

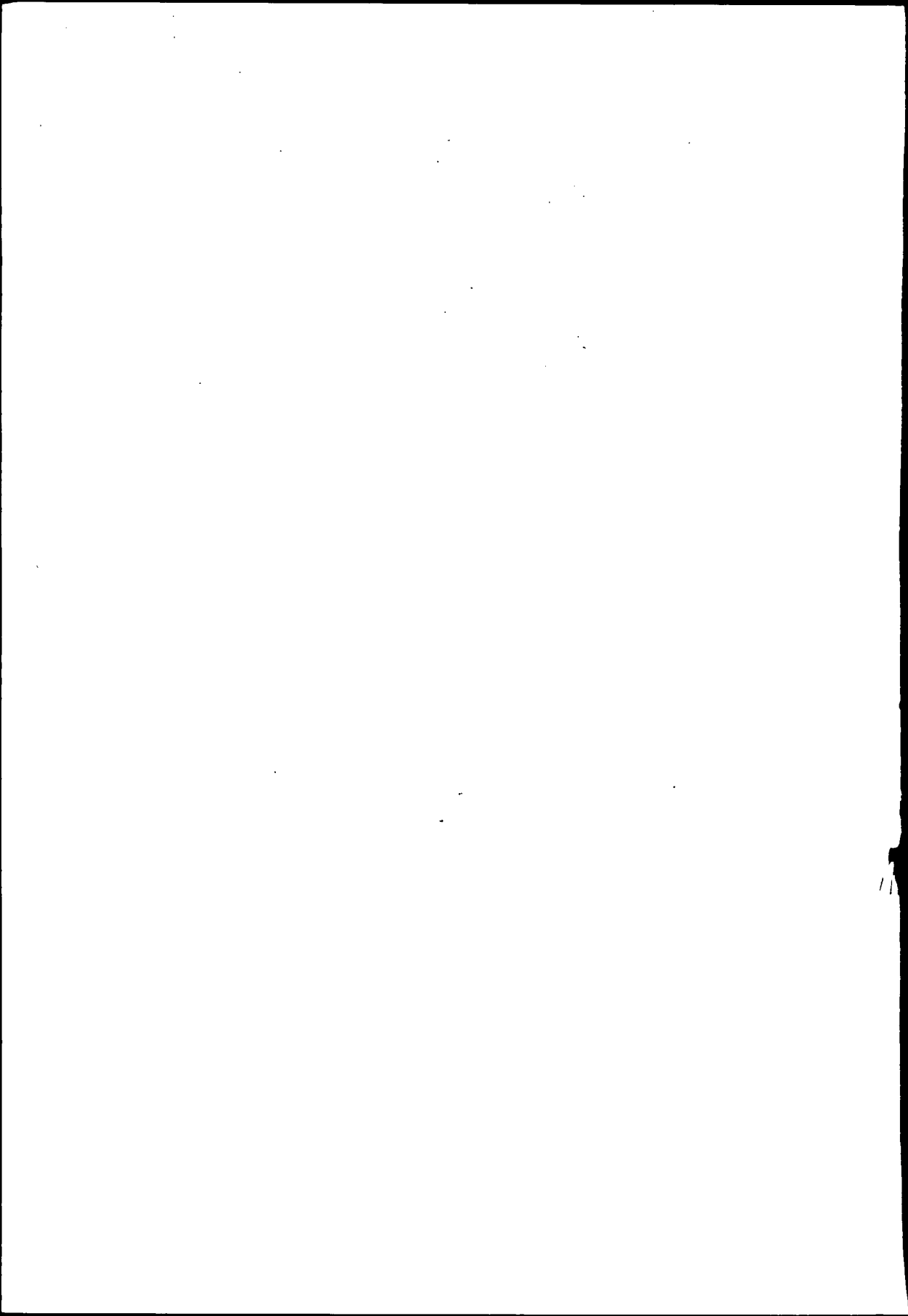
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REPORT OF THE
GOVERNOR'S TASK FORCE ON
LICENSED PRACTICAL NURSING
IN MARYLAND



JUNE 1985





HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401-1991

MARILYN GOLDWATER
SIXTEENTH LEGISLATIVE DISTRICT
MONTGOMERY COUNTY

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April 30, 1985

The Honorable Harry Hughes
Governor of Maryland
Executive Department
Annapolis, Maryland 21401

Dear Governor Hughes:

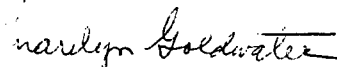
I am pleased to forward to you the Report of the Governor's Task Force on Licensed Practical Nursing.

The Task Force members have worked diligently in preparation of this report. The recommendations were developed with an awareness of the complexity and rapidly changing nature of the health care delivery system and the role of the LPN in that system. It has been the Task Force's goal in their recommendations to assure that the LPN will be a valuable and effective member of the health care team.

After reviewing the Task Force Report you may have questions about its findings or recommendations. I would be happy to meet with you at any time to clarify any concerns you might have.

Thank you for your continued support of efforts to address health care issues in the State of Maryland.

Sincerely,


Marilyn Goldwater
Chairman, LPN Task Force

Attachment

REPORT OF THE
GOVERNOR'S TASK FORCE ON
LICENSED PRACTICAL NURSING
IN MARYLAND

JUNE 1985

STATE OF MARYLAND
GOVERNOR'S TASK FORCE
ON
LICENSED PRACTICAL NURSING

TASK FORCE MEMBERS

The Honorable Marilyn Goldwater, RN, Chairman
Maryland House of Delegates

The Honorable Paula C. Hollinger, RN
Maryland House of Delegates

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Health Facilities Association of Maryland

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Council of Nursing Service Administrators

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Ethel Mae Jones, LPN
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Dorothy N. McAdams
Maryland Practical Nurse Educators Group

Bernard T. Devaney
Maryland State Board for Higher Education

* Partial Term

TASK FORCE MEMBERS (CON'T)

The Honorable Verda Welcome
Public Member (former State Senator)

Bertha Boyd, LPN
Maryland Licensed Practical Nurse Association

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Maryland Licensed Practical Nurse Association

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University of Maryland School of Nursing

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* Partial Term.

STATE OF MARYLAND
GOVERNOR'S TASK FORCE
ON
LICENSED PRACTICAL NURSING

TASK FORCE STAFF

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(Courtesy of the Maryland State Board for Higher
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BACKGROUND

HISTORY OF LICENSED PRACTICAL NURSING

Licensed practical nursing is a distinctly 20th century occupation, flourishing in the years during and immediately following World War I. Until that time only registered nurses were recognized as professional nurses, although many people assisted with nursing care in hospitals, infirmaries, and physicians' offices. Maryland began compiling a registry of nurses in 1907 and enacted legislation to license practical nurses in 1922.^{1,2}

"Practical" or "vocational" nurses have their roots in the health aides during the World War I years when they were established as a volunteer, auxiliary work force at a time when registered nurses were in short supply. Gradually these auxiliary members of the nursing team became an integral part of the nation's health care system and by 1940 there were 190,000 salaried workers nationwide, organizing themselves, going through formal education programs, and pushing for some recognized legal status as a distinct health care occupation.³

The emergence of practical nursing was encouraged by Lucille Brown,⁴ a registered nurse who recommended a team concept for nursing, with professional registered nurses in specialized, supervisory, and community health roles assisted by practical nurses to perform less specialized tasks. This view was echoed by economist Eli Ginzberg,⁵ who envisioned LPNs as a less costly labor pool, freeing RNs to perform the more specialized tasks for

which they as better educated -- and better paid -- personnel were prepared.

In 1941 the National Association of Practical Nursing Education (NAPNE) was formed as an effort to improve the education of practical nurses throughout the country. In 1949 a number of state practical nursing associations formed the National Federation of Licensed Practical Nurses (NFLPN).⁶ By 1950, 29 states plus Hawaii and Puerto Rico had licensure statutes for practical nursing and there were 30,000 practical nurses nationwide with state LPN licenses.⁷ By this time there were also over 100 LPN programs.

Following the licensure laws and accreditation of LPN schools and programs, the number of LPNs increased dramatically in the early 1950s. By 1954 there were 125,000 LPNs in the United States.⁹ The number of LPNs continued to climb rapidly until the 1960s when associate degree nursing programs became more popular.

PROFILE OF LICENSED PRACTICAL NURSES IN MARYLAND

According to the State Board of Examiners of Nurses there were 9,642 LPNs in Maryland in the 1982-1983 biennium. Licensed practical nurses comprise between twenty and twenty-five percent of Maryland's total nursing personnel. Close to half of Maryland's LPNs are employed in hospitals and 18% are employed in nursing homes. The rest are variously employed as private duty nurses in physicians' offices, industry, and public health agencies.

Distribution of Maryland LPN's by County

<u>County</u>	<u>Population*</u>	<u>LPNs</u>	<u>RNs</u>	<u>Hospital Beds**</u>	<u>Nursing Home Beds***</u>
Unknown		1,953	8,108		
Allegany	79,601	222	814	703	
Anne Arundel	389,674	460	1,277	621	1,219
Baltimore City	760,770	2,123	7,940	6,652	4,946
Baltimore County	661,905	851	3,691	1,573	5,251
Calvert	37,642	44	172	111	148
Caroline	23,773	19	49	-	196
Carroll	102,398	378	457	158	603
Cecil	62,126	149	345	169	292
Charles	77,977	44	200	116	240
Dorchester	30,724	186	173	135	212
Frederick	122,455	106	523	245	550
Garrett	27,581	43	77	76	336
Harford	151,551	184	586	493	390
Howard	131,124	55	434	173	273
Kent	16,710	71	103	86	74
Montgomery	588,876	489	3,980	1,587	3,646
Prince George's	669,405	537	2,266	1,460	2,375
Queen Anne	27,184	24	47	-	180
St. Mary	62,954	70	160	86	186
Somerset					
Talbot	25,837	69	279	206	284
Washington	114,578	328	1,205	413	1,096
Wicomico	66,583	245	605	381	585
Worcester	31,728	32	71	-	251
Out-of-State	-	7,183	918	-	-
Total	4,282,411	40,800	9,642	15,339	24,173

Sources: Maryland State Board of Examiners of Nurses
 Maryland State Health Resources Planning Commission
 Maryland Department of Licensing and Certification
 Maryland Health Services Cost Review Commission

*1983 Final population projections as of 10/83

**Calendar '83 average beds

***Inventory of licensed, certified, and life care community beds
 of 12/31/83

Geographically, Maryland LPNs are somewhat more concentrated in the rural counties, particularly on the Eastern Shore. These areas therefore rely more heavily on LPNs for nursing care in all health care settings than do other areas of the State.

Over the past decade there has been considerable fluctuation in the number of new LPNs entering the field, but there has been a net decrease in the number of new LPNs. In recent years there has also been a decrease in the number of graduates from Maryland LPN schools. In addition, the number of LPN schools has decreased from 24 in 1975 to 20 in 1983.

As a group, Maryland LPNs are predominantly over 25 and under 45, with 52% of the total Maryland LPN pool in this age group. Maryland LPNs are also female (95%), married (66%), and white (68%).* The proportion of minority LPNs, however, is substantially higher than the minority proportion of about 22% in the general population of Maryland.

THE LICENSED PRACTICAL NURSING TASK FORCE

The LPN Task Force was formed in response to a recommendation of the Commission on Nursing Issues urging the Governor to appoint a task force to address the role of the LPN in the health care system. The Maryland Licensed Practical Nurses Association also made clear its position that the present and future role of the LPN in Maryland's health care system needed clarification and definition. The Maryland Hospital

*Note: These percentages are based on the numbers of LPNs who voluntarily provided sex, race, and marital status information on licensure renewal forms to the MSBEN.

Association in its 1980 report on nursing issues noted questions relative to the of continued training of new LPNs and recommended that the State evaluate the future role of LPNs. In addition, the Report recommended that the hospital industry encourage LPNs to pursue an educational track leading to registered nurse status.¹⁰

The Licensed Practical Nurse Task Force was appointed in 1982 and began immediately to identify the specific issues of concern.* Three expert panels were formed, each chaired by a task force member. Four public hearings were held throughout the State to determine how grassroots LPNs and other interested parties perceived the problems facing LPN practice, education, and licensure. Meetings were held regularly for well over a year and the Task Force Report is the product of lengthy deliberation by task force members. The work of expert panels and the testimony of people all over the State contributed immeasurably to the insight and perspective of the Task Force. The result has, therefore, been a dovetailing of the best information and expertise on licensed practical nursing available in the State of Maryland.

OPERATIONAL DEFINITION OF TERMS

Charge nurse

An LPN or RN given responsibility for managing patient care for one shift on one nursing unit; usually the charge nurse is on call to a registered nurse supervisor who is on call to nursing staff of several nursing units.

*

See Governor's Charge to the LPN Task Force included with this report.

MAPPS

Maryland Appraisal of Patient Progress is a patient care management system developed in 1982 by the Department of Health and Mental Hygiene. The MAPP system provides a standardized format for: patient assessment and care planning; interdisciplinary review, evaluation, and documentation; and a single-source patient information document for use by all health care disciplines and review agencies.

Certified
Medicine Aide

CMA

An experienced nursing assistant who has successfully completed a 60 hour course in a community college and has been certified thereby to administer specified oral medications, sign and have access to the controlled schedule drug cabinet, and administer drugs on written orders. The CMA does not transcribe doctors' original orders, administer IV medications, administer substances via nasogastric or gastrostomy tubes, or perform charge level responsibilities. The CMA is under the jurisdiction of the DHMH Division of Licensing and Certification rather than the MSBEN.

Geriatric Aide

A nursing assistant who has completed a 30-hour training course in the physical, psychosocial, and environmental aspects of caring for geriatric patients. Each long term care facility in Maryland is required by regulation to conduct such a program for its nursing assistants. The GA is under the jurisdiction of the DHMH Division of Licensing and Certification rather than the MSBEN.

LICENSURE AND SCOPE OF PRACTICAL NURSING PRACTICE

Maryland enacted legislation to license practical nurses in 1922. Since that time the delivery of health care has changed and ambiguity has arisen regarding how licensed practical nurses should practice within the confines of the Nurse Practice Act.

The LPN functions as a skilled technician of nursing care. Although experienced LPNs have developed managerial and conceptual skills that enhance the nursing care given, such skills are primarily within the domain of registered nursing practice.

In actual practice, however, LPNs are frequently expected to assume responsibilities requiring managerial and conceptual skills not theoretically associated with LPN practice. The problem then becomes one of determining how best to mesh the skills of the LPN with the nursing care demands of patients in a complex delivery system.

Should the licensure statutes be changed to reflect current LPN practice?

Has the development of certified medicine aides and geriatric aides eroded the LPN scope of practice?

Does the Nurse Practice Act define clearly enough the scope of licensed practical nursing practice?

EMPLOYMENT OF LPNs

Although less than 20% of Maryland LPNs practice in long term care facilities* it is in this sector of health care that many of the scope of practice problems seem to occur. In hospitals the role of the LPNs often is more clearly defined. In long term care facilities, on the other hand, LPNs often are responsible for most of the nursing care and are sometimes required to assume responsibility beyond the scope of their practice as defined by the Nurse Practice Act.

It is in these situations that the role of the LPN is most called into question. How does the majority of LPNs function in long term care settings? Does the fewer number of RNs available for long term care employment warrant the assignment of expanded

*MSBEN 1982-1983 Data

roles to LPNs? Are LPNs trained to function effectively in expanded roles? Are expanded LPN roles formally recognized in rules and regulations when they occur and reflected in job descriptions, salary structure, and career ladders?

EDUCATION OF LICENSED PRACTICAL NURSES

A key educational issue is the quality of education received in LPN schools and how well this education prepares its graduates for LPN practice.

How should the academic quality of LPN programs be evaluated? Should course content and faculty qualifications be comparable to those in collegiate nursing programs? Should all LPN education earn academic credit?

The continued existence of high school LPN programs is called into question when readiness for practice is evaluated. Some observers question whether a high school graduate of 18 has the maturity and judgment to assume patient care responsibilities which are becoming more complex and demanding.

Perhaps the critical issue regarding LPN education is articulation: What mechanism exists for an LPN to continue education towards an ADN or BSN?

LPN education occurs in different settings and varies in length (See page 40). Articulation success depends on such factors as whether students earned collegiate academic credit for previous course work, in what school of nursing they plan to continue their education, and what type of articulation agreements, if any, exist between the LPN school they attended

and an RN program. Economic and social barriers can also severely impair an LPN's chances of acquiring furthering education. In summary, it appears that a uniform articulation mechanism does not exist.

STATE POLICY FRAMEWORK

There are several aspects to the State of Maryland's involvement in LPN issues. The State is an employer of LPNs, operates a training program for LPNs, licenses LPNs, and sets policies and regulations affecting LPN practice, education, and credentialing.

As an employer of LPNs, does the State pay an equitable wage and utilize LPNs in a manner consistent with the legal scope of practice?

As an educator of LPNs, does the State conduct its educational programs to produce the best possible graduates with the most efficient use of educational and fiscal resources?

Of particular concern is the Department of Health and Mental Hygiene training program providing free education for state employees. This program provides a full salary equivalent stipend to nursing assistants who enter the LPN program. Is this the best way of assuring that the State has an adequate number of LPNs for employment in state institutions?

FINDINGS

There are three primary sources for findings in this report: 1) Results from the survey of Maryland LPNs and employers of LPNs conducted by Dr. Nancy Wiederhorn for the Task Force; 2) Reports of the Expert Panels; and 3) Written and oral testimony of LPNs, administrators, and others who either appeared at the hearings conducted by the LPN Task Force or wrote to the Task Force. The survey data represent the anonymous responses of a large randomly selected sample of LPNs and provide a clear picture of Maryland LPNs, attitudes and beliefs about many issues brought to light in the Task Force meetings. The testimony represents the opinions and experience of relatively few individuals who presented testimony at the public hearings. The expert panel findings represent their own research and analysis based upon the testimony of witnesses with expertise and knowledge in the various issue areas studied by the panels. Considering the three sources, discrepancies are to be expected.

SURVEY

The 1984 Survey of Licensed Practical Nurses in Maryland and the 1984 Maryland Health Care Employer Survey were developed in order to qualify and quantify issues identified as concerns by those who testified before the Task Force on Licensed Practical Nursing. Because the intent of the surveys was to collect demographic, educational, work experience, and attitudinal data expressed by educators, staff nurses, and employers, two surveys were developed, each designed to elicit subjective data reflective of the respondents assessment of the issues identified during the hearings.

In the 1984 Survey of Licensed Practical Nurses in Maryland, educational and nursing concerns were addressed. Issues such as preparation and competency of graduates of the various programs, incentives for and availability of continuing LPN education and advanced professional education, and ease of articulation into professional educational programs were explored. Nursing service issues in the survey dealt with concerns such as job retention, work schedules, administrative support, job satisfaction, task allocation, attitudes toward other nursing care providers, and issues of salaries and job benefits.

The nursing population used in the LPN survey consisted of 1,924 practical nurses licensed in the state of Maryland by the State Board of Examiners of Nurses. This population represented approximately 20% of the total population of LPN's in the state was selected by a stratified random sampling technique from a list of approximately 9,642 practical nurses licensed to practice

in Maryland as of January, 1984. The survey population was stratified according to Health Services Areas, the officially designated unit used by the state for purposes of health planning and development of health services. Addresses were divided by zip codes into HSAs, with the first three digits of the zip code indicating the area to which the survey was mailed.

Surveys were mailed to 1,923 LPN's with 350 LPN's randomly selected from each of the five HSAs's. Of the surveys mailed, 74 were returned marked "addressed unknown"; 46 were returned but not filled out adequately according to pre-set criteria; and 47 surveys were returned after the closure date. A total of 1,091 surveys were used in the computer analysis. Based on the number of surveys sent to the correct addresses and returned, the total return rate was 62%, while the percent actually used in the data analyses was 57%.

The 1984 Maryland Health Care Employer Survey dealt with similar issues as those included in the LPN Survey, however, in this survey employer perception of LPN employment was elicited. The employer population consisted of 264 nursing homes, 87 hospitals, and 69 home health agencies, health departments, and health maintenance organizations for a total of 420 agencies who reported employing Licensed Practical Nurses. The employer population consisted of all agencies and institutions generally regarded from a list provided by the State Board of Examiners of Nurses. From the total of 420 health care agencies to whom the surveys were mailed, 23 were returned uncompleted with notations that the respective agencies either did not employ LPN's or did

not employ them in sufficient numbers to make completing the surveys feasible. A total of 209 Employer Surveys were used in the computer analysis. Based on the number of surveys mailed out and returned, the total return rate was 53%, while the percent actually used in the data analysis was 50%.

Statistical treatment of the data consisted primarily of frequency distributions and cross tabulation analysis. Figures and tables which appear in the text are all reported in percentages of the total number of respondents surveyed. Discrepancies noted between the body of the Task Force Report and survey results can be attributed to sampling differences. While those who testified before the Task Force probably represented extremes in opinions, the sample population of the survey were probably most representatives of the views of the total population of LPN's in the state.



STATE OF MARYLAND
EXECUTIVE DEPARTMENT
LPN TASK FORCE
224C HOUSE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

1984
SURVEY OF LICENSED PRACTICAL NURSES IN MARYLAND

Dear Colleague,

As chairperson of the Task Force appointed by Governor Hughes to study the role of Licensed Practical Nurses in Maryland, I am seeking your assistance in identifying the major issues involved in the education and utilization of LPN's in our state.

As you probably know, in 1981 Governor Hughes appointed a Commission on Nursing Issues, pursuant to legislation sponsored by me and Delegate Hollinger. Our 16 member commission held hearings throughout the state, met with expert panels, and surveyed 20 percent of the population of Registered Nurses in Maryland in order to identify nursing problems and then frame recommendations to the governor for future action. The RN's response rate to our survey was large enough to provide direction for this future action.

One of the recommendations submitted to Governor Hughes by the Commission on Nursing Issues was that a task force be established to consider the education and utilization of licensed practical nurses in Maryland. Following the procedures established by the Commission on Nursing Issues, the LPN Task Force has held hearings throughout the state, met with expert panels, and is now surveying approximately 20 percent of the licensed practical nurses in Maryland.

This survey is a direct outgrowth of the Task Force hearings. The information provided by the survey will ensure a greater understanding of the problems faced by you daily in performing your duties. However, for our survey to be of significant value, a large number of returns must be obtained.

Completing the survey will probably take less than one half hour. All replies will be confidential; your name or the name of your institution cannot be identified; and data will be released on an aggregate basis only.

I hope that you will fill in your survey immediately and drop it in the mail as soon as possible. A stamped self addressed envelope is included for your convenience.

Thank you for your cooperation. Your response and interest are greatly appreciated; be assured that your contribution is needed.

Sincerely,

Delegate Marilyn Goldwater, R.N.
Chairperson

INSTRUCTIONS

Specific directions are given for many of the questions in this survey. Where no directions are given, please mark your answer in the appropriate box—, making sure that each answer is confined to that box. Most questions require only one checkmark, but several ask you to check an answer for each factor on a list. Please ignore the numbers on the left hand margin (these are for computer processing only).

Should you have any questions, feel free to call or write to:

Dr. Nancy Wiederhorn, R.N., D.N.Sc., Research Consultant
Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone: 301/652-1346

DEMOGRAPHIC INFORMATION

11-2 1. Year of Birth 19 ____

13 2. Sex

- 1 male
2 female

14 3. Marital Status

- 1 never married
2 married
3 divorced/separated
4 widowed

15 4. Racial or ethnic group

- 1 American Indian
2 Asian
3 Black/not Hispanic
4 Hispanic
5 White/not Hispanic
6 other (specify) _____

16 5. How many children do you have? _____

17-8 6. What is the age of your youngest child?

