

What Licensed Practical Nurses Answered, When Asked: *Please Help us!*



I've been here for you but...
I'm wearing out too!

Prepared by Cathy Rogers, PhD



New Brunswick
Nurses Union

Syndicat des infirmières et infirmiers
du Nouveau-Brunswick

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Foreword

By Paula Doucet, RN, NBNU President

I would like to begin by thanking Cathy Rogers, PhD, the Research and Education Officer at the New Brunswick Nurses Union for preparing this report. I would also like to thank the nearly 1,000 Licensed Practical Nurses (LPNs) who participated in the survey, eagerly laying bare their heartfelt and very personal nursing experiences and pleas for help.



LPNs participated because they care – for their patients, clients and residents, and for the integrity of New Brunswickers' public healthcare system. NBNU asked because we care for our members, and having a sustainable public healthcare system.

In June 2021, NBNU conducted a survey collecting the voices of Registered Nurses (RNs) and Nurse Practitioners (NPs) asking how they were faring in the circumstances surrounding an ongoing health pandemic, a longstanding nursing shortage resulting in challenging working conditions and at that time also a well-expired collective agreement. At that point, LPNs were not part of NBNU and did not have the opportunity to be heard.

This report represents that opportunity for LPNs to answer, "How are you doing?" The degree to which responses among LPNs mirrored both RN/NPs' and one another's voices, led to the title of this report being, "Please Help Us."

The ongoing crisis in healthcare due to serious labour shortages, among nurses in particular, is responsible for LPNs' scathing assessments of their own work conditions and of the declining public healthcare system. Working so short-staffed, LPNs worry about patient safety, and putting their own licenses and well-being at risk – as is the case every day. The daily burdens on LPNs, like those on their RN/NP team members, means that LPNs' mental and physical health is deteriorating to the point that they are leaving their jobs, sometimes leaving their professions altogether.

Increased numbers of New Brunswickers without access to primary care places extra burdens on nurses in Emergency Rooms and in long term care. Our nurses need help, and they need it urgently. They love their jobs, but they cannot continue to sacrifice themselves without help. LPNs care immensely but are burning out, going off on sick leave, or questioning a future in their profession.

LPNs' mental and physical health matters. Their work conditions and the unrealistic and unsustainable demands made of nurses during the current and growing labour crisis is threatening our very public healthcare that New Brunswickers expect and deserve.

It is high time to work together and put the pieces of the broken and shattered healthcare system back together. Nurses are suffering on-the-job and in their personal lives, and they need our support, as does the integrity of our healthcare system.

LPNs, like RNs and NPs, are not OK, and their plea to "Please Help Us" needs to be heard and urgently responded to.

A handwritten signature in black ink, reading "Paula Doucet". The signature is fluid and cursive, with a large initial 'P' and a long, sweeping underline.

Paula Doucet, RN, NBNU President



Introduction

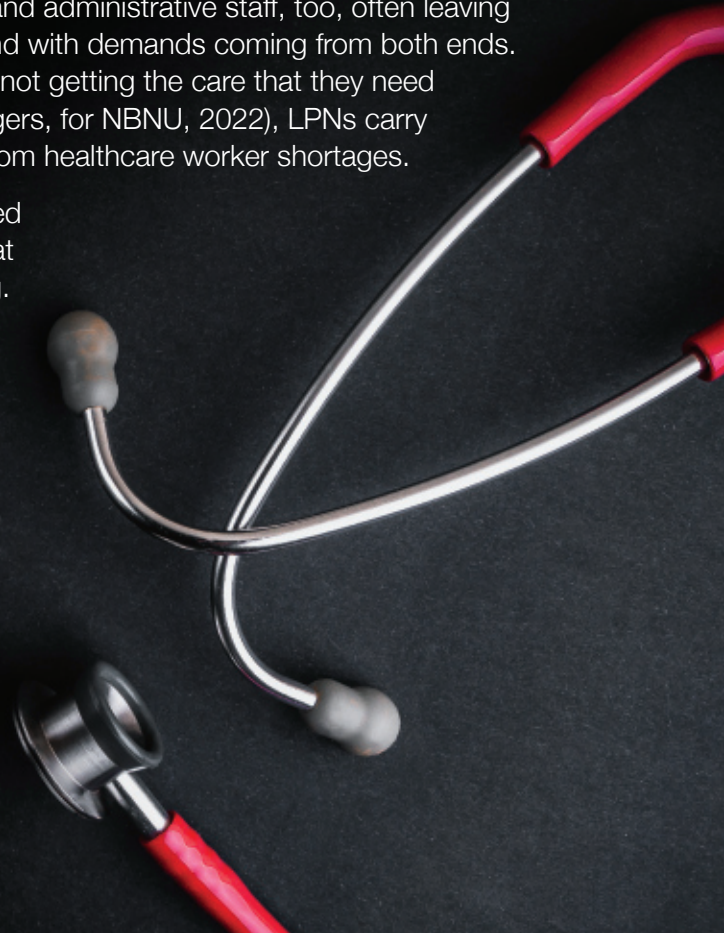
In May 2022, the New Brunswick Nurses Union (NBNU) administered a survey to its newest members – nearly 2,000 Licensed Practical Nurses (LPNs) who joined NBNU in October 2021.

The survey goal was to check in on LPNs - like was done for Registered Nurses (RNs) and Nurse Practitioners (NPs) just a few months prior – to ‘take their temperature’ so to speak. After more than two years caring for patients and clients during a pandemic, and at a time when the nurse shortage is at crisis level, LPNs claim they, too, are worn out.

With COVID-19 restrictions largely lifted for the public, healthcare workers are seeing no relief whatsoever. The record numbers of COVID-positive patients and clients, combined with their own COVID-related absences and job-related challenges, leave Licensed Practical Nurses working severely short staffed and burnt out. Yet, like their RN and NP colleagues, LPNs continue sacrificing with what they have left, nursing to the best of their ability, and mustering up all the passion they have left “for [their] patients and clients.”

Long before COVID, Licensed Practical Nurses were feeling the fallout of being increasingly short-staffed. Working conditions had been deteriorating, and unrealistic and unsustainable demands on them increasing. Uniquely mentioned (and frequently so) by the LPNs, however, is that they have been increasingly called upon to fulfil roles outside of their education and training – those of RNs (which they testify to bringing them anxiety and a feeling of exploitation because it is with no extra training, pay, or permission to say “no”). Some mentioned too that when they are asked to perform duties normally done by RNs, they might be appreciated or resented by colleagues and/or patients and clients. The upward LPN scope creep is due to an RN shortage, but a downward LPN scope creep is also happening due to a staff shortage of PSW and administrative staff, too, often leaving LPNs squeezed in the middle, stretched to their limits, and with demands coming from both ends. All the while, LPNs worry about their patients and clients not getting the care that they need and deserve. Like was reportedly the case with RNs (Rogers, for NBNU, 2022), LPNs carry this worry home with them, and they are also worn out from healthcare worker shortages.

It is the longstanding nature of such demands on Licensed Practical Nurses, and the accompanying lack of hope that there are solutions in sight, that is the most disconcerting. This makes their days increasingly unbearable, and leaves them utterly fatigued, burnt out, and discouraged. LPNs are worried about the declining public healthcare system and their place in it.



Licensed Practical Nurses have been sacrificing their own health and well-being and valuable time with their own families and friends – and they continue to do so – but this is only because they care so deeply about their patients, clients and their profession. They live daily, however, with guilt and moral distress because they are unable to do more with the so much less available to them – mostly due to staff shortages.

Again, like what was reported from the words of RNs and NPs (Rogers, for NBNU, 2022), this survey showed clearly that Licensed Practical Nurses were also eager to be heard. They consistently report feeling unheard, undervalued, and dismissed, and so it is not surprising that the nearly 1,000 LPNs who responded to this survey used this avenue to attempt to be understood and validated. In so doing, they shared with openness and generosity their often-intimate experiences indicating a sincerity and heartfelt honesty. In their words, too, is a desperate plea for help. Several LPNs used the exact expression **“Please help us”** and so this seemed to be an apropos subtitle for this report.

This report is laid out in a similar format to the “We Are Not OK!” report revealing RN/NPs’ voices from their vantage points (Rogers, for NBNU, 2022). Chapter 1 showcases Licensed Practical Nurses’ perspectives on the deteriorating healthcare system and services to those for whom they provide care in New Brunswick. It also reveals, however, their perspectives on the accompanying conditions within which healthcare personnel such as themselves are working. The words of one, “It’s very difficult ... when the outside thinks that everything is great ... but [it is] not,” and from another, “[There is] no ... RN on our floor, [no] continuity of care, [and there are] inappropriate patients being brought to our ALC [Alternate Level of Care] floor,” show that LPNs lack control over what they are able to do.

With fear for their jobs and their licenses on top of stress and fatigue, several Licensed Practical Nurses expressed what is said exactly by one in these words:

- “We [LPNs] are being given patients that are not LPN-appropriate and being told [to] ‘suck it up’ [and that, well] ... refusing is OK, but [they] will send [us] to HR.”

In Chapter 2, New Brunswick’s Licensed Practical Nurses tell of their own mental and physical health decline within the province’s public healthcare system and amid their working conditions. Their stresses are brought home so regularly that some talk about feeling PTSD symptoms from the long-standing moral injury and distress of not being able to provide the care that they know is needed, or from being floated to specialty areas for which they have no training or orientation, let alone choice. LPNs talk about being unable to sleep, experiencing anxiety and depression for the first time in their lives, and incurring increased physical health problems.

Licensed Practical Nurses’ inability to recuperate from work-related fatigue and stress is exacerbated by their inability to get breaks for vacation, meals or even washroom needs. One LPN’s words echoes those of many in these: “Always being short-staffed and having to stay at work after 12-hour shifts because it’s [so] busy, ... not being able to have my break, ... leaving work tired and mentally exhausted, ... [and] you need to come in for overtime to help ... [leaves me] already too burned out to have time to recover on [my] days off.”

LPNs report being in or near complete burnout today and are losing hope as they see so many of their colleagues leaving their jobs and leaving more work piled on those who are left, to the point that they feel guilty to take needed sick time, or they cannot access entitled and needed vacation. Sometimes the only solution they imagine is to leave their jobs too because, as one says,

- “[It’s hard] working in an environment where everyone is both mentally and physically drained, [with] ... the added stress of each individual ... [It makes for] a toxic workplace.”

Finally, in Chapter 3, New Brunswick’s Licensed Practical Nurses speak frankly about their professional outlook, their attempts to help their own situations unsuccessfully, and their despair about how long they can continue in this, their chosen, career. Like the RNs and NPs reported (Rogers, for NBNU, 2022), LPNs love their jobs – when they can do them properly. And they love providing healthcare for their patients and clients. But the impact of current conditions plaguing those for whom they attempt to provide this care, leaves them and their families desperate enough to consider drastic options like retiring early, moving on to another profession, or leaving public healthcare for private options.

When a Licensed Practical Nurse cannot take any more, according to the words of one, “[they are] going on sick leave [or] leaving [the] province.” Another, who recently did leave, says that “[The] increased physical and mental demands on [me were] so much ... that I resigned from my 14-plus-year position that I loved, and left my family, to travel across the country to work for one to two months at a time.” And perhaps worse are the words from a 24-year-old, new LPN, who reported knowing that “[already] I ...no longer ... love being an LPN.”

The Call to Action ending this report does just that – calls for immediate and serious attention to be given to the words of front-line, professional, and experienced workers in healthcare. Prevention would clearly have been better than the monumental task ahead of correction, however from having not heeded the ample warnings from the last few decades, or ignoring and not taking them seriously enough has resulted in the current healthcare and labour crisis. And everyone is paying the price for this in loss of population health, higher costs of delivery, and a more pessimistic view forward regarding solutions.

