legislation, SOP (unstudied concept), education (little attention paid), by practice knowledge (need 'know-what'

					plus 'know-how', skilled facilitators)
Morrison, B., Scarcello, M., Thibeault, L., & Walker, D. (2009). The use of a simulated nursing practice lab in a distance practical nursing program. *Clinical Simulation in Nursing*, *5*, e67-e71.	**Y** Canadian Current **Pre-lic PN education** Mixed methods pre-post exp. design study	Study focuses on PN students, but in lit. review and discussion, only refers to nurses and nursing education as a whole-does not address regulatory categories Lit review-no specific studies noted/discussed regarding PNs, only nurses as a whole Does not discuss competencies needed of educators to utilize SIM, or specific pedagogical considerations	PN students Researchers -developed own instruments for study Project team: clinical expertise, distance learning expertise; no nursing ed. Expertise noted	Nurses undifferentiated when referring to research/literature Team developed own research instruments Nurse educators need to be able to identify content, set learning outcomes, seek realism and effectively debrief (*hints at possiblew competencies for nurse educators)* Goal of nurse educators-providing flexible, innovative, high-quality experiences for distance students	Shortage of clinical placements Need to prepare 'nurses' for complex HC environments Nursing shortage- distance delivery can reach more students-(*does not specify which nursing group is short*) and decrease/eliminate shortage SIM- increase skills, knowledge and critical thinking in safe, structured environment Distance ed. Should be interactive, collaborative Further research is needed with regards to simulation, distance ed.
Plunkett, M. (2007). Beausoleil first nations project on Christian Island: Loyalist College, Bancroft Campus Practical Nursing Program. *Aboriginal Nurse*, 8-9.	Not referenced	Part-time PN program-First Nations Technical Institute partnered with Loyalist College			Schedule designed to accommodate part-time learners Program designed to address future staffing needs
Myers, A., Keat, N., Pelkman, C., & French, S. (1997). Applications to B.Sc.N., R.N., and R.P.N. nursing programs: Differences and predictors. *Canadian Journal of Nursing Research*, *29*(4), 113-121.	**Y-info on student demographics, roles** Canadian Current Survey of BSN, RN and LPN program applicants in ON	Includes RN(Diploma), RN (bacc.) and LPN applicants Does not address differences in educational programming or specifically why students chose a particular program	?position of those who make decisions regarding who is admitted to programs; who recruits students for various programs	Demographics of applicants: LPN applicants-older applicants with at least one dependant 11x more likely to choose RPN over RN programs Refers to 'baccalaureate training' Nursing is a profession Most students expected to gain full-time employment in acute care areas RN group-higher # of male/minority group applications Those who stated "always wanted to be a nurse" were 8x more likely to choose LPN over BSN program (*nursing practice not seen as part of academic education?)*	Applicants of all categories tend to apply to schools within commuting distance Applicants predominately white, unmarried women Need standardized application process to all programs, to be able to accurately track demographic data Where they would be in 10 years- most degree nurses chose teaching/admin; RNs chose bedside care; RPNs(LPNs) chose bedside/home care nursing.
Meadows, C. & Prociuk, J. (2012). Integrating licensed practical nurses into home care nursing: One health authority's journey. *Home Healthcare Nurse*, *30*(5), 273-	**Y** Canadian English Post-lic pilot study (action R) on integrating LPNs into	Both RNs and LPNs included Did not address education in terms of curricula, disciplinary knowledge, pedagogy; only length of programs Suggests that length of PN	LPNs-suggesting that their education approximate RN diploma based on length only	RNs-cannot articulate practice; marginalize LPNs with concepts such as collaborative practice, assessment, competency, critical thinking; limit integration of LPNs RN/LPN have many overlapping competencies	Cost-neutrality; cost efficiency and integrating LPNs Care provided by degree nurses leads to more positive outcomes than nurse without a degree LPNs length of educational programming approximates