_____ (if not applicable put 00)

19-10 7. What is the HIGHEST level of education completed by your parents (and your spouse if married)?

Spouse	Father	Mother	
01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>	Don't know
02 <input type="checkbox"/>	02 <input type="checkbox"/>	02 <input type="checkbox"/>	Attended Elementary
03 <input type="checkbox"/>	03 <input type="checkbox"/>	03 <input type="checkbox"/>	Completed Elementary
04 <input type="checkbox"/>	04 <input type="checkbox"/>	04 <input type="checkbox"/>	Attended High School
05 <input type="checkbox"/>	05 <input type="checkbox"/>	05 <input type="checkbox"/>	Completed High School
06 <input type="checkbox"/>	06 <input type="checkbox"/>	06 <input type="checkbox"/>	Attended some college
07 <input type="checkbox"/>	07 <input type="checkbox"/>	07 <input type="checkbox"/>	Attended some technical or professional school following high school completion
08 <input type="checkbox"/>	08 <input type="checkbox"/>	08 <input type="checkbox"/>	Completed technical or professional school
09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>	Completed Bachelors degree
10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	Some graduate work
11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	Completed Masters degree
12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	Completed Doctoral or advanced professional degree

119 8. Do you have a high school diploma or its equivalent?

- 1 Yes
2 No

116 9. What was the type of basic LPN education you completed (check one)?

- 1 trade, technical or vocational high school program
2 hospital based post high school program
3 community college program
4 high school adult education program
5 state hospital program

117 10. Where was your basic LPN educational program?

- 1 in Maryland
2 not in Maryland

118-19 11. In what year was your basic LPN education completed?

19 _____

120-21 12. How long was your LPN training program?

_____ weeks

122 13. Did you attend a CETA funded LPN program?

- 1 Yes
2 No

14. Please rate how well your basic LPN education prepared you with the following skills and knowledges. Using the following scale, write the appropriate rating in the blank next to each factor.

1. Excellent preparation
2. Good preparation
3. Adequate preparation
4. Inadequate preparation

123 a. clinical (hands on) skills a. _____

124 b. ability to assess nursing needs and provide appropriate nursing interventions b. _____

125 c. realistic orientation to job demands of nursing c. _____

126 d. competency in collaborating with members of other health disciplines d. _____

127 e. foundations for further study and ease of access into more advanced nursing programs e. _____

128 f. leadership skills f. _____

- 1029 15. How long after graduating from your basic LPN program did it take you to feel that you functioned effectively in the practice setting?
- 1 immediately
 - 2 approximately 2 months
 - 3 2 to 6 months
 - 4 1 year
 - 5 more than 1 year
 - 6 never

- 1030 16. Do you feel that more clinical experience should have been included in your basic LPN program?
- 1 Yes
 - 2 No

- 1031 17. Do you feel that more academic content should have been included in your basic LPN program?
- 1 Yes
 - 2 No

EMPLOYMENT INFORMATION

- 1032 18. For what reason did you leave your FIRST and LAST nursing jobs? If this is your first job check here 1. If you are presently working on your second job, check only column a. REMEMBER check only ONE reason per job!

	First	Second	
	job	job	
	a	b	

- 1033-34
- 1 1 to leave nursing because of general dissatisfaction with the profession
 - 2 2 for a more challenging nursing position
 - 3 3 because the salaries and/or benefits in another nursing job were better
 - 4 4 to relocate to another geographic area
 - 5 5 to get married and relocate to another area where my husband/wife was employed
 - 6 6 family responsibilities were incompatible with the demands of my nursing job
 - 7 7 to retire on social security or disability insurance
 - 8 8 other (Specify) _____

- 1135 19. How long did you remain employed in your FIRST nursing job?

- 1 6 months or less
- 2 7 months to 1 year
- 3 1 to 2 years
- 4 3 to 5 years
- 5 more than 5 years

- 1136-37 20. How many weeks did you work as an LPN in the past 12 months?

Enter number of weeks _____
(if none write 00)

- 1138-39 21. On the average, how many hours per week did you work as an LPN in the past year?

Enter number of hours _____
(if none write 00)

Please answer Questions Number 22 to 25 whether you are employed in nursing or not presently employed in nursing. If you are presently not employed, please answer according to your LAST type of employment.

- 1140-41 22. Please check the one box which BEST describes your specialty area.

- 01 Medical/Surgical
- 02 ICU/CCU
- 03 Geriatrics
- 04 Emergency Room
- 05 Community Health
- 06 Pediatrics/Maternal Infant
- 07 Dialysis Unit
- 08 Psychiatric/Mental Health
- 09 Recovery Room
- 10 O.R.
- 11 Other (Specify) _____

- 1142-43 23. Which one of the following best describes your principal employment setting?

- 01 Nursing Home
- 02 Teaching Hospital
- 03 Community Hospital
- 04 Chronic Care or Rehabilitation Hospital
- 05 Psychiatric Hospital
- 06 Home Health Agency
- 07 Health Department and or School Nursing
- 08 HMO
- 09 Temporary Nursing Agency
- 10 Doctors office
- 11 Other (Specify) _____

- 114-8 24. In what type of position are you **PRIMARILY** employed?
- 1 Administration
 - 2 Head nurse
 - 3 In-Service Education
 - 4 Staff nurse
 - 5 Special care nursing (ICU, CCU)
 - 6 Private duty
 - 7 Public health nurse
 - 8 Other (Specify) _____

- 1145) 25. How would you best describe your current employment status?

- 1 full time in nursing
- 2 part time in nursing
- 3 full time in field
other than nursing
- 4 part time in field
other than nursing
- 5 not employed in any field

SKIP TO
QUESTION #47

Answer the following questions **ONLY** if you are currently employed full or part time in nursing. If presently **Not** employed in nursing, skip to question #47

- 1148) 26. Where do you currently work?

- 1 Maryland
- 2 Virginia
- 3 West Virginia
- 4 Pennsylvania
- 5 Delaware
- 6 District of Columbia
- 7 Other

- 1147-48) 27. If you live **AND** work in the state of Maryland, please indicate the area in which you live and work.

LIVE WORK

- 1 1 Western Maryland (Garrett, Allegany, Washington, and Frederick Counties).
- 2 2 Montgomery County.
- 3 3 Southern Maryland (Prince George's, Calvert, Charles, and St. Mary's Counties).
- 4 4 Baltimore City.
- 5 5 Metropolitan Baltimore (Anne Arundel, Carroll, Harford, Howard, and Baltimore Counties).
- 6 6 Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties).
- 7 7 Outside of Maryland.

- 1149-52) 28. How long have you been employed in your present facility?

_____ years _____ months

- 1153) 29. Do you plan to continue working as a LPN until you reach retirement age?

- 1 Yes
- 2 No

- 1154) 30. Are you dependent on your salary to meet most or all of your family expenses?

- 1 Yes
- 2 No

- 1155-64) 31. What is your approximate yearly salary before deductions?

Full time \$ $\frac{\quad}{55}$ - $\frac{\quad}{59}$

or

Part time \$ $\frac{\quad}{60}$ - $\frac{\quad}{64}$

32. Please rate how satisfactory each of the conditions listed below are in your present place of employment. Using the following scale, write the appropriate rating in the blank next to each condition. (i.e.: 1, 2 or 3)

- 1. Satisfactory
- 2. Unsatisfactory
- 3. Not applicable in my present position

- 1166) a. Present salary a. _____
- 1166) b. Ultimate salary range b. _____
- 1167) c. Flexibility of work schedule c. _____
- 1168) d. Amount of direct patient care d. _____
- 1169) e. Tuition reimbursement plan e. _____
- 1170) f. RN to LPN ratio f. _____
- 1171) g. Quality of personnel (RN and LPN) g. _____
- 1172) h. Number of ancillary personnel (orderlies, aids, etc.) h. _____
- 1173) i. Quality of ancillary personnel i. _____
- 1174) j. Comfort of nurses changing facilities, lounges, lockers, etc. j. _____
- 1175) k. Parking facilities k. _____
- 1176) l. Vacation time and sick benefits l. _____
- 1177) m. Availability of continuing education courses m. _____
- 1178) n. Quality of continuing education courses n. _____
- 1179) o. Courteous treatment by physicians o. _____
- 1180) p. Respect from other members of the health team p. _____
- 211) q. Respect of RN's for professional competence of LPN's q. _____

32

33. In your place of employment is there LPN representation at nursing administration meetings?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Does not apply

23

34. Do you feel that patient care would improve if LPN's had more influence in the over-all planning and policy making in your place of employment?

- 1 Yea
- 2 No
- 3 Does not apply

24

35. Is quality nursing care recognized in terms of salary or bonus differentials in your place of employment?

- 1 Yes
- 2 No

36. The following contains a series of statements about LPN service and education in various institutional settings. Please check the answer appropriate for your institution. If the conditions in the question do not apply to your employment setting, please indicate so by checking the N/A (not applicable) column listed with each question.

		Yes	No	N/A
25	a. has on-going in-service education for LPN's at least once per month	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
26	b. has specific education requirements for promotion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
27	c. provides tuition reimbursement of at least 1/2 the cost for continuing education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
28	d. provides work release time for continuing education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
29	e. encourage LPN's to achieve further education leading to RN status	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
30	f. recognize superior LPN performance with bonuses or more frequent salary increments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

The following question applies primarily to in-patient nursing settings. If the conditions in the question do not apply to YOUR type of employment, please indicate so by checking the N/A (not applicable) column listed with EACH question.

37. Do the LPN's in your place of employment have a choice in scheduling THEMSELVES for any of the following?

		Yes	No	N/A
211	a. number of hours worked per day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
212	b. week-end and holiday time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
213	c. evening and night rotation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
214	d. (patient care area) assigned work setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
215	e. assigned work setting on evenings and nights	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

210

38. Have you ever worked for a temporary Nurse Agency?

- 1 Yes
- 2 No
- 3 I am presently employed by a Temp. Nurse Agency

39. Following is a list of actions which sometimes are undertaken by LPN's in health care agencies. In the appropriate box please indicate whether or not you perform these tasks as part of your present job.

		Regularly	Sometimes	Never
217-18	1. perform admission assessment with nursing history	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
219-20	2. perform physical assessment (skin, heart, abdomen, circulation, lungs, etc)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
221-22	3. analyze lab results and inform physician	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
223-24	4. develop nursing care plans (MAPP's)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
225-26	5. contact M.D. regarding patient problems and/or condition change	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
227-28	6. assume charge of a unit	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
229-30	7. teach patient and family about health problems (e.g. diabetes, ostomy care, etc.)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
231-32	8. change inappropriate special diets	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
233-34	9. modify medications when indicated, including dosage and administration	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
235-36	10. reschedule strenuous diagnostic procedures as warranted by patients condition	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
237-38	11. change surgical dressings if needed	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
239-40	12. decide on frequency of vital signs monitoring	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
241-42	13. insert catheters in patients unable to void	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
243-44	14. obtain specimens from an indwelling arterial catheter	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
245-46	15. monitor chemotherapy administration	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
247-48	16. administer IV medications	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
249-50	17. manage Pitocin drip	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
251-52	18. insert naso-gastric tube	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
253-54	19. remove sutures from post operative patients	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>

40. Would you take courses on a part time basis leading to an Associate Degree in Nursing if any of the following conditions were available?

		Yes	No
255	a. courses were located within a 30 mile driving distance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
256	b. courses were given on weekends	1 <input type="checkbox"/>	2 <input type="checkbox"/>
257	c. release time were provided by your employer	1 <input type="checkbox"/>	2 <input type="checkbox"/>
258	d. the institution offering courses had low cost child care facilities during class hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>

41. Would you plan to remain in your present place of work if you completed a RN program?

- 1 Yes
2 No
3 Don't know

42. Would your salary be increased by at least 10% if you completed a RN program?

- 1 Yes
2 No
3 Don't know

43. Would you enroll on a FULL TIME basis leading to an Associate or Bachelors degree in nursing if a stata supported scholarship and living stipend were available to you?

- 1 Yes
2 No

44. Does your present place of employment provide at least 6 credits per semester full tuition reimbursement for full time LPN employees who wish to pursue further education in nursing?

- 1 Yes
2 No
3 Don't know

45. Does your present place of employment give time off for continuing education courses for LPN's?

- 1 Yes
2 No

46. Does your present place of employment pay at least half of the cost of continued education courses for LPN's?

- 1 Yes
2 No

GENERAL INFORMATION

265 47. Do you belong to any of the following LPN organizations?

- 1 MLPNA
 2 NAPNES
 3 FANEL
 4 Other (Specify) _____
 5 none

266 48. What is the highest degree or certificate that you ULTIMATELY plan to earn in nursing?

- 1 I do not plan to earn another degree
 2 RN with Diploma
 3 RN with Associates Degree
 4 RN with Bachelors Degree
 5 Graduate degree in nursing
 6 Other (Specify) _____

49. The following contains a series of statements about issues of educational concern involving LPN's. Please indicate your degree of agreement or disagreement by checking the appropriate space:

HOW YOU FEEL

Strongly Agree Agree Neutral Disagree Strongly Disagree

- 267 a. LPN's are exploited by the industry as a source of cheap labor. 1 2 3 4 5
- 268 b. Nurses are trained to do the same things - the only difference is in the letter attached to the name pins. 1 2 3 4 5
- 269 c. LPN's should not be allowed by law to do some of the things they are made to do in practice. 1 2 3 4 5
- 270 d. RN's with Bachelors degrees are more capable of directing LPN's than RN's without Bachelors degrees. 1 2 3 4 5
- 271 e. There should be only 2 educational levels in nursing with one at the technical or LPN level and the other at the BSN level. 1 2 3 4 5
- 272 f. The future trend in LPN education should include 2 years of education leading to an Associate Degree in Practical or Technical Nursing. 1 2 3 4 5

273 50. If your daughter wished to study licensed practical nursing would you DISCOURAGE her from doing so?

- 1 Yes
 2 No
 3 Does not apply

274 51. If your son wished to study licensed practical nursing would you DISCOURAGE him from doing so?

- 1 Yes
 2 No
 3 Does not apply

275-76 52. If you would discourage your daughter/son from studying licensed practical nursing, which ONE of the following reasons would be of PRIMARY concern? (check only ONE for daughter & ONE for son)

Daughter Son

- 1 2 other jobs provide more financial reward
- 1 2 other jobs provide more job satisfaction
- 1 2 other jobs provide more respect, prestige, and status
- 1 2 licensed practical nursing is too hard a job for the benefits it offers
- 1 2 other _____

277 53. If your daughter/son decided to study nursing, which educational program would you advise her/him to enter?

- | | |
|--|--|
| <p>1 <input type="checkbox"/> Trade, Technical or Vocational High School program</p> <p>2 <input type="checkbox"/> Hospital based post High School program</p> | <p>3 <input type="checkbox"/> Community College program</p> <p>4 <input type="checkbox"/> High School adult-education program</p> <p>5 <input type="checkbox"/> State Hospital program</p> |
|--|--|
-

Please use the space below for any comments you have about LPN's, the LPN Task Force, this questionnaire, or anything else you can share with us. Again Thank you for your participation.

Please Return the Survey in the Enclosed Addressed Stamped Envelope To: LPN Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401



STATE OF MARYLAND
EXECUTIVE DEPARTMENT

LPN TASK FORCE
224C HOUSE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

1984
SURVEY OF LICENSED PRACTIAL NURSES IN MARYLAND

Dear Colleague,

As chairperson of the Task Force appointed by Governor Hughes to study the role of Licensed Practical Nurses in Maryland, I am seeking your assistance in identifying the major issues involved in the education and utilization of LPN's in our state.

As you probably know, in 1981 Governor Hughes appointed a Commission on Nursing Issues, pursuant to legislation sponsored by me and Delegate Hollinger. Our 16 member commission held hearings throughout the state, met with expert panels, and surveyed 20 percent of the population of Registered Nurses in Maryland in order to identify nursing problems and then frame recommendations to the governor for future action. The RN's response rate to our survey was large enough to provide direction for this future action.

One of the recommendations submitted to Governor Hughes by the Commission on Nursing Issues was that a task force be established to consider the education and utilization of licensed practical nurses in Maryland. Following the procedures established by the Commission on Nursing Issues, the LPN Task Force has held hearings throughout the state, met with expert panels, and is now surveying approximately 20 percent of the licensed practical nurses in Maryland.

This survey is a direct outgrowth of the Task Force hearings. The information provided by the survey will ensure a greater understanding of the problems faced by you daily in performing your duties. However, for our survey to be of significant value, a large number of returns must be obtained.

Completing the survey will probably take less than one half hour. All replies will be confidential; your name or the name of your institution cannot be identified; and data will be released on an aggregate basis only.

I hope that you will fill in your survey immediately and drop it in the mail as soon as possible. A stamped self addressed envelope is included for your convenience.

Thank you for your cooperation. Your response and interest are greatly appreciated; be assured that your contribution is needed.

Sincerely,

Delegate Marilyn Goldwater, R.N.
Chairperson

INSTRUCTIONS

Specific directions are given for many of the questions in this survey. Where no directions are given, please mark your answer in the appropriate box—, making sure that each answer is confined to that box. Most questions require only one checkmark, but several ask you to check an answer for each factor on a list. Please ignore the numbers on the left hand margin (these are for computer processing only).

Should you have any questions, feel free to call or write to:

Dr. Nancy Wiederhorn, R.N., D.N.Sc., Research Consultant
Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone: 301/652-1346

DEMOGRAPHIC INFORMATION

1. Year of Birth 19 45 (Med.)

2. Sex.

5 male
95 female

3. Marital Status

13 never married
64 married
19 divorced/separated
4 widowed

4. Racial or ethnic group

0.3 American Indian
0.2 Asian
20 Black/not Hispanic
08 Hispanic
78 White/not Hispanic
other (specify) _____

5. How many children do you have? 2 (Med.)

6. What is the age of your youngest child?

10 (if not applicable put 00) (Mean)

7. What is the HIGHEST level of education completed by your parents (and your spouse if married)?

Spouse	Father	Mother	
			Don't know
			Attended Elementary
			Completed Elementary
			Attended High School
<u>24</u>	<u>23</u>	<u>32</u>	Completed High School
			Attended some college
			Attended some technical or professional school following high school completion
<u>11</u>			Completed technical or professional school
<u>11</u>			Completed Bachelors degree
			Some graduate work
			Completed Masters degree
			Completed Doctoral or advanced professional degree

8. Do you have a high school diploma or its equivalent?

98 Yes
No

9. What was the type of basic LPN education you completed (check one)?

29 trade, technical or vocational high school program
39 hospital based post high school program
10 community college program
4 high school adult education program
19 state hospital program

10. Where was your basic LPN educational program?

67 in Maryland
33 not in Maryland

11. In what year was your basic LPN education completed?

19 73 (Med)

12. How long was your LPN training program?

5.2 weeks

13. Did you attend a CETA funded LPN program?

18 Yes
82 No

14. Please rate how well your basic LPN education prepared you with the following skills and knowledges. Using the following scale, write the appropriate rating in the blank next to each factor.

Preparation Level	Factor	Rating
} reported as cumulative %	1. Excellent preparation	
	2. Good preparation	
	3. Adequate preparation	
	4. Inadequate preparation	
	clinical (hands on) skills	<u>91</u>
	ability to assess nursing needs and provide appropriate nursing interventions	<u>85</u>
	realistic orientation to job demands of nursing	<u>74</u>
	competency in collaborating with members of other health disciplines	<u>74</u>
	foundations for further study and ease of access into more advanced nursing programs	<u>63</u>
	leadership skills	<u>63</u>

15. How long after graduating from your basic LPN program did it take you to feel that you functioned effectively in the practice setting?

- 36 immediately
- 26 approximately 2 months
- 26 2 to 6 months
- 8 1 year
- 3 more than 1 year
- 1 never

16. Do you feel that more clinical experience should have been included in your basic LPN program?

- 34 Yes
- 66 No

17. Do you feel that more academic content should have been included in your basic LPN program?

- 46 Yea
- 54 No

19. How long did you remain employed in your FIRST nursing job?

- 12 6 months or less
- 17 7 months to 1 year
- 25 1 to 2 years
- 21 3 to 5 years
- 25 more than 5 years

3

20. How many weeks did you work as an LPN in the past 12 months?

Enter number of weeks 50 (Med)
(if none write 00)

21. On the average, how many hours per week did you work as an LPN in the past year?

Enter number of hours 40 (Med)
(if none write 00)

EMPLOYMENT INFORMATION

18. For what reason did you leave your FIRST and LAST nursing jobs? If this is your first job check here 1. If you are presently working on your second job, check only column a. REMEMBER check only ONE reason per job!

First Second
job job

a b

- 3 6 to leave nursing because of general dissatisfaction with the profession
- 19 12 for a more challenging nursing position
- 17 19 because the salaries and/or benefits in another nursing job were better
- 25 19 to relocate to another geographic area
- 10 7 to get married and relocate to another area where my husband/wife was employed
- 11 16 family responsibilities were incompatible with the demands of my nursing job
- 3 3 to retire on social security or disability insurance
- 13 17 other (Specify) _____

Please answer Questions Number 22 to 25 whether you are employed in nursing or not presently employed in nursing. If you are presently not employed, please answer according to your LAST type of employment.

140-41 22. Please check the one box which BEST describes your specialty area.

- 27 Medical/Surgical
- 6 ICU/CCU
- 26 Geriatrics
- 2 Emergency Room
- 3 Community Health
- 8 Pediatrics/Maternal Infant
- 05 Dialysis Unit
- 10 Psychiatric/Mental Health
- 1 Recovery Room
- 1 O.R.
- 15 Other (Specify) _____

142-43 23. Which one of the following best describes your principal employment setting?

- 23 Nursing Home
- 13 Teaching Hospital
- 23 Community Hospital
- 3 Chronic Care or Rehabilitation Hospital
- 9 Psychiatric Hospital
- 2 Home Health Agency
- 2 Health Department and or School Nursing
- 1 HMO
- 1 Temporary Nursing Agency
- 6 Doctors office
- 7 Other (Specify) _____

24. In what type of position are you PRIMARILY employed?

- 2 Administration
- 10 Head nurse
- 03 In Service Education
- 62 Staff nurse
- 6 Special care nursing (ICU, CCU)
- 3 Private duty
- 1 Public health nurse
- 15 Other (Specify) _____

25. How would you best describe your current employment status?

- 61 full time in nursing
 - 26 part time in nursing
 - 4 full time in field other than nursing
 - 2 part time in field other than nursing
 - 8 not employed in any field
- SKIP TO QUESTION #47

Answer the following questions ONLY if you are currently employed full or part time in nursing. If presently Not employed in nursing, skip to question #47

26. Where do you currently work?

- 94 Maryland
- Virginia
- West Virginia
- Pennsylvania
- Delaware
- 4 District of Columbia
- Other

27. If you live AND work in the state of Maryland, please indicate the area in which you live and work.

LIVE WORK

- 12 12 Western Maryland (Garrett, Allegany, Washington, and Frederick Counties).
- 15 16 Montgomery County.
- 16 15 Southern Maryland (Prince George's, Calvert, Charles, and St. Mary's Counties).
- 10 13 Baltimore City.
- 32 27 Metropolitan Baltimore (Anne Arundel, Carroll, Harford, Howard, and Baltimore Counties).
- 14 14 Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties).
- 1 2 Outside of Maryland.

