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

Event
2024 NCSBN Scientific Symposium

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Presenter
Susan Weaver, PhD, RN, CRNI, NEA-BC, Nurse Scientist, New Jersey Collaborating Center for Nursing

- [Dr. Weaver] So I'm going to talk to you about our research on the LPN workforce in New Jersey, and this study was conducted by myself and Dr. Edna Cadmus and Dr. Pam de Cordova. And we are at the New Jersey Collaborating Center for Nursing, and that's the state nursing workforce center in New Jersey.

It was established by legislation in 2002. So grateful for those visionary nurses that got that legislation through. And we celebrated our 20th anniversary in 2022. And also grateful to the NCSBN in supporting this research with the 2019 grant. So, what do we know about the LPN workforce?

We know there are nearly a million LPNs in the country, and they're essential members of the healthcare team. In the U.S., the majority of LPNs are working where? In the long-term care setting and in the home care setting.

So in New Jersey, we gathered data on the LPN workforce from the license renewal survey. In our last survey, we have 23,330 LPNs in New Jersey, and their primary employment setting is long-term care 42%, home health and hospice 20%, and 6% in ambulatory and 6% in hospital setting.

The New Jersey Nurse Practice Act tells us what LPNs can do, and it states clearly, they can perform tasks, reinforce teaching, and provide care under the direction of the RN.

The administrative code stipulates that the RNs shall not delegate assessment of the patient. And at the time we did this study, we didn't have much else information on the LPN workforce in New Jersey.

And you know, the health care is constantly evolving so we thought it was time to look at the LPN role and job functions and better understand what the LPNs were doing in New Jersey. So we conducted this study, and the purpose is outlined here. It was in two phases.

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 composure, "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, and social assessment of the patient...

shall not delegate the formulation of the plan of care and the evaluation of the effectiveness of the plan. And so we're continuing to do work on this.

I'll talk about that in a few minutes, what we've done regarding this. And staffing. It's clear that the patient safety culture and staffing, particularly in nursing homes, needs improvement. And I know many of you saw in the early days of the pandemic, New Jersey nursing homes really made national news, right?

So based on what was going on in New Jersey nursing homes, our governor at the time had made a recommendation for a report to look into the issues of what was going on in nursing homes, and that report really focused on the staffing that was going on in the nursing homes. And the recommendation was through the Manatt report that came out, recommendations in establishing and fostering a culture of safety and quality, including staffing.

And then, subsequent to that report, we did have new staffing ratios that came out for New Jersey nursing homes. It was the first step. You know, what it said was 1 CNA for 8 residents on the day shift, and then, for evenings and nights, RN, LPN, or CNA for every 10 residents on the evening shift and 14 on the night shift.

But it still didn't address what's going on regarding the RNs because the standard in New Jersey was still one RN on the day shift, and then, on evenings and nights, one RN to be there present or on-call. But I guess looking on the good news is that the National Academy of Medicine made a recommendation in their National Imperative to Improve Nursing Home Quality that we should have RNs on all shifts, and I'm sure many of you are aware that CMS came out with the rule in September that supported that, that we should have an RN on-site 24 hours a day in long-term care settings, excluding the director of nursing.

And so that's good that that came out, but I am sure you're also aware that they left out...they did not mention LPNs in that new regulation that CMS put out. So our collaborating center did respond in the open comment period. So we look forward to seeing what's going to happen with that regulation. But anyways, the other thing, the next slide just talks about patient safety culture for nursing homes.

That's something else that needs to be addressed. Nurse leaders should do some education regarding a just culture and work on improving the work environment in the nursing home. And that can be done in many different ways. The American Association of Critical-Care Nurses has healthy work environment standards that can be looked at to implement, and also, the ANCC has Pathway to Excellence Program

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.

So we've been consulting and sharing our findings with those leaders in the acute care settings in New Jersey who are bringing in LPNs into their setting. So this has my contact information, and that's all I have. I try to finish early for you guys so you can get out, but any questions?

- [Woman 1] Thanks so much for your very interesting information. I'm from Nova Scotia, Canada, I'm a regulator there. And so the scope of practice of LPNs is much different than the scope of practice you described, and they work in a much more variety of settings.

So listening to you, I was kind of going back to the presentation that we heard this morning about defining what the problem really is. So when you talked about the LPNs who are not really abiding by the code, so they're doing independent assessments and other things you mentioned, the care plans that they're not able to do, so I wonder, is the solution to more enforce that they're not able to do that through education and support of the registered nurses who are working for them, or is the time right to modernize the code and make changes to enable that with supporting them up through education?

I don't know what the answer to that is, but I think it'd be really interesting to study and also to think about what are the patient outcomes for those clients in which they were working beyond their scope of practice. So, is there evidence to show that there were worse patient outcomes for those clients that they were doing independent care plans for and the assessments?

I don't know if you studied that or if you know the answers to that, but it's very interesting.

- No, but you bring up a lot of good points, you know. And one of our visions was to have listening sessions, bring together leaders of regulation, employers, and educators, and bring everybody together to discuss the next steps, you know.

- Because it seemed to me that being employed in a home health setting, they would be much more independent and not be working with a registered nurse, maybe I don't have the right vision, but it would be less accessible to them. So moving into the hospital, they would, hopefully, have more support on their teams with those registered nurses.

Anyway, super, super interesting. Thank you for sharing.

- 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 have to have a registered nurse. They define it as available, so a lot of homes are taking that to mean that they're at home on-call. And so we've got a lot of LPNs who are working very independently in that setting. So, yeah, thank you.

- Thank you.

- [Woman 2] Hi. Great study, a lot of interesting information. Did the study happen to highlight or explain or talk about the PN scope of practice that calls for them to collect data? So they can't, like, perform an assessment, but they can collect data. I mean, even in terms of the care plan, they can't create a care plan, but they can participate in the development of a care plan.

So I certainly appreciate a lot of your findings in that sometimes scope of practice expands and collapses based on facilities, etc. But I'm wondering, did they understand kind of some of those differences? Does that make sense?

- I think that's what made the qualitative, in my opinion, good because we could ask those questions. And it sounds like they do recognize that they can collect data, but that gets stretched. And they use the term a lot in the focus groups about doing body checks instead of assessments. So it's very gray, a lot of that line there.

But you know, we ask those pointed questions in the survey, "Do you independently complete an admission assessment?" And they...

- Yeah. I think kind of the way I see it is that RN and PN practices almost like a Venn diagram. There are some things that RNs do, some things exclusively PNs do, and then there's somewhere in the middle that there are things that they both, you know, do simultaneously.

- Agree, yes.

- So, very interesting.

- Yes, I agree very much. And it's good to have that illustration when they're working when there's an RN there too, right? I mean, it's very hard. How do you do that when there's no RN in the building? So, more to come. Any other questions? This is a good discussion.

All right, well, thank you very much. Have a good afternoon.