279.	home care Mentions PN education	program (14m) approximates diploma RN program in BC (2 years in length), which justifies expanded SOP for LPNs Excluded-whether LPNs understand RNs SOP RNs expected to understand LPNs role; reverse is not explicitly stated No discussion regarding differences in curricula/pedagogy/instructor qual.	Employer-cost neutral approach	RNs and LPNs both frustrated and confused over absence of clearly defined roles LPNs-do not understand why they cannot perform skills in community that they perform in hospitals Little research is available on skill mix and integration of LPNs States that RNs should be reassured that they are not being replaced, however states that utilizing LPNs can be a 'cost-neutral way to expand nursing resources by exchanging RN positions for more LPN positions LPNs expected to gain further competency as they practice Funding from vacant RN positions used to hire LPNs Critical thinking-acquired in the classroom or in practice setting, via experience and reflection?	previous diploma nurses in terms of education*(inferring that LPN ed now equals RN diploma?)* Lack of differentiation of SOP for RNs and LPNs leads to frustration Horizontal violence Minimal research on integrating LPNs into home care; professionals and working at full scope of practice Need trust and collaboration between RN and LPN groups Need clearly defined scopes of practice SOP-defined by health legislation; refined by health authorities RNs extended education equips them for unique roles (care manager, expert preceptor for students, including LPNs, clinical practice consultants, care of complex patients) (*does degree ed. Not also prepare nurses for bedside nursing? Many jobs for RNs are currently direct pt. care roles…)*
Elliott, D. (1995). The role and use of support personnel. *International Nursing Review, 42*(2), 56-64.	**Y-mentions implications for PN ed** Canadian Current Post-lic Study to investigate the role of support personnel in rehab. Disciplines in Alberta	Includes RNs, and support workers (defined as LPNs, care aides, HC attendants, home health aides, psychiatric attendants) Bib. Available on request from author	Professionals and support workers thoughts on each groups roles, education, training	Unit directors, support workers, and RNs involved in study Support workers grouped together as "support workers"; RNs referred to as "professionals" Over 90% of support staff stated that work experience should count towards nursing degree Supervision of support workers should be increased with 'complex medical dx' Professionals identified knowledge needed by support workers (related to various disorders, legal/ethical responsibilities, treatments, back care/transfers, first aid/safety, emergency procedures, observing client behaviors) Both groups unsure of who should set/monitor standards for training	Need more clarity with the concept of 'independent practice' as it relates to support workers If support workers involved activities such as family assessment; community/home care; group teaching; health promotion; plan/revise/eval of NCPs-then vocational education is most likely inadequate Re: -education of support workers-both groups agreed to at least a vocational program with a training model that includes 'academic training' and 'practical training' education of support workers
Junk, D., Houle, L., & Pong, R. (1995). Preparing for the future: An examination of issues related to the education of registered practical	**Y** Canadian Findings of study can be used to identify how education could be used	Literature review, review of PN stats, training programs in ON; included interviews with provincial RN associations and 'other knowledgeable people', but does not state in detail what stats are used (no	RPNS PN as a profession	Current oversupply of RNs-competing with RPNS for jobs More specialization taking place, although it is 'increasingly recognized that health care needs can be met without specialist intervention' (does not	Bridging with RN program will be difficult as RN education moves towards BN2000-as they will develop collaborative relationships with universities Look at 'appropriate human resource substitution' ie.

nurses in Ontario. *Care Connection, 10*(3), 5-8.	to strengthen PN as a profession Not referenced	references in text; nor is there a reference list?)		provide references for this statement) Oversupply of various HC providers, including physicians Need to remove barriers to HC provider choice for consumers; need a more efficient, responsive and flexible HC system Shifts from full-time to casual employment noted Education- PN program being lengthened; many colleges which also have RN diploma programs have common initial semesters for PN and RN students-anticipate that this will be changed as the move to a degree for RNs will have RN diploma programs collaborating with universities in the future Wage competitiveness and flexibility will ensure LPN presence in hospitals and institutions A surplus of RNs has major implications for LPNs-resulting in job competition b/t the groups	midwives, NPs Demand for 'most appropriately trained' instead of 'most highly qualified' Tight budgets for institutions has resulted in cuts in RN and physician 'training programs' Wide variations among provinces regarding RPN (LPN) utilization Few colleges offering post-grad. educational programs for LPNs Will be opportunities for LPNs in the community-if they have a broad range of skills and can 'perform nursing and related functions within their competency'-need knowledge and skills in mental health, geriatrics, rehab, health ed., and palliative care. Prospects for LPNs are poor if they are seen to be working within a narrow scope Wages as critical in decisions regarding staff mix with RNs, LPNs and personal support workers/aides
Evans, J. (2005). The time of transition. *Registered Practical Nursing Journal*, *2*(3), 15.	**Y-post lic** Canadian Current Opinion piece-not referenced	Refers to both groups of nurses as in period of transition; how both groups need to work together Does not address educational differences in preparation	Brief editorial essay by ex. Director of RPNAO	States that various entry to practice levels for both RPNs and RNs relates to changes in meeting the needs of patients; and indicates nursing's flexibility in meeting the demands of patients Acknowledges wide variation in educational prep and experiences for nursing groups	Your education, experience and employer will dictate your parameters of practice Changes to one group's practice affects all groups; we need to form alliances and work together-collaborate, communicate
Arsenault, S. (1999).Using RPNs to their full scope of practice: excerpts from RPNAO's submission to the Ontario government's task force. *Care Connection*, *14*(1), 1.	**Y** Canadian RPNs/LPNs 'opinion' piece-unreferenced-cites research results but does not cite them	Focuses on post-lic RPNS(LPNs in ON)	RPNs-not utilized to full scope Author-past president of RPNAO & CPNA	RPNAO believes that there is 'a proper role for each category of nurse'-however does not elaborate/reference Basic program should be phased out of high schools; expanded to 4 semester diploma program in colleges of applied arts/technology. Emphasis should be on wellness promotion, problem-solving, critical thinking, leadership, collaboration Supports 'post-graduate' education for RPNs, but does not specify what types PN educational content should be expanded to include wellness promotion, problem-solving, critical thinking, leadership & collaboration	RPNs not utilized to full scope RPNs are cost-effective and valuable members of health care team(when used to full scope) RNs in key positions influence 'skill mix' decisions, which is a barrier to RPN practice Little or no research available regarding skill mix in Canada Quotes a literature analysis, but does not provide any references Calls for more research into skill mix, but that it should be conducted by 'non-nursing' researchers-also suggests that both categories of nurse must 'value and respect each other'
Smith, L. (1995). Breaking a mindset. *Care Connection*, *10*(4), 5.	**Y** 'opinion' piece-no references Canadian	Excludes RNs as multiskilled, caring, competent, cost-effective…. Calls for lifelong	RPNs (LPNs)-	Need to look at improving PN curriculum-include leadership, med.admin., computer skills, communication skills, mental health, adult assessment, community health skills	Nursing education will continue to deal with major restructuring; PN SOP have increased Territorialism 'cannot be tolerated' Employers-want multiskilled,