28. How long have you been employed in your present facility?

6 years 03 months

29. Do you plan to continue working as a LPN until you reach retirement age?

- 54 Yes
- 46 No

4

30. Are you dependent on your salary to meet most or all of your family expenses?

- 64 Yes
- 36 No

31. What is your approximate yearly salary before deductions?

Full time \$ 15,600

or

Part time \$ 98,645

32. Please rate how satisfactory each of the conditions listed below are in your present place of employment. Using the following scale, write the appropriate rating in the blank next to each condition. (i.e.: 1, 2 or 3)

- 1. Satisfactory
- 2. Unsatisfactory
- 3. Not applicable in my present position

Present salary	<u>5</u>	<u>4</u>
Ultimate salary range	<u>38</u>	<u>54</u>
Flexibility of work schedule	<u>79</u>	<u>19</u>
Amount of direct patient care	<u>86</u>	<u>10</u>
Tuition reimbursement plan	<u>44</u>	<u>29</u>
RN to LPN ratio	<u>62</u>	<u>28</u>
Quality of personnel (RN and LPN)	<u>77</u>	<u>18</u>
Number of ancillary personnel (orderlies, aids, etc.)	<u>45</u>	<u>42</u>
Quality of ancillary personnel	<u>63</u>	<u>25</u>
Comfort of nurses changing facilities, lounges, lockers, etc.	<u>39</u>	<u>40</u>
Parking facilities	<u>69</u>	<u>28</u>
Vacation time and sick benefits	<u>70</u>	<u>25</u>
Availability of continuing education courses	<u>48</u>	<u>39</u>
Quality of continuing education courses	<u>54</u>	<u>31</u>
Courteous treatment by physicians	<u>78</u>	<u>19</u>
Respect from other members of the health team	<u>83</u>	<u>15</u>
Respect of RN's for professional competence of LPN's	<u>71</u>	<u>25</u>

5

33. In your place of employment is there LPN representation at nursing administration meetings?

32 Yes
39 No
20 Don't know
9 Does not apply

34. Do you feel that patient care would improve if LPN's had more influence in the over-all planning and policy making in your place of employment?

62 Yes
17 No
21 Does not apply

35. Is quality nursing care recognized in terms of salary or bonus differentials in your place of employment?

25 Yes
75 No

36. The following contains a series of statements about LPN service and education in various institutional settings. Please check the answer appropriate for your institution. If the conditions in the question do not apply to your employment setting, please indicate so by checking the N/A (not applicable) column listed with each question.

	Yes	No	N/A
has on-going in-service education for LPN's at least once per month	42	44	
has specific education requirements for promotion	22	57	
provides tuition reimbursement of at least 1/2 the cost for continuing education	48	35	
provides work release time for continuing education	40	45	
encourages LPN's to achieve further education leading to RN status	49	40	
recognizes superior LPN performance with bonuses or more frequent salary increments	14	76	

The following question applies primarily to in-patient nursing settings. If the conditions in the question do not apply to YOUR type of employment, please indicate so by checking the N/A (not applicable) column listed with EACH question.

37. Do the LPN's in your place of employment have a choice in scheduling THEMSELVES for any of the following?

	Yes	No	N/A
number of hours worked per day	25	65	
week-end and holiday time	35	53	
evening and night rotation	34	46	
(patient care area) assigned work setting	28	55	
assigned work setting on evenings and nights	27	53	

38. Have you ever worked for a temporary Nurse Agency?

26 Yes
70 No
4 I am presently employed by a
Temp. Nurse Agency

39. Following is a list of actions which sometimes are undertaken by LPN's in health care agencies. In the appropriate box please indicate whether or not you perform these tasks as part of your present job.

6

	Regularly	Sometimes	Never
perform admission assessment with nursing history	49	29	22
perform physical assessment (skin, heart, abdomen, circulation, lungs, etc)	47	31	22
analyze lab results and inform physician	43	34	23
develop nursing care plans (MAPP's)	49	25	26
contact M.D. regarding patient problems and/or condition change	72	21	7
assume charge of a unit	41	22	37
teach patient and family about health problems (e.g. diabetes, ostomy care, etc.)	43	41	16
change inappropriate special diets	27	37	36
modify medications when indicated, including dosage and administration	24	29	47
reschedule strenuous diagnostic procedures as warranted by patients condition	20	35	44
change surgical dressings if needed	56	27	1
decide on frequency of vital signs monitoring	53	32	15
insert catheters in patients unable to void	61	24	15
obtain specimens from an indwelling arterial catheter	20	10	70
monitor chemotherapy administration	13	19	68
administer IV medications	29	16	55
manage Pitocin drip	8	13	79
insert naso-gastric tube	25	22	52
remove sutures from post operative patients	13	25	62

40. Would you take courses on a part time basis leading to an Associate Degree in Nursing if any of the following conditions were available?

	Yes	No
courses were located within a 30 mile driving distance	78	22
courses were given on weekends	65	35
release time were provided by your employer	83	17
the institution offering courses had low cost child care facilities during class hours	61	39

41. Would you plan to remain in your present place of work if you completed a RN program?

48	Yes
22	No
30	Don't know

42. Would your salary be increased by at least 10% if you completed a RN program?

65	Yes
11	No
25	Don't know

43. Would you enroll on a FULL TIME basis leading to an Associate or Bachelors degree in nursing if a state supported scholarship and living stipend were available to you?

76	Yes
24	No

44. Does your present place of employment provide at least 6 credits per semester full tuition reimbursement for full time LPN employees who wish to pursue further education in nursing?

25	Yes
43	No
32	Don't know

45. Does your present place of employment give time off for continuing education courses for LPN's?

44	Yes
56	No

46. Does your present place of employment pay at least half of the cost of continued education courses for LPN's?

38	Yes
62	No

GENERAL INFORMATION

47. Do you belong to any of the following LPN organizations?

- 5 MLPNA
- 6 NAPNES
- 0.09 FANEL
- 2 Other (Specify) _____
- 87 none

48. What is the highest degree or certificate that you **ULTIMATELY** plan to earn in nursing?

- 41 I do not plan to earn another degree
- 5 RN with Diploma
- 22 RN with Associates Degree
- 21 RN with Bachelors Degree
- 4 Graduate degree in nursing
- 7 Other (Specify) _____

7

49. The following contains a series of statements about issues of educational concern involving LPN's. Please indicate your degree of agreement or disagreement by checking the appropriate space:

HOW YOU FEEL

Strongly Agree Agree Neutral Disagree Strongly Disagree

- LPN's are exploited by the industry as a source of cheap labor. 1 : X : 2 : 3 : 4 : 5
- Nurses are trained to do the same things - the only difference is in the letter attached to the name pins. 1 : X : 2 : 3 : 4 : 5
- LPN's should not be allowed by law to do some of the things they are made to do in practice. 1 : 2 : X : 3 : 4 : 5
- RN's with Bachelors degrees are more capable of directing LPN's than RN's without Bachelors degrees. 1 : 2 : 3 : X : 4 : 5
- There should be only 2 educational levels in nursing with one at the technical or LPN level and the other at the BSN level. 1 : 2 : 3 : X : 4 : 5
- The future trend in LPN education should include 2 years of education leading to an Associate Degree in Practical or Technical Nursing. 1 : X : 2 : 3 : 4 : 5

50. If your daughter wished to study licensed practical nursing would you DISCOURAGE her from doing so?

- 43 Yes
- 40 No
- 17 Does not apply

275-78

52. If you would discourage your daughter/son from studying licensed practical nursing, which ONE of the following reasons would be of PRIMARY concern? (check only ONE for daughter & ONE for son)

- | Daughter | Son | |
|----------|-----|---|
| 28 | 44 | other jobs provide more financial reward |
| 6 | 5 | other jobs provide more job satisfaction |
| 22 | 21 | other jobs provide more respect, prestige, and status |
| 23 | 13 | licensed practical nursing is too hard a job for the benefits it offers |
| 21 | 18 | other _____ |

274

51. If your son wished to study licensed practical nursing would you DISCOURAGE him from doing so?

- 46 Yes
- 36 No
- 17 Does not apply

53. If your daughter/son decided to study nursing, which educational program would you advise her/him to enter?

10 Trade, Technical or Vocational High
School program
29 Hospital based post High School program

50 Community College program
07 High School adult-education program
11 State Hospital program

8

Please use the space below for any comments you have about LPN's, the LPN Task Force, this questionnaire, or anything else you can share with us. Again Thank you for your participation.

Please Return the Survey in the Enclosed Addressed Stamped Envelope To: LPN Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401



STATE OF MARYLAND
EXECUTIVE DEPARTMENT
LPN TASK FORCE
224C HOUSE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

1984
MARYLAND HEALTH CARE EMPLOYER SURVEY

Dear Colleague,

As the chairperson of the Task Force appointed by Governor Hughes to study the role of Licensed Practical Nurses in Maryland, I am seeking your assistance in identifying major issues involved in the education and utilization of LPN's in our state.

As you probably know, in 1981, Governor Hughes appointed a Commission on Nursing Issues pursuant to legislation sponsored by me and Delegate Paula Hollinger. Our 16 member Commission held hearings throughout the state, met with expert panels, and surveyed 9,000 RN's licensed in Maryland. Our aim was to identify, qualify and quantify the problems facing nurses in Maryland in order to frame recommendations to the Governor for future action.

One of the recommendations submitted to Governor Hughes by the Commission on Nursing Issues was that a task force be established to consider the education and utilization of Licensed Practical Nurses. It is to this end that I am asking your assistance as an employer of LPN's to fill out this questionnaire.

Completing the survey will probably take about 15 minutes. All replies will be confidential; your name or the name of your institution cannot be identified; and data will be released on an aggregate basis only.

I hope that you will fill in your survey immediately and drop it in the mail as soon as possible. A stamped self-addressed envelope is included for your convenience.

Thank you for your cooperation. Your response and interest are greatly appreciated; be assured that your contribution will be carefully considered.

Sincerely,

Delegate Marilyn Goldwater, R.N.
Chairperson

INSTRUCTIONS

Specific directions are given for many of the questions in this survey. Where no directions are given, please mark your answer in the appropriate box—, making sure that each answer is confined to that box. Most questions require only one checkmark, but several ask you to check an answer for each factor on a list. Please ignore the numbers in the left margin (these are for computer processing only).

Should you have any questions, feel free to call or write to:

Dr. Nancy Wiederhom, R.N., D.N.Sc., Research Consultant
Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone 301/652-1346

1. Please check the one box which best describes your employment setting.

- | | | |
|-----|--|--|
| 110 | 1 <input type="checkbox"/> nursing home | 6 <input type="checkbox"/> home health agency |
| | 2 <input type="checkbox"/> teaching hospital | 7 <input type="checkbox"/> health department and or school nursing |
| | 3 <input type="checkbox"/> community hospital | 8 <input type="checkbox"/> HMO |
| | 4 <input type="checkbox"/> chronic care or rehabilitation hospital | 9 <input type="checkbox"/> Other (Specify) _____ |
| | 5 <input type="checkbox"/> psychiatric hospital | |

2. The following contains a list of statements about Licensed Practical Nurses. Please indicate your degree of agreement or disagreement with each statement by checking how you feel about each issue.

How You Feel

Strongly Agree Agree Neutral Disagree Strongly Disagree

- | | | |
|------|--|--|
| 112 | a. My Institution could not function without LPN's. | a. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 113 | b. LPN's should not be employed in acute care settings. | b. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 114 | c. If state and federal regulations would allow it I would hire an all LPN nursing staff. | c. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 115 | d. For the most part, LPN's lack an adequate background to make anything more than the most elementary nursing judgements. | d. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 116 | e. Nurses are trained to do the same things—the only difference is the letters attached to the name pins. | e. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 117 | f. If funding were available I would hire an all RN nursing staff. | f. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 118 | g. LPN's usually provide quality nursing care. | g. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 119 | h. LPN's are exploited by the industry as a source of cheap labor. | h. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |
| 1110 | i. When we get qualified LPN's the tendency is to misuse them. | i. <u> </u> : <u> </u> : <u> </u> : <u> </u> : <u> </u> |

1111 3. Is your agency a non-profit organization?
 1 Yes
 2 No

1112 4. Do you regularly employ Licensed Practical Nurses in your institution?
 1 Yes
 2 No → SKIP TO QUESTION #28

1113 5. Do you use temporary agency LPN's in your institution?
 1 Yes
 2 No

1114 6. Do you use certified medicine aids in your institution?
 1 Yes
 2 No

1115-111 7. What is your RN to LPN to nursing aide staff ratio on:
 a. day shift to to
 LPN RN AIDE
 b. evening shift to to
 LPN RN AIDE
 c. night shift to to
 LPN RN AIDE

8. Please rate how well your LPN's function with the following skills and knowledges. Using the following scale write the appropriate rating in the blank next to each factor.

- | | | |
|------|---|--------------|
| | 1. excellent preparation | |
| | 2. good preparation | |
| | 3. adequate preparation | |
| | 4. inadequate preparation | |
| 1142 | a. clinical hands on skills | a. <u> </u> |
| 1143 | b. ability to assess nursing needs and plan and provide appropriate nursing interventions | b. <u> </u> |
| 1144 | c. leadership skills in supervising activities of subordinates | c. <u> </u> |
| 1145 | d. communication skills | d. <u> </u> |
| 1146 | e. decision making skills | e. <u> </u> |
| 1147 | f. patient teaching skills | f. <u> </u> |
| 1148 | g. awareness of the patients psycho-social and spiritual needs | g. <u> </u> |
| 1149 | h. medication dispensing skills | h. <u> </u> |
| 1150 | i. rehabilitation skills | i. <u> </u> |
| 1151 | j. knowledge of drug interactions | j. <u> </u> |
| 1152 | k. nutritional concepts | k. <u> </u> |

163 9. In your opinion should state licensure laws require an RN on all shifts?

- 1 Yes
2 No

164 10. Thinking of future nursing needs of your institution, in FY 1987 do you expect to employ

- 1 no LPN's
2 the same number of LPN's as now
3 probably a few more LPN's
4 many more LPN's

11. Do you employ LPN's in any of the following areas (N/A means not applicable)

		Yes	No	N/A
165	a. ICU	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
166	b. CCU	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
167	c. P.C.U.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
168	d. Dialysis Unit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
169	e. Pediatric ICU	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
170	f. Recovery Room	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
171	g. O.R.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
172	h. E.R.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

163 12. In your institution are LPN's assigned to RN duties:

- 1 often
2 sometimes
3 seldom
4 never

13. Have you been forced to designate to LPN's duties and responsibilities normally assigned to RN's for any of the following reasons:

		Yes	No
164	a. unplanned absenteeism	1 <input type="checkbox"/>	2 <input type="checkbox"/>
165	b. Increase in census	1 <input type="checkbox"/>	2 <input type="checkbox"/>
166	c. budgetary constraints	1 <input type="checkbox"/>	2 <input type="checkbox"/>
167	d. other _____		

168 14. What is the average length of employment of your LPN's?

- 1 6 months or less
2 7 months to 1 year
3 1 to 2 years
4 3 to 5 years
5 6 to 10 years
6 more than 10 years

169 15. In your opinion, how long after beginning employment does it take for your newly graduated LPN to function effectively in the practice setting?

- 1 Immediately
2 approximately 2 months
3 3 to 6 months
4 7 months to 1 year
5 more than 1 year

170 16. What TYPE of educational program graduates the best LPN's?

- 1 Trade, Technical or Vocational High School program
2 Hospital based Post High School programs
3 Community College programs
4 High School adult education programs
5 State Hospital programs
6 they're all the same

171 17. In your opinion is there a difference in LPN performance according to the particular school (NOT TYPE OF PROGRAM) from which the LPN was graduated?

- 1 Yes
2 No

172 18. Do you feel that more clinical experience needs to be included in LPN training programs?

- 1 Yes
2 No

173 19. Do you feel that more academic content should be included in LPN training programs?

- 1 Yes
2 No

174-76 20. What is the average starting salary for LPN's in your agency?

\$ 74 _____ 75 per year

21-10 21. What is the salary range for LPN's in your agency?

\$ 1 _____ to \$ _____ 10 per year

211-18 22. What is the hourly LPN salary range for LPN's in your agency?

\$ 11 _____ to \$ _____ 16 per hour

219 23. In your agency what salary differential exists between RN's and LPN's (to the nearest figure)?

- 1 none
2 less than \$1.00 per hour
3 \$1.00-1.99 per hour
4 \$2.00-2.99 per hour
5 more than \$3.00 per hour

220 24. Is there a salary differential of at least 10% between shifts

- 1 no
2 for RN's only
3 for RN's and LPN's

221 25. A salary differential for charge position is

- 1 not available for LPN's
2 less than \$1.00 per day
3 \$1.00-1.99 per day
4 \$2.00-2.99 per day
5 more than \$3.00 per day

222 26. Are your LPN's represented by a collective bargaining unit?

- 1 Yes
2 No

27. The following contains a series of statements about LPN service and education in various institutional settings. Please check the appropriate answer for your institution.

The institution in which I am employed:

				Yes	No	N/A					Yes	No	N/A				
223	a.	has on-going in service education for LPN's at least once per month	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	226	d.	provides work release time for continuing LPN education	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
224	b.	has specific educational requirements for promotion	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	227	e.	encourages LPN's to achieve further education leading to RN status	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
225	c.	provides tuition reimbursement of at least 1/2 the cost for continuing LPN education	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	228	f.	recognizes superior LPN performance with bonuses or more frequent salary increments	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

28. The following contains a list of actions which may be undertaken by one of the members of the health team. Please indicate your ONE BEST choice for each action in the appropriate box

		AIDE	LPN	RN	MD				
229-30	a. changing inappropriate special diets	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
231-32	b. modifying medications when indicated, including dosage and administration	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
233-34	c. rescheduling strenuous diagnostic procedures as warranted by patients condition	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
235-36	d. changing surgical dressings if needed	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
237-38	e. deciding on frequency of vital signs monitoring	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
239-40	f. inserting catheters in patients unable to void	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
241-42	g. obtaining specimens from an indwelling arterial catheter	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
243-44	h. chemotherapy administration	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
245-46	i. administration of IV medications	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
247-48	j. management of a Pitocin drip	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
249-50	k. insertion of a naso-gastric tube	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>
251-52	l. removal of suture from post-operative patients	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>

29. The last time you saw an LPN performing her job in a particularly excellent way, what was she doing?

30. The last time you saw an LPN performing tasks inappropriate to her training and education, what was she doing?

253 31. This survey was completed by the:

- 1 chief executive officer
- 2 chief of nursing (or equivalent)
- 3 associate or assistant to the chief of nursing
- 4 other _____

Thank you for your participation!

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STATE OF MARYLAND
EXECUTIVE DEPARTMENT
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1984
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Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone 301/652-1346

1. Please check the one box which best describes your employment setting.

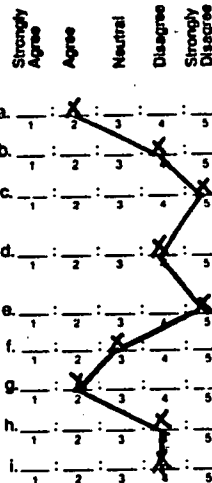
- 41 nursing home
- 3 teaching hospital
- 11 community hospital
- 3 chronic care or rehabilitation hospital
- 3 psychiatric hospital

- 5 home health agency
- 6 health department and or school nursing
- 2 HMO
- 26 Other (Specify) _____

2

2. The following contains a list of statements about Licensed Practical Nurses. Please indicate your degree of agreement or disagreement with each statement by checking how you feel about each issue.

How You Feel



3. Is your agency a non-profit organization?

66 Yes
34 No

4. Do you regularly employ Licensed Practical Nurses in your institution?

77 Yes
23 No → SKIP TO QUESTION #28

5. Do you use temporary agency LPN's in your institution?

29 Yes
71 No

6. Do you use certified medicine aids in your institution?

43 Yes
57 No

7. What is your RN to LPN to nursing aide staff ratio on:

day shift 2 to 2 to 8
 LPN RN AIDE

evening shift 2 to 1 to 6
 LPN RN AIDE

night shift 1 to 1 to 4
 LPN RN AIDE

8. Please rate how well your LPN's function with the following skills and knowledges. Using the following scale write the appropriate rating in the blank next to each factor.

1. excellent preparation
2. good preparation
3. adequate preparation
4. inadequate preparation

	E	G	A	I
clinical hands on skills	15	35	27	2
ability to assess nursing needs and plan and provide appropriate nursing interventions	7	21	35	22
leadership skills in supervising activities of subordinates	5	15	35	45
communication skills	6	20	30	44
decision making skills	5	24	30	41
patient teaching skills	6	23	37	34
awareness of the patients psycho-social and spiritual needs	9	27	38	26
medication dispensing skills	24	44	27	5
rehabilitation skills	7	29	47	17
knowledge of drug interactions	6	24	37	33
nutritional concepts	5	24	31	40

9. In your opinion should state licensure laws require an RN on all shifts?

66 Yes
34 No

10. Thinking of future nursing needs of your institution, in FY 1987 do you expect to employ

8 no LPN's
65 the same number of LPN's as now
23 probably a few more LPN's
4 many more LPN's

11. Do you employ LPN's in any of the following areas (N/A means not applicable)

	Yes	No	N/A
ICU	11	7	
CCU	7	13	
P.C.U.	6	14	
Dialysis Unit	4	14	
Pediatric ICU	2	11	
Recovery Room	2	24	
O.R.	10	16	
E.R.	10	15	

12. In your institution are LPN's assigned to RN duties:

28 often
32 sometimes
19 seldom
21 never

13. Have you been forced to designate to LPN's duties and responsibilities normally assigned to RN's for any of the following reasons:

	Yes	No
unplanned absenteeism	55	45
increase in census	20	80
budgetary constraints	27	83
other		

14. What is the average length of employment of your LPN's?

2 8 months or less
7 7 months to 1 year
19 1 to 2 years
42 3 to 5 years
23 6 to 10 years
5 more than 10 years

15. In your opinion, how long after beginning employment does it take for your newly graduated LPN to function effectively in the practice setting?

5 immediately
19 approximately 2 months
32 3 to 6 months
33 7 months to 1 year
12 more than 1 year

16. What TYPE of educational program graduates the best LPN's?

11 Trade, Technical or Vocational High School program
52 Hospital based Post High School programs
18 Community College programs
05 High School adult education programs
4 State Hospital programs
15 they're all the same

17. In your opinion is there a difference in LPN performance according to the particular school (NOT TYPE OF PROGRAM) from which the LPN was graduated?

77 Yes
23 No

18. Do you feel that more clinical experience needs to be included in LPN training programs?

66 Yes
34 No

18. Do you feel that more academic content should be included in LPN training programs?

72 Yes
28 No

20. What is the average starting salary for LPN's in your agency?

\$ 13,110 per year

21. What is the salary range for LPN's in your agency?

\$ 13,045 to \$ 16,103 per year

22. What is the hourly LPN salary range for LPN's in your agency?

\$ 6.54 to \$ 7.92 per hour

23. In your agency what salary differential exists between RN's and LPN's (to the nearest figure)?

4 none
7 less than \$1.00 per hour
48 \$1.00-1.99 per hour
31 \$2.00-2.99 per hour
11 more than \$3.00 per hour

24. Is there a salary differential of at least 10% between shifts?

73 no
3 for RN's only
24 for RN's and LPN's

25. A salary differential for charge position is

64 not available for LPN's
11 less than \$1.00 per day
9 \$1.00-1.99 per day
5 \$2.00-2.99 per day
12 more than \$3.00 per day

26. Are your LPN's represented by a collective bargaining unit?

9 Yes
91 No

27. The following contains a series of statements about LPN service and education in various institutional settings. Please check the appropriate answer for your institution.

