NLN VISIONSERIES
TRANSFORMING NURSING EDUCATION LEADING THE CALL TO REFORM

A Vision for Recognition of the Role of Licensed Practical/Vocational Nurses in Advancing the Nation's Health

A Living Document from the National League for Nursing
NLN Board of Governors, September 2014

Mission

Promote excellence in nursing education to build a strong and diverse nursing workforce to advance health of the nation and the global community.

Core Values

Caring, Integrity, Diversity, and Excellence

INTRODUCTION

The National League for Nursing fully supports the critical role of licensed practical/vocational nurses (LPN/LVN) in providing quality patient-centered, evidenced-based care to vulnerable groups across the health care continuum. Because the focus of the nursing profession in recent years has been on RN and APRN practice (NLN, 2011); advancing the education of entry-level nurses to the BSN and higher (IOM, 2011); and increasing the number of doctorally prepared nurses (IOM, 2011; NLN 2013), the LPN/LVN workforce has not been strategically addressed for the 21st-century transformed health care system. This lack of focus not only affects the quality and safety of patient outcomes,, it may lead to an unintended consequence: a significant void in the health care provider continuum, particularly among older adults and other population clusters that need long-term, community-based chronic care.

The NLN implements its mission to promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community, guided by four dynamic and integrated core values that permeate the organization and are reflected in its work: caring, integrity, diversity, and excellence. These values call for the NLN to respect the dignity and moral wholeness of every person; to value differences among people,, ideas, values, and ethnicities; and to implement transformative strategies to advance excellence and innovation in nursing education. Central to these core beliefs is the commitment to co-create collaborative partnerships between education and practice so that curricula in nursing programs is fully informed by emerging practice demands.

In this context, the NLN calls for the nursing community to explore and implement a timely and inclusive way to support and work with our LPN/LVN colleagues. While not professional registered nurses, LPNs/LVNs are licensed professionals who share with the entire nursing community a commitment to providing safe, quality, cost-effective care and whose practice behavior is grounded in those shared values. We must ensure that *all* nurses, who touch patients daily in varied health care settings, are acknowledged as essential partners to meet the varied needs of today's complex health care system. To accomplish this mandate, it is

critical to identify the LPN/LVN's current and future role, along with the educational and developmental needs of practical nursing graduates.

BACKGROUND AND SIGNIFICANCE

Trends Influencing Demand and Practice Requirements

Significant changes are influencing LPN/LVN employment and care delivery demands. The Bureau of Labor Statistics (2012) reported that employment of LPN/LVNs is expected to grow 22 percent by 2020, faster than the average for all occupations. At the same time, LPN/LVN workforce employment trends have shifted from an acute care focus to long-term care and community-based settings (HRSA, 2013). The National Council of State Boards (NCSBN) reported (2013) that the majority of newly licensed PN graduates work in long-term care facilities (54.2 percent) or community-based or ambulatory care facilities (25.2 percent). Only 12.1 percent work in hospitals. When compared to results from the earlier 2009 NCSBN survey, a fewer newly licensed LPN/LVNs were working in long-term care and hospital settings and more were practicing in community-based settings (i.e., rehabilitation, assisted living, home care, urgent care, sub-acute centers).

Additionally, the demographics of aging continue to change in the United States accelerated by the aging of the Baby Boomers who will represent 20 percent of the total US population (Federal Interagency Forum on Aging Related Statistics, 2012) will place increasing demands on the US health care system in settings outside of acute care due to their considerable chronic disease burden. This trend is intensified with the adoption of the Affordable Care Act (ACA) and the shift to greater access to care and implementation of prevention and health maintenance goals in community-based health care environments.

Nursing Home Care

The LPN/LVN workforce plays a significant role in meeting the needs of older adults and other vulnerable groups in multiple health care settings. Nursing home care will continue to be critical for this population. By 2020, an estimated 12 million older Americans will need long-term care (Medicare, 2009). To provide care for these individuals, the demand for health care workers is projected to increase (BLS, 2012). Currently, 70 percent of licensed care in nursing homes is provided by the LPN/LVN workforce (Corazzini, Anderson, Mueller, McConnell, Landerman, Thorpe, Shorti, 2011). Based on these facts, there is a compelling, urgent need for a stable, educationally well-prepared LPN/LVN nursing staff, in long-term and chronic care settings.