		learning..but does not discuss what types (degree, specialization) Excludes any references to literature		Need to improve nursing image and nursing knowledge-be united in standards, codes, ethics, and practice	caring, competent, cost-effective worker; RPNs meet this demand *(???how do we know-is there evidence?)*
LaHay, L. (1998). President's pen. Surviving and thriving into the 21st century. *Care Connection*, *13*(3), 3.	**Y-** 'opinion' piece by president of RPNAO Canadian No references	Represents RPN (LPNs in ON) interests-post licensure	President of RPNAO-states that as president, she will make agenda clear and expose negative propaganda Goal is to ensure stability of the association and increase RPN members	Must rally all RPNs to prevent employers from "de-professionalizing and deskilling RPNs" Organizations are using research to justify all RN staff; laying off RPNs/RPNs losing jobs RPNs have been educated to provide a level of care that is efficient and effective (*how do they know this?)*	Collaboration with other nursing organizations to have a unified voice to inform gov't/public about the valuable role of nurses Author states that research out of US has been used to institute institutional changes; however 'when you analyze the data, it is not as clear cut" (but *does not cite any studies, nor offer any specific critique of any research?)* States that "too much time, energy and money has been allocated to validating which category of nurses provides the best care-and if care even requires professional nurses" (*but does not provide evidence of this validation)*
Lahay, L. (1997). President's pen. Seeing challenges as stepping stones, not stumbling blocks. *Care Connection*, *12*(3), 3.	**Y** 'opinion' piece by RPNAO president Canadian No references	Represents interests of RPNs/RPNAO	RPN position/president of RPNAO	Author quotes statistics from survey from McMaster university (75-85% of hc workers are not adequately educated for community based hc), but does not cite study, nor specify which hc professionals States that the National Nursing Competency Project identifies need for increased competencies of entry-level practioners, with higher autonomy (project not cited) Post-grad. Education will give RPNs the 'competitive edge'-RPNs are the answer to providing educated, professional nursing care in a 'cash-restrained' system.	CNO-endorses bacca. Degree as entry-to-practice for 1998 Need to look at lengthening PN program 4 goals (as set by the Joint Provincial Nursing Committee) for nursing ed: provide education which is responsive to consumer and deployment needs; leads to clinical competence, contributes to academic credit; develop a provincial model which is flexible, integrative, cost effective; develop ed. Infrastructure that is responsive to HR planning req'ts; prepare nurses to meet the needs of HC reform changes

Appendix G

Questions for Critical Analysis- Based on MN Curriculum Framework (University of Victoria, n.d.; Young, 2012)

	Philosophical	**Theoretical**	**Methodological**
Ontology	What is a practical nurse student? What is a practical nurse educator? What is practical nurse education?	How do particular theories inform PN education? What discourses are evident in PN education?	What approaches to teaching/learning are prevalent in PN education literature?
Epistemology	What is PN knowledge? What informs PN education? What is the relationship between PN and RN education?	What theories/knowledge inform PN education? What is the role of theory in PN education?	What pedagogical approaches guide PN education? What is the role of research in PN education?
Ethics	How are values/beliefs/assumptions embedded in discourses? Whose interests does a particular discourse serve? What power dynamics shape the discursive landscape?	Whose interests does a particular discourse serve?	What constitutes ethical PN educator practice?