4

The institution in which I am employed:

	Yes	No	N/A
has on-going in service education for LPN's at least once per month	71	19	10
has specific educational requirements for promotion	15	62	23
provides tuition reimbursement of at least 1/2 the cost for continuing LPN education	49	39	12

	Yes	No	N/A
provides work release time for continuing LPN education	54	35	11
encourages LPN's to achieve further education leading to RN status	34	9	7
recognizes superior LPN performance with bonuses or more frequent salary increments	34	55	11

28. The following contains a list of actions which may be undertaken by one of the members of the health team. Please indicate your ONE BEST choice for each action in the appropriate box

	AIDE	LPN	RN	MD
changing inappropriate special diets	1	6	34	57
modifying medications when indicated, including dosage and administration	0	2	11	86
rescheduling strenuous diagnostic procedures as warranted by patients condition	0	10	52	38
changing surgical dressings if needed	2	49	46	3
deciding on frequency of vital signs monitoring	0	18	63	19
inserting catheters in patients unable to void	0	53	43	4
obtaining specimens from an indwelling arterial catheter	2	18	52	28
chemotherapy administration	0	5	54	42
administration of IV medications	0	3	77	20
management of a Pitocin drip	0	3	68	28
insertion of a naso-gastric tube	0	22	64	13
removal of suture from post-operative patients	0	13	45	42

29. The last time you saw an LPN performing her job in a particularly excellent way, what was she doing?

30. The last time you saw an LPN performing tasks inappropriate to her training and education, what was she doing?

31. This survey was completed by the:

- 6 chief executive officer
- 79 chief of nursing (or equivalent)
- 4 associate or assistant to the chief of nursing
- 11 other

Thank you for your participation!

Please Return the Survey in the Enclosed Addressed Stamped Envelope To: LPN Task Force
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1984 SURVEY OF LICENSED PRACTICAL NURSES IN MARYLAND

DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of the LPN's in the survey are described in tables 1 and 2. The sample was composed primarily of women of about age 39, most of whom are white, married, and have two children, the youngest of whom is 10 years old. Most respondents come from families in which the highest educational attainment of both parents and spouse was completion of high school (table 3).

Table 1

Percentage of LPN's Classified by Marital Status

13	never married
64	married
19	divorced/separated
4	widowed

Table 2

Percentage of LPN's Classified by Ethnic Origin

0.3	American Indian
0.2	Asian
20	Black/not Hispanic
0.8	Hispanic
78	White/not Hispanic other (specify)

Table 3

Highest Level of Education Completed by Parents and Spouse of LPN's

Spouse	Father	Mother	
0.5	11	5	Don't know
1.4	8	8	Attended Elementary
2.8	13	11	Completed Elementary
12	17	19	Attended High School
24	23	32	Completed High School
14	9	7	Attended some college
8	5	6	Attended some technical or professional school following high school completion
11	6	7	Completed technical or professional school
11	3	2	Completed Bachelors degree
4.2	1	1	Some graduate work
5	1	1	Completed Masters degree
7	3	1	Completed Doctoral or advanced professional degree

EDUCATIONAL CHARACTERISTICS

The majority of the respondents graduated from hospital based post high school programs located in Maryland and of approximately 52 weeks duration (table 4). The median year for completion of basic LPN education was 1973: 18% attended CETA funded programs.

Table 4

Percentage of LPN's Graduated From Different Types of LPN Educational Programs

'79-'83
Regist.

31	29	trade, technical or vocational high school program
18	39	hospital based post high school program
20	10	community college program
14	4	high school adult education program
16	19	state hospital program

Respondents felt that their basic LPN educational programs prepared them with good clinical and assessment skills, leadership capabilities, and foundations for further study (table 5). Respondents also felt that they functioned well immediately upon graduation into the practice setting, and that they needed no more clinical or academic content in their basic educational programs (table 6).

Table 5

Percentage of Skills and Knowledges Rated as Excellent or Good Following Graduation from Basic LPN Program

	CUMULATIVE PERCENTAGE <u>excellent to good</u>
clinical (hands on) skills	<u>91</u>
ability to assess nursing needs and provide appropriate nursing interventions	<u>85</u>
realistic orientation to job demands of nursing	<u>74</u>
competency in collaborating with members of other health disciplines	<u>74</u>
foundations for further study and ease of access into more advanced nursing programs	<u>63</u>
leadership skills	<u>63</u>

Table 6

Time to Function Effectively in the Practice Setting After Graduation from LPN Educational Program

36	immediately
26	approximately 2 months
26	2 to 6 months
8	1 year
3	more than 1 year
1	never

EMPLOYMENT CHARACTERISTICS

LPN's tended to leave their first jobs to relocate and for more challenging positions, while they left their last jobs for better salaries (table 7). Many tended to remain in their first nursing position from one to two years, with a sizeable number remaining for more than five years (table 8).

Table 7

Reasons for Leaving First and Last Jobs

<u>First job</u>		<u>Last job</u>		
<u>RANK</u>		<u>RANK</u>		
(8)	3	(7)	6	to leave nursing because of general dissatisfaction with the profession
(2)	19	(5)	12	for a more challenging nursing position
(3)	17	(2)	19	because the salaries and/or benefits in another nursing job were better
(1)	25	(1)	19	to relocate to another geographic area
(6)	19	(6)	7	to get married and relocate to another area where my husband/wife was employed
(5)	11	(4)	16	family responsibilities were incompatible with the demands of my nursing job
(7)	3	(8)	3	to retire on social security or disability insurance
(4)	13	(3)	17	other (Specify) _____

Table 8

Length of Employment in First Job

12	6 months or less
17	7 months to 1 year
25	1 to 2 years
21	3 to 5 years
25	more than 5 years

Specialty areas primarily are Medical-Surgical units and Geriatric areas (table 9), and principle employment settings include community hospitals, nursing homes, and teaching hospitals (table 10). Primary positions held by LPN's are staff nurse and head nurse (table 11). The majority of the respondents live and work in the same geographic area (table 12), and have a mean employment time of 6 years and 3 months with the same agency; 54% plan to work until retirement age, and 64% report that they are dependent on their salaries to meet most or all family expenses. The mean yearly salary reported by the respondents was \$15,600 full-time and \$8,645 part time.

Table 9

Percentage of LPN's Classified by Specialty Areas

<u>RANK</u>		
(1)	27	Medical/Surgical
(6)	6	ICU/CCU
(2)	26	Geriatrics
(8)	2	Emergency Room
(7)	3	Community Health
(5)	8	Pediatrics/Maternal Infant
(11)	0.5	Dialysis Unit
(4)	10	Psychiatric/Mental Health
(9)	1	Recovery Room
(10)	1	O.R.
(3)	15	Other (Specify) _____

Table 10

Percentage of LPN's Classified by Principle Employment Setting

<u>RANK</u>		
(2)	23	Nursing Home
(3)	13	Teaching Hospital
(1)	33	Community Hospital
(7)	3	Chronic Care or Rehabilitation Hospital
(4)	9	Psychiatric Hospital
(8)	2	Home Health Agency
(9)	2	Health Department and or School Nursing
(10)	1	HMO
(11)	1	Temporary Nursing Agency
(6)	6	Doctors office
(5)	7	Other (Specify) _____

Table 11

Percentage of LPN's Classified by Primary Employment Position

2	Administration
10	Head nurse
0.3	In-Service Education
62	Staff nurse
6	Special care nursing (ICU, CCU)
3	Private duty
1	Public health nurse
15	Other (Specify) _____

Table 12

Percentage of LPN's Classified by Geographic Location of Residence and Employment

<u>LIVE</u>	<u>WORK</u>	
12	12	Western Maryland (Garrett, Allegany, Washington, and Frederick Counties.
15	16	Montgomery County.
16	15	Southern Maryland (Prince George's, Calvert, Charles, and St. Mary's Counties.
10	13	Baltimore City
32	27	Metropolitan Baltimore (Anne Arundel, Carroll, Harford, Howard, and Baltimore Counties).
14	14	Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties).
1	2	Outside of Maryland

Table 13 summarizes and rank orders working conditions which respondents feel to be unsatisfactory. It is interesting to note that comfort of the nurses lounges ranks second in order of areas rated as unsatisfactory. Although LPN's are not generally represented in nursing administration meetings, 62% feel that patient care would benefit if they were. Respondents also report that there is no salary or bonus differential for quality nursing care in the great majority of employment settings, no specific educational requirements for promotion, and no release time for continuing education (table 14), although the majority of respondents report that their employers encourage them to achieve further education leading to RN status. Employment settings providing tuition reimbursement include teaching hospitals and psychiatric hospitals, other employment settings tended not to (table 15).

Table 13

Conditions Listed as Unsatisfactory in Place of Employment

	<u>UNSATISFACTORY</u>	<u>RANK</u>
a. Present salary	a. <u>44</u>	(3)
b. Ultimate salary range	b. <u>54</u>	(1)
c. Flexibility of work schedule	c. <u>19</u>	(13)
d. Amount of direct patient care	d. <u>10</u>	(17)
e. Tuition reimbursement plan	e. <u>29</u>	(7)
f. RN to LPN ratio	f. <u>28</u>	(8)
g. Quality of personnel (RN and LPN)	g. <u>18</u>	(15)
h. Number of ancillary personnel (orderlies, aids, etc.)	h. <u>42</u>	(4)
i. Quality of ancillary personnel	i. <u>25</u>	(12)
j. Comfort of nurses changing facilities, lounges, lockers, etc.	j. <u>48</u>	(2)
k. Parking facilities	k. <u>28</u>	(9)
l. Vacation time and sick benefits	l. <u>25</u>	(11)
m. Availability of continuing education courses	m. <u>39</u>	(5)
n. Quality of continuing education courses	n. <u>31</u>	(6)
o. Courteous treatment by physicians	o. <u>19</u>	(4)
p. Respect from other members of the health team	p. <u>15</u>	(16)
q. Respect of RN's for professional competence of LPN's	q. <u>25</u>	(10)

Table 14

**Response to Statements Regarding Service
and Education in Employing Institutions**

The institution in which I am employed:

	Yes	No
has on-going in service education for LPN's at least once per month	42	44
has specific education requirements for promotion	22	57
provides tuition reimbursement of at least 1/2 the cost for continuing education	48	35
provides work release time for continuing education	40	45
encourages LPN's to achieve further education leading to RN status	49	40
recognizes superior LPN performance with bonuses or more frequent salary increments	14	76

Table 15

**Percentage of LPN's Reporting That Place of
Employment Provides at Least 6 Credits Toward
Tuition**

	Yes	No	Don't Know
Nursing Home	5.5	61.6	32.8
Teaching Hospital	49.1	25.8	25.0
Community Hosp.	33.6	26.0	40.2
Rehab. Hosp.	31.8	40.9	27.2
Psych. Hosp.	39.5	25.9	34.5
Home Health Agency	0.0	60.0	40.0
Health Dept.	0.0	69.2	30.7
H.M.O.	33.3	33.3	33.3

Most LPN's have very little input into their work schedules (table 16). Twenty six percent of the respondents have at one time worked for a temporary nursing agency, while 4% report present employment by an agency.

Table 16

Response to Self Scheduling Choices in Various Employing Institutions

	Yes	No
number of hours worked per day	25	65
week-end and holiday time	35	53
evening and night rotation	34	46
(patient care area) assigned work setting	28	55
assigned work setting on evenings & nights	27	53

Respondents to the survey described their current employment status in Table 17.

Table 17

Current Employment Status of LPN Respondents

61	full time in nursing
26	part time in nursing
4	full time in field other than nursing
2	part time in field other than nursing
8	not employed in any field

Table 18 presents a list of nursing actions which LPN's regularly, sometimes, or never perform. Cross tabulation indicates that tasks vary with employment institutions and according to RN-LPN-Physician employment structure. Trends in the data indicate that in areas where LPN's are employed most, such as in community hospitals and nursing homes, they report performing duties normally assigned to others in different institutions.

Table 18
List of Nursing Actions Which Might Be Undertaken by LPN's

	<u>Regularly</u>	<u>Often</u>	<u>Never</u>
1. perform admission assessment with nursing history	49	29	22
2. perform physical assessment (skin, heart, abdomen, circulation, lungs; etc.)	47	31	22
3. analyze lab results and inform physician	43	34	23
4. develop nursing care plans (MAPP's)	49	25	26
5. contact M.D. regarding patient problems and/or condition change	72	21	7
6. assume charge of a unit	41	22	37
7. teach patient and family about health problems (e.g. diabetes, ostomy care, etc.)	43	41	16
8. change inappropriate special diets	27	37	36
9. modify medications when indicated, including dosage and administration			47
10. reschedule strenuous diagnostic procedures as warranted by patients condition	20	35	44
11. change surgical dressings if needed	66	27	7
12. decide on frequency of vital signs monitoring	53	32	15
13. insert catheters on patients unable to void	61	24	15
14. obtain specimens from an indwelling arterial catheter	20	10	70
15. monitor chemotherapy administration	13	19	68
16. administer IV medications during hemodialysis treatment	29	16	55
17. manage Pitocin drip	8	13	79
18. insert naso-gastric tube	25	22	52
19. remove sutures from post operative patients	13	25	62

Most LPN's reported that they would take courses leading to an Associate Degree in Nursing if certain conditions were met (table 19).

Table 19

Conditions Which Might Induce Respondents to Take Courses Leading to an AA in Nursing

	Yes	No
courses were located within a 30 mile driving distance	78	22
courses were given on weekends	65	35
release time were provided by your employer	83	17
the institution offering courses had low cost child care facilities during class hours	61	39

Although the majority of LPN's reported that they do not desire another nursing degree (table 20) those who indicated a desire for an Associate Degree in Nursing tended to work in community hospitals, while those who indicated a desire for a Baccalaureate Degree in Nursing tended to work in teaching hospitals (table 21).

Table 20

Highest Nursing Degree Desired

41	I do not plan to earn another degree
5	RN with Diploma
22	RN with Associates Degree
21	RN with Bachelors Degree
4	Graduate degree in nursing
	Other (Specify) _____

Table 21

Percentage of LPN's Working Towards More
Advanced Educational Degree by Employment
Setting

	HIGHEST DEGREE PLANNED				
	None	R.N. Dip.	R.N. A.D.	R.N. B.S.N.	Grad. Deg.
Nursing Home	45.6	5.2	19.1	16.5	3.9
Teaching Hospital	33.8	4.6	22.3	26.1	7.6
Community Hospital	35.3	4.8	27.7	23.2	3.3
Rehab. Hospital	36.0	12.0	24.0	20.0	0.0
Psych. Hospital	46.8	8.5	18.0	19.1	2.1
Home Health Agency	38.8	0.0	22.2	22.2	11.1
Health Dept.	53.3	13.3	6.6	13.3	13.3
Temp. Agency	12.5	0.0	37.5	12.5	25.0
M.D. Office	58.3	8.3	16.6	10.0	0.0

The least desire for advanced nursing education was found among LPN's employed in physicians offices (table 21).

Figure 1 presents a list of statements to which respondents were requested to indicate their responses on an attitudinal scale (Figure 1).

	HOW YOU FEEL				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
LPN's are exploited by the industry as a source of cheap labor	—	X	—	—	—
Nurses are trained to do the same things - the only difference is in the letters attached to the name pins	—	X	—	—	—
LPN's should not be allowed by law to do some of the things they are made to do in practice	—	—	X	—	—
RN's with Bachelors degrees are more capable of directing LPN's than RN's without Bachelors degrees	—	—	—	X	—
There should be only 2 educational levels in nursing with one at the technical or LPN level and the other at the BSN level	—	—	—	X	—
The future trend in LPN education should include 2 years of education leading to an Associate Degree in Practical or Technical Nursing	—	X	—	—	—

FIGURE 1

INDICATION OF DEGREE OF AGREEMENT WITH ISSUES INVOLVING LPN EDUCATION AND SERVICE

A cross tabulation of employment settings reveals that most LPN's agree that they are exploited and most agree that all nurses are trained to do the same things. LPN's in rehabilitation and psychiatric hospitals disagree with the latter statement. LPN's in most institutions do not feel that the law should prohibit them from doing some of the things they are made to do except those who reported working in doctors offices. LPN's in all employment settings do not feel that the Baccalaureate educated nurse directs LPN's better than non-degreed nurses. LPN's from all employment settings disagreed with two educational levels in nursing, although all agreed that LPN education should include an Associate Degree.

Table 22 presents membership in LPN organizations. The great majority of LPN's do not belong to any nursing organization.

Table 22

Percentage of LPN's belonging to Practical Nursing Organizations

5	MLPNA
6	NAPNES
0.095	FANEL
2	Other (Specify) _____
87	None

Responding to the attitudinal question of whether or not the respondent would discourage her daughter from studying licensed practical nursing, the majority responded that they would not discourage their daughters from studying practical nursing but that they would discourage their sons from doing so.

Table 23 indicates reasons for discouraging daughters or sons from studying licensed practical nursing.

Table 23

Percentage of LPN's Responding to Reasons For Discouraging Son/Daughter from Studying Practical Nursing

Daughter	Son	
28	44	other jobs provide more financial reward
6	5	other jobs provide more job satisfaction
22	21	other jobs provide more respect, prestige, and status
23	13	licensed practical nursing is too hard a job for the benefits it offers
21	18	other _____

Cross tabulation reveals that those LPN's who would discourage their daughters from becoming LPN's also believe that LPN's are exploited by the industry; that all nurses are trained to do the same things; with the law would prohibit some jobs; do not feel that BSN's direct LPN's better; and agree with two levels of education for nurses. The practical nursing educational program which the majority of respondents chose to advise their sons/daughters to enter was the community college program (table 24).

Table 24

Percentage of LPN's Advising Their Sons/Daughters to Enter Different Types of LPN Programs

10	Trade, Technical or Vocational High School Program
29	Hospital based post High School program
50	Community College program
0.7	High School adult-education program
11	State Hospital program

LICENSURE AND SCOPE OF PRACTICE

Expert Panel Findings

The Expert Panel on the Scope of LPN Practice in evaluating the discrepancy between LPN licensure law and practice developed the following description of actual LPN and RN practice by skill area based on information from LPN employers. In most areas of practice it is obvious from the description that responsibility for management of nursing care is assigned primarily to the registered nurse. The LPN functions primarily as a clinical, bedside nurse with clinical and supervisory support from the RN.

	<u>Licensed Practical Nurse</u>	<u>Registered Nurse</u>
<u>Administer Treatment or Medication</u>	The LPN administers the majority of the treatments and medications with the exception of starting intravenous fluids, administering medications via intravenous "push" routes, central venous pressure route and Hickman catheters.	The RN is responsible for monitoring the parenteral nutrition and for initiating contact with the physician for consultations.
<u>Aid in Rehabilitation</u>	The LPN performs range of motion exercises, assists in patient ambulation, bowel and bladder training, initiates referrals and performs one-to-one	The RN formulates the comprehensive rehabilitation nursing care plan.

Licensed Practical
Nurse (Con't)

counseling. The LPN performs selected activities which aid in rehabilitation of the individual.

The LPN utilizes asepsis, performs one-to-one teaching and initiates referrals.

Promote
Preventative
Measures in
Community
Health

Give
Counseling to
An Individual

The LPN provides one-to-one counseling on day to day issues and assists in providing the patient with possible alternative solutions.

Safeguard
Life and
Health

The LPN provides the patient with a safe environment, assists in fire and safety control, provides restraints for patients, and employs aseptic techniques. The LPN identifies common reoccurring signs and symptoms or patient illness/problems. The LPN follows established guidelines for patient safety.

Teach or
Supervise

The LPN teaches treatments and procedures, with which she is familiar. The LPN also teaches health measures to patients with health alterations (diabetic patient(s) and cardiac patient(s)

Registered Nurse
(Con't)

The RN formulates that comprehensive rehabilitation nursing care plan.

The RN develops the guidelines which indicate when teaching and/or referral is to be done. The RN develops the teaching plan and teaches aspects of patient education for the family and group.

The RN utilizes a theoretical based intervention. (Individual family, or group therapy).

The RN designs safety programs such as infection control programs and protocols for caring for self-destructive patients.

The RN plans for supervision of groups of patients and for staff.

Licensed Practical
Nurse (Con't)

are examples of this). The LPN directs and supervises activities of subordinate personnel for a tour of duty; assigns tasks to subordinate personnel; and supervises the use of new equipment.

Assessment

Collects data and contributes to the identification of physical, emotional, spiritual and cultural needs of the consumer.

Identifies communication techniques in a structured care setting.

Interviews health consumers to obtain specified information.

Identifies overt learning needs of the health consumer.

Makes significant observations of the health consumer and communicates these to the health team.

Identifies own strengths and weaknesses and seeks assistance for improvement of performance.

Identifies appropriate resource persons in some other agencies within the health care delivery system.

Registered Nurse
(Con't)

RN practice includes all of the activities that the LPN performs and expands these activities:

1. Identifies needs for specific data which is gathered by nursing care staff.

2. Identifies overt and covert patient learning needs.

3. Utilizes techniques not limited to structured settings (including private practice).

4. Analyzes and interprets data gathered.

In some practice settings the LPN may be expected to analyze and interpret the data collected. However, the majority of the LPNs are not expected to analyze and interpret collected data.

	<u>Licensed Practical Nurse (Con't)</u>	<u>Registered Nurse (Con't)</u>
<u>Nursing Diagnosis</u>	The LPN identifies patient problems/needs applicable to the nursing diagnosis.	The RN is responsible for making a complete nursing diagnosis.

Nursing diagnosis includes the physical, psychosocial and spiritual needs of patients. Some institutions emphasize patient problems more than complete nursing diagnosis. The patient care plans frequently reflect technical problem identification. This occurs where there are large numbers of LPNs employed. Emphasizing patient problems utilizes the contribution of the LPN to the planning of nursing care.

	<u>Licensed Practical Nurse (Con't)</u>	<u>Registered Nurse (Con't)</u>
<u>Planning Nursing Care</u>	<p>The LPN contributes to the development of nursing care plans in a structured setting.</p> <p>The LPN contributes to the development of health plans for patients and/or families and establishes priorities when providing nursing care for one or more patients. The LPN may set priorities for specific tasks to be accomplished for a day or a shift depending upon the setting.</p>	<p>The RN is responsible for altering the nursing care plan based on the patient's condition changing. The RN develops the format of the plan of care, sets priorities for individual patients, and groups of patients for an extended period of time.</p>

Licensed Practical
Nurse (Con't)

The LPN contributes to discharge planning.

Registered Nurse
(Con't)

The RN designs the plan of care and in some cases may work without a written plan of care.

The RN sets priorities for nursing action based upon nursing diagnosis.

In selected structural settings such as nursing homes, the LPN frequently plans for all the patients on a unit. Many nursing homes have stable populations. There are minimal changes in these patients' conditions. Therefore, alterations in the plan of care would not be significant.

Licensed Practical
Nurse

Implementa-
tion

Safely performs therapeutic and preventive nursing procedures incorporating fundamental biological and psychological principles in giving individualized care.

Utilizes communication techniques in a structured setting.

Provides incidental health teaching

Participates in the prescribed regime by preparing, assisting and providing follow-up care to patients undergoing diagnostic and/or therapeutic procedures.

Participates in established emergency plans in a structured setting.

Registered Nurse

The RN is responsible for all delegated activities to the other members of the nursing team.

The RN delineates planned sequential learning activities.

Licensed Practical
Nurse (Con't)

Registered Nurse
(Con't)

Protects the rights and dignity of the patients.

The LPN delegates to the subordinate personnel, activities related to the plan of care.

Incidental health teaching refers to the LPN's response to the patient's question or the patient's condition at that time.

The LPN carries out the developed planned sequential learning activities.

Evaluation

The LPN participates in evaluating the care given and in making necessary adjustments to the plan of care.

The RN has the ultimate responsibility for insuring that the total nursing care is evaluated.

Evaluation of
Nursing
Practice

This is not within the scope of LPN practice.

The RN is accountable and responsible for the evaluation process which examines nursing practice.