The current stark reality for nurses in New Brunswick does not need to mean all doom and gloom going forward. After all, with what we know, if we listen, is that we can act on what is perhaps the biggest cure for the present woes in healthcare, and for workers in it with direct and immediate recruitment and retention initiatives. However, should the words from professional healthcare workers on the frontlines continue to be ignored, gloom and doom is certain to be what lies ahead.

With healthcare deficiencies growing rapidly for the New Brunswick population, the truth about the current realities needs first to be understood if they can successfully be acted upon. The voices of the frontline workers really need to be heard, and their experiences really need to be validated. Empathy must be gained from a good read of these words, followed by commitment to action.

The messages in this closing Call to Action are brief because they are also embedded clearly and concisely throughout the testimonials of Licensed Practical Nurses, articulated with raw honesty and openness. Why? Because it was here where they felt safe to express themselves freely. Now, if they will only be heard.

1. From LPNs on New Brunswick's Healthcare System & Working Conditions

To be clear, the situation regarding the labour shortage is now at crisis stage in healthcare in New Brunswick. And, while this situation may not be unique to this province, New Brunswick does have some factors that have exacerbated challenges and needs, and therefore now requires creative and immediate responses.

Action on this front – that is immediate, at least – appears to be either non-existent or too slow and ineffective. For years, there have been warnings for what is today an extremely urgent healthcare crisis, serious for those needing long-term care, for those now experiencing serious mental health challenges, for New Brunswickers who face growing drug and other addiction predicaments, and everyone needing acute care. Media stories report daily that ambulances cannot offload patients, that rural but much-needed hospitals are closing, and most recently that even more unpredictable deaths occurred in New Brunswick in 2021 than any other province in Canada. Services that have been deferred and delayed are making healthcare needs of New Brunswickers grow more prevalently and acutely. Everyone is paying the price in one way or another.



Then there are the growing needs related to the social determinants of health (with housing and food insecurity, during this period of heightened inflation). Accompanied by years of budgetary reductions, reduced access to primary healthcare, increasing waits and closures, illness are bound to worsen.

For some time, it has been known that New Brunswick would be first-at-the-gate with aging Baby Boomers; this demographic was fully predictable. Yet now the province faces the dubious distinction of being there, inexplicably unprepared for a “Silver Tsunami.” Also, over a quarter of New Brunswick’s population has a disability, and it is well documented that New Brunswick’s population lives disproportionately with two or more chronic illnesses.

Accompanying these challenges, the New Brunswick government spends less per capita on healthcare than do other provinces (NB Medical Society, August 2021). And finally, add to these realities that the last two provincial budgets showed both an overall budgetary surplus while underspending in the healthcare portfolio – during a pandemic, no less.

Government’s priorities must turn to healthcare; there is no argument that medical needs have become urgent – in hospitals, communities, and long-term care facilities. With pent-up, early symptoms of physical and mental health needs escalating, with record labour shortages, with “wait times for surgeries ... among the highest in Canada ... and [at a time when] New Brunswickers have never been unhealthier” (NBMS, August 2021), all hands need to be on deck, and together grabbing the lifeboats to save our public healthcare system.

Still, what is heard from the voices of Licensed Practical Nurses on the frontline, like those of Registered Nurses and Nurse Practitioners which were shared earlier this year (Rogers, for NBNU, 2022), is that they neither hear nor see such action on retention or recruitment efforts to address the urgent needs before them today.

Regrettably, the need to respond to deteriorating healthcare at a back-end for New Brunswickers is now the only choice – an unfortunate repercussion when needs are not met at the front end with prevention, and with strong primary care for everyone. Licensed Practical Nurses do not feel hopeful for conditions improving in healthcare, conditions essential to successful recruitment and retention of nurses and other healthcare workers.

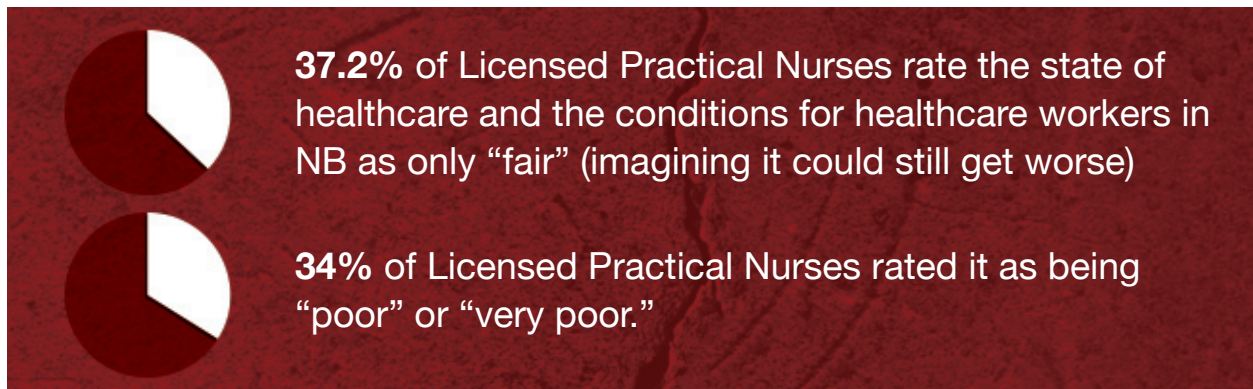
If such a pessimistic look should turn out to be faulty, all the better. It is a good thing when the release of data results in positive change. But, today, what New Brunswick’s Licensed Practical Nurses are seeing, hearing, and feeling – to-the-core and every day – are the outcomes of a growing healthcare crisis in New Brunswick. And they are worn out and saying, “Please Help Us.”

In this chapter are Licensed Practical Nurses’ front-line perspectives on the state of healthcare and working conditions in it, followed by their take on leadership’s ability to steer the ship to a better course, and finally to some of their own ideas for improving both healthcare and making the workplace more welcoming for retention and recruitment.

A. The State of Healthcare & Working Conditions

Licensed Practical Nurses share their viewpoints on the state of healthcare in New Brunswick. In so doing, it is evident that both sadness and anger accompany their view of a healthcare system in decline – sadness because of the impact on those needing care and on working conditions within which nurses try to do their best, and anger because of the longstanding nature and deepening state of deterioration with little indication of turnaround.

When asked about the current **state of healthcare and the conditions for healthcare workers** in New Brunswick (which are correlated), 37.2% of Licensed Practical Nurses rated it as only “fair” (imagining it could still get worse and rating it lower than “good” or “very good”). Similarly, 34% rated it as being “poor” or “very poor.”

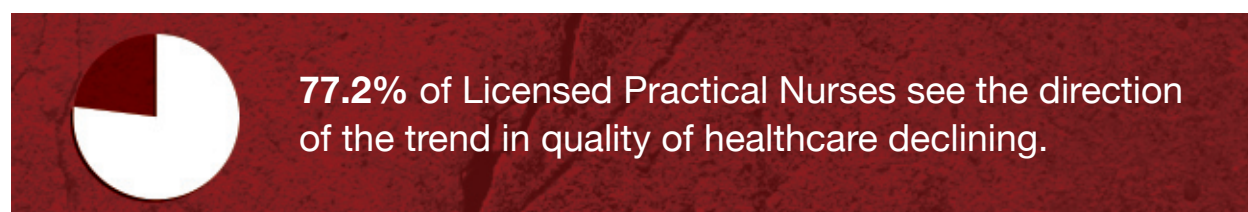


Here are some of their words around these assessments:

- “The real problem is everyone is so short-staffed This is unacceptable and unsafe for our patients.”
- “Our staff are being pulled from the floor to other units [to make] safer ratios [there, since] our unit is usually stable. Unfortunately, our unit is [now] no longer stable ... and now our staffing [is] cut on a regular basis. Two LPNs [and] two to four PCAs to 28 patients [is what we’re left with]. The patient workload [is] completely ... unstable.”
- “Presently our unit is closed, due to [an] outbreak for COVID. We are not being provided with adequate staff to deal with additional isolation procedures and contact/droplet precautions. We are unable to provide quality care, [or] emotional/mental health to patients. Patient safety is a chronic concern.”
- “[It seems] babies do not count as patients, so our patient load might look low ... [but] when floating staff out, the assignments are very unsafe Education and tests take hours per patient.”
- “On my floor, we are supposed to be one RN for four patients (Child Psychiatry ward). More than half the time I have seen myself alone with a community worker. Sometimes we’ve had 5 patients and not... easy patients, so ... not very safe.”
- “The patient-staff ratio is not safe [for anyone].”
- “On our unit there have been many occasions [with] 1 LPN for the [whole] floor. That is not acceptable.”

- “Our work conditions [are atrocious]. Our unit has 28 nursing home patients. Sometimes we have 4 staff on the unit – 2 LPNs and 2 PCAs to look after the [whole] unit; there’s an RN in Palliative in case we need an RN. [That’s it].”
- “[We are] short-staffed 24/7.”
- “[It’s] overload. Too much to do. Not enough time or staff.”
- “[We work in a] toxic workplace environment. The system itself ... is sick. The biggest problem ... is the shortage of staff and the expectation of what is asked from us.”
- “We have a negative and toxic environment due to the lack of staffing and personal burnout.”
- “The expectations on a nurse, especially in critical care areas and surgical/medical areas, is OVERWHELMING, to say the least.”

Furthermore, regarding the **direction of the trend in quality of healthcare**, a whopping 77.2% of Licensed Practical Nurses see the quality declining. Worse, they fear this will continue because they are seeing nothing on the horizon to give them hope.



Here are some personal testimonies in this regard:

- “[We’re] fed up with where our health care is going.”
- “Everything from morale to patient care has gotten worse.”
- “With the increased number of off-service patients on the floor and increased acuity, [there’s] no chance to do regular tasks for patients, like give them daily baths, have therapeutic conversations about their treatment, and at times [that contributes to] death.”
- “It was a struggle before the pandemic. It’s a full-out crisis now.”
- “[There are] increased falls due to not enough staff being present, personal care has gone down, and errors [are] being made due to being short-staffed and being overwhelmed.”
- “I work in the ER/ICU. Both units have suffered tremendously over the past 2 years. I see sick people who have no other options, [patients who] should be seen by a doctor, leave the waiting room after eight or more hours of waiting It is heartbreaking for me to watch this every day and night!”
- “[There’s been] a big change over the past decade Government is failing our people – especially the elderly. Our elderly and veterans are being abused and neglected by lack of government concern. Prisons have better housing/care than the[m] [It’s] sooooo sad.”

When asked specifically about the **trend for patient and client care/safety**, almost all (93.23%) Licensed Practical Nurses state their belief that patient and client care will continue to worsen or at best, stay like it is (in the current “fair” to “poor” state) unless changes are made. Approximately 57% of LPNs responding to the survey spoke about their conclusion that it is the currently low staffing levels that are “somewhat” or “significantly” jeopardizing patient and client safety.



93.23% of Licensed Practical Nurses state their belief that patient and client care will continue to worsen, or at best stay like it is unless changes are made.

