

Past Event: 2024 NCSBN Scientific Symposium - Workforce: Exploration of the Licensed Practical Nurse Workforce Video Transcript
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Event

2024 NCSBN Scientific Symposium

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We started with the qualitative to explore the perceptions of LPNs and employers of LPNs about the LPN roles and job functions across all settings. And then in Phase II, it was quantitative. We did a survey of the nursing activities and job satisfaction of LPNs. And then, for LPNs working in nursing home, we did the patient safety culture survey for them.

So for our first Phase I, and this was conducted pre-COVID, in the fall of 2019, we wanted to obtain a comprehensive understanding of LPNs' and LPN employers' perspective of the LPN role. We did 10 in-person focus groups with LPNs.

We made sure to have the focus groups across the state. So we did 10 in-person focus groups in 8 counties, in the North, Central, and Southern regions. And like I said, there were 43 LPN participants, and you see, on this slide, the average age was 46. They were in their position eight and a half years.

And once again, the majority worked in long-term care and in home health and hospice. Regarding the interviews with the employers, we did 17 interviews. Once again, the majority were in long-term and home health.

And we tried hard to have interviews throughout the state. The employers indicated that they hired LPNs full-time, part-time, and per diem positions, and the employers, the number of LPNs they employed ranged from 5 LPNs in a Medicare-certified home health agency and 750 in a private duty home care agency.

And now the themes. This is what I love best about qualitative, because I get to share what the participants said to us. So we had common themes between the LPNs and the employers, and they're listed here. And according to both LPNs and employers, they felt there was uncertainty about the future of LPNs.

They recognize there's going to be a continued demand and need for LPNs in home care and long-term care. And this was reinforced by an LPN who said, "There are so many opportunities in nursing homes and long-term care facilities and even in home care. Because you take on such responsibility, they're always hiring."

However, many LPNs worried about their future and whether they will be needed, and one even said, "We are worried we're going to die out, unfortunately." And both the LPNs and employers really felt that LPNs needed more hands-on experience for the LPN new graduates.

They felt there was a lot of learning on the job. Now, the LPN focus group themes. The primary theme was the LPNs question what they should do, what they can do, and what they will do, and that really illustrates the role confusion that LPNs have in just doing what the facility demands. And an LPN, I think she explained this nicely, and this came because she worked at different facilities, and she said, "The scope of practice, it varies in each facility you work, depends on what you can do and what you can't do."

Another LPN said, "If an admission comes in, I can do a complete assessment, but I need the RN to sign off on that." You do the assessment, but the RN has to sign off. What she's supposed to do is go in and do the assessment. So you see that confusion there.

And another LPN said, "This is the first place that I worked at that the LPN was allowed to do an admission assessment actually. The other place I worked, only the RN could do the assessment. Now, if I did the entire admission, an RN is going to look at the entire packet and sign off on it."

So I think you see that the quotes really illustrate this confusion on what they should do. Another theme was the LPNs felt stuck in their role, and it's really a conundrum for LPNs who believe it's nearly impossible to go back to school, along with being unable to advance in their role. And lastly, the LPNs prayed that they made it through their shift, and this, particularly, came from those working in the long-term care setting.

And an LPN describes this after working evening shift, this is what she explained to us, "I had 34 patients on 3:00 to 11:00 in long-term care, with one over from sub-acute and others that had dementia that really should have been on a locked unit. That used to be my full-time job, and I cried on my way to work every single day because I was so afraid someone was going to die."

And the employer themes, the main theme was RNs and LPNs are pretty much interchangeable, whether working as a staff nurse in long-term care or in the patient's home. An employer said, "The LPNs and RNs are pretty much interchangeable in the field as far as providing skilled care to our clients."

At one organization, they even said, "The orientation program for RNs and LPNs is exactly the same." They have different competency related to wound VAC and PICC line but, otherwise, exactly the same. An employer recognized, "The way our policies are written is they are able to do the same activities as the RN, but the RN is always on duty with them."

Another theme was LPNs make economic cents. And quite frankly, the employers told us that the reimbursement their organization receives makes financial sense to hire LPNs who are paid at a lower rate.

So those were our qualitative findings. And then we went on to Phase II, the quantitative survey. And our qualitative findings help to inform this work. We had hoped to do it sooner than October of 2020, but you know what happened between the fall of 2019 and the fall of 2020.

So we had conducted a descriptive, cross-sectional study and did a Qualtrics survey of the 20,000+ LPNs who had an email listed with the New Jersey Board of Nursing. We created the nursing activities survey based on our findings from the qualitative study, what was published in the literature, and then the National Council of State Boards of Nursing Model Act.

