

RPN Leadership: Ours to Pursue

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The role of the practical nurse (PN) is not well understood by RNs and administrators (Lankshear et al., 2016). This results in RPNs working below their full scope of practice. This issue is most often discussed from a skills perspective. However, outdated perceptions, hierarchical nursing education and vague regulator guidance have limited RPNs from working at their full leadership scope as well.

Nursing education misrepresents the history of the RPN role as an evolution from unskilled orderlies (Engel, 2024). In reality, RPNs receive an education most similar to their diploma RN colleagues. One long-time nursing educator stated, “The diploma RPN learns just as much depth and breadth of knowledge that I did in my diploma RN program, if not more” (Seabrook, 2023, p. 29), which positions the RPN as a logical fork from the storied RN tradition in Canada. Biases are slow to change, and many colleagues and administrators still imagine the modern RPN as the RNA they remember from decades past. These prejudices are responsible in part for the fact that a shocking 91% of RPNs do not feel valued in their role (Registered Practical Nurses Association of Ontario [RPNAO], 2023).

Furthermore, the requirement for BScN education to be delivered at or in collaboration with a university undermines confidence in the education colleges offer. Often, BScN and PN students are taught on the same college campus but are segregated from each other. This reinforces problematic hierarchies in nursing, leads to impaired interprofessional communication, and establishes the PN program as the consolation prize for students unable to thrive in the degree program (Limoges et al., 2018). RNs often teach most or all of the courses

in the PN programs, which limits leadership role models for PNs (Limoges & Jagos, 2015).

Looking to our regulatory body for guidance, we find little clarification on the RPN leadership. The College of Nurses of Ontario (CNO) mentions leadership in the entry-to-practice competencies (ETPCs) for RPNs. RPNs are “expected to demonstrate leadership by fostering continued self-growth” (College of Nurses Of Ontario [CNO], 2023, p. 4). This is an unusual use of the word leadership, wherein the RPN is supposed to lead themselves rather than others. RPNs are to supervise unregulated workers and “others” (CNO, 2023), without giving any guidance on who the others might be. This appears to limit our potential leadership role rather than define it meaningfully. For comparison, the RN ETPCs mention “other members of the health care team” (CNO, 2019, p. 7) as the target of leadership activities, a more ambitious scope which places the RN centrally within the care team. Finally, an RPN “demonstrates formal and informal leadership in practice” (CNO, 2019, p. 7). The CNO documents provide little clarity on the leadership RPNs can or should do, but the final reference leaves the door open for RPNs to demonstrate leadership as they see fit.

There is no reason to let the prejudices of others define the limits of our leadership role. The context of Ontario’s complex medical system demands a prominent leadership role from RPNs. With the goal of patient-centred care at the forefront of nursing, no one is better situated to provide leadership in the care of our patients than their bedside nurse. As the patient’s advocate in interdisciplinary teams, it is our responsibility to coordinate those teams toward progress on the patient’s goals.

The Registered Practical Nurses Association of Ontario (RPNAO) offers a course in leadership (RPNAO, n.d.), and is releasing an “Advanced Leadership” course in 2024. Topics in the existing course include public policy and funding models, which are complex ideas mentioned in the RN ETPCs (CNO, 2019). The curriculum is built by RPNs based on RPN needs and interests. This feedback between trainer and trainee RPN peers is a model where RPNs can begin to establish their priorities for leadership.

Enhanced RPN leadership also helps our RN colleagues. In units where RPN recruitment outpaces RN retention, it is burdensome to call on RNs to perform all leadership duties while also taking on the highest acuity clients. RNs have described frustration with the competing expectations of their role in areas where RPNs have entered practice (Nowrouzi-Kia et al., 2022). Increased RPN participation in leadership activities offers a mechanism for relieving some of this strain.

The days of the RN’s responsibility over the RNA/RPN are long over. While RPNs are making great strides in working to our full scope, we must embrace that leadership duties are part of our scope as well. Nursing educators and the CNO have largely failed to provide a model for RPN leadership. Within this vacuum, they have created a liminal space for RPNs to define our leadership role as we see fit. By working together, continuing our education and advocating for our profession, we can cement leadership as an RPN core competency.

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