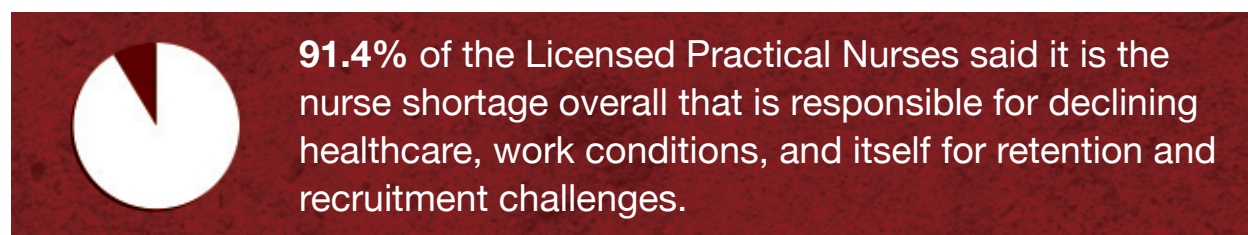
Here are some words describing this claim, directly from the mouths of these frontline workers:

- “[Most] patients require full care. When you have 9 to 10 patients to 1 nurse, it is very stressful, unsafe, and overwhelming. It puts nurses at risk of injury, burnout, and [leads to] mistakes that could be deadly.”
- “Short staffing has made both my job and my patients less safe.”
- “I cry because my patients sit in filth and there[’s] nothing I can do because hanging blood or [doing] other things are [also] important. I feel so bad for them it kills me.”
- “Healthcare is in a deplorable state. Patients are being put on units that do not suit their needs, and [a complete] revamping of healthcare is needed immediately for the safety of both the patients, as well as the staff.”
- “Being ... sometimes critically short-staffed [It] is so extremely hard to split your time between 7 patients and give quality care Just doing the necessary things to keep them alive and healthy is so taxing that we often get no breaks at all in a 12-hour shift.”
- “The morale is so low in the facilities that it is creating a toxic environment ... [and helping] an already crippled healthcare system to continue to crumble. It’s heartbreaking.”
- “Severe staff shortages [mean] unsafe working conditions [where we’re] only able to provide ‘bare minimum’.”
- “Too much of a workload on a daily basis [means we] are not caring for patients the way they deserve.”
- “We are so short, patients’ lives are in danger.”
- “The nurse-to-patient ratios are terrible.”

- “More and more tasks [are] piled on and expectations [are] unrealistic.” “[With] severe short staffing, [we are] unable to provide quality care.”
- “The lack of staff in hospitals is dangerously high.”
- “[We have] more cases of Alzheimers ... more cases that require psychiatric care. [We] lack proper staffing complement.”

Again, most Licensed Practical Nurses rationalize that the reasons for the decline in healthcare and the conditions within which they work is primarily due to the dangerously inappropriate nurse-patient/client ratios. It is that which exacerbates the ability to retain, let alone recruit.

When asked specifically, however, why they believe that it is difficult to retain, recruit or improve work conditions and healthcare, a full 91.4% of the LPNs said it is the nurse shortage overall that is responsible for declining healthcare, work conditions, and itself for retention and recruitment challenges. (This could be called the ‘chicken and egg’ scenario, or in sociological terms, a ‘feedback loop’ where the same factor acts as a cause and a consequence; this is the situation here.)



Other (though related) factors play huge roles in these challenges too, and these factors include that:

- there is insufficient time to interact with patients and clients (87.6% LPNs claim this);
- there are too many overall workplace safety issues (84.1% claim this);
- there is difficulty getting time off (77.2% claim this);
- there is insufficient training & education for the demands for which LPNs are called to do (76.1% claim this);
- there is too much overtime and/or insufficient time off between shifts (64.7% claim this);
- there is difficulty accessing the Bridging Program to work towards becoming an RN (63.1% claim this); and
- there is too much on-call and stand-by work placed on their time (61.6% claim this).

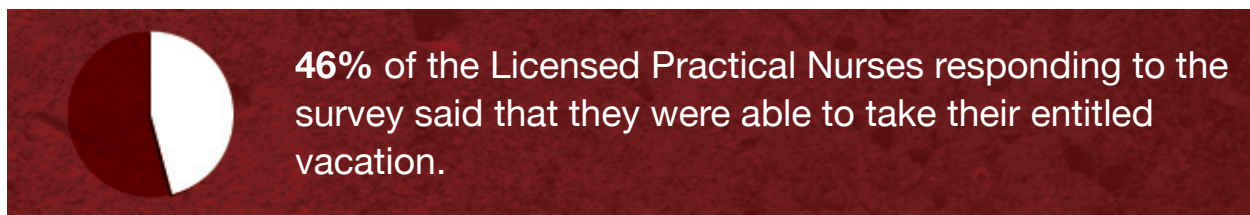
More than half (54.6%) of the Licensed Practical Nurses explain that they are **working more hours** than they did two years ago.

- Almost half (48.5%), for instance, claim to work overtime every week – anywhere up to 8 hours/week;
- a third (32.2%) work more than that – 9-16 hours/week;
- nearly 8% of LPNs work anywhere from 17-24 hours overtime per week; and
- some report working over 24 hours of overtime every week, on top of their regular hours.

These situations impact not only nurses' own well-being (which is discussed in the next chapter in more depth), but the care that they are able to provide to their patients and clients. In their words, they explain how these factors are wearing them out:

- “Always being short-staff[ed] and having to stay at work after 12-hour shift because it's too busy ... [and] not being able to have your [regular] days off because you need to come in for overtime to help because it's short staff [is ridiculous].”
- “There's increased pressure to work more than your full-time position [and it's not good].”
- “[They're] mandating nurses to stay extra hours.”
- “Short-staffed [means] ... being ‘stuck’ on the unit once you enter for each shift.”
- “Sometimes we work three 12-hour days and one night and four days off. It is so draining! Also, at times, [we work] four weekends in a row. I went from being an Orthopedic nurse to a COVID nurse The last six months have been the worse!”
- “[I'm tired of] feeling guilty to take extra shifts.”

When it comes to getting **time off**, Licensed Practical Nurses said it is very difficult because they are already all working short; they feel guilty even asking because it means leaving their teammates in even worse conditions. Other times, their requests are outright refused. For instance, less than half (46%) of the LPNs responding to the survey said that they were able to take their entitled vacation. Nearly one fifth were not able to take any of their entitled vacation whatsoever in the past two years.



Here is what some LPNs had to say about this inability to recuperate and the impact on the healthcare that they are able to provide when they are so overworked (again, the impact on their own health and wellbeing is discussed in more depth in the next chapter):

- “I’ve considered asking for time off to re-coup and re-charge, but I feel guilty knowing how short staff[ed] the units are [and knowing there will be] inadequate patient care as a result.”
- “[We’re] not able to get vacation when needed and therefore end up needing mental health sick days.”
- “[We’re] refused vacation days because of ... extremely low staffing.”
- “[It’s hard always] feeling guilty calling in sick or taking vacation or Emergency Day when needed due to leaving my co-workers short, ... being bullied into coming in on my day off, ... or being told I HAVE to work on my days off [and] ... not being able to do anything about it.”
- “[I’m] not in charge of my own life [It’s] like we are held hostage, not being able to get time off when needed. Being denied vacation time ... being called in for a few sick days.”
- “We need sleep, vacation [We need] better staffing ratios.”
- “It’s impossible to get a day off Staff-to-patient ratios are unacceptable and unsafe.”
- “Even though you have sick time ... you actually can’t take it because you feel bad that your fellow co-workers will have to have an increased load and they won’t ... replace you.”
- “[There’s] no time to de-compress between shifts.”
- “[It’s hard] never being granted vacation, even when you ask in plenty of advance.”
- “To not be able to take our vacation is difficult.”

Not only are Licensed Practical Nurses working more hours, and unable to use their fully entitled vacation time, but even while working they describe conditions wherein which they are even unable to get **breaks** for washroom or meals:

- “[It’s hard] coming into work knowing that you’re always going to work short [and] not going to be able to provide proper care to your patient [and] not being able to take a break to eat or drink.”
- “No meals, no breaks, and no one to replace you.”
- “Some of us will skip meals, bathroom breaks, and stay late just to help our patients, all at a mental and physical cost to ourselves.”

When they are working hard, day in and day out, with unrealistic demands placed on them, it is not only they that personally suffer illness, but so does the healthcare system when Licensed Practical Nurses are **on sick or long-term disability leave**. More than a quarter (26.3%) of LPNs surveyed used up all their entitled sick leave – some claiming to have been forced to do so because they were exposed to COVID.



26.3% of Licensed Practical Nurses surveyed used up all their entitled sick leave.

Many claim that they are made to feel guilty to take a needed sick day, because they are working so short-staffed, and the demands are so high. For example:

- “[For so long] I was unable to take vacation time and as a result was put off a month for stress leave. This increases the stress on other colleagues It is a vicious circle [We are] unable to replenish [ourselves].”
- “[When we are] sent home when we are [in] close contact [with a COVID patient, we are] asked to take [our own] sick or vacation time.”
- “[We are getting sick because we have been] working with a high patient ratio for too long, with no help or solutions to problems.”

Many Licensed Practical Nurses spoke of their **environment becoming “toxic” or “poisoned”** due to the working conditions and the shortage of nurses. This decreases everyone’s morale and makes coming to work difficult. Say some:

- “More toxic environments [and] low morale [bring] burnout.”
- “Working a lot of overtime [means that] we are all under a lot of stress, and negativity on the unit can spread quickly amongst staff and patients.”
- “It’s a poisoned work environment due to constant staff shortages and complaining from stressed-out staff.”

It is clear by examining the words of frontline Licensed Practical Nurses, as it was from the words of RNs and NPs (Rogers, for NBNU, 2022), that work conditions and the quality of healthcare are correlated, and these are directly related to labour shortages creating crises in both. So, next is a look at LPNs’ confidence level on whether the culture has the potential to change/improve under current leadership.

B. The State of Leadership & Hope for Change

Like Registered Nurses and Nurse Practitioners did (Rogers, for NBNU, 2022), Licensed Practical Nurses also spoke up about the need for stronger leadership, leadership that listens and takes professional, experienced, frontline nurses’ everyday voices about their challenges seriously. LPNs express feeling unrecognized, undervalued, and unheard – mostly because they see no evidence of things turning to a more positive culture. What they do see are their own colleagues leaving their jobs, exacerbating work demands even further, and impacting the quality of healthcare and their own anxiety and moral injury.

For these beliefs, Licensed Practical Nurses ultimately blame leadership; they, themselves feel powerless. Here are some of the LPNs' words on the topic of leadership and their despair:

- “[The] ‘higher ups’ do not listen or do anything about the horrible working conditions, resulting in poor patients’ care [I feel] exploited in my chose[n] career ... because of the staff shortage.”
- “[When I spoke up about inappropriate assignments for an LPN, I was] told ... ‘Suck it up.’”
- “[I was] forced to work [in the] COVID unit for the last two years. [I’ve seen] extremely poor management/decisions.”
- “Poor management results in low morale, [a] toxic environment among staff, lack of accountability or discipline.”
- “I feel management is not caring enough about the staff working on the floor.”
- “[There is] a lack of promotion of mental health in the workplace. A pin that says, ‘workplace hero’ isn’t cutting it.”
- “Management [is] telling us we are OK, when in fact we are not.”
- “We are being looked at as the solution to the RN shortage. Units in my hospital are converting empty RN positions to LPN positions and broadening our scope so we can better fill the holes. [It’s creating] unsafe working environments.”
- “Issues are never addressed – staff shortage, morale, lack of training, higher workload. Work is always demanding more.”
- “[I work in] an organization that appears not to care about the health and wellbeing of its LPNs.”
- “The [growing] mental health and addiction crisis [is not being addressed].”
- “The workplace has become less of a hospital and more of a business.”
- “Nurse management doesn’t don scrubs and help out when we’re overloaded ... Our COVID floor has been left without an active nurse manager frequently Staff ... feel abandoned ... in the trenches.”
- “I personally have never had such a hard 4 years. The implementation of any major change has been done without thought, and just dropped – so it seems [I’m] feeling incredibly unsupported The forethought of upper management feels [like] nil, like they don’t care, as long as [the work] gets done. Floor staff are never consulted before a big change They purposefully withhold any announcement of a change until the moment it happens so we can’t give our input.”
- “[Most negatively impacting my work conditions is the] lack of support from management [and] no follow-up in traumatic situations.”
- “[There is] a lack of communication.”
- “The ones making decisions on policies are not the ones working and experiencing what we do. They need to get their hands dirty, so to speak.”