The Panel further interpreted this aspect to refer to the ultimate evaluation of nursing practice. This would include administration and management of that practice. Administration indicates a comprehensive executive role including functional goals, policy formulation and management. Management is defined as accomplishing the task through others, or facilitating attainment of institutional goals by use of human and material resources. Administration typically focuses on long range objectives (five to ten year attainment plan) and usually covers the functions of a division. Management focuses on more immediate objectives (one to two year attainment) and functions may cover only an assigned portion of the division.

Licensed Practical
Nurse

Supervision
of Nursing
Practice

The LPN supervises delegated technical skills and activities of subordinate personnel.

Registered Nurse

The delegation of nursing practice is governed by the standards set by the nursing administration thus it is the institution and the responsibility of the RN to determine what can be delegated. Supervision of nursing practice involves the accomplishing of tasks and activities for day-to-day care of patients. The RN's responsibility is assigned by the Maryland Nurse Practice Act.

Team
Relationship

In team relationships, there is more than one member of the team. In any team relationship there is the decision-making process involved. The LPN's position on the nursing team is dependent on the type of institution, tour of duty (7a-3p, 3p-11p, 11p-7a) and the acuity level of the patient population. In institutions or specific units within an institution, the patient population may be termed chronic long-term care population. With this classification of patient population, the LPN may function as a team member and/or as a team leader. When the LPN assumes the leadership role, the LPN is responsible for seeing that specific tasks and activities are accomplished. In institutions where the acuity level of patient care is more severe, the RN is the designated leader of the nursing team.

The membership of the health care team is quite different. A variety of disciplines form this inter-disciplinary team of health care providers i.e., medicine, nursing social work, physical therapy and so forth. The leadership of this health care team changes as the patient problems/needs change. The LPN is a contributing member to this health care team, and to the decisions the team makes. The RN is the representative who interprets the full nursing

system to representatives of the other disciplines who comprise the health care team. The LPN contributes to the health care team, but does not assume the leadership role.

Public Hearing Findings

Employers and LPNs themselves acknowledge that the discrepancy between statute and practice is a problem. Employers cite unavailability of RNs as a reason for the problem, and insist that RNs are available at all times at least by telephone. Nevertheless, many of these same people express concern for patient safety in a situation they are managing as well as they can with available resources.

It has been suggested that the Nurse Practice Act is vague, and therefore permits liberal interpretation regarding duties LPNs are permitted to perform. This has led to a further suggestion that the Practice Act be clarified to eliminate this problem. The response to this has been mixed; those opposing the idea fear a rigid definition of LPN practice that will create severe staff disruption and shortages, particularly in rural areas.

It has also been suggested that LPN education and practice statutes be modified to correspond to the actual tasks LPNs are performing in the workplace. This idea has been met with resistance from many. Some LPN educators believe that the current LPN education program is already lengthy and should not be expanded. LPNs themselves contend that they do not seek additional responsibilities; they became LPNs to deliver hands-on, bedside care and that is how they wish to remain.

The evolution of certified medicine aides and geriatric, aides in nursing homes and state facilities is perceived by some as a factor in eroding the role and stature of the LPN in the delivery of nursing care. While the certification of medicine and geriatric aides only affects LPNs working in long term care facilities, a number of LPNs testified during hearings that these aides seemed to supplant LPNs because they perform tasks that LPNs are not allowed to perform. Most employers, however, stress that certified aides are used only to assist nursing staff and work directly under LPN or RN supervision.

According to state regulations, Certified Medicine Aides (CMAs) were instituted as an auxiliary staff position in response to the RN shortage. CMAs are allowed, after a State approved training course, to administer controlled schedule drugs and to have access to the drug cabinet. They are also allowed to chart medications, but they are not allowed to administer IV medications, transcribe original physicians' orders, or administer substances via nasogastric or gastrostomy tubes. The regulations make it very clear that CMAs are not to function in any charge level capacity.

Geriatric nursing assistants (GNAs) are nursing assistants who have completed specialized training to perform patient care tasks under the direction and immediate supervision of a licensed nurse. This training is intended to enhance the care of geriatric patients by assuming that those who deliver their care understand the physical, psychosocial, and environmental aspects of providing geriatric nursing care.

Although the use of CMAs and GNAs appears to be motivated by a need to enhance the quality of nursing care, it does not appear that much consideration was given to providing this care through use of additional LPNs. In addition, while CMAs and GNAs provide nursing care, the educational requirements were determined by the Department of Licensing and Certification rather than by the State Board of Examiners of Nurses (SBEN) which in fact is the legal entity responsible for monitoring the delivery of nursing services to the public. It would seem that to enhance the quality of nursing care, the SBEN should develop those educational requirements and monitor the CMAs and GNAs who are delivering nursing care.

EMPLOYMENT OF LICENSED PRACTICAL NURSES

Findings of Expert Panel and Public Hearings

Licensed practical nurses are essential to nursing care in many of Maryland's long term care facilities. The majority of nurses in most long term care settings are LPNs and they, along with nursing assistants, deliver most of the direct nursing care. RNs are employed primarily as administrative and supervisory personnel during day shifts. According to testimony, LPNs are frequently expected to function as charge nurses on evening and night shift. As charge nurses, LPNs are functioning in supervisory roles with extensive programmatic, clinical, and supervisory responsibility. LPNs often plan nursing care, give medications, perform treatments, report to physicians, chart nursing notes, supervise other personnel, and assume overall

responsibility for the functioning of the nursing care unit.

According to testimony, LPN salaries are lower than RN salaries although charge nurse responsibilities are virtually identical. Some nursing homes do not differentiate between RNs and LPNs in charge nurse job descriptions, although RN and LPN pay scales differ. Several nursing directors, in reporting these conditions, recommended that the training of LPNs be upgraded to include managerial and supervisory skills. No one suggested that charge duties be limited to registered nurses. The current law requires only that charge nurses be licensed nurses without stipulation of RN or LPN. The DHMH Division of Licensing and Certification interprets the law to mean that both RNs and LPNs may be employed as charge nurses. It was pointed out that the cost of such a restricting charge nurse duties to RNs would be prohibitive; when such a change was proposed in the Maryland Senate in 1981 the additional annual cost was estimated to be nearly \$10 million.

It appears that long term care facilities are caught in a position of demanding more and more of their nursing staffs without the financial resources to recruit RNs to fill these demanding roles. The nursing home industry points to the reimbursement system for nursing home care as the primary source of pressure to limit funds expended for nursing care despite ever greater nursing care duties.

LPNs themselves express dissatisfaction with their employment situation in long term care facilities. In general, LPNs do not feel comfortable with managerial and clinical

responsibilities for which they were not trained. Some LPNs report resentment at being asked to assume these responsibilities without being paid higher salaries for doing so.

EDUCATION OF LICENSED PRACTICAL NURSES

FINDINGS OF EXPERT PANEL AND PUBLIC HEARINGS

Maryland's first school for practical nursing was organized in 1922 at the Home for the Incurables.¹² There are currently 20 practical nursing programs in Maryland with an enrollment of 720 students. In the year ending September 30, 1982, these programs graduated 394 persons.¹³ Eleven of the programs are within public school systems, three are operated by the state, two are affiliated with hospitals and four are within community colleges.

LPN SCHOOLS IN MARYLAND

Central Maryland

Baltimore City Public Schools High School Program
Baltimore City Public Schools Adult Program
Eastern Vocational Technical High School
Johnson School of Practical Nursing
South Baltimore General Hospital LPN School
State of Maryland DHMH LPN School
Springfield Hospital Center
Anne Arundel County Public Schools
Carroll County Vocational Technical Center
Harford Community College

Eastern Shore

Eastern Shore Hospital Center
Queen Anne's County High School
Talbot County Vocational
Wor-Wic Tech Community College
Cecil Vocational-Technical Center

Southern Maryland

Charles County Community College
St. Mary's County Technical Center

Western Maryland

Frederick Vocational-Technical Center
Washington County Career Studies Center
Allegany Community College

Source: Maryland State Board of Examiners of Nurses, 1983

Programs vary in length depending upon their setting. High school programs range from one to three years while all others are approximately one year in length. Regulations governing these programs require a minimum of 1300 hours in the program with at least 40% of the total program hours in theory. Each program is required to have basic content in the biological, physical and behavioral sciences and identifiable theoretical and clinical learning experiences in fundamentals, medical, surgical, obstetric, pediatric, psychiatric and gerontological nursing.

Although each program's curriculum is unique, some generalizations can be made. Curricula in the high school, state health facilities and hospital based programs generally follow the medical model in their organization and presentation of content. Three of the four community college programs are ladder-type programs based on a conceptual framework with the practical nursing curriculum being the first year of the associate degree program. In these programs, all students take the first and second semester courses together. Students wishing to exit at the practical nursing level then take a summer course

designed to prepare them for the role and function of the practical nurse. The fourth community college practical nursing program utilizes the medical model design and does permit graduates of the program advanced standing in its registered nursing program after they have taken the requisite support courses.

Quality of LPN Education

The twenty practical nurse education programs employ 90 faculty members. According to the State Board of Examiners of Nurses, educational preparation of faculty members is as follows:

DEGREE EARNED	NUMBER OF FACULTY
M.S.N.	22
Master's in related field	7
Master's in non-related field	1
B.S.N.	32
B.S. in other fields	15
A.A.	2
Diploma	<u>11</u>
	90

Twenty-eight of the faculty persons (31%) would be qualified to be employed in RN education programs. Thirty-one of the faculty persons (34%) of the practical nursing faculty in the State could be eligible for faculty positions in RN education programs.

In examining ways to improve the quality of LPN nursing education, the Expert Panel considered many aspects of the current preparation of LPNs in Maryland. The Panel looked at results on the State Board Examination (NCLEX), formal

preparation of faculty in LPN programs, information and testimony from Maryland State Board of Examiners of Nurses representatives, employers and nursing educators, students and graduates of LPN programs.

The Expert Panel expressed particular concern about LPN programs in many of the high schools. Statistical data from the State Board of Examiners of Nurses underlined these concerns. The Expert Panel reported the following findings in its report to the Task Force:

1. Performance on State Board Examinations.

Data from the State Board of Examiners of Nurses indicate that graduates of many high school LPN programs have a persistently high rate of failure on the State Board (NCLEX) Examinations designed to measure minimal knowledge for LPN licensure.

2. Inadequate Faculty Qualifications.

Many high school programs are staffed by faculty possessing minimal formal education qualifications. Such faculty are ill-prepared to design and implement quality LPN programs. In some cases instructors do not have college degrees or are teaching subjects, such as biology or psychology, in which they have no postsecondary preparation. These problems are exacerbated by minimal peer

contact and access to other nurse educators when coping with day-to-day problems.

3. Inadequate Administrative Qualifications.

Many administrators responsible for LPN programs are non-nurses who cannot be expected to possess expert knowledge of nursing education or nursing curriculum design and development. They are ill-prepared to guide and support a nursing faculty on nursing subject matters, issues, or trends. Because the LPN program administrator is frequently the high school principal, whose primary obligation is to broader issues of secondary education, the nursing program suffers.

4. Non-Selective Admissions and Progression Requirements for High School LPN Students.

Some LPN faculty have little or no voice in selecting students admitted to high school LPN programs or in deciding on their progression to higher levels of the programs. Without control of the selection process, the faculty cannot assure that graduates are able to meet program objectives.

5. Student Maturity Levels.

Many secondary school students are not sufficiently mature to make the commitment required to become LPNs. Few fifteen-year olds are equipped to make such career decisions and accept the sacrifices required during the high school years and in the work setting that follows. High attrition rates in the high school programs underscore this problem.

6. Difficulties with the Secondary School Environment.

It is difficult for secondary education administrators to ensure quality for LPN faculty and programs because so many education programs compete for their attention and support. Nursing standards may take a back seat to broader secondary education objectives which have higher priorities with the community and its education officials. The objectives of a quality LPN education program are not always compatible with the objectives of a school system emphasizing an adequate general secondary education for all its students.

7. Job Performance.

Many employers express reluctance to employ graduates of several high school LPN programs. They frequently cite lack of maturity and the historically high failure rate on State

Board Examinations as reasons for their reluctance. Another employer concern is increased orientation and training costs as a result of higher turnover rates among employees who were graduated from high school LPN programs.

Articulation

Given the continuing need for quality nursing care in the State of Maryland, the issue of articulation and career mobility for LPNs assumes increasing importance. In its deliberations, the Expert Panel on Articulation of LPN Education identified several important reasons for encouraging articulation:

1. To reduce duplication and its consequent waste of teaching effort, clinical and educational facilities, and the valuable time and effort of nursing students;
2. To allow every individual the educational opportunity and career mobility to become all that he or she is capable of becoming;
3. To remove artificial barriers to career, economic, and educational opportunities in the nursing profession (historically, the LPN has played an important role in providing access to the health professions for those who found it difficult to enter longer-term, more expensive

routes to entry-level nursing);

4. To help improve the quality of nursing care and prepare nurses capable of meeting the complex and demanding health services needs of the 1980s; and
5. To help provide the necessary graduate and professional education needed to improve and maintain excellent LPN nursing faculty and LPN education programs.

The Articulation and Education Panel Report identified several obstacles to articulation of LPN and RN programs. They are:

1. Lack of uniform competencies of entering and graduating LPNs.
2. The cost to the LPN of tuition and fees limits educational mobility, particularly for the LPN who supports or helps to support a family.
3. Program inflexibility, rigid work schedules, family and career responsibilities impede LPNs from continuing their education.
4. Minimal recognition in both salary and work assignments for a nurse's educational achievements, discouraging the

LPN from seeking further education.

5. Insufficient financial aid and scholarship programs for those interested in nursing careers.
6. Resistance to LPNs by RN educators who lack knowledge of or are unwilling to learn about the abilities of LPNs who enter their programs. Closely related is a lack of appreciation and understanding of LPNs by RN institutions. At its worst this attitude is expressed in "turf concerns" and attempts to prevent others from participating in RN education; at its best, there is a genuine concern with not compromising the educational quality of the upper level program.
7. Fiscal restraints on the health care system that limit nursing education opportunities through reduced FTE funding in the colleges, reduced clinical spaces in the hospitals, and pressures by external regulators to move hospitals toward "minimum safe care" as a cost containment goal.
8. The struggle within the nursing profession to define itself and its components. Until the future roles of nurses are better defined, it is difficult to establish the roles of LPN students and graduates. This struggle manifests itself (a) through academic conflicts that

often demean the role of the least educated and (b) through comprehensive efforts to redefine nurse-administrator, male-female, and professional-technical relationships.

9. Geographic barriers to education and career mobility. Some areas of the state offer sparse opportunity for education and employment of LPNs and LPN educators, or else offer such opportunity only at great expense or expenditure of time.

STATE POLICY FRAMEWORK

LPNs in State Service

State facilities employing LPNs classify them according to four levels, LPN I, II, III, and Nursing Service Supervisor, representing increasingly higher levels of functioning and salary.

LPN I Entry level LPN position requiring no prior LPN work experience. The essential work requirement is an elementary knowledge of current practical nursing theory, practice and their application.

LPN II Mid-level LPN position requiring two years of LPN work experience. Essential work requirement is a working knowledge of current nursing theory, practice and their application.

LPN III Senior level staff LPN position requiring four years of LPN work experience. The essential work requirements are a working knowledge of current practical nursing theory and practice, drug administration technique, and common physical, mental and retardation disorders.

NSS The Nursing Services Supervisor is a supervisory level LPN position requiring six years of LPN work experience. The essential work requirements are expert knowledge of practical nursing theory and practice, drug administration techniques, and common physical, mental, and retardation disorders. In addition, elementary knowledge of supervisory principles and teaching techniques is required.

The Expert Panel on LPNs in State Service reported that the State of Maryland employed a total of 980 LPNs in April of 1983, according to the Maryland Department of Health and Mental Hygiene. Most LPNs were employed in facilities administered by DHMH. The Expert Panel further detailed the number of LPNs employed in each classification level:

LPN I	136
LPN II	536
LPN III	241
NSS	<u>67</u>
Total	980

Salaries and Wages

The Expert Panel on LPNs in State Service reported that:

1. DHMH wages for LPNs are generally higher than those of rural health facilities and somewhat lower than Washington and Baltimore metro facilities.
2. The employee benefit program for LPNs in the State of Maryland is comparable or superior to other benefit programs. The average benefit cost per hours (as determined by the HSCRC) is higher for LPN personnel in the state service than in other facilities.

According to the Expert Panel on LPNs in State Service, LPN state employees voiced their share of problems and concerns. Expert Panel members who met with representatives of LPNs in state facilities who reported dissatisfaction with inequitable assignments, shift assignments, charge duty, lack of compensation for charge duty, and lack of involvement in policy formulation.

The Panel investigated these concerns and found that shift assignments were generally fair. The Panel also reported,

however, that LPNs in state facilities work evening and night charge duty without extra pay and that LPNs are not involved in policy formulation.

The Expert Panel also noted some dissatisfaction with orientation and training opportunities. The orientation of LPNs varies according to institution, but the training opportunities are more liberal than those provided by most private sector facilities. LPNs in state service are eligible, like all state employees, for tuition reimbursement at \$30 per credit, work study for up to 20 of a 40 hour work week, and full release time for study. For both work study and time release the employee is required to work after study is completed for three hours for every hour of release time taken.

The State as an Educator of LPNs

The State of Maryland through the Department of Health and Mental Hygiene administers a training program for LPNs. Over the years, the State has graduated over 800 LPNs, mostly long-term State employees who received their LPN education as an employee benefit. This program also has benefited the State by providing a steady supply of LPNs for its institutions. The cost per student to the State is now \$15,000-\$17,000 annually, which includes tuition and salaries.

The cost and benefit of this program has been open to question for over two years now. Two years ago the Appropriations Committee of the Maryland House of Delegates recommended that the LPN Schools be placed in appropriate higher education institutions. The same recommendations remain today.

The committee studied data from the Department of Fiscal Services. The bottom line is that there would be considerable savings for the State if the LPNs were educated in community colleges. DHMH would develop cooperative linkages with LPN schools to establish clinical experience for LPN students at State facilities.

Every year the House Appropriations Committee and the Senate Budget and Tax Committee find the schools more costly to operate. Furthermore, all LPNs graduating from the State program are hired by the State. It was recommended that DHMH schools be ruled out over a two year period. The Joint Chairmen's Report Interim Study of the 1982-1983 Session of the Maryland General Assembly recommended that the schools not be phased out, but that the schools be so designed that the number of graduates not exceed the number of guaranteed state positions. Finally the subcommittee of the House Appropriation Committee voted for phase out, but the Senate Budget and Taxation Committee took a different position. The Senate Committee position was upheld and money appropriated for 1984.

The DHMH response was that the three state schools attract and retain LPNs in the state system, are necessary to maintain licensure and certification of facilities, reduce the cost of recruiting and training new personnel, and provide a career opportunity for state employees.

CONCLUSIONS

LICENSURE AND SCOPE OF PRACTICE

1. The LPN licensure statutes are generally acceptable and applicable as a framework for LPN practice.
2. There appear to be some scope of practice violations of the Nurse Practice Act in some settings. These violations need to be documented through existing regulatory mechanisms before a course of action can be determined.

EMPLOYMENT OF LPNs

1. LPN salaries do not usually reflect additional charge duty responsibilities. Employers should develop LPN pay scales that reflect varying levels of clinical and managerial responsibility.
2. Lines of authority between LPNs and CMAs and GAs are not always clear and should be clarified to reflect the authority of the LPN in the nursing care team.
3. Orientation, in-service training, and continuing education opportunities for LPNs need to be upgraded in many health facilities.

EDUCATION

1. The continued placement of LPN programs in secondary schools does not appear to be in the long range best interest of health care in the State. Planning should therefore begin to gradually shift the placement of LPN education to the post secondary level.
2. In fairness to LPN students who may one day wish to pursue further education, every effort should be made to assure that courses in post secondary LPN programs award college credit.
3. To facilitate educational and career advancement for LPNs who wish to become RNs, all LPN programs should eventually be articulated with RN programs.

STATE POLICY FRAMEWORK

1. It appears that the state administered LPN training programs do serve to provide an adequate supply of LPNs for employment in state facilities.
2. The cost of LPN training for state employees should be shared by the employees. The practice of awarding full salary and tuition grants should be reevaluated.

END NOTES

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TASK FORCE ON LICENSED PRACTICAL NURSING
RECOMMENDATIONS

RECOMMENDED ACTIONS	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES	TIMEFAMES
<u>EDUCATION</u>			
1. Explore the feasibility of using recognized, standardized exams for the purpose of articulation from LPN to RN.		1. RN & LPN educators, accrediting bodies, MSBEN	1. 1986
2. Develop flexible RN educational programs to accommodate working LPNs with family responsibilities who are pursuing RN studies.	2. Development of special unit curriculum and teaching methods; scheduling of evening and week-end classes	2. Nursing program administrators in educational institutions	2. 1986
3. RN programs should include LPN bridge courses and common integrated courses.	3. Defining of LPN/RN educational components and common scheduling	3. Nursing program administrators in educational institutions, MSBEN	3. 1986
4. Development of LPN component of nursing articulation model.	4. Define and differentiate LPN/RN competencies; encourage conformance by all nursing programs	4. LPN and RN educators, nursing service administrators, MSBHE, MSBEN	4. 1986
5. a. Where there is a demonstrated need, any new LPN program should be initiated at the post-secondary level.	5. a. LPN program review and approval	5. a. MSBHE, MSBEN	5.a. 1986

TASK FORCE ON LICENSED PRACTICAL NURSING
RECOMMENDATIONS (CONT'D.)

RECOMMENDED ACTIONS

IMPLEMENTATION MECHANISMS

RESPONSIBLE PARTIES

TIMEFRAMES

EDUCATION

b. Existing LPN programs should enhance their clinical and academic content

b. Change standards for student-teacher ratios and score NCLEX

b. MSBEN, LPN and RN nursing program administrators in educational institutions

b. 1986

SCOPE OF PRACTICE

6. Definition of minimal competencies for LPN practice.

6. Program model (See #4)

6. MSBEN, LPN, and RN nursing program administrators, in educational institutions nursing service administrators

6. 1986

LPNs IN STATE SERVICE-

7. The role and structure of LPNs in State service should be evaluated in light of LPN Task Force recommendations, the Sondheim Commission findings on comparable worth, and the LPN/TN expert panel reports on the LPN in State Service and LPN scope of practice.

7. Review by Secretary of DHMH and Secretary of Personnel

7. Secretary of DHMH

7. 1986

REPORT
OF THE
EXPERT PANEL
ON
THE SCOPE OF
PRACTICE
OF THE
LICENSED PRACTICAL NURSE
May, 1983

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EXPERT PANEL OF THE SCOPE OF PRACTICE
FOR THE LICENSED PRACTICAL NURSE

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FORWARD

The task of defining the role of the LPN within the field of nursing has been difficult. Controversy exists regarding what the role should be versus the current practice of the LPN. After much discussion, this committee attempted to describe what is actually occurring within the practice setting. The definition of LPN practice as stated in the current Nurse Practice Act was used in order to organize the activities. The committee agreed that in some situations it appeared that LPNs were providing care beyond the parameters stated in the LPN definition. A question arose as to what extent the nursing process was being accomplished by the LPN? Therefore, those functions identified as RN practice in the Nurse Practice Act were also used to organize the activities. This guide was organized so that those activities listed first were expected functions of the LPN and those following were the RN functions. The committee members then reviewed each of the activities to determine to what extent and under what conditions were these functions accomplished by the LPN.

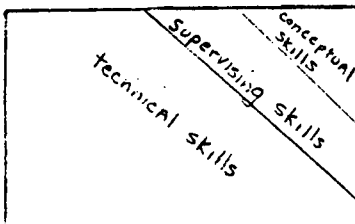
The committee members, with the help of several resource people, have attempted to accurately describe the current LPN practice. During the period of study four meetings were held, of which three were all day work sessions. Invitations were extended to representatives of the Maryland Hospital Association and the Health Facilities Association of Maryland to present their views of the practice of the LPN. Their testimony, together with information gathered by the committee from their practice settings, provided the basis for this report.