And then that survey ended up with 60 questions. We had two job satisfaction questions and demographic questions, and then, for LPNs working in nursing homes, we used the AHRQ Nursing Home Survey on Patient Safety Culture. So we had 994 LPNs who participated in the survey, and out of those, 804 met the inclusion criteria of working in New Jersey and having an LPN license in New Jersey.

And you see, on this slide, the average age of the LPN was 49, and they had 9 years in their current position. The majority were female and obtained their education in a vo-tech school, worked full-time, and interestingly, 31% had 2 or more positions.

The settings in which the LPNs practice really varied, but once again, the majority were in the long-term care, 41%. And then we did something in both studies in Phase II. We compared our respondents with the New Jersey license renewal survey respondents.

So we looked at our respondents versus the 2019-2020 license renewal to see if there was a statistically significant difference. And there was no statistically significant difference in the demographics of our respondents and those in the New Jersey license renewal survey, which is what we want to find, right?

That's good. All right. So, what were our results? This slide shows the results of the nursing activities survey, and I just want to let you know that according to the New Jersey Board of Nursing, LPNs can perform all the activities on the survey except for independently completing admission assessment, a focused assessment, and formulating care plans.

And our board is silent on supervising unlicensed assistant personnel. So you see the top five things that LPNs do, you're not surprised about that, right? Document patient care, provide basic nursing care, check and monitor vital signs, document observations, and administer medications, not surprising.

And look at supervised unlicensed assistive personnel. That is one of the top activities that they are doing too. And now, regarding assessments, you see, on this slide, the majority of LPNs indicated, 55% indicated they were independently completing a comprehensive admission assessment and independently completing a focused assessment 58% and doing that on a daily, weekly, or monthly basis.

And then 39% were formulating care plans on a daily, weekly, or monthly basis. Regarding job satisfaction, we asked them how satisfied they were with their jobs, and overall, the LPNs were satisfied with their jobs.

But not surprising, those working in nursing homes were less satisfied than those working in other settings. Now, this is the demographics we further surveyed from this study. We looked at LPNs working in nursing homes. And we had 258 LPNs who indicated they worked in a nursing home, and the majority worked in for-profit nursing homes, which the majority of nursing homes in New Jersey are for-profit, so that's not surprising.

And LPNs were a mean age of 48 and worked an average of 10 years in their position. And once again, we looked at the demographics of these respondents and compared it with the New Jersey license renewal survey of those who worked in nursing homes from 2019 to 2020, and we did find a statistically significant difference in age.

Our respondents were older, 48, versus the license renewal was 47. But otherwise, there was no statistically significant difference. And this is the positive responses received in the AHRQ nursing home survey on patient safety culture. The lowest positive responses were in the staffing composite, "Staff have to hurry because they have too much work to do," and the organizational learning composite, "This nursing home lets mistakes happen over and over again."

On a positive note, the highest positive response, agree and strongly agree, were the feedback and communication, "Staff tell someone if they see something that might harm a resident," and "When staff report something that could harm a resident, someone takes care of it." Then we compared our respondents with the 2019 user database, and you can see, on this slide, that the blue is our respondents, that all our responses were lower than the 2019 user database.

But interestingly, the top three positive responses were similar to the user database. The top three positive composites were feedback and communication about incidents, overall perception of resident safety, and supervisor expectations and actions. And the bottom three lowest responses were also similar, communication and openness, nonpunitive response to mistakes, and staffing.

When asked about the safety in their nursing homes, 33% provided an overall rating on resident safety as excellent or very good and only 48% indicated they would advise friends that this was a safe nursing home. And once again, lower than the 2019 user database.

So it's clear from this study that our respondents, some of the LPNs, are functioning beyond their scope of practice, and this is what the administrative code really clearly says in New Jersey. Registered nurses shall not delegate physical, psychological,

for nursing homes, and that can be used as a roadmap for improving the patient safety culture in nursing homes.

So, as Mr. Smiley mentioned, we had published these results in two issues of the "Journal of Nursing Regulation" and the "Journal of Nursing Home Patient Safety Culture." And we continue to work on our recommendations from these studies. We did present our results to the New Jersey Board of Nursing, who is very supportive of this work.

And I also met with our esteemed New Jersey Board of Nursing president, Dr. Barbara Blozen, to discuss these results. We published an article in our New Jersey Nurse to share this information with all the nurses in New Jersey.

We also presented...we're fortunate in New Jersey we have an LPN Forum, which is part of the New Jersey State Nurses Association. So we shared our findings with those members. We also met with the educators who educate the LPNs to share their findings. And I'm sure you're aware, there's a new movement that LPNs are moving now into the acute care settings.

- Yeah, you're exactly right. And then when you think of long-term care, the current regulations in New Jersey, there's, you know, if you have the option of an RN present or on-call, you know, they're going to choose the on-call. So they're really working there alone.

- We have that same legislation in Nova Scotia through our Homes for Special Care Act where they