- “[The] negative attitudes in the workplace [starts] at the top.”
- “There is a lack of sympathy and compassion from management They sometimes seem like they don’t care how anyone feels.”
- “Senior management doesn’t take concerns seriously. Such a poor[ly] staffed shift and very little attempt is made to replace (especially on weekends).”
- “So much money [is] wasted on management that could be spent on nursing staff and patient resources.”
- “[There are] too many managers ... and not enough people actually working.”
- “Mixing levels of care [shows a] hospital not well-managed, overall. We used to have time for our patients; now we rush because of [being] short-staffed and we still try ... to give same quality of care. That is where we get exhausted, because our superiors still expect all of it to be done, even [with the] shortage.”
- “Having nursed for 29 years, I have never seen such poor management. Favoritism, lack of discipline, ... accountability, professionalism. Disregard for patients’ care oftentimes.”
- “[Management is] refusing to address certain issues ... overall [it’s a] toxic environment.”
- “Management doesn’t listen. We are never consulted, and if we are it is with no results. I’m tired of hearing ‘We can’t do anything about it.’ I don’t want a pat on the back. I want more staff, HELP ON THE FLOOR!”
- “Our hospital needs a good 360.”

It would be remiss not to talk about two concerns that uniquely LPNs raised, and persistently so. These concerns are with overall management/leadership, and center around **floating** and **scope of professional practice**. These two topics are discussed again in the next chapter, as they clearly impact LPNs’ levels of stress, anxiety, fear, and even their desire to go to work at all in their jobs. Here, the topic is mentioned with a few LPN comments shown – in their own words – just to position the issue under the topic of leadership decision-making.

First, Licensed Practical Nurses nearly unanimously expressed anxiety, fear, and their feelings of being exploited and overwhelmed; these experiences come from a trend they are personally experiencing where first, they are called upon more regularly to do the work of Registered Nurses and second, they are also called upon too regularly to help out PCAs/PSWs and other healthcare support staff – all due to labour shortages.

They clearly feel caught-in-the-middle – pulled upwards to fill roles of RNs for which they state they have no training, preparation, or orientation for the responsibilities they are asked to do (and exploited because this is for no extra pay and no protection). They also are relied upon to cover for shortfalls among other staff, whether means they are called to do cleaning, pharmacy tasks, personal care/support work roles, or lab runs. Among nurses, they say, “we are at the bottom of the hierarchy,” and this leaves them fearful and unsafe, overworked and exploited. Here are more of their words on the matter, for which they hold management responsible and accountable:

- “[I’m sent to] ICU, given patients that were supposed to be stable [but not]. I am not qualified to work in ICU; I repeatedly asked not to be put in this position, [but it continues].”
- “[The only RN on the floor is] a new grad with little to no experience and it sets [me] up for a very dangerous situation; these situations happen frequently. The stress of being forced to hang IV medications, with one day going over the policies and a quick demonstration of how to program the pump and mix an antibiotic, and a self-learning module to study [is not enough] [It’s] very intimidating to have to approach people for help when everyone [is] run off their feet. [There’s] poor education given. [I] do not feel supported and I cry [often]; I have worked for 26 years [but that does not qualify me] to be responsible for these people’s lives without proper support; it’s so dangerous. Never being shown how to look up lab results and understand [them. I have] to do my own studying and ask peers for help.”
- “The increase in LPN duties, being short-staffed, pulled to other units [is hard].”
- “[We are] being expected to do exactly what the RNs do with way less orientation.”
- “[We are] doing the same job, basically, as the RNs, day in and day out, being paid much less.”
- “[It is very stressful] as an LPN being put in roles, we shouldn’t be in. I have always been put in a RN spot on our floor and being short-staffed it puts more work and responsibilities on my shoulders [I’m] always worried [that I might] forget to do something or [not know when] to take report[s], not to miss anything. I usually do medications for 12 or more patients, plus ... everything else. The short staff adds even more to my workload. It gets very stressful.”
- LPNs’ roles have changed exponentially over the past few years, yet we do not receive a quarter of the training the RNs receive. For example, I work on a stroke floor. New RNs receive 6 weeks of training. When LPNs asked for the same training ... we were told ‘We don’t have the staff. You will learn as you get patients!’ It was the same thing with the medications when we asked. We received one day on the Meds Carts, and some at-home learning that we don’t even get paid for. And now again for the IV medications we are facing the same issues. I was sent an email with 200 pages of material to read on my own time and study, then I get a four-hour training session! This is not right. We deserve to be properly trained. I feel the LPNs are always set up to fail.”
- “[I] can’t keep up with increasing demands. I work mostly alone in Palliative [with] no RN, no Ward Aid, with changing rules for COVID restrictions, no secretary to answer phones. [I’m] exhausted at the end of [my] shift. I WILL RETIRE AT THE END OF [THE] YEAR.”

- “[Because we are so] short-staffed every single shift, [we have] feelings of needing to work [overtime] to help The mental and physical exhaustion is taking its toll, and everyone involved is suffering – nurses, patients, cleaners, clerks, doctors, etc. There is so much room for improvement, but the work just keeps getting piled on and on Burnout is real.”
- “I work in ambulatory care [My biggest] challenge has been working within our scope of practice.”
- “At times it seems that what may have been previously not allowed is suddenly OK due to staff shortages. An example is that RNs always took ER in-patients as an assignment and passed the medications, but LPNs suddenly can do this now, as there is simply not enough staff to take care of these patients.”
- “Due to staff shortages ... [there are] more questionable LPN-patient assignments; the lines are starting to blur.”
- “We are busy cleaning, sanitizing, all the time.”
- “[I’m] very thankful PCAs were just hired to the floor, but still not enough. Why do I have to help pharmacy stock the medicines? Why can’t they go in pairs? Why do we have to be delivery people? Why can’t a porter bring patient packages up – again 20 minutes of my time wasted. Why are [we] doing more with less staff?”

There are many, many other expressions of the same level of discomfort with the broadening of the scope of practice that is increasingly top-down demanded of LPNs, but the discussion ends here and picks up again as this impacts LPNs’ mental health and professional outlook (discussed in Chapters 2 and 3, respectively).

Finally, revealed in this section on leadership, are also Licensed Practical Nurses’ perspectives on the anxiety, fear, and lack of safety for their patients, clients and their own selves that comes as the practice of **‘floating’** – a growing norm amid being short-staffed. Some of their words describe that often LPNs do not even know until they arrive for work where they will be working, and when they will return to their regular unit. They feel insecure when they are sent to areas for which they have too little or no training, orientation, or even familiarity. Here are some of these expressions:

- “My biggest stress is going into work scared of being floated to another unit with no orientation. [It] feels unsafe, especially [having] only worked on [my] home unit [for] the last two years.”
- “[It’s stressful] floating to other units Coming into work ... you don’t know what you are going to walk into.”
- “The workload is too much [and] ... not knowing when or where you’re going to be floated next.”
- “[There’s] increased pressure [with] being floated off your home unit ... to units that are specialty units, without orientation or knowledge of that unit.”
- “[They send us] floating to floors with no training, and [we’re] forced to take an assignment. [There’s a] lack of support from supervisors.”

While there are many more expressions that could be shared about what Licensed Practical Nurses have to say about leadership, and their discouragement about how healthcare and the workplace is managed, this section ends with the rating that the nearly 1,000 LPNs gave of their own level of confidence or faith in their leadership to turn things around. Here is what they had to say, by employer:

- For management/leadership at **Horizon Health Network**
 - 64.9% of LPNs rate their leaders' ability to turn things around to be **low** or **very low**
 - 9.9% of LPNs rate their leaders' ability to turn things around to be **high** or **very high**
- For management/leadership at **Vitalité Health Network**
 - 61.8% of LPNs rate their leaders' ability to turn things around to be **low** or **very low**
 - 9.6% of LPNs rate their leaders' ability to turn things around to be **high** or **very high**
- For management/leadership at **EM/ANB Inc.**
 - 53.5% of LPNs rate their leaders' ability to turn things around to be **low** or **very low**
 - 13.6% of LPNs rate their leaders' ability to turn things around to be **high** or **very high**

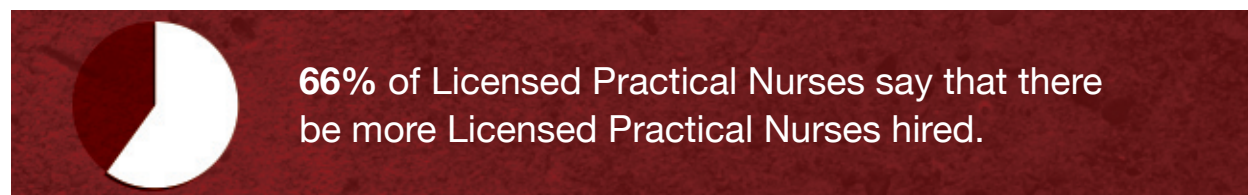
It should be noted, as was done with the report from the RN/NP survey (Rogers, for NBNU, 2022), that the leadership at Horizon Health Network has recently changed and there is ample evidence that they are increasingly listening and attempting to respond to the plights of the nurses. Time will tell, but the challenge remains that needed change cannot come fast enough for nurses and healthcare now in crisis.

It is to what Licensed Practical Nurses offered up as ideas – from their frontline and professional experiences – for improvements that they believe would help both the quality of healthcare for New Brunswickers and working conditions for nurses.

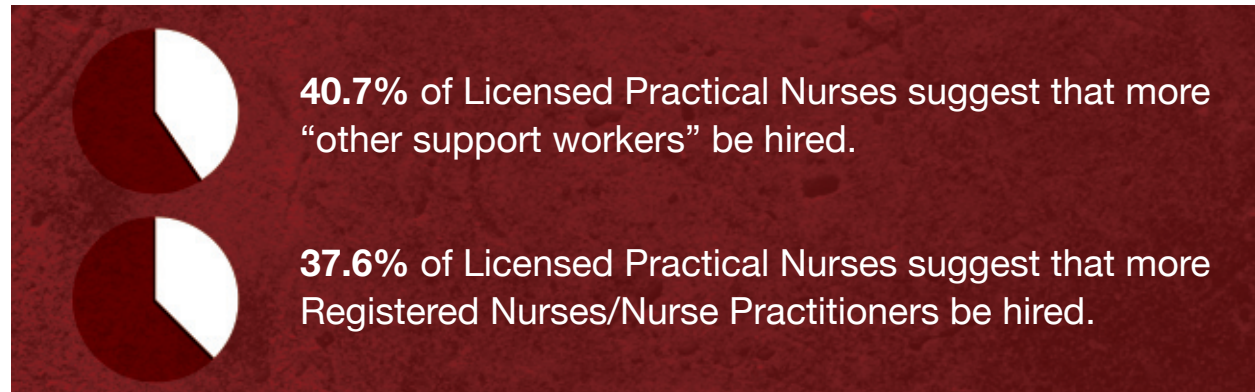
C. Ideas for a More Quality and Sustainable Healthcare System & Working Conditions

In order of popularity of the idea from the voices of Licensed Practical Nurses, below are some of the suggestions put forward. It should be noted that these ideas were shared by LPNs as they sought to speak into the survey where they perceived it to be a safe opportunity to have their voices heard. LPNs, like the RNs and NPs earlier (Rogers, for NBNU, 2022), claim to have shared these before, to their superiors, but felt unheard or devalued to speak to the ideas.