Care for Vulnerable Populations in Community Settings

Though the populations served in community settings are primarily older adults, LPN/LVN graduates in the 2013 survey also reported working with ventilator-dependent children at home; working in prisons with mentally ill, co-dependent patients; and families in urgent care. Newly licensed LPN/LVN graduates (49.7 percent) also reported caring for patients with predictable chronic conditions in both LTC and community settings (NCSBN, 2013). Additionally, new graduates identified care situations with patients with behavioral/emotional conditions (36.7 percent) and patients at the end of life (30.6 percent). These specialized

populations have not consistently been addressed in the LPN/LVN curriculum, including access to clinical settings for adequate preparation in caring for these groups.

Scope of Practice Variability

State nurse practice acts regulate the type of care LPN/LVNs are licensed to provide and how RNs may direct LPN/LVN practice. They vary considerably about how LPN/LVNs contribute to nursing assessment, care planning, delegation and supervision. Research has provided data to illustrate the differences and variability of role definition (Corazzini, Anderson, Mueller, Thorpe and McConnell, 2013). For example, 14 percent of state nurse practice acts described LPN/LVNs as conducting focused assessments and over one half (53 percent) described LPN/LVNs as collecting data. Fourteen percent distinguished LPN/LVN scope from RN scope by stating that LPN/LVNs cannot conduct comprehensive assessments (Corazzini, Anderson, Mueller, Thorpe and McConnell, 2013). This same variability exists for care planning.

The NCSBN study also revealed that LPN/LVNs working in LTC facilities (2010) were six times more likely to have administrative responsibilities than if they worked in a hospital (65.8 percent versus 11.7 percent). In the 2013 (NCSBN) study, the majority of newly licensed LPN/LVNs reported having administrative responsibilities within their nursing position (43.4%). As the practical nursing workforce data continue to trend into community settings, where RNs and other health care providers are not on-site to delegate and supervise directly, these data illustrate the growing disconnect between scope of practice standards and the reality of practice and therein the lack of educational preparedness.

LPN/LVN Workforce Diversity

The diversity of practical/vocational nurses is significant, especially compared to their RN colleagues. Currently, approximately one-quarter (23.6 percent) of the LPN/LVN workforce is African American as compared to 9.9 percent of the RN workforce (HRSA, 2013). The number of Hispanic/Latino nurses in the LPN/LVN workforce is almost double that of the RN workforce (7.5 percent vs. 4.8 percent). The reverse is true for nurses from Asian backgrounds (3.6 percent vs. 8.3 percent). About 40 percent of newly licensed LPN/LVNs in 2012 were from minority backgrounds (African-American 21.2 percent, Latino 7.6 percent, Asian 5.4 percent, and other 1.5 percent).

Clearly PN graduates are the nursing profession's most important pipeline to building a diverse nursing workforce. But historical barriers within nursing education have created gaps in educational mobility that must be addressed if academic progression for graduates from minority backgrounds is fully achieved (Bensimon , 2005; Schwartz & Leibold, 2014). As the profession moves toward the creation of more stream-lined and efficient progression models and promotes the opportunity for all nursing graduates to reach the fullest extent of their education, it is imperative to address challenges related to finances, support structures, and role development. The LPN/LVN workforce plays a vital role in the delivery of culturally sensitive health care in a wide range of settings to vulnerable populations. Limitations to this workforce and to their opportunities for academic progression would jeopardize both culturally sensitive care delivery and their access to RN and advanced practice roles.

IOM Reports

The 2008 *Retooling for an Aging America: Building the Health Care Workforce* calls for fundamental workforce reform to care effectively for older adults. The report advocates for increasing the skill set and the size of the workforce in order to care effectively and efficiently for older adults with diverse needs.

The Future of Nursing: Leading Change, Advancing Health (2011), funded by the Robert Wood Johnson Foundation, calls for increased integration of gerontology and community-based care in pre-licensure curricula. Currently, pre-licensure nursing curricula "are not providing enough nurses with the required competencies in such areas as geriatrics and culturally relevant care to meet the changing health needs of the U.S. population" (IOM, 2010, 4-23). Additionally the report clearly articulates the need for a more educated nursing workforce through the development of an improved education system that promotes seamless academic progression.

