How LPNs Can Be Part of the Solution

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One of the most common questions I am asked is: What is the difference between a registered nurse (RN) and a licensed practical nurse (LPN)? My standard response has been their level of education and the dependence or independence of their practice. It is surprising how many medical professionals do not know the difference in the levels of nurses working with them. To them, a nurse, is a nurse, is a nurse.

Licensed practical nurses (LPNs) use specialized knowledge and skills to provide care for the sick, injured, convalescent, and disabled under the direction of physicians and registered nurses. LPNs are required to pass a licensing examination (NCLEX-PN) after completing a state-approved practical nursing program. Thirty-two of the 33 North Carolina PN education programs are a part of the NC Community College System. The Department of the Army runs the one other PN educational program.

LPN Origin and Practice

LPNs were created amidst another severe nursing shortage during World War II. The NC Nurse Practice Act was amended to regulate the practice of a Licensed Practical Nurse. These nurses were to be taught the basic knowledge of pathophysiology and would be educated primarily in the delivery of hands-on nursing care. This would enable RNs to care for a larger number of patients with the assistance of educated and licensed personnel.

Depending upon location, LPNs work in operating rooms, nurseries, and labor and delivery units. LPNs work on medical/surgical units, cardiac and intensive care units. LPNs work in emergency rooms, ambulatory care clinics, public health and occupational health clinics. LPNs provide care in assisted living facilities and in nursing homes. In fact, LPNs supervise care provided by nursing assistants in most nursing homes.

LPNs take vital signs, treat wounds, give medications, and perform venipuncture. LPNs insert catheters, nasogatric tubes, assist with hygiene, feed patients, record intake and outputs in addition to caring for their patient and their family's emotional needs. In some facilities, LPNs can give intravenous medications, hang blood, or other higher levels of care. LPNs can also assist in developing care plans. In doctor's offices and clinics LPNs perform tasks such as giving immunizations or clerical duties. LPNs also work in private homes, which may include providing simple meals for patients, doing light housekeeping, and teaching the family members to perform simple nursing tasks.

Practical Nurse education prepares LPNs to "assess" patients—just like RNs—and report these assessments to direct supervisors, as do the RNs. The difference is that LPNs are not permitted to perform an intervention without first reporting their findings.

LPN Employment

Over the past 20 years, NC LPNs have seen major changes in the location of their employment opportunities—from being primarily hospital-based to nursing home-based. More LPNs have found employment in community agencies, such as health departments, mental health facilities, hospice and home care.

The US Bureau of Labor Statistics (BLS) predicts a continued decline in LPN positions in hospitals.[1] The BLS also predicts an increase in the use of LPNs in medical offices and clinics, ambulatory surgical centers and emergency medical centers as the occurrence of sophisticated procedures that were only performed in hospitals move to these facilities. Advancing technology will play a major role in the growth of the use of LPNs in these healthcare arenas. LPN employment in nursing homes is also expected to grow, as the need for long-term care expands along with our growing aging population.

Table 1.
LPN Place of Employment in 1982 and 2001

Place of Employment	1982	2001
Hospital	62%	19.5%
Nursing Home	15%	39.5%
Community Agencies	1%	9.5%
Medical Offices	8.4%	18.9%

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Suggestions from LPN leaders

The elected professionals representing LPNs believe the state of North Carolina could help alleviate part of its nursing shortage by allowing LPNs to play an active role in all aspects of nursing. A noted national leader in nursing, Dr. Margaret McClure, RN, EdD, FAAN, President of the American Academy of Nursing, said it best, "Nursing needs people with different skill sets and talents—whether it's an aptitude for technology or interpersonal communications. Everyone can find a place to thrive and be happy and be useful in this broad and challenging field."[2]

The NC LPN Association Executive Board recommended the following to the NC Institute of Medicine Task Force on the NC Nursing Workforce:

1. Ask employers to help LPNs obtain continuing education. If LPNs do not meet employer needs in facilities, employers should help and/or allow LPNs to obtain those courses or certifications needed to meet these needs.
2. Provide LPNs with career ladders. Offering LPNs an opportunity to advance will inspire them to seek further education or certifications. Recognition, money and benefits are attractive incentives.
3. Involve LPNs and the rest of the staff in developing more flexible and amiable work schedules to help meet their personal needs. This could help decrease the number of "call outs" and the scramble for last minute replacements.
4. Challenge LPNs to improve. LPNs have untapped potential to succeed. Challenge them to do so.
5. Respect LPNs. LPNs would like to feel respected and recognized for the critical role they play in healthcare.

The Task Force Report aptly stated that:

> "For adults, with or without family commitments, wishing to enter the nursing workforce, the PNE program is an efficient way of doing so. It assures access into the nursing profession for nontraditional, high school and adult students who do not have more than 12 months to invest in educational pursuits because they must support a family. LPNs have limited opportunity with regard to career ladders and educational programs that allow them to advance their nursing careers. Considering the need for nurses at the bedside, program length and accessibility, the PN education may be one of the more cost-effective ways to increase direct care nursing workforce numbers."

The Task Force also made recommendations in Chapters 3 and 4 that address some of the NC LPN Association requests. The Task Force recommended that community colleges expand the production of prelicensure PNs (Rec. # 3.1d); hospitals and other nursing employers consider tuition remission programs to encourage their nursing employees to pursue LPN-RN, RN-BSN, MSN or PhD degrees (Rec. # 3.27); and healthcare employers improve the work environment (e.g., by involving nurses in policy making and governance decisions and providing opportunities for advancement) (Rec. 4.1a-j).

We feel this is a first step toward using LPNs as part of the solution to the predicted nursing workforce shortage. Again, as Dr. McClure said, there is a place for everyone in healthcare and nursing. My hope is that this Task Force report helps us to find the means to that end and to make healthcare safe and available for the citizens in North Carolina. **NCMJ**

REFERENCES

1. Bureau of Labor Statistics, LPNS Department of Labor, *Occupational Outlook Handbook, 2004-05 Edition*, Licensed Practical and Licensed Vocational Nurses, on the Internet at http://www.bls.gov/oco/ocos102.htm (visited April 01, 2004).
2. Margaret McClure Keynote Address. North Carolina Institute of Medicine Task Force Meeting on the NC Nurse Workforce. February 12, 2003.