First, and suggested by 66% of respondents, Licensed Practical Nurses say that there be **more LPNs hired**.



Close behind this, at 40.7% and 37.6% respectively, were LPNs' suggestions that **more “other support workers”** (which would relieve them from doing so many “other related duties” so they could have more time to “do [their] own work”) and **more Registered Nurses/Nurse Practitioners** be hired (which would eliminate or reduce the demand on them to fulfil roles for which they feel unprepared and/or unsafe doing).



In essence, nearly every respondent told how much they value the full complement of staff, one that works together as a harmonizing team made up of the various disciplines required. Teamwork was reportedly one of the most highly valued aspects of a positive workplace.

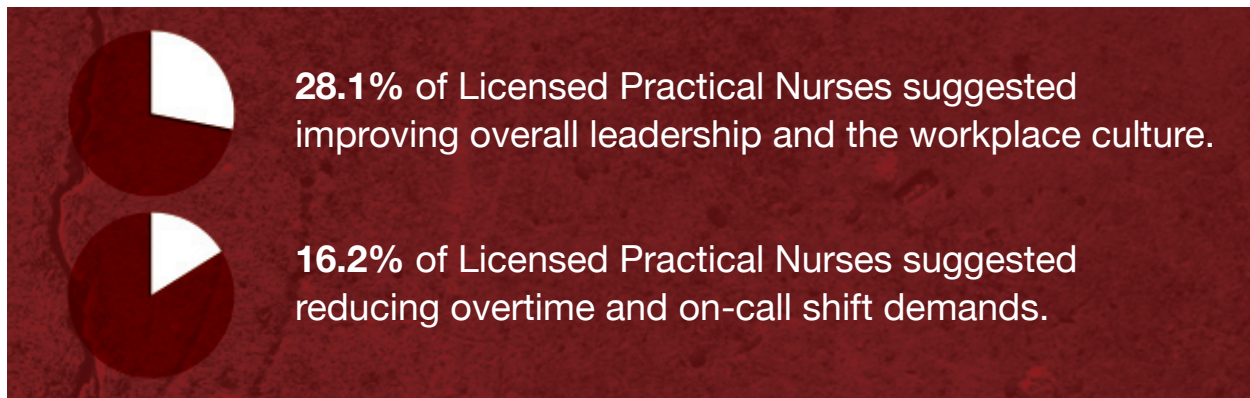
When teamwork and collaboration are present this helps Licensed Practical Nurses to endure the hard times; the corollary is that their absence makes working feel unsafe and unpleasant. Here are just a few statements from the voices of LPNs themselves on ideas around teamwork:

- “Resolving [the] short staff [situation] would be the key factor to promote safer work environments.”
- “[It’s] high staffing numbers [that make my workplace positive.]”
- “[My ideal workplace has] a strong resource person [to go to].”
- “[When we work as a team] then we have the ability to get help with heavy or aggressive patients.”
- “[We need better] nurse/patient ratios.”
- “[My best] shifts [are] where PCAs [are there to] help with basic care.”
- “[What would make my workplace positive is] having a strong team during your shift”
- “Being well staffed and having a safe working environment [makes a positive workplace].”
- “[My workplace would be more positive if there were] more staff nurses, security, [and] management actually being on the floor and witnessing what really goes on during a shift.”

All these sentiments were expressed in many ways, but by nearly all Licensed Practical Nurses. They represent ideas for retention and safer, happier workplaces and satisfied workers.

Other ideas for both better healthcare and a better workplace include instituting specific policies and protocols for a culture of **safety**; this was suggested by a third (33%) of LPNs surveyed.

Improving overall leadership and the workplace culture was cited by 28.1% of LPNs responding; and **reducing overtime and on-call shift demands** was suggested by 16.2% of LPNs responding to a question about what would improve their workplace/work experience.



Here are only a few testimonials in the words of Licensed Practical Nurses regarding ideas that would improve their workplace experiences and ultimately healthcare delivery, or what is positive already about their current workplace:

- “[Good] leadership of nurse manager.”
- “Very good head nurse that is humane and takes care of her staff.”
- “When good management ... does things such as donning scrubs to help out ... if they see their staff overwhelmed.”
- “Our manager ... is always so positive.”
- “A work-life balance [would help].”
- “Having fair assignments that are designed to prevent burnout [should be a norm].”
- “My boss realizes when I need time away and is very accommodating.”
- “A manager that is active and available [would help immensely].”
- “It is necessary to have a good manager.”
- “We have a good unit manager; she listens to our opinions.”

While it was more difficult to pick out words expressed in the positive than it was to pull out those expressed in the negative, some were (shared above). But hopefully management can re-position some negatively framed ideas to make positive change, like the example below:

- “[On my] floor, [there is] never an RN available, so the floor contains 5+ LPNs. LPNs are pressured to take RN roles without proper training. Most of the time, it’s ‘go online to [a] module’ and that’s it. It’s very unsafe for the worker [and] patient. LPNs need more hands-on education/classroom [training].”

In summary, Licensed Practical Nurses spoke significantly about the deteriorating quality of healthcare and working conditions, for which they largely hold leadership accountable and to blame. In the next chapter, LPNs’ words about the effects of both on their own declining personal well-being and health is shared. It is easy to conclude, even now, that significantly improving healthcare work conditions would improve the quality of healthcare delivered, and these would improve the health and well-being of nurses. All of these, however, require the prioritizing of recruitment and retention of nurses. Next, then, is a focus on what LPNs have to say about their own current state of health and well-being.



2. From LPNs on their own Health & Well-being

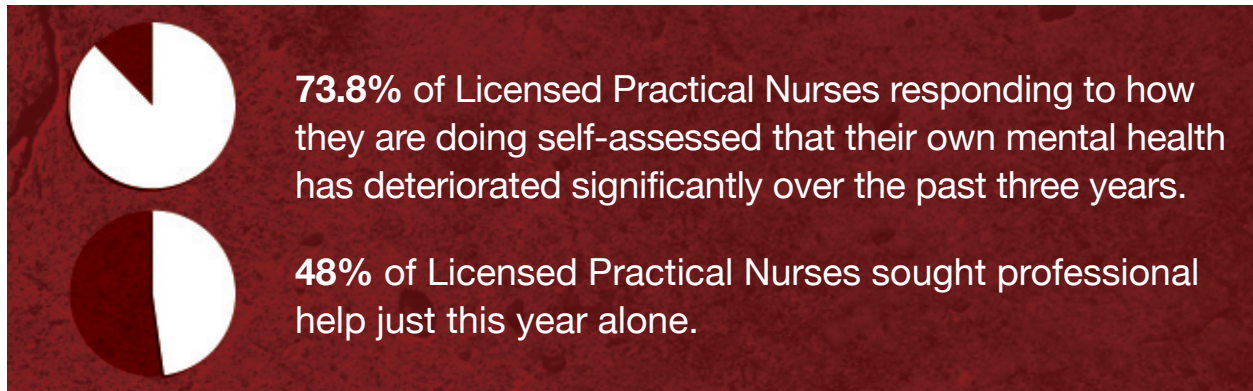
When asked, in the Spring of 2022, how they are doing, Licensed Practical Nurses in New Brunswick responded in various ways, many with the words, “We need help” or **“Please help us,”** the words thereby giving birth to the sub-title of this report. As Registered Nurses and Nurse Practitioners in the province had also reported only months earlier (Rogers, for NBNU, 2022), this study finds that **neither are LPNs OK.**

This chapter reveals Licensed Practical Nurses’ personal testimonials about their own mental and physical health status (in decline) and the relationship with growing challenges in healthcare delivery and the workplace. Like was the situation in the previous chapter, here nurses’ words reveal intimate and honest expressions about their suffering and needs, as their narratives reveal some devastating consequences for them and their families.



A. Wellness in Decline

First, to jump right in, three-quarters (73.8%) of the Licensed Practical Nurses responding to how they are doing self-assessed that their own **mental health has deteriorated** significantly over the past three years. Half (48%) **sought professional help** just this year alone, and most (88%) claim that their need for mental health help (often for the first time in their lives) is **due to unrealistic work demands** placed on them.

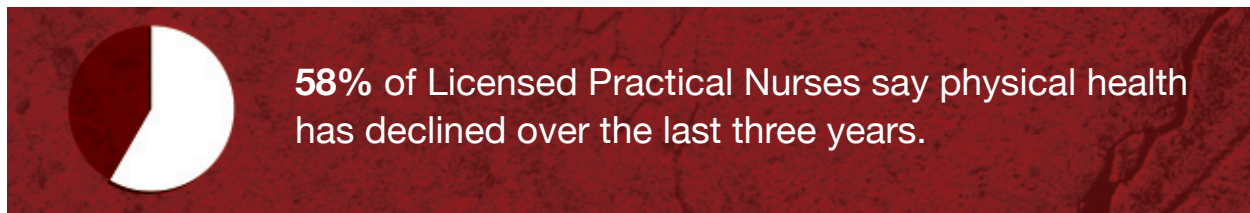


Sadly, many Licensed Practical Nurses also spoke of **not seeking professional help this year** (nearly half – 44%) and explained this most commonly because they did not have the time, the energy, or enough benefits left to help meet these needs.

These realities have serious and widespread repercussions. Here is some of what LPNs' testimonials say about their own health and well-being status:

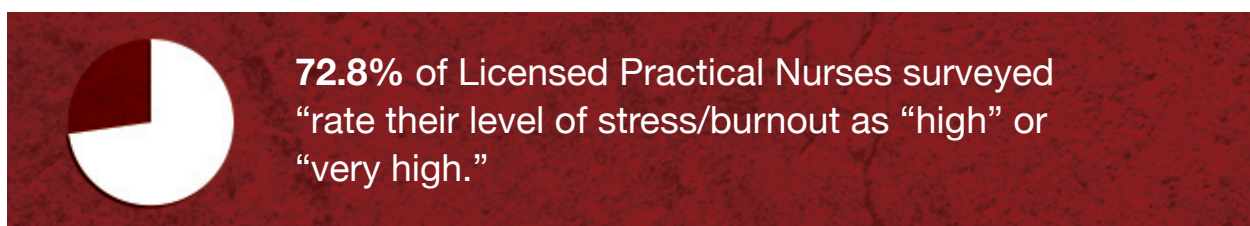
- “Stress levels [are] high, positivity [is] down, [and] motivation [is] down.”
- “[I’m experiencing] panic attacks, palpitations.”
- “Morale is way down.”
- “[Increasingly, I’ve no] ability to be relaxed. [Instead, there’s the] constant feeling of being unable to focus on myself or my family, feeling that I’m letting everyone down.”
- “I did a big burn-out last year, and the way I am feeling, it is going in the same direction.”
- “[I’m] extremely tired ... so mentally and physically exhausted.”
- “My mental health and my happiness with my family members [is suffering].”
- “[Because] I have less time with my kids, I feel guilty.”
- “I have had to visit my [doctor] due to lack of motivation, lack of sleep; [I got] a prescription [for] depression and anxiety, something I have never experienced before.”
- “I am always emotionally and physically stressed; I have panic attacks, anxiety and insomnia.”
- “Exhaustion, stress, demoralization ...

