

HRSA Report: Supply, Demand, and Use of Licensed Practical Nurses (November 2004)
Summary Provided by the Florida Center for Nursing (August, 2005)
Full report available at: <ftp://ftp.hrsa.gov/bhpr/nationalcenter/lpn.pdf>

Introduction

The objective of this report was to inform health care personnel, policy makers, and the public about the demand, supply, utilization, and scope of practice of Licensed Practical Nurses (LPNs) in the United States. Special consideration was given to educational issues, career mobility, geographic distribution, and the ability of LPNs to substitute for registered nurses.

Recommendations

Based on the finding in this report, the following recommendations were made by the Center for Health Workforce Distribution Studies:

1. The LPN could be used to augment the workforce during RN shortages although the role of the LPN is limited by their scope of practice.
2. Employers should work to create teams, of RNs and LPNs to share workload appropriately in both long-term and acute care settings.
3. Boards of Nursing must ensure that healthcare personnel have a common and accurate understanding of the LPNs scope of practice.
4. State Boards of Nursing should work toward standardization of LPN training, both at the basic education preparation level and beyond.
5. Nurse educators need to facilitate articulation between LPN and RN license requirements.
6. Based on data related to gender, age, marital status, and ethnicity, it appears that LPNs and RNs come from essentially the same pool of potential workers.
7. Employers should examine how the work of licensed nurses could be allocated safely and reasonably, so that RNs are not overwhelmed and LPNs can practice to their full scope of practice. Although LPNs cannot directly substitute for RNs, many tasks traditionally completed by RNs can be accomplished by LPNs with appropriate training.
8. Employers should consider providing additional compensation to LPNs who complete additional training and obtain certifications beyond the basic LPN license, to provide LPNs with incentives to continue their education.
9. The Bureau of Health Professions and State Boards of Nursing should strive to educate the public about the LPN profession, both to give recognition to practicing LPNs and to encourage more people to pursue a career in practical nursing.
10. The Bureau of the Health Professions, National Council of State Boards of Nursing, or individual State Boards of Nursing should create a national database to track both LPNs and RNs to have accurate data for prediction of nurse and healthcare workforce needs.

Key Points

- It is difficult to categorize the work of LPNs in the US because there is substantial variation in the practice acts and scope of practice in various states.
- In general the scope of practice of LPNs is more limited than that of RNs.
- In 1998, LPNs accounted for 39% of licensed nurses in hospitals and 46% of licensed nurses in long-term care settings (Bureau of Labor Statistics, 2000).
- During the 1990s employment of LPNs shifted away from the acute care setting toward long term care (Buerhaus, 1996) The movement of LPNs out of the hospital created substantial re-training and orientation of vocational/practical nurses who are brought back into the acute care setting (Barber, Bland, Langdon, & Michael, 2000).

- Reported annual turnover rates for LPNs in nursing homes range from 32% to 61%. (Decker, Dollard, & Kraditor, 2001)
- Poor wages, mandatory overtime, and physically demanding work are thought to contribute to higher turnover rates (Decker, et al., 2001)
- Literature generally focuses on the importance of RN staffing in improving quality of care, and the evidence is difficult to apply to the LPN workforce.
- The education and training of LPNs vary widely across states.
- A number of barriers, including access to courses, funding, and variation in requirements, prevent LPNs from progressing efficiently up the career ladder.
- State boards of nursing regulate the practice of LPNs. Most States have a single board that oversees RNs and LPNs. The boards are responsible for developing scope of practice regulations and issuing licenses.
- There are similarities in the nursing practice acts across states, but variation in how the states express the details of the work of LPNs.
- LPN educational requirements vary across States although most states license LPNs that have been licensed in other states without further requirement.
- Hospital leaders vary in their willingness to employ LPNs.

Similarities and differences between LPNs and RNs

Data from the Bureau of Labor Statistics Current Population Survey was compared to registered nurses (RN s) from 1984-2001.

Similarities:

- Both workforces are aging, with LPNs being slightly older than RNs on average;
- On average RNs and LPNs work between 36-38 hours per week;
- The hourly pay rate of RNs and LPNs increased 19% between 1984 and 2001.
- The RN workforce is larger than the LPN workforce, but the actual size of the LPN workforce is unclear because the available data are conflicting;
- Compared to RNs, more LPNs live in the South
- Fewer LPNs are foreign-born
- RNs work in hospitals in greater proportion than LPNs

The LPN Workforce

- There were 596,355 licensed practical nurses in 2000. (U.S. Bureau of the Census, 2000) Since a person can have an LPN license in more than one state, using the number of active licenses as a measure of supply most likely overstates the number of LPNs.
- The largest minority group of LPNs is blacks, comprising 26% of the workforce in 2001. Blacks are overrepresented in the LPN workforce relative to the total US population.
- LPNs are slightly older than RNs on average
- In 2001, 94% of LPNs had been born in the US.
- LPNs mean hourly pay rate (2001) \$555 per week.

