Nursing Practices

October 2025

Contents

Introduction

The growing health complexities in older adult health and wellbeing has increased the challenges faced by nurses in all care settings. As life expectancy rises and older adults live with advanced illnesses, nurses are now providing care for populations with diverse and demanding needs. Within continuing care settings, nurses are supporting residents with acute care-level needs, increasing the physical and emotional demands on staff. This heightened complexity reflects demographic and health system changes.

Nursing competency is a cornerstone of safe, ethical, and high-quality care in continuing care settings, where residents often live with complex, chronic, and age-related conditions. Competency not only encompasses clinical knowledge and technical skills, but also the capacity for critical thinking, relational practice, and ethical decision-making in environments that require both medical expertise and compassionate, person-centred care. Regulatory nursing boards play a central role in safeguarding this competency by setting and enforcing standards through licensure, continuing competence programs, and professional standards. For example, the Canadian Council of Registered Nurse Regulators revises the entry-level competencies every five years, ensuring that the requirements of foundational knowledge, skills, and judgement are being met to provide competent and compassionate care [1]. These regulatory mechanisms are particularly critical in continuing care, where the role of nurses is integral to supporting resident dignity, preventing harm, and maintaining public trust in care services.

Further, nursing education curriculums are foundational to the development of competency and are closely aligned with the standards set by regulatory bodies. The integration of theoretical knowledge, clinical training, and professional values prepares graduates for the complexities of modern healthcare. In some cases, courses, field placements, and programs dedicated to gerontology prepare nurses for the continuing care environment. Education programs, such as ones created by the Alberta Gerontological Nurses Association, provide continuous learning resources and modules to promote excellent care for older adults and

combat ageism. Yet, research notes a further need for education curriculums to provide further opportunities for gerontological learning [2].

Older Adult Population

The aging population in Canada is growing rapidly and, as of 2025, there are over 8.1 million individuals aged 65 years and older, including 12,281 centenarians [3]. The average Canadian life expectancy is 81.7 years of age, and an individual aged 65 can expect to live an additional 21 years on average [4, 5]. At age 65, women can expect to live an additional 22.3 years on average, compared to 19.5 additional years for men [5]. When health-adjusted life expectancy is considered, only 15 of the additional 21 years will be lived in full health, with women spending a longer proportion of their lives post-65 in an unhealthy state [5].

Chronic Diseases, Conditions, and Health Outcomes

Around 37% of older adults have two or more chronic diseases and almost half of those aged 85 and older experience multimorbidity [5]. Living with multiple chronic diseases leads to additional challenges such as decreased quality of life, chronic pain, and the use of multiple medications, also known as polypharmacy. The use of multiple medications has been linked to an increased risk of inappropriate drug use and adverse drug effects such as sedation and increased falls [5, 6]. Further, polypharmacy can increase the risk of drug-drug interactions, where one medication impacts another, and drug-disease interactions, where taking a medication for one health condition can make another health condition worse [6].

The most common chronic diseases and conditions experienced by older adults include cancer, cardiovascular diseases, diabetes, hypertension, mental illness and suicide, musculoskeletal disorders, neurological diseases, oral diseases, respiratory diseases, falls, and multimorbidity [5]. For individuals aged 85 and older, the five most common diseases were hypertension (83.4%), osteoarthritis (54%), ischemic heart disease (IHD) (42%), osteoporosis (36.9%), and chronic obstructive pulmonary disease (27.3%). Additionally, some diseases

are more common among older adult women, such as osteoporosis (4.2 times more likely), and others more common among older adult men, such as gout (2.7 times more likely) [5].

Mortality

Due to advances in disease management, treatment, and reduced smoking rates, the rate of mortality for many chronic diseases has declined since 2000 [5]. Mortality rates for IHD, osteoarthritis, stroke, asthma, and osteoporosis have declined 50%, and rates for heart failure and diabetes have declined by about 35% [5]. Comparatively, mortality rates due to dementia have increased by 59%, and rates due to hypertension and Parkinson disease have grown to 12% and 26% respectively [5]. The increase in mortality rates is likely caused by the growth of the older adult population, as well as a decline in competing causes of death [5].

Conversations at BSF

At The Brenda Strafford Foundation (BSF), the education departments at each site serve as the primary point of contact for nursing programs when coordinating students for field education placements. All nursing students, regardless of their year of study, complete the same orientation process as new staff members to ensure familiarity with BSF's care standards and procedures. Final-year students are paired with regular unit staff to complete the required number of clinical practice hours needed for licensure, during which clinical competencies are closely observed and assessed. These evaluations are conducted in consultation with the educational institution's designated instructor to confirm that the student demonstrates the competence and safety to practice independently within the care environment.