Licensed Practical Nurses' **physical health has also declined** over the last three years, say 58.5%, which they conclude is correlated also to the stresses of being so short-staffed in their workplaces and bearing unrealistic demands for too long.



- “[My] asthma [has] flared up [with] more stress.”
- “I have gained 30 pounds and am on anti-depressant. I have never felt stressed like this.”
- “[The] mental and physical exhaustion is taking its toll, and everyone involved is suffering – nurses, patients, cleaners, clerks, doctors, etc. There is so much room for improvement, but the work just keeps getting piled on and on. The only break nurses get is if they get injured on the job and physically can’t work due to it I, for one, am one of the highest senior LPNs on my floor and I have unused vacation in my bank. Burnout is real.”
- “My blood pressure has been elevated lately ... and my stress level is high at about 4 hours into my 12-hour shift [because] there just isn’t enough staff to help with the ringing of call bells, ... phones ... ringing It certainly is a juggling act.”
- “The wear and tear on my body over the years, having to spend my own money for physio after insurance runs out.”
- “I have problems sleeping, with depression, I eat poorly (no time for meals); I take more medication; my blood pressure is up and energy is down; my sense of humour is gone.”

Licensed Practical Nurses in New Brunswick, like their Registered Nurse and Nurse Practitioner colleagues report being extremely tired, stressed, and nearing or at burnout stage of their health and well-being today. Nearly three-quarters (72.8%) of the surveyed LPNs rate their level of **stress/burnout as “high” or “very high.”**



Because due to the long-standing nature of their unrealistic work demands from being short-staffed, coupled with the compromised levels of healthcare that they are increasingly able to provide, the fatigue and moral injury that they are left with is also bringing a sense of hopelessness for future. This is why most (85.9%) LPNs believe that their personal job stress will **continue to worsen** (or at best stay the same, which is not good) unless conditions change.

More self-reports on mental and physical health and well-being by New Brunswick's Licensed Practical Nurses are described, in their own words in the next section where they locate the distress with causes. These lived experiences carry extremely negative consequences – not only directly to LPNs and their families – but also to the province's quality of healthcare (not to mention their profession, which is the topic of the last chapter, next). Almost everyone responding to the survey spoke about these root causes of growing mental and physical health issues.

B. Greatest Stressors & Roots of Hopelessness

If ever there is a desire and/or commitment to find and implement solutions to the health and well-being problems identified personally by frontline professional Licensed Practical Nurses' voices of experience, then it is imperative to understand the severe nature of the experiences. LPNs are clear – very clear – about the roots of their seriously declining health and well-being.

First, more than half (54.6%) of New Brunswick's Licensed Practical Nurses report to be **working more hours** than they were two years ago. Almost all are working overtime hours on a regular basis, as well as being **on-call/standby**, and are called back to work – all this because of being so short-staffed at their workplaces and there being no one to replace them.



54.6% of Licensed Practical Nurses report to be working more hours than they were two years ago.

Regarding **overtime**, some are working over 24 hours per week, others between 17 and 24. A third, 32.2%, of Licensed Practical Nurses work an average of 9 to 16 hours of overtime per week, and nearly half (48.5%) work 1 to 8 hours overtime per week.

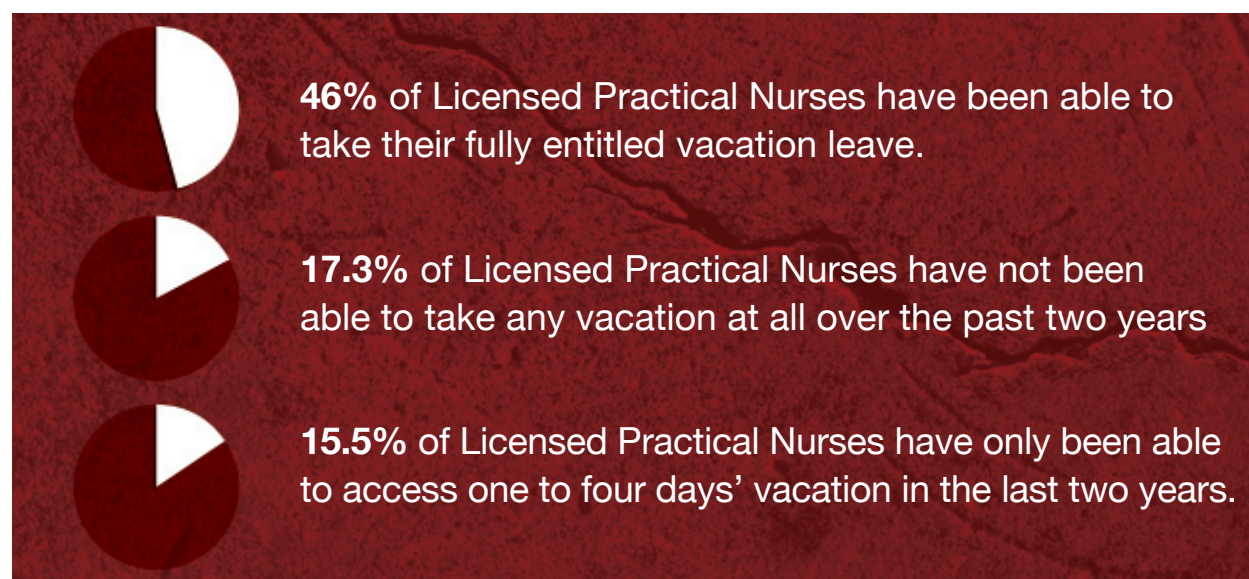


32.2% of Licensed Practical Nurses work an average of 9 to 16 hours of overtime per week.



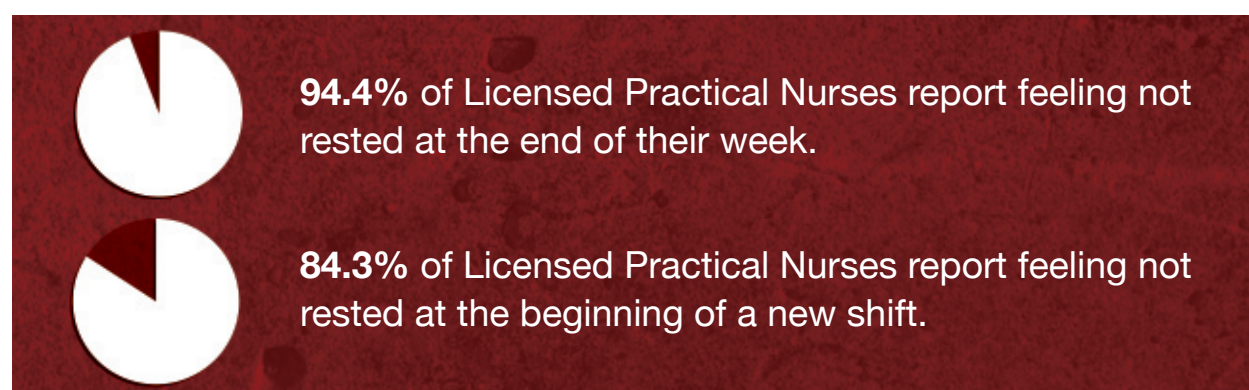
48.5% of Licensed Practical Nurses work an average of 1 to 8 hours of overtime per week.

On top of this, Licensed Practical Nurses have been denied their well-earned, and much-needed **vacation** – time off needed desperately to recover/recharge. Less than half (46%), for example, have been able to take their fully entitled vacation leave. Further, 17.3% of LPNs have not been able to take any vacation at all over the past two years, and 15.5% have only been able to access one to four days' vacation in the last two years. Working so hard without breaks wears them down drastically.



Regarding **sick leave**, just over a quarter (26.3%) of Licensed Practical Nurses have used all their days over the past two years, many claiming that they need this time for “mental health” or “recovery” days. However, too many LPNs talk about not accessing these sick days because they feel too guilty to leave their areas “even more short-staffed,” or alternately their requests for such breaks are outright denied.

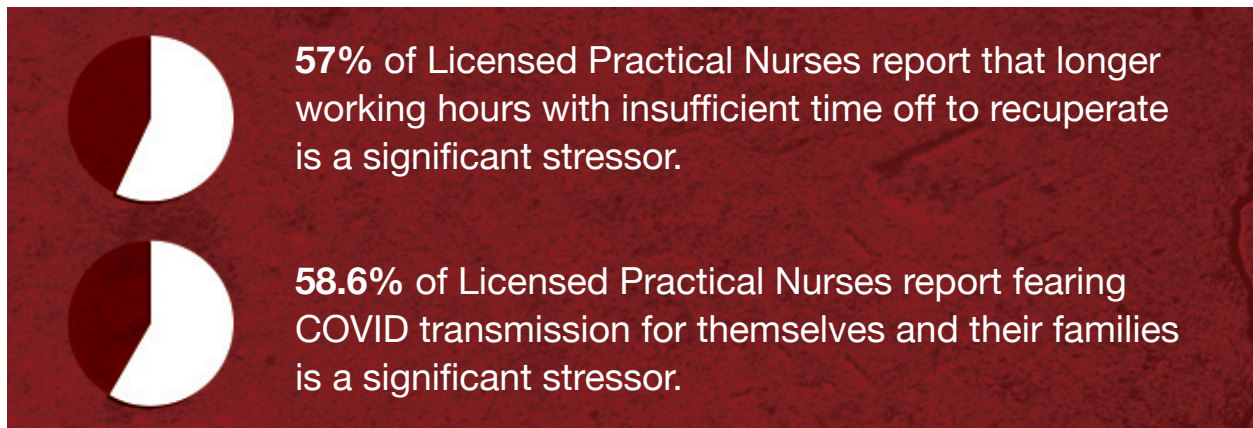
It is not surprising, then, that a whopping 94.4% of Licensed Practical Nurses report feeling **not rested at the end of their week**. Perhaps worse, however, is that 84.3% of LPNs also claim they have not been able to rest adequately between their shifts, so find that they return to their **next shift – not rested**.



When asked to identify their top five specific causes of job-related stress, Licensed Practical Nurses overwhelmingly responded with two very correlated roots. These are the **nurse shortage** (75.6%) and **workplace safety issues** (70.8%), both rated as “very high” causes.

Reportedly “high” or “very high” also were continuously changing protocols/measures related to **COVID** and a stigma outside of work also related to COVID (more than three-quarters of LPN respondents identified COVID-related stressors).

Longer working hours (detailed above) with insufficient time off to recuperate was reported by 57% of Licensed Practical Nurses as significant stressors and fearing COVID transmission for themselves and their families was a significant stressor for more than half (58.6%) of the LPNs asked. COVID has been tough because it came on top of an already harsh and demanding workplace for nurses.



Regarding the **nurse shortage**, many Licensed Practical Nurses described the fear that they face daily going into work, at work, and which carries with them as they return home. Along with this fear is anxiety and dread. Besides (but related to) being short-staffed, these feelings arise also when LPNs are assigned RN roles inappropriate for LPNs without the proper training/orientation. Many identified this as their greatest roadblock to mental health and well-being, as can be seen in the following words:

- “Not having enough staff ... leads to patients who may not be appropriate for LPNs.”
- “Coming into work is stressful enough; we do not want to be sent to work on an unfamiliar floor.”
- “I have 150 hours from last year’s vacation time that I was unable to use ... I need a break; I am unable to get vacation time due to no coverage. I have been denied over and over again When we have no Clerk, I am thrown into doing both my job and the Clerk’s job, which happens where I work about 4 days out of 5 as we have had a Clerk off for the past 6 months with nobody to fill her shifts. I could go on forever.”
- “The job is both mentally and physically exhausting. I take work home with fear of making mistakes due to the increase of workload. I feel burnt out!”
- “LPNs [are taking] on more patients as RNs have more complex patients.”
- “I feel like each and every shift there is more and more demand, with no end in sight. The lack of support from the government and our employer is very disheartening. Having vacation denied, never having any time to de-stress, and the overall feeling [of being] very unappreciated. We are not robots!”
- “[My stress is from] trying to do the work of two people; I am only one person.”