THE NLN RESPONSE

The NLN has long held that a variety of entry points for both pre-licensure and post-licensure programs (NLN, 2007, 2010, 2011; Tri-Council 2010) is essential to achieve fulfillment of the patient-centered, community-responsive vision that a reformed health care system can offer. Development of innovative pathways for PN graduates to achieve baccalaureate and advanced practice degrees is essential as the LPN/LVN workforce assumes more varied roles in community-based settings with vulnerable populations.

To assist PN educators to prepare the LPN/LVN workforce for current practice and to promote academic progression, the NLN engaged education and practice experts with a wide range of practical nursing experience. These experts helped the NLN develop guidelines for practical nursing national faculty to support learning in new clinical settings that align with workforce practice. The intent of the guidelines is not to add to the PN curricula or to increase educational requirements for LPN/LVN practice. Rather the goal is to assist faculty to plan curricula that:

> ➢ account for emerging evidence-based practice
> ➢ can be accomplished in settings that align with current workforce trends in a wide variety of acute, long-term care and community settings
> ➢ lay the foundation for academic advancement
> ➢ support LPN/LVN role transition to professional practice.

Based on the NLN Education Competencies Model (2010), the guidelines describe the four program outcomes of human flourishing, nursing judgment, spirit of inquiry, and professional identity as a foundation for curriculum redesign. The framework uses the six integrating concepts in the NLN model (2010) as a basis for design of competencies, course outcomes, and learning activities: safety, quality, relationship-centered care, teamwork/collaboration, systems-based care, and personal/professional development. The concept of relationship-centered care is used rather than the more widely used "patient-centered care" in order to convey the belief that nursing practice includes relationships with patients, their families, and communities, as well as other health care providers. This broader definition does not diminish the intent of patient-centered, quality care, as defined by the IOM and other national regulatory organizations.

CONCLUSION

While the US moves toward the redesigning of both nursing education and clinical practice, the National League for Nursing has made a commitment to support those nurses meeting the specialized needs of vulnerable populations in a wide variety of emerging care delivery models. Consistent with this belief, the NLN acknowledges the vital role that the LPN/LVN workforce plays in providing safe, quality, and cost-effective care in a shifting health care environment.

It is imperative that PN graduates be educated for safe practice in settings consistent with current workforce demands and that pathways to academic progression to BSN and advanced practice roles are developed and promoted nationally. In this way, LPN/LVN graduates will take their rightful place alongside their nursing colleagues, and with other members of the health care team.

RECOMMENDATIONS

For the Nursing Education Community

- ➢ Facilitate discussions among faculty, students, practice partners, and other stakeholders about the essential role of the LPN/LVN workforce to meet emerging health care needs in a reformed health care system.
- ➢ Collaborate with practice colleagues to design creative practice partnerships to assure that PN students have the opportunity to practice in current and future acute and chronic health care environments.
- ➢ Conduct research studies that investigate the link between advanced education and quality and safety in health care settings that serve vulnerable populations.

For PN Administrators and Faculty

- ➢ Design curricula, teaching strategies, clinical practice opportunities, and evaluation methods that align with the NLN Competency Model (2010) program outcomes and current workforce trends.
- ➢ Develop program outcomes and course/unit objectives that are congruent with the outcomes of the NLN Competency Model (2010) and reflect the uniqueness of school and local health care trends. Create partnerships with practice colleagues in a wide variety of practice settings to establish clinical practice opportunities that align with current LPN/LVN workforce data.
- ➢ Advocate for a shift from merit-based admission funding to need-based tuition and provision of academic supports (i.e., mentoring, language assistance) for PN students and graduates.
- ➢ Contribute to the NLN Annual Survey, reporting on faculty and student data to assure the completeness of information relative to PN nursing education and the LPN/LVN workforce.