In discussions with BSF site nurse educators and program managers, there was little consistency on the overall competency of newly graduated nurses. Educators cited that new graduates who completed their final placements within BSF displayed the necessary competencies regarding workflow and the skills associated with nursing. Students also received three months of one-on-one preceptor training to get accustomed to the unit and ensure safe practices. A

common observation was that although new nurses generally exhibited competent clinical skills, they often faced a steeper learning curve in adapting to the non-clinical aspects of their role within long-term care and supportive living settings, such as care coordination, documentation, team leadership, and family communication [2]. Further, roles in long-term care and supportive living require the navigation of emotional and ethical considerations, including end-of-life care and long-term resident relationships, which can be challenging for those new to nursing practice.

Additionally, concerns regarding competency emerged in discussions of nurses with international training or work experience, as they demonstrated increased caution in performing practical skills and sought supervision from nursing managers, educators, or senior nurses to ensure accurate and appropriate skill execution. Yet, it was revealed that the number of newly graduated nurses is lower in comparison to internationally trained nurses, as there is a reluctancy to hire nurses with little long-term care work experience.

Conversations with Alumni and Instructors

Through discussions with former students and instructional staff from the University of Calgary's nursing program, additional insight was gained surrounding the expectations regarding clinical competency in continuing care settings. Alumni consistently emphasized that progression and successful completion of the program require students to demonstrate proficiency in essential clinical skills across simulated and real-world environments. Instructors reinforced this perspective, noting that simulation laboratories serve as critical spaces for developing and assessing foundational competencies prior to applying them in practice with residents or patients. In the continuing care context, instructors underscored that students must apply skills with actual residents, where they are assessed on their ability to deliver safe, effective, and environment-appropriate care. Though the nursing curriculum at the University of

Calgary has been adjusted to meet the needs of an ageing population. The importance in demonstrating skills as quintessential aspect of providing nursing care was shared between alumni of the previous program and instructors on the revised curriculum.

According to both groups, students must show that they can safely and effectively perform these skills, ranging from basic care to complex procedures and assessments, before they are deemed ready to advance their clinical placements or meet program completion requirements.

Regulating Board and Licensure

A review of the standards and qualifications for nursing practice in Alberta indicates that the process for becoming a nurse has remained consistent. According to the College of Registered Nurses of Alberta (CRNA), applicants must complete their nursing program within six weeks of applying or graduating from an approved entry-level registered nursing program in any Canadian province [7]. The requirements for individuals seeking to practice as Licensed Practical Nurses (LPNs) in Alberta are largely comparable to those for RN applicants, particularly regarding criteria established by the College of Licensed Practical Nurses of Alberta (CLPNA).

For nurses trained outside Alberta, both RNs and LPNs, the registration process is also closely aligned. Applicants must submit their applications to their respective regulatory bodies, provide proof of education, demonstrate English language proficiency, and confirm their fitness to practice [7, 8]. Those who do not meet Alberta's standards may be required to complete bridging programs, language assessments, or additional exams. Additionally, applicants must not have previously held an RN permit in another Canadian province, while LPNs must provide verification of registration from all Canadian regulatory bodies where the applicant has been registered as a healthcare provider [7, 8].

Nursing Education Overview

The completion of a nursing program at one of the following academic institutions, as well as the National Council Licensure Examination, allows individuals to become a RN [9].

Table 1: Academic Institutions in Alberta with Nursing Programs Approved by the CRNA

Academic Institution	
Athabasca University	Mount Royal University
Keyano College	Northwestern Polytechnic
Lethbridge College	Red Deer Polytechnic
MacEwan University	University of Alberta
Medicine Hat College	University of Calgary
University of Lethbridge	

Comparatively, the CLPNA has approved practical nurse diploma programs at the following institutions [10]:

Table 2: Academic Institutions in Alberta with Practical Nurse Diploma Programs Approved by the CLPNA

Academic Institution	
ABES College	NorQuest College
Bow Valley College	Northern Lakes College
Keyano College	Northwestern Polytechnic
Lethbridge Polytechnic	Red Deer Polytechnic
Medicine Hat College	

Reviewing the nursing education curriculum revealed no significant changes post-pandemic, although changes at the University of Calgary began in Fall 2024 with the development of a Bachelor of Science in Nursing degree that will succeed the Bachelor of Nursing degree [11]. Curriculum revisions for this change

were initiated in 2019 to ensure program developments would remain responsive to healthcare and professional-practice landscape changes [11]. Updates include an introductory nursing course in the first year of study, as well as emphasis on Indigenous health, leadership skills, and innovation in healthcare [11].

Examination of the University of Calgary and Bow Valley College academic calendars and course curriculums highlighted that programs had various areas of attention such as adults, older adults, and community health. Historically, programs focused only on acute care needs but have started to look towards continuing care settings. Still, exposure to continuing care is shorter for students compared to acute care placements, emphasising a more demanding transition period when newly graduated nurses enter non-acute care settings. Academic calendars for these institutions did not highlight how many field placement hours are to be spent in continuing care settings.