During the discussions some ideas evolved which the committee felt needed to be shared with the commission. However, these ideas do not fit within the framework of the guide. These ideas dealt with the degrees of technical skill (psychomotor skill) and the use of conceptual and management skill of various groups of nurses.

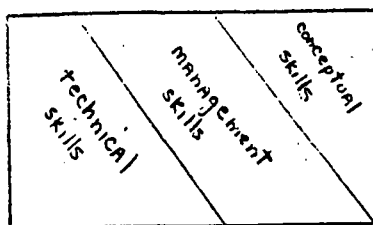
The LPN utilizes a breadth and depth of technical skill in providing nursing care. Technical skills are the basis on which their educational preparation is founded. These skills are expected to be performed by the LPN daily in the practice setting. Some supervising skills are acquired by the LPN through work experience.

The RN also performs technical skills. However, conceptual competencies are the basis of their educational preparation. The RN is expected to demonstrate these conceptual competencies daily. Beginning management skills are learned in the basic educational preparation.

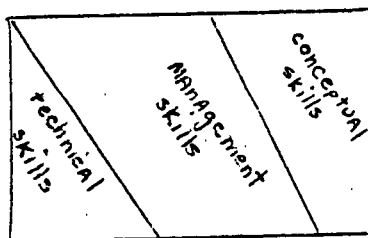
LPN



RN



RN
Manager/Administrator



The panel wishes to point out two major limitations of this report. the educational preparation regarding the knowledge base in the biological and social sciences of the LPN versus RN is not referenced. The second limitation is that hospitals which do not employ LPNs or who employ very small number of LPNs were not surveyed for data by the panel.

SCOPE OF PRACTICE

Licensed Practical Nurse

Registered Nurse

Administer Treatment or Medication

The LPN administers the majority of the treatments and medications with the exception of starting intravenous fluids, administering medications via intravenous "push" routes, central venous pressure route and Hickman catheters.

The RN is responsible for monitoring the parenteral nutrition and for initiating contact with the physician for consultations.

Aids in Rehabilitation

The LPN performs range of motion exercises, assists in patient ambulation, bowel and bladder training, initiates referrals and performs one-to-one counseling. The LPN performs selected activities which aid in rehabilitation of the individual.

The RN formulates the comprehensive rehabilitation nursing care plan.

Promote Preventative Measures in Community Health

The LPN utilizes asepsis, performs one-to-one teaching and initiates referrals.

The RN develops the guidelines which indicate when teaching and/or referral is to be done. The RN develops the teaching plan and teaches aspects of patient education for the family and group.

Gives Counseling to An Individual

The LPN provides one-to-one counseling on day to day issues and assists in providing the patient with possible alternative solutions.

The RN utilizes a theoretical based intervention. (Individual family, or group therapy).

Safeguard Life and Health

The LPN provides the patient with a safe environment, assists in fire and safety control, provides restraints for patients, and employs aseptic techniques. The LPN identifies common reoccurring signs and symptoms of patient illness/problems. The LPN follows established guidelines for patient safety.

The RN designs safety programs such as infection control programs and protocols for caring for self-destructive patients.

Teach or Supervise

The LPN teaches treatments and procedures, with which she is familiar. The LPN also teaches health measures to patients with health alterations. (diabetic patient(s) and cardiac patient(s) are examples of this). The LPN directs and supervises activities of subordinate personnel for a tour of duty; assigns tasks to subordinate personnel; and supervises the use of new equipment.

The RN generates and designs teaching plans and teaching tools. The RN utilizes principles of teaching and theories of learning as a basis for teaching.

The RN plans for supervision of groups of patients and for staff.

Performs Additional Acts of the Registered Nurse Practice

Assessment

Collects data and contributes to the identification of physical, emotional, spiritual and cultural needs of the consumer. Identifies communication techniques in a structured care setting.

Interviews health consumers to obtain specified information.

Identifies overt learning needs of the health consumer.

Makes significant observations of the health consumer and communicates these to the health team.

Identifies own strengths and weaknesses and seeks assistance for improvement of performance.

Identifies appropriate resource persons in some other agencies within the health care delivery system. (5)

RN practice includes all of the activities that the LPN performs and expands these activities:

1. Identifies specific data which is to gathered.
2. Identifies overt and covert patient learning needs.
3. Communication techniques are not limited to structured settings. (includes private practice).
4. Analyzes and interprets data gathered.

Panel Note

In some practice settings the LPN maybe expected to analyze and interpret the data collected. However, the majority of the LPNs are not expected to analyze and interpret collected data.

Nursing Diagnosis (1)

The LPN identifies patient problems/needs applicable to the nursing diagnosis.

The RN is responsible for making a complete nursing diagnosis.

Panel Note

Nursing diagnosis includes the physical, psychosocial and spiritual needs of patients. Some institutions emphasize patient problems more than complete nursing diagnosis. The patient care plans frequently reflect technical problem identification. This occurs where there are large numbers of LPNs employed. Emphasizing patient problems utilizes the contribution of the LPN to the planning of nursing care.

Planning Nursing Care

The LPN contributes to the development of nursing care plans in a structured setting.

The LPN contributes to the development of health plans for patients and/or families and establishes priorities when providing nursing care for one or more patients. (5) The LPN may set priorities for specific tasks to be accomplished for a day or a shift depending upon the setting.

The LPN contributes to discharge planning.

The RN is responsible for altering the nursing care plan based on the patient's condition changing. The RN develops the format of the plan of care, sets priorities for individual patients, and groups of patients for an extended period of time.

The RN designs the plan of care and in some cases may work without a written plan of care.

The RN sets priorities for nursing action based upon nursing diagnosis.

Panel Note

In selected structural settings such as nursing homes, the LPN frequently plans for all the patients on a unit. Many nursing homes have stable populations. There are minimal changes in these patients conditions. Therefore, alterations in the plan of care would not be significant.

Implementation

Safely performs therapeutic and preventive nursing procedures incorporating fundamental biological and psychological principles in giving individualized care.

Utilizes communication techniques in a structured setting.

Provides incidental health teaching.

Participates in the prescribed regime by preparing, assisting and providing follow-up care to patients undergoing diagnostic and/or therapeutic procedures.

Participates in established emergency plans in a structured setting.

Protects the rights and dignity of the patients. (5)

The RN is responsible for all delegated activities to the other members of the nursing team.

The RN delineates planned sequential learning activities.

The LPN delegates to the subordinate personnel, activities related to the plan of care.

Incidental health teaching refers to the LPN's response to the patients question or the patient's condition at that time.

The LPN carries out the developed planned sequential learning activities.

Evaluation

The LPN participates in evaluating the care given and in making necessary adjustments to the plan of care.

The RN has the ultimate responsibility for insuring that the total nursing care is evaluated.

Evaluation of Nursing Practice

This is not within the scope of LPN practice.

The RN is accountable and responsible for the evaluation process which examines nursing practice.

Panel Note

The Panel further interpreted this aspect to refer to the ultimate evaluation of nursing practice. This would include administration and management of that practice. Administration indicates a comprehensive executive role including functional goals, policy formulation and management. Management is defined as accomplishing the task through others, or facilitating attainment of institutional goals by use of human and material resources. Administration typically focuses on long range objectives (five to ten year attainment plan) and usually covers the functions of a division. Management focuses on more immediate objectives (one to two year attainment) and functions may cover only an assigned portion of the division.

Supervision of Nursing Practice

The LPN supervises delegated technical skills and activities of subordinate personnel.

The delegation of nursing practice is governed by the standards set by the nursing administration thus it is the institution and the responsibility of the RN to determine what can be delegated. Supervision of nursing practice involves the accomplishing of tasks and activities for day-to-day care of patients. the RN's responsibility is assigned by the Maryland Nurse Practice Act.

Team Relationship

In team relationships, there is more than one member of the team. In any team

relationship there is the decision-making process involved. The LPN's position on the nursing team is dependent on the type of institution, tour of duty (7a-3p, 3p-11p, 11p-7a) and the acuity level of the patient population. In institutions or specific units within an institution, the patient population may be termed chronic long-term care population. With this classification of patient population, the LPN may function as a team member and/or as a team leader. When the LPN assumes the leadership role, the LPN is responsible for seeing that specific tasks and activities are accomplished. In institutions where the acuity level of patient care is more severe, the RN is the designated leader of the nursing team.

The membership of the health care team is quite different. A variety of disciplines form this inter-disciplinary team of health care providers i.e., medicine, nursing, social work, physical therapy and so fourth. the leadership of this health care team changes as the patient problems/needs change. The LPN is a contributing member to this health care team, and to the decisions the team makes. The RN is the representative who interprets the full nursing system to representatives of the other disciplines who comprise the health care team. The LPN contributes to the health care team but, does not assume the leadership role.

Conclusions/Recommendations

The body of the Panel's report provides the Commission with the current scope of practice of the majority of licensed practical nurses. The LPN scope of practice is compared to that of the RN, as defined by the Maryland Nurse Practice Act. The Panel recognizes that there are unique practice situations where the LPN may be assuming some of the responsibilities of the RN. The Panel has attempted to describe the general practice of the majority of LPNs.

The Panel recommends:

1. The development of a document describing the beginning competencies for the graduate of practical nurse programs. (see reference #1) This will assist in defining the minimal level of competence that may be expected of practical nurse graduates. Utilization of the practical nurse in a role the graduate has been trained for will contribute to coordination within the health care delivery system in the state of Maryland.
2. Commission a study designed to determine the patient outcomes between institutions employing a significant number of LPNs versus institutions employing few or no LPNs.

This will assist in determining the level of licensed nurse appropriate for the acuity level of the patient; and in studying some of the economic variables involved in providing health care to the Maryland consumer.

APPENDIX A

Materials Circulated to Panel Members

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- 17) Penberth-Valentine, MaryAnn "It Could Happen In Your State, Senate Bill
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- 18) Richards, Beverly. "Competencies for the Practical Nurse". The Journal
of Nursing Care , December, 1981.
- 19) ----- "What Should Practical Nurses Be Able To Do?". The Journal
of Practical Nursing, November, 1980.

APPENDIX B

Requested Presentations Given to the Expert Panel

Ms. Marion Kushubar, R.N.
Vice-President for Nursing
Franklin Square Hospital
Baltimore, Maryland 21237

Recommended by the Maryland
Hospital Association

Mr. Ralph Tarutes, R.N.
Administrator
Long View Nursing Home, Inc.
3332 North main Street
Manchester, Maryland 21103

Recommended by the Health
Facilities Association of
Maryland

EXPERT PANEL ON THE SCOPE OF
PRACTICE FOR THE LICENSED PRACTICAL NURSE

Minutes of Meeting

January 19, 1983

Date

1:30 p.m.

Time

Room 404 Gruehn Building
South Baltimore General Hospital

Place

Gertrude Hodges, Chairperson
Peggy Greene
Peggy Evans
Rayna Keyser
Evangeline Myers
Mary Wrenn
Catherine Williams
Ethel M. Jones
Barbara Newman,
Nursing Practice Consultant
MSBEN

Present

Kay Sienkilewski
Tyrone Cook
Cheryl Smith

Absent

Governor Hughes appointed a commission to study nursing issues and to formulate recommendations regarding nursing in Maryland. The first Commission addressed only the registered nurse. Due to the fact that the Licensed Practical Nurse was not included in the first commission's study, a second Commission was formed to study the practice of the Licensed Practical Nurse. This commission was appointed in September of 1982. The Commission for Licensed Practical Nurse has formed three expert panels. This Panel (1 of 3) is to focus on the Scope of Practice of the Licensed Practical Nurse. This Panel will hopefully complete its task by March 31, 1983, and submit its recommendations and/or problems identifications to the Commission at that time. The Commission will then hold public hearings after the legislative session, followed by a survey of Licensed Practical Nurses. At the completion of these activities, the Commission will formulate its report with recommendations. The Commission will forward this report to Governor Hughes by December 1983.

To define the current Scope of Practice of the Licensed Practical Nurse:

Goals of this Panel

- A) What is the Licensed Practical Nurse actually doing in practice. (Not what the Licensed Practical Nurse should be doing or what is ideal).
- B) What are the various roles of the Licensed Practical Nurse? Was there a need for additional education in order for the Licensed Practical Nurse to assume these roles or was the original preparation sufficient?

- C) Compare the practice of the Licensed Practical Nurse to the Registered Nurse. This includes settings in which the Licensed Practical Nurse practices i.e., Hospital, Nursing Home and others, it also includes examining the practice of the Licensed Practical Nurse according to shift i.e., do responsibilities change as the shift changes, 7-3, 3-11 and 11-7?
- D) At the conclusion of this panel, the panel may or may not formulate recommendations. The panel may find that it may only be able to identify existing problems.

The Panel members discussed a variety of methods to achieve the above goals. The following methods were identified as the means the Panel will employ:

How to Achieve These Goals

1. Utilizing the attached draft (drawn from the Maryland Nurse Practice Act addressing Scope of the LPN practice) each panel member will provide documentation and/or support for above goals A, B, C. Each Panel member will return this completed draft by February 1, 1983 to the Maryland Board of Examiners of Nurses 201 W. Preston Street, Baltimore, Maryland 21201, Attn: Barbara Newman.
2. Request that a representative from the Health Facilities Association of Maryland (Nursing Homes) and the Maryland Hospital Association to present their perception of the Scope of Practice of the Licensed Practical Nurse. The MSBEN practice consultant was asked to initiate this request. This meeting will be held February 18, 1983.
3. Request a meeting with the Expert Panel on Education for the Licensed Practical Nurse on their representative to share their perception.

The Chairperson was asked to initiate this request. This meeting will be held March 18, 1983

4. Following activities of 1 and 2, the Panel will meet to prepare a glossary of terms i.e., team relationship, supervision, and to formulate the panel's recommendations.

This meeting time has not been established as this time.

February 18, 1983 9 a.m. - 2 p.m.
March 18, 1983 9 a.m. - 2 p.m.
At South Baltimore General Hospital
3001 S. Hanover Street
Baltimore, Maryland 21230

Room 404 Gruehn Building unless otherwise notified. The Panel agreed to begin work activities promptly at 9 a.m. and to bring a bag lunch for each meeting in order to achieve five (5) hours

Next Meeting

Minutes of Meeting 1-19-83
Page 3

of work activity. Any Panel member unable to attend, please
call Barbara Newman, MSBEN at 383-2017.

3:00 p.m.

Meeting Adjourned

Recorder

Barbara Newman

EXPERT PANEL ON THE SCOPE OF
PRACTICE FOR THE LICENSED PRACTICAL NURSE

Minutes of Meeting

February 18, 1983

Date

9:00 a.m.

Time

Room 404 Gruehn Building
South Baltimore General Hospital

Place

Gertrude Hodges, Chairperson
Kay Sienkilewski
Peggy Greene
Rayna Keyser
Peggy Evans
Mary Wrenn
Evangeline Myers
Cheryl Smith
Catherine Williams
Barbara Newman, MSBEN Staff Member

Present

Tyrone Cook

Absent

Ethel Jones

Excused

The Chairperson reviewed the first meeting of this panel held January 19, 1983. Issues as to how the panel was established, goals the panel hoped to accomplish and the time table for accomplishing the goals were reviewed.

Called To Order

Ms. Marion Kushubar, Vice President for Nursing at Franklin Square Hospital, Baltimore, Maryland presented the following information to the Panel. Franklin Square Hospital (FSH) has employed LPN's since its existence. FSH is a 460 bed community facility. In 1975 FSH instituted primary nursing. The adoption of primary nursing resulted in a decreased need for LPN's to a ratio of 3:1 LPN's employed by FSH work in a number of patient care settings however, LPN's are not permitted to work in the following settings:

Maryland Hospital Association Representative Presentation

Critical Care i.e., ICU, CCU, ER, OR, RR, L & D, or Psychiatric patient care setting.

Ms. Kushubar reviewed the FSH LPN:

Job description; activities list; and guidelines for administration of medications. (see attachments)

Some of the major points Ms. Kushubar made regarding the LPN Scope of Practice as FSH were:

-LPN's are not allowed to be a primary nurse although they are associate nurses functioning under the direction of the RN.

- LPN's can not function as charge nurse.
- When the primary nurse is not on duty; the LPN who is an associate nurse assumes the responsibility for all aspects of the nursing process (assessment, nursing diagnosis, planning, implementation and evaluation). In this situation the LPN seeks guidance, when necessary, from the charge nurse or head nurse who is an RN.
- Each primary nurse (RN) is responsible for a geographical area of the nursing unit which is usually ten (10) beds. An associate nurse (LPN) assists the primary nurse in providing nursing care.
- LPN's are employed as members of the IV team for starting IV's, however, parental nutrition may only be done by RN's.
- FSH does not differentiate between the nursing graduate from AD, diploma or baccalaureate programs.
- The difference in scope of practice between the RN and LPN at FSH appears to be in the areas of communication skills; decision making regarding patient care and knowledge base. An example given to demonstrate this is as follows: A LPN would not probably be able to assess a patient transferred from the ICU to an inpatient unit (in order to free a ICU bed) if the patient had multiple problems.
- FSH has tuition reimbursement for all of its employees. At present, approximately 1/3 of the LPN's employed are studying to become RN's.
- Salary range per annum at FSH is approximately \$13,400 - \$17,300 for the LPN and \$16,400 - \$21,400 for the RN.
- FSH has a number of students from RN and LPN programs for their clinical experience.
- Although no studies have been conducted, FSH Administration believe that some of the LPN's employed are the longest tenured people on staff, and that there is little difference in attendance between the RN's and LPN's.
- There are few vacant nursing positions at FSH. What vacancies there are, are on the 3-11 and 11-7 shifts. There is no day rotation. Rarely does FSH hire out-

side nurses for the day shift. These positions are usually filled from in-house employees.

-Within the next two months, the nursing care plan will become a part of the patient's permanent record.

-The nursing ratio of RN to LPN for the shifts are:

4:2	7-3 + one nursing assistant
2:1	3-11 + one nursing assistant
2:1	11-7 + one nursing assistant

-FSH firmly believes that employing LPN's for many inpatient units is cost-effective. (with the exception of those critical care units previously identified).

-Ms. Kushubar stated that the Maryland Hospital Association does not appear to have an overall philosophy regarding the LPN scope of practice. Ms. Kushubar believes that FSH was asked to represent the Association because it is a community hospital which employs a significant number of LPN's

Mr. Ralph Tarutes, R.N., Administrator of Long View Nursing Home, Inc., 3332 North Main Street, Manchester Maryland 21102, presented the following information to the panel.

Health Facilities Association Representative
Presentation

-At present there are four (4) full time RN's one of whom works 3-11 and 11-7; five (5) LPN's full time. The LPN's work on all three shifts. There are twenty-one (21) nursing assistants. Nursing assistants are employed on all three shifts.

-There may not be a RN physically present during a shift however, the Administrator, the Director of Nursing Service and the Director of Continuing Education are RN's and live within five minutes of the facility.

-Long View has a thirty-seven (37) hour comprehensive nursing assistant program.

-Long View has found that utilizing LPN's to administer medications to patients is much more cost-effective than utilizing medication aides.

-Mr. Tarutes briefly reviewed the job description for the LPN (see attachment) major points highlighted by Mr. Tarutes were:

The LPN may assume charge position on evening or night shift. This is usually delegated to the LPN

who has been employed over a period of time by the facility, and who has received continuing education in this area.

The LPN assists the RN in specialized treatments i.e., colostomies, catheterization, etc.

-A team made up of the nutritionist, social work and RN initiates the initial MAP assessment form. The RN is responsible for up-dating the MAP form periodically as necessary. This same team does the assessment for the medicare reimbursement.

-Admissions to the facility are planned for the day shift, usually Monday through Friday. The facility has had one discharge this year.

-The facility has a waiting list of 40-50 people and a occupancy rate of 99.8%.

-Staff turn over is very low, possibly due to its family atmosphere for employees and its pension plan for staff.

Minutes of the 1-19-83 meeting were reviewed, corrected and accepted.

Minutes of the Last
Meeting 1-19-83

Approximately one-half (1/2) of the Panel members have returned this work sheet. A preliminary draft of the responses to each phrase was compiled and distributed to the panel members. One panel member felt that it may be helpful to the panel to have information regarding the LPN's scope of practice from a large hospital which restricts the LPN scope of practice and a large teaching institution. One panel member pointed out the glaring difference in the LPN scope of practice between employers i.e., Church Hospital vs. St. Agnes Hospital.

In reviewing the Legal Phrases work sheet the panel members determined that two (2) actions were necessary. In examining the responses the panel should:

- 1) examine the responses to each legal phrase and generate questions which, when answered, would provide specific information.
- 2) examine the responses to each legal phrase and attempt to identify the commonalities in the responses.

In beginning the review of the work-sheet, a lengthy discussion evolved regarding the LPN working in a team relationship. A panel member suggested that a grid addressing aspects inherent in each phrase, and the manner in which it is different in each facility be

developed. For example:

I. Team Relationship	Shift	NH	Rehab. Fac.	Psych	State
A) Independence					
B) Relationship to Supervision					
C) Role in Nursing Team					

The legal phrase "Aid in the rehabilitation of an individual" may imply all the specialized therapies i.e., speech, vocational etc, development of a plan of care and activities of daily living.

The term "Supervision of nursing practice" may imply the institution defining nursing practice i.e., quality assurance, inservice education and so forth.

The term "counseling" may imply the following aspects.

- 1) Empathizing
- 2) Supporting
- 3) Therapeutic Interventions (This is theory based).

The LPN may act out this counseling in a 1-1 relationship, focusing on day to day issues, alternatives which are reality based may be offered by the LPN.

The RN may act out this counseling by providing individual therapy; crisis counseling or group counseling. The RN may focus on creating change in the client's mind set which would alter the client's behavior pattern. This would assist the client to adapting less stressful coping patterns.

The chairperson and the MSBEN staff person will prepare a draft grid for each of the legal phrases for the panel's use at the next meeting.

The Panel decided that after determining the LPN's scope of practice, the panel will compare and contrast this to the document entitled Beginning Competencies For New Graduates Of Associate Degree - Diploma And Baccalaurate Programs copy righted 1982 by Maryland Council of Directors of Associated Degree, Diploma and Baccalaurate Programs, and the Maryland Society for Nursing Service Administrators, printed: January 1983. (This document was distributed to the Panel members).

One panel member, Kay Sienkilewski stated that she would refer the Beginning Competencies document to the educa-

Minutes of Meeting 2-18-83

Page 6

tional resource people at her facility for their input regarding the document.

The Chairperson requested that two (2) panel members Peggy Greene and Kay Seinkilewski who are also members of the Expert Panel on Education of the LPN, represent this panel's viewpoint at a future meeting. Both panel members stated they would confer with the Panel on LPN Education for their approval.

The Chairperson shared with the Panel members a letter the Chair received from the Governor. (see attachment) The Chair stated that the certification examination for the BSN graduate which the Governor referred to would be for purpose of employment, not academic credit.

March 18, 1983 9:00 a.m. - 2:00 p.m.
South Baltimore General Hospital
3001 S. Hanover Street
Room 404, Gruehn Building
Baltimore, Maryland 21230

Panel members agreed to begin work activities promptly at 9:00 a.m. and to bring a bag lunch, in order to achieve five (5) hours of work activity. Any panel member unable to attend, please call Barbara Newman, MSBEN staff member at 383-2017.

3:00 p.m.

Proposed Meeting with
the Expert Panel on
LPN Education

Letter form the
Governor

Next Meeting

Meeting Adjourned

Recorder

Barbara Newman

EXPERT PANEL ON THE SCOPE OF
PRACTICE FOR THE LICENSED PRACTICAL NURSE

March 18, 1983

Date

9:30 a.m.