For the National League for Nursing

- ➢ Collaborate with key stakeholders in practice, education, and regulation to promote the role of the LPN/LVN workforce to meet essential needs of vulnerable populations in a wide variety of health care settings. Explore ways to best align licensure processes with current LPN/LVN workforce employment trends.
- ➢ Provide faculty development opportunities for PN educators that are designed to help faculty reframe curricula to align with current workforce trends.
- ➢ Co-create partnerships with colleagues in education and practice to advocate for innovative academic progression models for LPN/LVN graduates. Encourage interested LPN/LVNs to move directly to BSN degrees.
- ➢ Advocate for funding (federal and private) to support PN graduates in pursuing advanced degrees (i.e., tuition support, flexibility in scheduling, incentives for educational advancement) (Haverkamp & Ball, 2013; Schwarz & Leibold, 2014).
- ➢ Champion multi-site, pedagogical research designed to evaluate innovative approaches to curriculum design and clinical learning in PN programs.
- ➢ Work with the nursing community to shift our view of the LPN/LVN to a valued partner in the 21st century health care system.

REFERENCES

Bensimon, E. M. (2005). *Equality as a Fact, Equality as a Result: A Matter of Institutional Accountability.* Washington, DC.: American Council on Education.

Bureau of Labor Statistics U.S. Department of Labor (2012). *Current Population Survey*. Retrieved from http://www.bls.gov/cps/occupation_age.htm

Corazzini, K.N., Anderson, R. A., Mueller, C., McConnell, E. S., Landerman, L. R., Thorpe, J. M., Short, N. M. (2011). Regulation of LPN scope of practice in long-term care. *Journal of Nursing Regulation*, 2(2), 30-36.

Corazzini, K. N., Anderson, R. A., Mueller, C., Thorpe, J. M., McConnell, E. S. (2013). Licensed practical nurse scope of practice and quality of nursing home care*. Nursing Research*, 62 (5), 315-24.

Health Resources and Service Administration, Bureau of Health Professions (HRSA). (2013). *The US Nursing Workforce: Trends in Supply and Education*. Retrieved from http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursingworkforce/

Bureau of Labor Statistics U.S. Department of Labor. (2012). *Occupational Outlook Handbook, 2012-13 Edition, Licensed Practical and Licensed Vocational Nurses*. Retrieved from http://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed vocational-nurses.htm

Federal Interagency Forum on Aging-Related Statistics (2012). *Older Americans 2012: Key Indicators of Well-Being*. Washington, DC: US Government Printing Office.

Haverkamp, J. J. & Ball, K. (2013). BSN in 10: What is your opinion? *AORN Journal*, 98(2), 144-152.

Institute of Medicine. (2008). *Retooling for an Aging America: Building the Health Care Workforce.* Washington, DC: Author.

Institute of Medicine. (2011). *The Future of Nursing, Leading Change, Advancing Health* Washington, DC: Author.

National League for Nursing. (2007). *Academic/Professional Progression in Nursing* [Reflection and Dialogue]. Retrieved from www.nln.org/aboutnln/reflection_dialogue/refl_dial_2.htm

National League for Nursing. (2010). *Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing.* New York: Author.

National Council of State Boards of Nursing. (2010). *2009 LPN/VN Practice Analysis: Linking the NCLEX-PN Examination to Practice.* Retrieved from https://www.ncsbn.org/10_LPN_VN_PracticeAnalysis_Vol44_web.pdf

National Council of State Boards of Nursing. (2013). *2012 LPN/VN Practice Analysis: Linking the NCLEX-PN Examination to Practice.* Retrieved from https://www.ncsbn.org/13_LPN_Practice_Analysis_Vol58_updated.pdf

National League for Nursing. (2010). *Master's education in nursing*, [NLN Vision Series]. Retrieved from www.nln.org/aboutnln/reflection_dialogue/refl_dial_6.htm

National League for Nursing. (2011). *Academic progression for nursing education*. [NLN Vision Series] Retrieved from www.nln.org/aboutnln/livingdocuments/pdf/nlnvision_1.pdf

National League for Nursing. (2013). A Vision for Doctoral preparation of Nurse Faculty. [NLN Vision Series] Retrieved from http://www.nln.org/aboutnln/livingdocuments/pdf/nlnvision_6.pdf

Schwartz, L.M. & Leibold, N. (2014). Perceived facilitators and barriers to baccalaureate degree completion for registered nurses with an associate's degree. *Journal of Continuing Education in Nursing* 45(4), 171-181.

Tri-Council for Nursing. (2010). Educational Advancement of Registered Nurses: A Consensus Position. Retrieved from www.nln.org/newsreleases/tri-council.pdf

U.S. Census Bureau (2010). The Older Population: 2010 Retrieved from http://2010.census.gov/2010census/