Distirbution of LPNs by Work Setting

- Hospitals 32.1%
- Nursing & Personal Care Facilities 32.4%
- Offices and Clinics of Physicians 12.4%

In Florida:

- In 2000 total number of active licenses was 51,899
- In 2000 it is estimated that 37,675 people were in the LPN occupation.
- Estimated number of LPNs per 100,000 population 234.8; state ranks 20th
- Estimated number of RNs per 100,000 population 801.4; state ranks 32nd.

Scope of Practice and Practice Acts

- California, Georgia, Louisiana, and West Virginia are the only states that have separate governing boards for RN and LPN practice.
- Most boards allow for expanded practice with additional education. The most common areas for expanded practice relate to: intravenous infusions, intravenous medications, hemodialysis, and supervision of other staff.
- In Florida LPNs can administer IV medications.
- Typical paths to licensure are: examination, endorsement, and temporary licensing.
- California allows application for the licensing examination in five ways: 1) after completion of an approved in-state program, 2) after completion of an approved out-of-state program, 3) with equivalent experience (such as having worked as a nurse aide and taking a pharmacy course), 4) with experience as a military corpsman, and 5) after the first year of an RN program.
- Because of examination standardization, most states now approve endorsement of currently licensed practical nurses from other states.
- States have elected to explicate the work of practical nurses in a variety of ways. Some such as Louisiana, Montana, Maine, and Nevada have detailed lists of tasks that practical nurses can and cannot do. Other states such as Georgia, Alaska, Kentucky, and Oklahoma have decision trees that are to be used to decide on appropriate tasks that can be done.
- Practical nurses and nurse assistants are permitted to “collect data” rather than assess patients; however, the boundary between data collection and assessment is difficult to define.
- There are similarities in the practice acts across states but variation in how the states express the details of the work of practical nurses.
- The scope of practice of LPNs affects demand for them. Restrictive scopes of practice have a significant, negative effect on hospital demand for LPNs. The restrictiveness of the scope of practice has a negative effect on demand by long-term care facilities.
- Although most of the LPNs expressed a desire or an intention to return to school to get the RN license few were actually enrolled in RN programs. Barriers such as time, a need to have a salary, challenges in getting into courses, and family issues were among those that kept LPNs from pursuing further education.
- In some locations, LPNs in long-term care facilities have salaries that are at or near hospital RN salaries. These LPNs tend to be less interested in pursuing an RN license.
- In locations with a substantial gap in salary between RNs and LPNs there was more interest in moving from LPN to RN.
- In several focus group locations, long-term care facilities paid LPNs more money than acute care hospitals.
- There is a perception that LPNs are treated with less respect in acute care hospitals and that the work is more technical and less interesting.

- Although all key informants and focus group members stated flatly that LPNs could not directly substitute for RNs, most acknowledge that much of the work that RNs perform could be performed by LPNs.
- It is very clear that long-term care institutions in the US could not function without LPNs.

Education of LPNs

- Curriculum requirements vary in specificity, as do the scopes of practice. In Arkansas specific content needs to be taught in theory and clinical courses. California and Delaware have detailed faculty qualifications. Arizona and Missouri specify the NCLEX pass rate required in order for the program to remain in good standing with the Board.
- The greatest degree of variation in LPN education is in the required length of the educational programs. North Dakota has an associate of science degree for practical nursing that requires 2 or more years of study.
- States with more restrictive and specific scopes of LPN practice demand fewer LPNs. Restrictive scopes of practice have a significant, negative effect on hospital and long-term care facility demand for LPNs.
- Financial needs and lack of educational preparation were cited as the primary barriers to students completing LPN programs.
- The number of first time US educated graduates who are taking the NCLEX-PN has dropped, but the percentage of those passing the examination has remained relatively consistent.

The Supply of LPNs

- LPNs do not exist in most other countries.
- Some RNs educated in other nations do not pass the NCLEX, and subsequently take the LPN examination.
- All nursing board directors stated very specifically that LPNs could not substitute for RNs in their state. Each saw the role of LPNs as very different from RNs and did not think that the roles overlapped.