Time

Room 404 Gruehn Building
South Baltimore General Hospital

Place

Gertrude Hodges, Chairperson
Kay Sienkilewski
Peggy Evans
mary Wrenn
Evangeline Myers
Cheryl Smith
Catherine Williams
Ethel Jones
Riva Tiedman (Representative of Preggy Greene
Barbara Newman, MSBEN Staff Member

Present

Rayna Keyser
Tyrone Cook

Absent

Minutes of January 19, 1983 and February 18, 1983 were
approved as written.

Called to Order

Kay Sienkilewski shared with the panel an article written by
Martyann Penberth - Valentine. "It could happen in your
state, senate Bill 666," Nursing Management Vol 13, No. 11,
(November, 1983) 34-39 (see attached)

Kay Sienkilewski also shared with the panel, the Springfield
LPN faculty evaluation of beginning LPN's psychomotor compe-
tencies.

The panel reviewed the computation data, formulated from the
panel's response to the working document entitled, legal phrases.

Computation of
Gathered Data
Document

The panel noted that in addressing the issue of Administer Treat-
ment or Medication, the RN has responsibility for the over all
parenteral nutrition, the monitoring of this nutrition for initiating
contact with the physician.

The panel did accept as written, the areas of Aids in Rehabili-
tation, Promote Prevention Measures in Community Health, Gives
Council to an Individual Safeguard Life and Health, Teach or
Supervise.

The panel discussed the areas entitled "Performs additional acts
in RN practice". The area of assessment drew the following
conclusions: The Panel accept the Pennsylvania Practical
Nursing Coordinators statements regarding LPN parameters for
assessment, from the document entitled Competencies and
Abilities of Practical Nurse Graduates on Entry Into Practice .
The panel noticed that some LPN's in some settings are expected
to analyze and interpret data, the LPN based on his/her educa-
tional preparation, the LPN should not be doing this.

Nursing Diagnosis

The panel discussed what nursing diagnosis meant. It concluded that the nursing diagnosis included physical, psychosocial and spiritual aspects of patient problems. Most LPN identify patient problems/needs. This may occur because some institutions have care plans that reflect technical problem identification. This technical problem identification may be, because the institution employs a large percentage of LPN's. The problem/need identification by an LPN is appropriate.

However, because nursing diagnosis is the foundation for the nursing plan of care and the nursing interventions, the formation of a nursing diagnosis should be the function of an RN.

The panel recognized that there is a lack of clarity regarding what nursing diagnosis actually means, LPN's may be doing nursing diagnosis.

Planning Nursing Care

The panel accepted the statements regarding planning nursing care by the "Pennsylvania Practical Nurse Coordinators". Additional statements generated by the panel were:

- The LPN maybe setting priorities accomplished for day or the shift depending upon the setting. They maybe doing discharge planning.
- LPN's usually do not set priorities of nursing actions based on nursing diagnosis.
- LPN's should not be placed in a position of setting priorities for an individual patient's care based on changes in the patient's condition.
- Some settings, i.e., nursing homes, may place LPN's in the position of doing all the planning for patient care for all of the patients on the unit.
- One panel member suggested that the panel survey institutions for RN-LPN employer ratio in order to address this use.

Implementation

The panel accepted the statements made by the "Pennsylvania Practical Nurse Coordinators". The panel agreed there was a significant difference in the caliber of the designed plan of care depending on the educational preparation of the nurse who prepares the plan of care i.e., RN vs LPN.

Evaluation

The panel accepted the statements made by the "Pennsylvania Practical Nurse Coordinators". The panel agreed on the additional statements:

-LPN's do not have the total responsibility for evaluation of patient care.

-Due to the educational preparation, the depth and breadth of the evaluation of the nursing care differs from LPN to RN.

Evaluation of Nursing Practice

Maintain Health
Prevent Illness
Teaching
Counseling

The panel agreed these issues have been discussed in significant detail.

Administration

The panel agreed that administration was not within the LPN scope of practice.

Supervision of Nursing Practice

The panel agreed that the LPN supervises delegated technical skills and activities of subordinate i.e., assistants medication aides. However it is the institution and the RN's who determine what can be delegated.

Evaluation of Nursing Practice

The panel agreed that this is not in the scope of LPN practice.

Performs in a Team Relationship

This phrase as not defined in the Computations of Gathered data Document. the panel agreed on the following statements regarding this phrase.

-There are more than one team in health care i.e., There is a nursing team and there is a health care team. The health care team implies more than 1 discipline, i.e., Medicine, Nursing, Social Work, Physical Therapy etc.

-In team relationship, there is more than one member of the team.

-In any team relationship there is the decision making process involved.

-The panel agreeded, that by delineating the LPN's participation in the nursing process, (see computation of Gathered Data Document) the LPN's role in the nurisng team relationship has been defined.

In regards to the health care team relationship the panel agreed to the following statements:

- The leadership of the health care team changes as the patient's problems change.
- The LPN is a contributing member to the decision the health care team makes.
- The LPN is not the representative to interpret the full nursing system to the health care team.
- The LPN is never the leader of this health care team.

Kay Sienkilewski, discussed the JCHA requirements regarding "Privileging" for various clinical professionally licensed disciplines in order to insure quality of care to the health consumer by health care instituions.

"Privileging"

At Ms. Sienkilewski's institution, each discipline (i.e., nursing, medicine, social work etc.), have their own "Privileging System". The instituion has formed a Joint Committee representing all the privileged disciplines, to over see the entire system.

Each discipline has identified basic and advanced competencies for their members. Individual employees are "privileged" not the discipline-at-large. For example, a clinical nurse I may be privileged yet another clinical nurse I may not.

The "Privileging" is based upon education, supervision of practice, and review and maintenance of the "privileging" status. Each individual must be "privileged" every 2 years and conditions for maintaing this status must be met. Ms. Sienkilewski will forward the "privileging" documentation and an article written by Claire Kembro on this subject to the MSBEN staff member for duplication and distribution to panel members.

The chairperson, Ms. Hodges and the MSBEN staff member will prepare a draft document of this panel's findings of this panel members review.

Narrative of this Panel's findings

The chairperson indicated that because the education panel has just been formed and that this panel is progressing so rapidly, that a meeting with the education panel may not be timely. Therefore, the panel agreeded that the appropriate action to take would be for Ms. Peggy Greene and Kay Sienskilewski, members of both panels, to read the draft narrative from the education panel's view point

Proposed meeting with the Expert Panel on LPN Education.

Ms. Sienkilewski and Ms. Riva Tiedman (Ms. Greene's representative) agreed to this proposal.

Finalize the narrative of the panel's findings. Formulate conclusions/recommendations/questions regarding the licensed practical nurse scope of practice.

April 13, 1983, 2 p.m. - 5 p.m.
South Baltimore General Hospital
3001 S. Hanover Street
Room 404 Gruehn Building
Baltimore, MD. 21230

Any panel member unable to attend, please call Barbara Newman, MSBEN staff member at 383-2017.

2:30 p.m.

Goal of Next Meeting

Next Meeting

Meeting Adjourned

Recorder

Barbara Newman

EXPERT PANEL ON THE SCOPE OF
PRACTICE FOR THE LICENSED PRACTICAL NURSE

Minutes

April 13, 1983

Date

2:00 p.m. - 5:00 p.m.

Room 404, Gruehn Bldg.
South Baltimore General Hospital

Place

Gertrude Hodges, Chairperson
Kay Sienkilewski
Rayna Keyser
Evangeline B. Myers
Mary E. Wrenn
Peggy Greene
Barbara Newman

Present

Cheryl Smith
Catherine Williams
Ethel Jones
Peggy Evans

Absent

Minutes of March 18, 1983 were approved.

Minutes

Ms. Hodges reviewed the questionnaire received from Ms. Judith Kitz, Chairperson of the survey committee. Panel members offered comments and suggestions regarding specific questions contained in the questionnaire. (See attached memorandum to the survey panel).

Questionnaire From
Survey Panel

The Chairperson reviewed the memorandum from Delegate Goldwater. The Chair clarified that the working sessions discussed in the memo were for the commission members not our expert panel.

Memorandum From
Delegate Goldwater

The panel members reviewed the draft of the panel's report to the Commission. The panel members formulated the conclusions reached and some suggestions for the Commission. (See report)

Written Report of
Our Panel

The Chair suggested that the report be sent to all panel members. If the panel accepted the report, there would not need to be another meeting. The panel members agreed to this suggestion.

Next Meeting

The Chair thanked all panel members for their time and effort in participating in the panel. Appreciation to South Baltimore General Hospital for their gracious hospitality was voiced by all the panel members.

5:30 p.m.

Meeting Adjourned

Recorder

Barbara Newman

FINAL DRAFT

REPORT TO THE LICENSED PRACTICAL NURSE
STUDY GROUP, COMMISSION ON NURSING
ISSUES IN MARYLAND

Panel on Licensed Practical Nurse
Articulation and Education

October 3, 1983

REPORT TO THE LICENSED PRACTICAL NURSE
STUDY GROUP, COMMISSION ON NURSING
ISSUES IN MARYLAND

Background and Charge to the Panel

The Commission on Nursing Issues, established in 1980 by legislation and gubernatorial appointment, sent its report to Governor Hughes in the Fall of 1982. As a follow-up to the Commission's work, a Licensed Practical Nurse Study Group was appointed in March of 1983 to focus on the preparation, credentialing, and utilization of licensed practical nurses. The LPN Study Group, in carrying out its responsibilities, appointed an expert panel to consider the articulation and education concerns of LPNs who desired to continue their nursing education. The Articulation/Education Panel was charged with the responsibility of:

- o recommending policies for articulation of Licensed Practical Nursing programs among the various institutions offering nursing education; and
- o identifying clear mechanisms through which Licensed Practical Nurses may progress through registered nursing programs; and
- o examining those aspects of Licensed Practical Nursing preparation in Maryland that affect educational mobility, and making recommendations for strengthening and improving existing programs so that students who wish to continue their education may do so; and
- o identifying the obstacles to continuing education and career mobility confronting Licensed Practical Nurses.

The members appointed to the LPN Articulation Panel were:

Bernard T. Devaney, Member, State Board
for Higher Education, Chairman

Rosemarie Albites, RN, M.S.,
Director of Nursing, Eastern Shore
Hospital Center, School of Practical
Nursing

Peggy DeStefanis, RN, M.S., Chairman,
Department of Nursing, Charles County
Community College

Peggy L. Greene, RN, M.Ed., Director of Nursing
Education, South Baltimore General Hospital

Margaret B. Keller, RN, M.S., Director of
Nursing Education, Allegany Community College

Dorothy McAdams, RN, B.S., M.Eq., Coordinator,
Licensed Practical Nursing Program, Eastern
Vocational-Technical Center, Baltimore

Sarah Ruess, RN, Administrator, Adult Practical
Nursing Program, Baltimore City Schools

Kay Sienkilewski, RN, M.S., Director of Nursing,
Springfield Hospital Center

Daneille Wecht, RN, M.S., Associate Director,
Johnston School of Practical Nursing, Union
Memorial Hospital

Staff assistance was provided by Dr. Donald R. Stoddard of the State Board
for Higher Education staff.

The Panel met on March 8, April 12, May 31, June 14, July 12,
July 28, August 11, and September 23, 1983, to discuss articulation issues
and to develop recommendations according to the charge assigned to the Panel
by the LPN Study Group. During the meetings the Panel heard testimony from
representatives of various nursing education programs enrolling LPNs.

The definitions of articulation adopted by the Articulation Panel of the Commission on Nursing Issues from the Minnesota Articulation Task Force (1981) were also used by the LPN Articulation Panel. They are:

Individual Articulation: The process through which an educational program accommodates the learning needs and career goals of the individual students. This process minimizes repetition of previous learning experiences. It offers students opportunities to earn credit for nursing and non-nursing knowledge and skills, e.g., through transfer of courses, credit by examination, progression with exemption.

Program Articulation: The process through which two or more distinct programs cooperate to accommodate the learning needs and career goals of students. This process requires coordination and structuring of educational programs to allow students to earn and transfer nursing and non-nursing credit from one program to another with minimal repetition of learning experience.

Given the continuing need for quality nursing care in the State of Maryland, the issue of articulation and career mobility for LPNs assumes increasing importance. In its deliberations, the Panel identified several important reasons for encouraging articulation:

- o to reduce duplication and its consequent waste of teaching effort, clinical and educational facilities, and the valuable time and effort of nursing students;
- o to allow every individual the educational opportunity and career mobility to become all that he or she is capable of becoming;
- o to remove artificial barriers to career, economic, and educational opportunities in the nursing profession (historically, the LPN has played an important role in providing access to the health professions for those who found it difficult to enter longer-term, more expensive routes to entry-level nursing);

- o to help improve the quality of nursing care and prepare nurses capable of meeting the complex and demanding health services needs of the 1980s; and
- o to help provide the necessary graduate and professional education needed to improve and maintain excellent LPN nursing faculty and LPN education programs.

Findings

The Panel identified several obstacles to articulation of LPN and RN programs. They are:

1. Inconsistent competencies of entering and graduating LPNs.
2. The cost to the LPN of tuition and fees limits educational mobility, particularly for the LPN who supports or helps to support a family.
3. Program inflexibility, rigid work schedules, family and career responsibilities impede LPNs from continuing their education.
4. Minimal recognition in both salary and work assignments for a nurse's educational achievements. This lack of reward and minimal differentiation of work responsibilities does not encourage the LPN to seek further education.
5. Insufficient financial aid and scholarship programs for those interested in nursing careers.

6. Resistance to LPNs by RN educators who lack knowledge of or are unwilling to learn about the abilities of LPNs who enter their programs. Closely related is a lack of appreciation, and understanding of LPNs by RN institutions. At its worst this attitude is expressed in "turf concerns" and attempts to prevent others from participating in RN education; at its best, there is a genuine concern with not compromising the educational quality of the upper level program.
7. Fiscal restraints on the health care system that limit nursing education opportunities through reduced FTE funding in the colleges, reduced clinical spaces in the hospitals, and pressures by external regulators to move hospitals toward "minimum safe care" as a cost containment goal.
8. The struggle within the nursing profession to define itself and its components. Until the future roles of nurses are better defined, it is difficult to establish the roles of LPN students and graduates. This struggle manifests itself (a) through academic conflicts that often demean the role of the least educated and (b) through comprehensive efforts to redefine nurse-administrator, male-female, and professional-technical relationships.
9. Geographic barriers to education and career mobility. Some areas of the state offer sparse opportunity for education and employment of LPNs and LPN educators, or else offer such opportunity only at great expense or expenditure of time.

Recommendations for Effective Articulation:

The Panel recommends the following actions to promote effective articulation and to enhance the readily acceptability of LPN education for credit or advanced standing in higher level nursing programs. Panel recommendations are grouped by the articulation obstacles they are designed to overcome (obstacle numbers are identical to those used above in the "Findings" section).

1. Inconsistent Competencies of Entering and Graduating LPNs.

There is a need for sound validation of LPN knowledge and competencies at the end of each LPN program. The Panel recommends the use of recognized, standardized examinations in nursing subject areas that would be administered by LPN schools near the end of their programs. Results should be valid for advanced standing, credit, or placement for up to five years after the testing date(s).

2&3. Restrictive Tuition and Fees.

Program and Work Rigidities.

The Panel recommends that nursing education institutions improve and expand current efforts to offer programs aimed at experienced LPNs with full-time jobs. Such programs should adjust their pace to adults who have not been to school for a long time. There is a need for both full-time and part-time programs that are flexible enough to accommodate adults who have family and job responsibilities. Such programs should receive a high funding priority.

State officials are encouraged to consider differential FTE funding that provides more money to colleges offering high cost programs such as nursing.

4. Minimal Salary and Work Differentiation Among Variously Educated Nurses.

The Panel recommends that employers restructure their pay scales and work assignments to reflect educational levels and encourage nurses to continue their education.

5. Insufficient Financial Aid and Scholarships.

The Panel recommends that specific financial aid and loan programs be earmarked for LPNs who wish to return to school to earn their RNs. Such programs should take into account the living expenses of RN students as well as their tuition and book costs. The availability of financial aid and loan programs for nurses should be widely publicized.

Work-study programs should be encouraged and expanded.

6. Resistance to and Misunderstanding of LPNs by Educators.

The problem needs to be recognized and addressed by educators. The Panel recommends that RN programs include bridge courses and common, integrated coursework. Segregated LPN sections should be minimized, although extra help for those who need it should be provided. Faculty orientation toward understanding the LPN's needs and competencies should be provided.

The Panel recommends that nursing educators keep LPN programs clearly in mind when discussing any restructuring of nursing education.

It is difficult to address the LPN education problem until the nursing profession determines whether the present four-level nursing structure will continue, or whether a two-level (technical and professional) structure will supplant it.

The Panel recommends that LPN programs be added to the nursing program articulation model being developed by the Task Force on Nursing Education which was appointed by the Governor's Commission on Nursing Issues. All four levels of nursing should be addressed in this model.

The Panel recommends that nursing educators develop common competencies for all LPN graduates so that RN educators know the students with whom they will be dealing. (See comments on standardized testing under point number one above.)

The Panel recommends that LPN educators look toward an effective organization to explore common concerns and develop and voice common positions on nursing issues, particularly those issues dealing with the training and utility of LPNs in Maryland.

7. Fiscal Restraints.

These pressures are expected to continue, and the problems associated with them may well worsen. The Panel recommends that the legislature and the State regulatory agencies weigh carefully the possible negative impact of cost containment measures on nursing education opportunities.

8. The Struggle Within the Nursing Profession to Define Itself.

The Panel recommends that the appropriate nursing education and professional groups be encouraged to continue their efforts at nursing role definition.

9. Geographic Barriers to Education and Career Mobility.

The Panel recommends that outreach nursing programs receive State funding for both the undergraduate and graduate levels, particularly in Western and Southern Maryland, and in much of the Eastern Shore.

The Panel also recommends that total testing access to the New York Regents External Degree Program in Nursing be provided in Maryland.

Recommendation on LPN Educational Preparation:

In examining ways to improve the quality of LPN nursing education, the Panel considered many aspects of the current preparation of LPNs in Maryland. The Panel looked at results on the State Board Examination (NCLEX), formal preparation of faculty in LPN programs, information and testimony from MSBEN representatives, employers and nursing educators, students and graduates of LPN programs.

The Panel found great concern about LPN programs in many of the high schools. Statistical data from the State Board of Examiners of Nurses underlined these concerns. Current requirements, in the view of this Panel, do not ensure quality LPN education.

THE PANEL RECOMMENDS THAT LPN EDUCATION BE PROVIDED AT THE POSTSECONDARY LEVEL. STUDENTS ADMITTED TO LPN PROGRAMS SHOULD POSSESS A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT. The Panel bases this conclusion on the following:

A. Poor Performance on State Board Examinations.

Data from the State Board of Examiners of Nurses indicate that graduates of many high school LPN programs have a persistently high rate of failure on the State Board (NCLEX) Examinations which are designed to measure minimal knowledge for LPN licensure.

B. Inadequate Faculty Qualifications.

Many high school programs are staffed by faculty possessing minimal formal education qualifications. Such faculty are ill-prepared to design and implement quality LPN programs. In some cases instructors do not have college degrees or are teaching subjects, such as biology or psychology, in which they have no postsecondary preparation. These problems are exacerbated by minimal peer contact and access to other nurse educators when coping with day-to-day problems.

C. Inadequate Administrators' Qualifications.

Many administrators responsible for LPN programs are non-nurses who cannot be expected to possess expert knowledge of nursing education or nursing curriculum design and development. They are ill-prepared to guide and support a nursing faculty on nursing subject matters, issues, or trends. Because the LPN program administrator is frequently the school Principal, whose primary obligation is to broader issues of secondary education, the nursing program suffers.

D. Non-Selective Admissions and Progression Requirements for High School LPN Students.

Some LPN faculty have little or no voice in selecting students admitted to high school LPN programs or in deciding on their progression to higher levels of the programs. Without control of the selection process, the faculty cannot assure that graduates are able to meet program objectives.

E. Student Maturity Levels.

Many secondary school students are not sufficiently mature to make the commitment required to become LPNs. Few fifteen-year olds are equipped to make such career decisions and accept the sacrifices required during the high school years and in the work setting that follows. High attrition rates in the high school programs underscore this problem.

F. Difficulties with the Secondary School Environment.

It is difficult for secondary education administrators to ensure quality LPN faculty and programs because so many education programs compete for their attention and support. Nursing standards may take a back seat to broader secondary education objectives which have higher priorities with the community and its education officials. The objectives of a quality LPN education program are not always compatible with the objectives of a school system emphasizing an adequate general secondary education for all its students.

G. Job Performance.

Many employers express reluctance to employ graduates of several high school LPN programs. They frequently cite lack of maturity and the historically high failure rate on State Board Examinations as reasons for their reluctance. Another employer concern is increased orientation and training costs as a result of higher turnover rates among employees who were graduated from high schools LPN programs.

Afternote

The Panel's findings and recommendations require an additional comment on aspects of the current environment in which the LPN functions. It is difficult to consider the education of LPNs without acknowledging that unpredictability of employment prospects and uncertainty about the future role of the LPN in the health care system may deter students from entering basic LPN programs. The aging of America's population, however, indicates a continuing and increased need for the LPN role in health care - no matter what it is called.

The Panel also wishes to emphasize that Maryland will need statewide nursing data collection and planning with a regular review cycle so that good nursing education and employment projections may be made available, and sound nursing education decisions can be made.

Testimony to the Panel also indicates that some LPNs feel forced or strongly encouraged to become another kind of nurse. Although they are interested in bedside care; they often feel pushed to aim at supervision and/or more education. The committee feels that the role of the LPN in Maryland will continue to be viable, particularly in light of an increasing geriatric population who need skilled nursing care. Therefore, we respect the decision of the LPN to continue to practice within the scope of her LPN licensure to render direct patient care.

The Panel's overriding concern, however, is to encourage LPNs who seek an advanced role to continue their education, and to remove artificial barriers that prevent articulating their present nursing knowledge and competencies into programs that will benefit both the nursing profession and the citizens of Maryland.

