PROPOSAL FOR MORE REGISTERED NURSE BRIDGING PROGRAMS

OVERVIEW

This document is addressed to all directors of Lower Mainland Private and Public post-secondary LPN to RN Access/Bridge programs.

This proposal aims to inform the readers of the effects of the massive wait times for current Licensed Practical Nurses wanting to further their education to a Registered Nurse and provides a viable plan to secure the funding required to carry out the alternative plans. This will also provide feasible alternatives to the current class size, entrance requirements and start times to maximize work output and employee's health and wellness. Although BC's lower mainland has only five post-secondary schools offering LPN to RN bridging programs there is more LPN courses available with shorter wait times within the same cities in the lower Mainland. This is a follow up proposal to the one in 2015 had previously paid 26 LPN's tuition for the LPN to RN program through British Columbia Nurses Union (BCNU) to alleviate the amount of wait time and accelerate them into the workforce. (BC Nurses Union, 2017) The proposal summarizes

implementing more funding to have more teachers to teach the bridging course to increase class size and implement employee-based bursaries.

THE PROBLEM

Below are a few personal and relevant statistics demonstrating why the wait times to bridge into the RN program is a problem to the health-care system:

- ✓ 6,757 sick calls made to the Employee Absence Reporting Line (EARL) made by staff and medical staff from (Lee, V., personal communications, March 6 – March 31, 2021) for Fraser Health in just 25 days of March 2021 due to nurse burnout
- ✓ Holistic care not optimal, nurses struggling just to do the basic needs. Nurses, like myself, report having dissonance and depersonalization. (Healthline, 2019) A direct comment from a BC nurse "At times I feel burned out but also very saddened because I do not have the time to look after my patients in the holistic healing manner in which I was trained. When people are physically sick their spirit is sick also, and they need encouragement, empathy, love…" (BC Nurses Union, n.d.)
- ✓ Reports show that 2% of nurses leave the field aged 35-49 to 11% of nurse aged 60 years or older per year (Lavoie-Tremblay, Chevrier, Clausen, Biron, Oliver, & Aube, 2019)
- ✓ Unsafe practices for both nurse and patient with hospitals only hiring the minimum nurses needed to cover the unit for nurse-to-patient ratios and not the maximum in case a nurse needs to leave or calls in sick (Healthline, 2019)

[redacted]

As indicated, the wait times have devastating consequences for both the nurse and patients they care for. With the volume of LPN's waiting to get into the RN bridging program would greatly reduce these very preventable outcomes. The Ministry of Advanced Education, Skills and Training of BC has acknowledged by stating "We heard that call to action and we're investing in valuable, in-demand training in every corner of the province so that students preparing for careers in health care, or health professionals upgrading their skills, are able to provide quality health care when and where it is needed. It is because of the work of these unsung heroes in health care that we are at a place to safely build back the best B.C." (Leslie, 2020)

CURRENT GOVERNMENT FUNDING (2020)

- ✓ $4.4 million for health profession-related education and training at B.C. post-secondary institutions on top of the $125 million for health education programs around B.C
- ✓ VCC received $750,000 to expand its bridging program aimed at licensed practical nurses who choose to continue their education by completing a Bachelor of Science in nursing degree. (Leslie, 2020)

THE PROPOSED SOLUTION

The proposed solution to this problem involves raising more awareness to the problem. LPN's may not consider staying in this career, instead opting to a new career to advance in. This can happen in two phases: 1. Survey through company email, 2. Investing in education for long-term nurses, 3. Pilot Program and 4. Review. Implementing this solution, while might be costly at the beginning, will benefit employees and the companies in the long-term through reduced sick calls and medical costs, while valuing employees.

PHASE 1 – SURVEY & RESEARCH (6 MONTHS)

In this first phase, I propose that LPN's structure a survey that outlines what they think needs changed to access RN bridging programs in Canada. The questions should be about whether they want to further their education, accessibility, entrance requirements and wait times. There should be a comment spot where each LPN can express their concerns on current employment situations. Interviews will conduct surveys, and their thoughts on wait times. Interviews will allow opinions from current LPN's wanting to further their education.

PHASE 2 – INVESTING IN EDUCATION (6 MONTHS - 1 YEAR)

In this phase, I propose based on the survey that the government invest more money into LPN to RN bridging programs to reduce wait times. There needs to be more of these programs throughout Canada as there is a significantly higher rate of LPN's than RN's. With more LPN's entering these programs reduces the patient to nurse ratios and sick calls. Dedicated employees with little to no sick calls, who have been employed for a duration of two years be eligible to received tuition or grants.

PHASE 3 – PILOT PROGRAM (2 YEARS)

In this phase, funding will be finalized with the support from the government. New LPN to RN bridging programs will be implemented in other Colleges/Universities within Canada where there is not one offered. The selection process will be conducted by contacting the ones first on the list who are still currently working and have extraordinarily little sick calls. Then it will continue down the list to the newer applicants and not based on GPA's.

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PHASE 4 – REVIEW (3 YEAR)

In this last phase, after one year of LPN's graduating the RN bridging program, the government and BCNU will review the rate of success and the reduction of wait times and patient to nurse ratios along with level of sick calls. The research team from phase 1 will conduct a follow up survey to review the response of LPNs into the RN program. If there are positive results, the next step would be to hire more educators to reduce the waitlist to almost zero.

CONCLUSION

I thank the government for their time and consideration, and I hope they review my proposal in the new fiscal year. Although the initial costs for educators is expensive, BCNU and the Government will end up saving money in the long term as LPN's are able to further their education which reduces sick calls.

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