Conclusion

Nursing practice is dynamic and multifaceted, requiring the integration of clinical expertise, critical thinking, ethical judgment, and interpersonal skills. Competency in nursing is shaped not only by foundational education and clinical training, but ongoing professional development, regulatory insight, and practical experience in diverse care settings. Further, increased complexity in older adult health and wellbeing needs has increased care demands on nursing staff. In continuing care environments, navigating both clinical and non-clinical responsibilities is essential for promoting resident safety, quality of life, and holistic care.

Recommendations

Recommendations for BSF nursing practices includes reviewing BSF's general orientation, comprehensive reassessment of yearly competencies, and performance appraisals focused on skills and leadership.

Reviewing BSF's general orientation is crucial to ensure that care standards and expectations are clearly outlined for nursing staff and students. As part of this work, it may be beneficial to reconsider how orientation content

is delivered so that it is more digestible, supportive, and practical for new staff members. An example of this is a blended approach which would involve providing a “classroom” or “learning” session in the morning, followed by a “hands-on” session in the afternoon. This structure would give new staff the opportunity to immediately apply what has been learned, become familiar with BSF sites and standards, and build confidence in an immersive way. As orientation and buddy shifts for new nurses are limited, a strengthened general orientation becomes even more important in helping staff members to develop a thorough understanding of BSF policies and procedures. Further, a revised approach will help educators address learning gaps immediately, adapt to changing regulations, support quality improvement, and promote consistency across the organization.

Similarly, a yearly reassessment of competencies will ensure that nurses maintain the knowledge, skills, and judgement required to provide safe and high-quality care. With new technologies, guidelines, and standards, an annual evaluation will allow educators to address potential educational gaps and enhance professional development opportunities. In addition to scheduled annual assessments, implementing ongoing monitoring throughout the year will further support clinical excellence. Regular check-ins, direct observation, and timely feedback allow educators to identify concerns early and intervene before they impact resident care. This continuous approach ensures that issues can be addressed in real time, reinforces best practices, and promotes a culture of continuous learning and accountability across BSF.

Lastly, performance appraisals evaluate both clinical and leadership abilities, such as communication, coordination, and mentorship, help improve interdisciplinary collaboration, and support newer nursing staff. Appraisals also provide a comprehensive picture of professional development plans, enhancing resident care, and organizational effectiveness. For example, a brief section of the appraisal can be focused on promoting research, innovation, and quality improvement, further fostering collaborations between frontline nursing staff and BSF leadership through the Dr. Barrie Strafford Centre for Learning, Innovation, and Quality (CLIQ). In doing this, nurses can express their interest in becoming involved in CLIQ initiatives and become innovative champions at their sites.

References

[1]. College of Registered Nurses of Alberta. (2023). Entry-level competencies for nurse practioners: December 2023. https://nurses.ab.ca/media/zqpmuj30/8-entry-level-competencies-for-nurse-practitioners.pdf

[2]. Whitmore, C., Baxter, P. E., Kaasalainen, S., & Ploeg, J. (2019). The similarities and differences in transition to practice experiences for new-graduate RNs and practical nurses in long-term care. *The Journal of Nursing Administration, 49*(12), pp. 586-590. DOI:10.1097/NNA.0000000000000820

[3]. Statistics Canada. (2025, April 23). Older adults and population aging statistics. https://www.statcan.gc.ca/en/subjects-start/older_adults_and_population_aging

[4]. Statistics Canada. (2025, March 5). Key findings from the health of Canadians report, 2024. https://www150.statcan.gc.ca/n1/daily-quotidien/250305/dq250305a-eng.htm

[5]. Public Health Agency of Canada. (2020). Aging and chronic diseases: A profile of Canadian seniors. Government of Canada. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html#a1

[6]. John Hopkins Medicine. (n.d.). Polypharmacy in adults 60 and older. https://www.hopkinsmedicine.org/health/wellness-and-prevention/polypharmacy-in-adults-60-and-older

[7]. College of Registered Nurses of Alberta. (n.d.). Permit requirements worksheet: Initial registration (post-secondary graduates). https://app-contentmanagementprod.azurewebsites.net/media/jhilfpby/permit-requirements-worksheet-initial-registration-for-canadian-graduates.pdf

[8]. College of Licensed Practical Nurses of Alberta. (2025, September 29). Declarations and registration requirements. https://www.clpna.com/wp-content/uploads/2023/07/LPN-Declaration-and-Registration-Requirements-Policy-ID-199254.pdf

[9]. College of Registered Nurses of Alberta. (2025, May 07). Approved nursing education programs. https://connect.nurses.ab.ca/home/%2Fregistration-requirements%2Fapproved-nursing-education-programs%2F

[10]. College of Licensed Practical Nurses of Alberta. (2025, August). Practical nurse diploma program approval status. https://www.clpna.com/for-the-public/practical-nurse-education/approved-pn-programs/

[11]. Cook, K. (2023, December 13). UCalgary nursing announces new undergraduate curriculum for Fall 2024. University of Calgary. https://nursing.ucalgary.ca/news/ucalgary-nursing-announces-new-undergraduate-curriculum-fall-2024