- “The biggest roadblocks to my mental health and well-being are the constant stress[es] of working short-staffed and knowing no one has your back! They try to make you do things that you know are not OK.”
- “The daily sick calls, no replacements ... heavier workloads ... missed breaks. After a while it wears on you.”
- “Coming into work and ... feeling your stomach drop when you see 4 staff working on a 40-bed unit. It’s incredibly frustrating ... [It’s] like no one cares how short staffed we are.”
- “[My] co-workers and I have less patience due to stress [It’s] unsafe.”
- “[There’s so much] anxiety caused by working short-staffed almost daily. Unrealistic expectations.”
- “Work is exhausting.”
- “You go home feeling unsatisfied, even though you have [given] your all during the hours you have been there.”
- “[It’s hard] not being able to plan adequately for vacations, family time, socializing.”
- “Just mentally knowing you will be short-staffed before you even start your shift [is stressful].”
- “Never rested. I sometimes go home and cry after shifts due to what I’ve had to deal with.... I’m so exhausted I don’t have time to do anything for myself besides sleep, and still don’t feel rested when I return. [And we have] the negative environment the workplace has turned into.”
- “Short-staffed [brings] anxiety and fatigue.”
- “I resigned from my nursing position in January 2022 because of a work-related back injury that happened because of the nursing shortage we face. My physical and mental health mean more to me than dollars, pennies, and overtime.”
- “I work in the psychiatric unit ... [where there is fewer] nursing staff.”
- “The people I work with are stressed and tired. The workplace atmosphere is poor.”
- “My work is stressful.”

Of course, with the worker shortage, those who are there necessarily work **longer hours** – too many hours.

- “The challenges of being a single/lone mother with a young child in childcare. There is no alternative for me if I’m forced to stay late/show up early; there is zero flexibility to accommodate families ... no consideration for the consequences to our lives when forced to work OT with zero notice or help.”
- “Finding relief for time off is my biggest problem.”

- “Most days if I don’t stay an [extra] hour to get everything done because [of] short staffing, [like] charting, new forms, everything would go wrong]; ... there is little time to enjoy anything. [It’s] numbing.”
- “Going home after a shift questioning the quality of care you were able to provide is a reality, [plus] less family time vs work time.”
- “Working extra hours [causes] more stress.”
- “My mental health [is] at a stressed point Other nurses are too busy to help me with some tasks and [we’re] not able to work as a team It’s hard to get into [an] appointment to see anyone about mental health – they, too, are over-booked.”
- “Going to work and not knowing if you will get to leave when your shift is over, or if you will be mandated to stay beyond your shift. Makes it very difficult when you have children/childcare arrangements.”
- “There is no time for work life balance.”
- “[And I’m left] feeling guilty in taking a sick day or making a doctor’s appointment which almost always means my co-workers would be working short.”
- “[Biggest roadblock to mental wellbeing?] Always being short-staffed and having to stay at work after 12-hour shift because it’s too busy. Always not being able to have my break because of being too busy because of short staff, leaving work tired and mentally exhausted. Not being able to have ... days off because you need to come in for overtime to help because it’s short staff. Starting your four days on already exhausted because I’m already too burned out to ... recover.”
- “Nursing is tough when you have a young family. It’s hard on your relationship with your husband. ‘Me’ time is rare.”
- “Stress on relationship. Now split up... Not easy being health care worker! Not at all.”
- “[There are] poor attitudes at work. Short staffed at work. Lack of vacation time. Staffing turnover. Staffing burnout. Staffing changes ... We are in complete uncertainty.”
- “The biggest roadblocks to my mental health [are] ... anxiety prior to the start of a stretch, no knowing what the patient ratios are going to be and how I am going to provide proper patient care to all of my patients. Not having vacation time for 2 years and having to take mental health days using all of my sick days.”
- “[I’m] exhausted at the end of the day. Patient ratio for LPNs is usually 3-4 patients for each LPN, but most of the patients are heavy assist ... aggressive or quite confused. [No one factors this in].”
- “[I’m] constantly ... worried/concerned about my co-workers being short-staffed while I am on my days off, so feeling like I should pick up overtime to help out ... [We’re also] short RNs, LPNs, Clerks.”

- “[I’m stressed due to] the workload expected of us. I am in charge of 10-11 patients on my own 80% of my shifts and 6-7 the rest of the time It’s impossible to get a day off here and there ... It’s too much for one person.”
- “My stress is work I bring home to my family and friends. I feel for my co-workers because we are all trying to stay afloat.”
- “Stressed [because we might] make mistakes due to short staff and heavy patient load.”
- “There is no work life balance anymore.”
- “Due to exhaustion at work and the mental drain of patients and family demands ... I have nothing to give my family ... and spend most days off in a state of guilt.”
- “We are overwhelmed, exhausted, and sad to not be available for our patients.”

As was said already, **COVID** brought stress on top of stress.

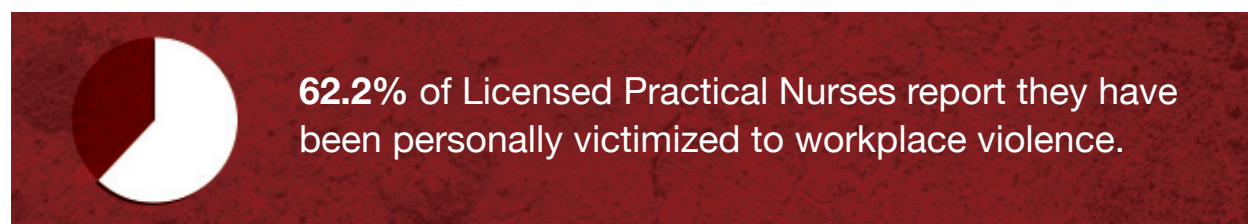
- “[It’s stressful doing] continued isolation from friends and family due to COVID, [as is] constantly working without meeting minimum staff levels and caring for higher acuity patients due to lack of RN positions.”
- “[There’s] staff shortages ... and increased infection control measures (sometimes with no sense).”
- “You are wearing yourself thin trying to provide care for extremely sick COVID patients. Staff constantly being floated to other units ... with no experience on the floors where they are sent to.”
- “I pretty much work and self-isolate at home. [COVID] really affected my social anxiety.”

Workplace safety is identified also as a root cause for stress and mental/physical health decline, and this is not just defined by violence, per se. It is described to include overall dangerous work conditions and the accompanying moral injury that is experienced by the Licensed Practical Nurses when quality of healthcare that they can deliver diminishes, also because of being short-staffed.

- “Increased work stress [is] due to [our having] more than our patients for [the] floor ... Patient numbers increase, but [we get] no extra staff. As an LPN, having days with no Ward Clerk [means] we have to be that and Charge Nurse [We have] sicker patients, patients angry at being isolated, dealing with families via phone, upset they can’t visit.”
- “I dread going to work because I know we will be working short. I don’t feel safe or protected. I had a patient grab my arm and refuse to let go, and nothing was done about it. It’s seen as ‘part of the job.’”
- “We are expected to put up with more bad behavior from patients. We are not supported enough.”
- “We are expected to do the work of multiple people. [We’re] working at a faster pace [which] is both unsafe to ... patients and ourselves. The stress of making medication errors is ever-present, even when returning home. Often patients receive very little time because you have to move on to the next patient/task. [I wish] we could do more for the patients. Even on days off you cannot help but worry about the next shift, and what it will bring.”

- “Patient verbal and physical violence has increased.”
- “Patient ratios and unrealistic demands: one huge mistake will be made, or something missed, and [I] do not want to be part of that! [It’s stressful].”
- “Unsafe staffing [levels].”
- “I am exhausted and overwhelmed. We are working short-staffed all the time and the workload is too much. The patient to staff ratio is unsafe and things are getting missed. Patients are receiving the bare minimum for care. I leave every shift feeling my patients deserve better care, but I physically cannot do it. I used to love my job, but now I am tired and defeated.”
- “[It’s stressful when all the time we’re] not feeling safe at work. Working every shift short-staffed and not providing adequate care.”
- “[We] skip meals, bathroom breaks, and stay late just to help our patients, all at a mental and physical cost to ourselves. I’m tired. I’m broken.”
- “The loss of team nursing has also left me feeling extremely overwhelmed with my patient load.”
- “Working daily with low morale of staff, meds, and support staff. Everyone is very quick tempered, feeling pulled from every area It is not a safe work environment and [it’s] very difficult to go into every day.”
- “Feeling like a failure when [I’m] unable to meet all my patients’ needs.”
- “Knowing if an error is made due to being rushed you would live with the penalty guilt and possible loss of license ... for things placed on your workplace that are unrealistic, unsafe ... There’s no support to actually help – just policies to say how things should be done in a perfect world – looks good on paper but you arrive to a workplace that does not give patient assignments or ratios that abide by these policies. Yet it’s the nurses’ fault if something goes wrong [It’s] disheartening.”

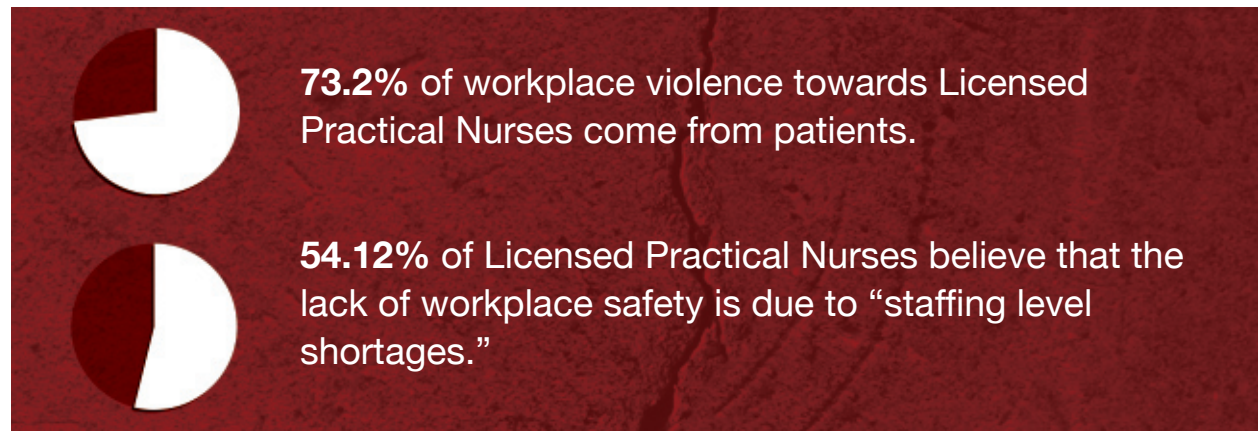
Being a victim of **workplace violence** is far too common an experience for New Brunswick’s Licensed Practical Nurses. Over half, 62.2%, of LPNs report have been personally victimized to workplace violence.



This breaks down to the following types of violence:

- 39.7% were victims of harassment and/or verbal violence;
- 31.7% were victims of physical violence; and
- 28.7% were victims of both harassment/verbal and physical violence.

Mostly, the perpetrators are patients (73.2%), but sometimes this comes from co-workers or visitors to patients (4%). More than half (54.12%) of Licensed Practical Nurses believe that the lack of workplace safety, making them more likely to be personally and directly victimized, is due to “staffing level shortages.”



Here are some, among what could be many, LPN testimonials on this matter:

- “Nurses [are] expected to take physical and verbal abuse from patients without any repercussions. I would have to say that time to get patient care and all tasks completed in a shift is by far the most challenging [to my health and well-being].”
- “The stress of not knowing what will happen, wanting to stay safe and keep others safe, but being very tired of having to try to ‘stay safe’ all the time.”
- “The violence at work from patients, understaffing ... [and] not reducing beds. Not having vacation for 2 years.”

Regarding mental health decline from unsafe working conditions and too many demands placed on nurses with too few breaks to recover, it is helpful to reference a CFNU 2020 assessment of mental health disorder symptoms among nurses across Canada. This study found similarly that the growing nurse shortage and resulting “cycle of excessive overtime and unsustainable workloads, with widespread verbal and physical violence, have led to a decline in nurses’ health (Stelnick, A.M., Carleton, R.N., Reichert, C., 2020). Two years later, we may be looking at an even worse situation here in New Brunswick. This threatens not only nurses’ health and well-being, but also public healthcare and the attractiveness of nursing as a profession.

Just like it was difficult to separate declining work conditions and quality of healthcare in the first chapter, so it has been difficult to separate both of those from a reportedly declining quality of personal health and well-being of Licensed Practical Nurses working in those conditions, trying to provide quality healthcare. Everyone suffers. Should these conditions continue for much longer, there is ample evidence pointing to the very profession itself suffering drastically. It is to this discussion that is the subject of the final chapter, next.

3. From LPNs on their own Profession

There was not a Licensed Practical Nurse who responded to the New Brunswick Nurses Union survey in spring of 2022 who claimed to not love providing healthcare, being part of a healthcare team, having passion for the health and well-being of their patients and clients, and in essence loving being a nurse.

That said, however, many Licensed Practical Nurses said with grief that they feel either at best “unsatisfied” with their chosen profession today, or downright “hate going to work” and all these feelings are due to the conditions within which they need to work, the declining quality of healthcare with which they are able to deliver, and the impact these have on their own and their families’ health and well-being.

Like several months earlier Registered Nurses and Nurse Practitioners reported, Licensed Practical Nurses mourn this situation and wish wholeheartedly that they could provide better and safer healthcare, and that the demands on them would be either reduced or met with the proper number of nurses needed to properly provide this care.



The outcome of the longstanding and present realities in New Brunswick public healthcare, however, is that when Licensed Practical Nurses are asked if they would recommend their profession to family or friends, most (78.7%) said that they would not. Only one-fifth said that they would (21.3%) recommend their profession.



78.7% of Licensed Practical Nurses would not recommend their profession to family or friends.

Further, nearly half (45.7%) of the Licensed Practical Nurses asked said that they would leave their profession today if they could afford to do so. It is only 16.7% who said that they would hang in, hoping for change. Most alarming, however, is that a quick correlation with age shows that the younger the LPN, the more likely they are to say they want out. For instance, 35.7% of LPNs aged 35 or under fall into this category. Among those 56-65, less than 15% said they would not leave their professions even if they could.



45.7% of Licensed Practical Nurses would leave their profession today if they could afford to do so.

New Brunswick needs these nurses. Retention is as key as recruitment, and so the following testimonials need to be sincerely heard, and seriously acted upon. The following represent the voices of Licensed Practical Nurses considering changes:

- “Everyone is working short or in unsafe conditions, and at this point it is making me question if I want to keep my license or not, and possibly work in another field.”
- “Overall, nurses are burnt out and will continue to exit the profession unless [management]... makes the necessary changes required not only to keep staff, but also to recognize that nurses are human and need to recharge.”
- “My mental/physical health [during] this pandemic has definitely questioned me on why I became a nurse.”
- “Nurses are going on sick leave [or] leaving the province.”
- “[My] workplace [is]... unrealistic, unsafe; I’m thinking of leaving the career, despite wanting to help people. There’s no support to actually help.”
- “[The] demands [are] so much ... that I resigned from my 14+ position that I loved, and left my family, to travel across the country to work for 1-2 months at a time.”

- “I found myself questioning everything ... It affected me at work and my personal life. I had a burnout and was on sick leave [for 8 months]; I’m still struggling with anxiety.”
- “We are not robots! In my 14 years of being an LPN, I have never considered leaving the profession. Until now.”
- “I am scared that I am going to do a burnout, and I am only 24 years old, [scared] that I am no longer going to love being an LPN.”
- “I’m at a point, with 20 years as an LPN, that I made a wrong career choice. I would love to be able to switch job[s]. I’m burnt out and I don’t know how much longer I can work in this profession. I used to love my job, and now have stress and anxiety going to work.”
- “I want to start by saying I love my job. I went into nursing 22 years ago because I wanted to help the sick. Over the past 10 years or so, it has become difficult due to the lack of staffing.”
- “Every shift/every week seems to worsen due to unsafe staffing. Staff are continuously leaving, and I don’t blame them. Patient safety is at risk.”
- “I have nightmares about work because I hate being there now.”
- “[It’s] physically and emotionally draining. Not worth the stress.”
- “It’s a hard job ... not what it used to be. I miss being able to properly give good, complete nursing care instead of just the absolute minimum.”
- “Too hard, and tough on the body and life.”
- “It’s a hard profession, and because I don’t have a set status or schedule ... not sure if I could recommend. I see more nurses getting burnout, not able to go on vacation or get days off, and they are simply overwhelmed.”
- “I would not recommend [this] to anyone unless things change. I am 22 years old, and everything hurts.”
- “[If I could] I would enter the hospital and turn right back around to the exit sign and never look back.”
- “[Not even] family members know the whole story ... because as staff we are unable to have the freedom to speak publicly.”
- “[Today] I would definitely not recommend this profession! Before, I would [have].”
- “At one time I encouraged my now 21-year-old daughter to go into nursing. I now tell her not to because it’s too exhausting, and life is too short to live in ‘burnout’. The [healthcare system is] worsening ... scary, awful.”
- “I would fear a high level of burnout for anyone entering this profession at present.”
- “It’s not worth the stress or money.”
- “I love my job, but just not lately because of staffing.”

- “I wouldn’t want my family to put up with these work expectations and stressful situations, [so no, I would not recommend it].”
- “It’s a shock [to new nurses] ... with people leaving even before they start.”
- “It’s the worst I’ve seen it, very challenging for a new grad.”
- “[No because I feel it is only] going to get worse.”
- “No matter how much I’ve ever done, well above and beyond over the last 30 years, I’m going to end this career feeling I was never good enough.”
- “It is not worth the physical and emotional toll nursing has on a person! ... In any other profession violence and disregard for staff safety would not be tolerated.”
- “I would not recommend nursing to anyone. There is low respect from management, patients, and the community. NO matter how much we give, it is never enough. I have never heard so much negativity towards our profession in the 18 years I have been a practical nurse.”
- “Unsafe nurse-patient ratios [are] burning new grads out very quickly, and it just seems to be getting worse.”
- “[My job] affects my mental health at home ... I feel completely drained and lost my love of life. [I] would not want someone else to go through what I am going through.”
- “Unless things change drastically, I would not recommend that anyone go into nursing!”
- “It is actually disgraceful how nurses are treated. I would not want anyone to go through what we are going through. The staffing is so bad ... terrible.”
- “This is very sad as I love my nursing, but in ways [I] regret that I studied for this career.”
- “It is not a profession for young people to get into if they plan to have families unless the staffing situation improves.”
- “As an LPN, getting a full-time position seems impossible.”
- “Student LPNs & RNs coming to TMH are having bad experiences as they also need time and attention to learn, which I am happy to do, but I don’t even have time to pee or have lunch. Also, no one wants to be a preceptor as there is no incentive and it is a lot of work.”
- “Incredible. I lost a very great interest in the profession. I don’t want to do any more shifts.”
- “It is a good profession, but no money can compensate for the responsibility that goes with it now.”

Call to Action

The number one Call to Action for a sustainable and quality public healthcare system is a stable and healthy labour force. In other words, the current nurse (and other healthcare worker) shortage must be addressed.

Retention of current nurses, as well as the return and recruitment of new nurses is key. However, to do this successfully, the growing deficits in the healthcare setting wherein nurses work must be tackled – and this requires immediacy. Today, according to the frontline professionals themselves, public healthcare is not an attractive place in which to work. This can, and must, be turned around.

The New Brunswick Nurses Union has been aware for some time, and has warned governments for decades, that an impending nurse shortage, combined with NB's aging demographic and higher patient acuity would create pressures on healthcare. So have other professional healthcare bodies, including those with lived experience, researchers, demographers, and economists.

The tendency, when labour is short in any occupation, is to focus on emergency and acute needs, forgetting or de-prioritizing a long-term, preventive outlook. In healthcare, like for other social needs like education and criminal justice, this results in dropping the ball on primary and holistic care, for which we see outcomes now. Too many New Brunswickers still do not have access to a physician or even nurse practitioners.



Surgeries are still delayed. Wait times in emergency rooms are creating unsafe conditions for the patients and staff. New Brunswick's response to mental health is poor, relative to other provinces, and "seems to be getting worse" (New Brunswick Health Council, 2022); this needs to be addressed immediately before the outcomes bear even more widely implicated problems on society at-large. And, overall, hospital patient care is not improving, despite plenty of rhetoric that claims strategies exist to do the opposite; a look at the two regional health networks in the province over 2016 to 2019 shows that "for 16 key indicators ... [there was] no improvement" (New Brunswick Health Council, 2019).

Costs at the back end are escalating today, making it harder for New Brunswick to invest simultaneously in wellness, holistic care, and prevention.

Only a few months ago the voices of New Brunswick's Registered Nurses and Nurse Practitioners spoke, in *What Nurses Answered, When Asked: We Are Not OK!* (Rogers, for NBNU, 2022); they shared their frontline takes on the healthcare and labour crises and the nursing profession itself. These same warnings are inherent among New Brunswick's Licensed Practical Nurses speak with fear about the same impending dangers:

- that the quality of healthcare is indeed declining, and will continue to worsen unless immediate remedial action is taken,
- that the workplace for healthcare workers in New Brunswick is also deteriorating, thereby making it harder and harder to retain, let alone recruit, more and much-needed nurses,
- that the health and well-being of New Brunswick's Licensed Practical Nurses, like their Registered Nurse and Nurse Practitioner colleagues, is now at crisis stage – they are utterly fatigued from unrealistic work demands and the inability to rest/recuperate, being so short-staffed and working so many hours; LPNs are stressed and burnt out. And they are discouraged, even hopeless, for change to happen anytime soon, and finally
- Licensed Practical Nurses' confidence that change is coming anytime soon is so low that – again like their other team nurses (RNs and NPs) reported (Rogers, 2022) – they are considering alternative careers, or at least leaving public healthcare or reducing their hours. All these options would exacerbate the current and growing challenges reported herein. Today's nurse shortage is likely to continue and may get worse; LPNs claim sometimes to be hanging in "by a thread," which they grieve having to admit.

All of this means one thing: now is the time for serious government action to bring back a quality, sustainable, and strong public healthcare system for New Brunswickers. Prioritizing investment in optimal healthcare delivery – primary, acute, and long-term care – as well as re-positioning a wellness model for health for the prevention of acute and chronic illnesses will prevent higher costs down the road, and it will strengthen the labour market not just for healthcare workers, but for all areas. A healthy population for New Brunswick benefits the economy, as well as the individuals in it.

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**New Brunswick
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**Syndicat des infirmières et infirmiers
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