APPENDIX

Source: Maryland State Board of Examiners
of Nurses

Admissions, Enrollment, and Graduation from L.P.N. Programs

1982-83 School Year

<u>High School Programs</u>	<u>Admitted</u>	<u>Total Enrollment</u>	<u>Graduated</u>
1. Baltimore City Public Schools Secondary Division	60	126	20
2. Carroll County Vocational-Technical Center	23	21	11
3. Cecil Vocational-Technical Center	20	19	15
4. Eastern Vocational-Technical H.S.	20	38	19
5. North Arundel Vocational-Technical Center	0	30	15
6. Queen Anne's County High School	11	23	10
7. St. Mary's County Technical Center	30	45	11
8. Talbot County Vocational-Technical Center	19	24	3
9. Washington County Career Studies Center	21	14	14

<u>Proprietary Programs</u>	<u>Admitted</u>	<u>Total Enrollment</u>	<u>Graduated</u>
1. South Baltimore General Hospital	55	54	39
2. Johnston School of Practical Nursing	36	36	26

<u>Community College Programs</u>	<u>Admitted</u>	<u>Total Enrollment</u>	<u>Graduated</u>
1. Allegany Community College	20	20	15
2. Charles County Community College	27	27	33
3. Harford Community College	40	39	17
4. Wor-Wic Tech Community College	31	31	28

<u>State Programs</u>	<u>Admitted</u>	<u>Total Enrollment</u>	<u>Graduated</u>
1. Eastern Shore Hospital Center	29	28	19
2. Department of Health and Mental Hygiene	35	35	22
3. Springfield Hospital Center	30	30	21

<u>Other</u>	<u>Admitted</u>	<u>Total Enrollment</u>	<u>Graduated</u>
1. Baltimore City Public Schools - Adult	80	64	51
2. Frederick County School of Practical Nsg.	20	18	18

QUALIFICATIONS OF FACULTY

<u>High School Programs</u>	<u># Faculty</u>	<u>Diploma</u>	<u>AD</u>	<u>B.S.N.</u>	<u>Other B.S.</u>	<u>M.S.</u>
1. Baltimore City Public Schools Secondary Division	7			3	4*	
2. Carroll County Vocational-Technical Center	2	1		1*		
3. Cecil Vocational-Technical Center	2	1*		1		
4. Eastern Vocational-Technical Center	3			1	2*	
5. North Arundel Vocational-Technical Ctr.	4	1		2	1*	
6. Queen Anne's County High School	3	3*				
7. St. Mary's County Technical Center	4			1	2	1*
8. Talbot County Vocational-Technical Ctr.	3	1	1		1*	
9. Washington County Career Studies Center	2					2*
<u>Totals</u>	30	6	1	9	10	3

<u>Proprietary Programs</u>	<u>#</u> <u>Faculty</u>	<u>Diploma</u>	<u>AD</u>	<u>B.S.N.</u>	<u>Other</u> <u>B.S.</u>	<u>M.S.</u>
1. South Baltimore General Hospital	11		1	6	1	3*
2. Johnston School of Practical Nursing	6			3	1	2*
<u>Totals</u>	17		1	9	2	5

<u>Community College Programs</u>	<u>#</u> <u>Faculty</u>	<u>Diploma</u>	<u>AD</u>	<u>B.S.N.</u>	<u>Other</u> <u>B.S.</u>	<u>M.S.</u>
1. Allegany Community College	5			2		3*
2. Charles County Community College	3			1		2*
3. Harford Community College	6	1		4*		1
4. Wor-Wic Tech Community College	8			2		6*
<u>Totals</u>	17	1		9		9

<u>State Programs</u>	<u>#</u> <u>Faculty</u>	<u>Diploma</u>	<u>AD</u>	<u>B.S.N.</u>	<u>Other</u> <u>B.S.</u>	<u>M.S.</u>
1. Eastern Shore Hospital Center	4			2		2*
2. Department of Health and Mental Hygiene	4			2		2*
3. Springfield Hospital Center	4			2*	1	1
<u>Totals</u>	12			6	1	5

<u>Other</u>	<u>#</u> <u>Faculty</u>	<u>Diploma</u>	<u>AD</u>	<u>B.S.N.</u>	<u>Other</u> <u>B.S.</u>	<u>M.S.</u>
1. Baltimore City Public Schools-Adult	12	3	2	3	2	2*
2. Frederick County School of Practical Nsg.	4			3		1*
<u>Totals</u>	16	3	2	6	2	3

Summary of Coordinator's Qualifications

High School Programs

2 Diploma
1 B.S.N.
4 Other B.S.
2 Masters

Proprietary Programs

2 Masters

Community College Programs

1 B.S.N.
2 Masters

State Programs

1 B.S.N.
2 Masters

Other

2 Masters

SUMMARY OF ANNUAL
FIRST TIME CANDIDATES PERFORMANCE
ON ICLES P.-H.

	1983	1982	1981	1980	1979	1978
	Cand. Number Number Passed	Cand. Number Number Passed	Cand. Number Number Passed	Cand. Number Number Passed	Cand. Number Number Passed	Cand. Number Number Passed
High School Programs						
1) Baltimore City Public Schools Secondary Division	20	16	80%	21	12	57%
2) Carroll County V. T.				17	15	88%
3) Cecil V. T.				16	14	88%
4) Eastern V. T.				13	11	85%
5) Beth Aroniel V. T.				17	12	71%
6) Queen Anne's County High School	10	9	90%	8	8	100%
7) St. Mary's Tech. Center				10	6	60%
8) Talbot V. T.				15	15	100%
9) Washington County Career Studies	13	12	92%	14	14	100%
TOTALS						
Proprietary Programs						
1) South Baltimore General Hospital	39	37	95%	45	44	98%
2) Anneton School of Practical Nursing	27	26	96%	21	21	100%
TOTALS						
Community Colleges						
1) Altonjay Community College				10	10	100%
2) Charles Community College				12	12	100%
3) Harford Community College				16	16	100%
TOTALS						
TOTALS	100	95	95%	100	95	95%
	20	16	80%	21	12	57%
	10	9	90%	8	8	100%
	13	12	92%	14	14	100%
	39	37	95%	45	44	98%
	27	26	96%	21	21	100%
				10	10	100%
				12	12	100%
				16	16	100%
				28	22	79%
				18	15	83%
				10	7	70%
				19	16	84%
				9	6	66%
				7	7	100%
				11	10	91%
				4	3	75%
				11	11	100%
				19	17	89%
				39	39	100%
				30	29	97%
				20	20	100%
				13	13	100%
				21	21	100%
				25	25	100%
				17	17	100%
				21	21	100%

REPORT
OF The
EXPERT PANEL
ON THE
LICENSED PRACTICAL NURSE
IN THE
STATE SYSTEM
OCTOBER, 1983

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EXPERT PANEL ON THE LICENSED PRACTICAL NURSE
IN THE STATE SYSTEM

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INTRODUCTION

Licensed Practical Nurses are assuming increased responsibility in the overall hospital operations today. As early as 1973 the May issue of the American Journal of Nursing published studies which showed that the Practical Vocational Nurse was performing eighty eight percent of all recognized nursing functions. Later surveys of literature have shown that these increased responsibilities are comprised more and more of the duties previously performed by the Registered Nurse as well as the accompanying issues of concerns for these duties. Concurrently, the Registered Nurse's role has expanded bringing with it increased responsibilities and issues of concern.

Today, these issues of concern are seen as issues unique to the nursing profession, affecting to varying degrees Licensed Practical Nurses as well as Registered Nurses. This panel's charge of identifying and analyzing issues of concern to Licensed Practical Nurses employed by state facilities was guided by the following topical areas:

- 1.) Salaries and Wages
- 2.) Job specifications and classifications
- 3.) Personnel policy considerations
- 4.) Nursing standards

The above major topical areas also had been previously studied by a similar expert panel, Employment of Registered Nurses in State Facilities of the Governor's Commission on Nursing Issues.

During its five meetings, two days of which were all day work sessions, This panel analyzed statistics and Data submitted by members, as well as these obtained from the Department of Health and Mental Hygiene Personnel Office, The Veterans Administration Medical Center, Federal Hill Nursing Center, INC., Health Facilities Association of Maryland, The Maryland Hospital Association Inc., The Baltimore Association of Nurse Recruiters, and Maryland Hospital Personnel Association and Health Services Cost Review. In addition a telephone survey was conducted of State Facilities to obtain and verify submitted information and selected meetings held with representative Licensed Practical Nursing Groups employed in State Facilities by the Licensed Practical Nurses who were Panel Members.

Issues of Concern reported to this panel which were not substantiated as affecting the majority population of Licensed Practical Nurses employed in State Facilities were not addressed.

DESCRIPTION OF LPN'S EMPLOYED IN STATE FACILITIES

State Facilities employing L.P.N.'s identify their functioning by classifying them as L.P.N. -I, L.P.N.-II, L.P.N.-III or Nursing Service Supervisor.

L.P.N.-I, is the entry level L.P.N. and requires no prior work experience. The essential work requirement is an elementary knowledge of current practical nursing theory, practice and their application.

L.P.N.-II, requires two years of successful experience as a Licensed Practical Nurse in a health program or facility. Essential work requirements is a working knowledge of current nursing theory, practice and their application.

L.P.N.-III, requires four years of successful experience as a Licensed Practical Nurse in a health program or facility. The essential work requirements is a working knowledge of current practical nursing theory and practice; drug administration techniques; and common physical, mental and retardation disorders. In addition elementary knowledge of supervising principles and procedures and teaching techniques are required. This is primarily supervisory work.

The Nursing Service Supervisor requires six (6) years of experience as a successful Licensed Practical Nurse in a health program or facility. The essential requirements of work are expert knowledge of approved theories and practice of Practical Nursing and their application to prevention and treatment of illness.

(See Appendix B)

Licensed Practical Nurses are employed in State Facilities located in both the Baltimore Metropolitan area and surrounding countries. (See Appendix D)

The majority of these facilities fall under the jurisdiction of the Department of Health and Mental Hygiene whose three major units are: Aged and Chronically Ill (ACI); Mental Retardation Administration (MRA); and the Mental Hygiene Administration (MHA).

These units as of April, 1983 employed a total of 980 Licensed Practical Nurses. In the following Classifications:

LPN I	136
LPN II	536
LPN III	241
NSS	67
Total	<u>980</u>

However, these numbers do not meet the Administration Nursing Standard No. 5 which calls for a 30: 40: 30 ratio among Registered Nurses, Licensed Practical Nurses, and Health Assistants (Direct Care Workers) respectively. For instance, in 1973 Mental Hygiene's percentage of LPN's were 18 percent, and in December of 1982, 26 percent showing only an 8 percent increase, this illustrates a 14 percent deficit. Aged and Chronically Ill and Mental Hygiene Administration showing percentages of 16 percent and 18 percent in 1973 had only increased by 6 percent as of December 1982, showing deficits of 18 percent and 16 percent respectively.

(See Appendix C for detailed report)

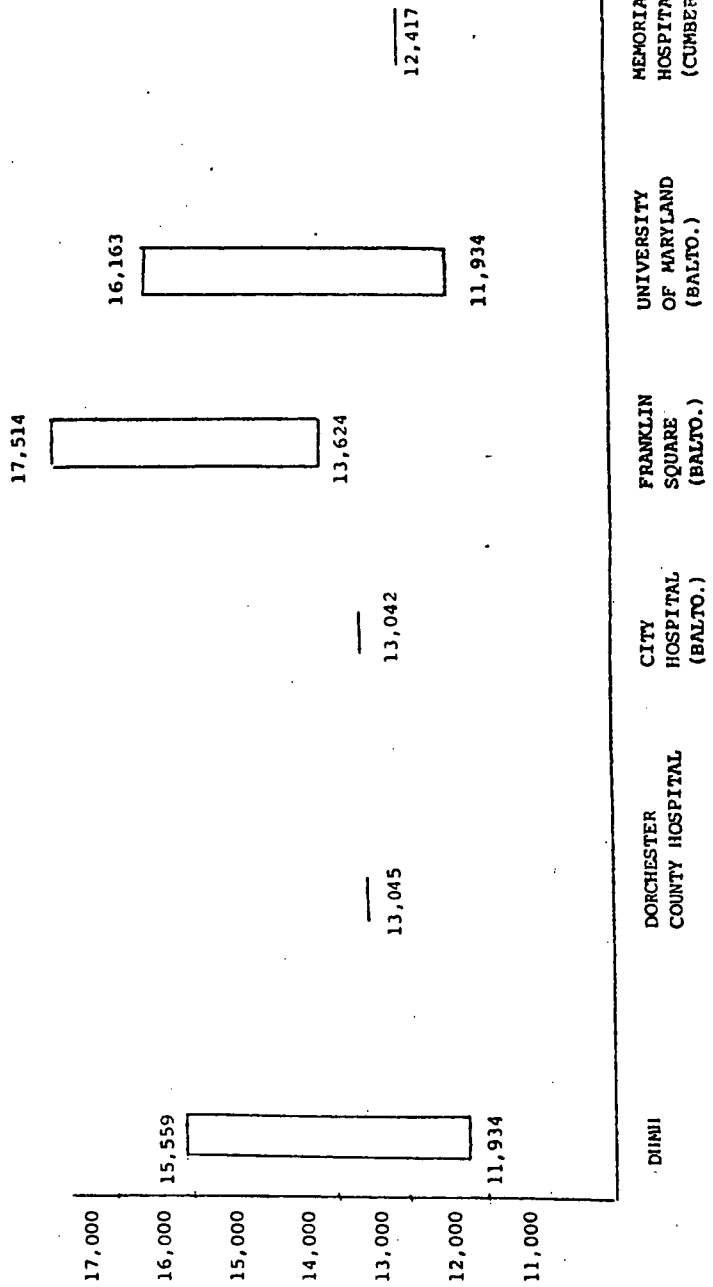
All Department of Health and Mental Hygiene facilities reported on the average 49.42 percent of the total licensed work force were L.P.N.'s. When compared with 42 percent other hospitals which were non-state facilities in Maryland, the State Facilities employs the largest number of L.P.N.'s.

SALARIES AND WAGES

Although State Facilities utilize the largest numbers of L.P.N.'s, there is a considerable difference in Salaries paid by the state when compared with Non-State Facilities.

(See Attachment---Page 3)

SALARY COMPARISON: ENTRY LEVEL LICENSED PRACTICAL NURSES
 SELECTED INSTITUTIONS MARCH 1983



SUMMARY

I Overall utilization of LPN work Force outside of DHMH

Baltimore Metro Area -- 21 Hospitals

On the average 17.43% of total Licensed Work Force

Distribution varied:

Range -- 1.9% --- 59.4%

10 hospitals showed 25% and above LPN Work Force.

Wash-Metro Area -- 10 Hospitals

On the average 14.44% of total Licensed Work Force

Distribution varied

Range .7% -- 63%

Only 1 hospital showed LPN Work Force above 25%

Non-Metro Area I -- 6 Hospitals

On the average 22.01% of total Licensed Work Force

Distribution varied

Range 6.2% -- 44.5%

2 hospitals showed LPN work force above 25%

Non-Metro Area II -- 15 Hospitals

On the average 27.21% of the total Licensed Work Force

Distribution varied

Range 13.5% --65.5%

9 hospitals showed LPN Work Force above 25%

II Wage and cost benefit/hr.

The average wage range for all the areas is 6.26--7.85

Baltimore-Metro Area -- 21 Hospitals

Average wage range 7.85

10 hospitals reported paying \$ 7.85 and above

Cost Benefit/hr.

Except for 2 hospitals RN's and LPN's receive equal benefits cost wise.

1 hospital showed LPN receiving higher benefit

1 hospital showed RN receiving higher benefit

Wash-Metro Area - 10 Hospitals

Average wage range --7.36

7 hospitals reported paying above the average range

Cost Benefit/Hr.

All hospitals showed RN's and LPN's receiving equal cost benefits.

Non-Metro Area I -- 6 Hospitals

Average wage range -- 6.87

3 hospitals reported paying above the average range

Cost Benefit/Hr.

all hospitals reported RN's & LPN's receiving equal cost benefits.

Non-Metro Area II -- 15 hospitals

Average wage range -- 6.26

9 hospitals paying above the average range

Cost Benefit/Hr.

Except for 1 hospital which showed higher cost Benefit for RN's all other showed equal benefit for RN's and LPN's.

III Coparison with DHMH

All of DHMH facilities reported on the average 49.42% LPN's of the total Licensed Work Force, when compared with 42% of the other hospitals.

Over All, The State Employs the Highest Number of LPN's.

WAGE RANGE

Compared to the Baltimore and Washington Metro area the wage of DHMH LPN's are below the average and higher compared to the non metro areas.

COST BENEFITS

Compared to the average cost benefit/hr of other area hospitals the benefit is higher for LPN personnel in the State Service.

(See Appendix D)

The attractiveness of higher Salaries, flexible work hours, and pleasant work environments of Non-State Facilities has greatly limited the recruitments of L.P.N.'s into State Facilities. However, State Facilities pool's of L.P.N.'s have remained fairly stable as verified by the Department of Personnel's Vacancy and Retention rates.

LPN Vancancy Rate Information 4/14/83
 Obtained from L. Laricci & J Oden in DHMH Personnel

I. Vacancy percentages as of 7/2/81 (FY81)

LPN I	17.5%
LPN II	6.1%
LPN III	5.6%
NSS	.7%

Vacancy Rate as of 1/4/83

<u>Classification</u>	<u>Number of Positions</u>	<u>Vacant Positions</u>
LPN I	149	22
LPN II	563	55
LPN III	249	17
NSS	66	2
Total	1027	96

Vacancy Rate as of 4/9/83

<u>Classification</u>	<u>Number of Positions</u>	<u>Vacant Positions</u>
LPN I	136	14
LPN II	536	23
LPN III	241	3
NSS	67	3
Total	980	43

No Salary review for FY 84 (due to CRESAP survey)

NSS Series loss by retirement

While a number of variables may be accountable, for this trend the most significant contributing factor has been that this pool has been fortified and sustained by the yearly development of Practical Nurses graduated from State Schools of Practical Nursing.

PERSONNEL POLICY CONSIDERATION

The expert panel utilized several approaches to analyze issues of major concern to L.P.N.'s employed in State Facilities:

- 1.) LPN panel members met with representative groups at facilities employing the largest number of L.P.N.'s.
- 2.) A telephone survey was conducted of all State Facilities to:
 - a.) Identify LPN Staffing Patterns
 - b.) Identify the utilization of L.P.N.'s in alternative scheduling.
 - c.) Identify the participation of L.P.N.'s on committees and in policy development.
 - d.) Identify the type of orientation available for L.P.N.'s newly employed.
 - e.) Identify inservice educational opportunities available to L.P.N.'s.
 - f.) Identify outservice educational opportunities available to L.P.N.'s.
- 3.) Materials and Submitted information related to the items listed in No. 2 were reviewed and compared with Non-State Facilities.
- 4.) Job Specifications and Classifications were reviewed for LPN I, LPN II, LPN III and Nursing Service Supervisor.

LPN Panel members who met with Representative groups of LPN's in State Facilities reported the following concerns:

- 1.) LPN's are mainly assigned to the evening (3:00p.m.-11:00p.m.) or night (11:00p.m.-7:00a.m.) shifts.
- 2.) LPN's working on the day shift donot assume charge duty responsibilities however, when working the evening or night shift they are assigned these responsibilities.
- 3.) LPN's do not recieve monetary compensation for Assuming Charge duty responsibilities.
- 4.) LPN's do not have the opportunity to work flexible hours as Registered Nurses do ie. part time.
- 5.) LPN's working evening and night shifts do not have adequate support staff. It's usually one LPN, one Health Assistant assigned to forty patients.
- 6.) LPN's are never involved in any way, in policy formulation, although these policies affect them.
- 7.) LPN's employed in most State Facilities cannot utilize their nursing skills. They are usually assigned House Keeping Tasks.
- 8.) The unavailability for public scrutiny of the criteria utilized for grading unassembled examinations used for promotions in the merit system.
- 9.) The Lack of creativeness in utilizing the LPN in non-traditional roles.
- 10.) Internal policies of State Facilities which prevent LPN's from using their nursing judgement yet penalize them if a patient incident occurs.

Nurse Demographic of
A telephone survey of state facilities indicated the following:

- 1.) There is not a concentration of LPN's on the evening and night shifts. LPN's are utilized equally on all shifts.
- 2.) LPN's assigned to the evening and night shifts are utilized primarily as Charge Nurses. They do not recieve extra pay for this added responsibility.
- 3.) While individual State Facilities internal policies vary, the majority of State Facilities surveyed do not provide the opportunity for LPN's to work part time or flexible schedules.
- 4.) All State Facilities provide orientation for newly employed L.P.N.'s. However, the content and length of orientation varies from one State Facility to another. i.e. Henryton Hospital Center reported an orientation of three and one half to four days while Clifton T. Perkins Hospital Center reported an orientation of six months.

- 5.) All State Facilities surveyed reported that LPN's are not on major committees and do not participate in policy formulation.
- 6.) All State Facilities surveyed reported that they do provide inservice education for the LPN, however, the LPN is not involved in the choice of such inservice. Again, the availability and content varies from State Facility to State Facility.
- 7.) There are three mechanisms which can be utilized by LPN's for out Service Training."
 - a.) Tuition Reimbursement--the LPN enrolls in a local college or university and pays full tuition. Upon successful completion of the course's. The Division of Staff Development and Training reimburses \$30.00 per credit hour.
 - b.) Work Study- The LPN works twenty percent of the normally scheduled 40 hour work week and is given the other twenty percent in release time from work to attend school. This release time must be paid back by working for a State Facility three hours for each one hour the LPN is released.
 - c.) Full Time Release-- The LPN is released to attend School during the normal scheduled weekly work hours. The LPN again, must work for a State Facility three hours for each one hour of release time upon completion of her training.

All State Facilities and Local Health Departments utilizing any one of the aforementioned mechanisms must follow Department of Personnel Rule 53 as a general guideline. More specific guidelines are circulated to State Facilities and Local Health Departments by the Division of Staff Development and Training.

(See Appendix I)

The Selection of individuals to participate in out service training is done by each State Facility. This selection process is guided by internal policies which vary from State Facility to State Facility.

Currently, of a total thirty-four employee's on work study in the Department of Health and Mental Hygiene, fifteen are LPN's. There are no LPN's on Full work release.

JOB SPECIFICATIONS AND CLASSIFICATIONS

Nursing over the last number of years has increasingly become a more complex profession and experienced many changes, including revisions of the Nurse Practice Act. Despite this the Job Specifications for L.P.N.'s employed in State Facilities have remained the same i.e.:

L.P.N. I last revised 12/3/75
L.P.N. II last revised 3/3/70
L.P.N. III last revised 12/3/75
N.S.S. last revised 6/14/76

(See Appendix B)

NURSING STANDARDS

Currently the state does not have Nursing Standards for the L.P.N.

CONCLUSIONS/RECOMMENDATIONS

The task of this expert panel, to identify and analyze issues of concern to LPN's employed in state facilities, was a difficult one due mainly to:

- 1.) The non existence of a Consistent, standard method of collection of statistical information on LPN's. This occurred both in State and Non-State facilities.
- 2.) Conflicting statistical data relating to LPN positions and vacancies in state facilities.
- 3.) The existence of internal policies at each state facility which differ significantly enough to create concerns. While these concerns are important for LPN's at a specific state facility they may not be concerns for LPN's in other state facilities.

RECOMMENDATIONS:

Salaries and Wages

As has been previously identified State facilities utilizes the largest number of LPN's as a work force, has difficulty recruiting them, but has maintained its supply through its schools of Practical Nursing.

In view of this and the planned phase out of the State Practical Nursing Schools over the next year, the panel recommends:

- 1.) Prior to the phase out:
 - a.) An accurate unbiased analysis of the cost of running the L.P.N. Schools (actual educational cost exclusive of student salaries) be conducted.
 - b.) If the schools were to close, the financial savings to State Facilities where the Practical Nursing Schools are located be accurately identified.
 - c.) A planned coordinated approach be developed to close the schools which will:
 - 1.) Identify the potential number of Licensed Practical Nurses which may be lost from State Facilities as a result of attrition, death and retirement each year if a built in supply is not available.
 - 2.) The cost of recruitment to fill the needs identified in item (1)
 - 3.) Make projections for the future utilization of the L.P.N. in State Facilities such as a five (5) year plan.
- 2.) The State of Maryland's salary for L.P.N.'s be increased over a planned period of time within a range of \$13,590.00- \$22,020.00 to make it comparable to and competitive with salary ranges in other public and private sectors.

- 3.) There is no set standard for educational advancement which has resulted gross inequities throughout the State System in granting of paid work release and tuition reimbursement. Therefore the committee recommends:
 - a.) The development of an open policy which is equitable and fair for all State Employees.
 - b.) Standardize the method of applying the rules for work release and tuition reimbursement.
 - c.) Increase the funds allocated to agencies for professional growth.
 - d.) Develop a mechanism to obtain educational loans at low interest rates.

JOB SPECIFICATIONS AND CLASSIFICATIONS

The panel recommends that:

- 1.) A study be conducted which would reflect
 - a.) What's expected of the L.P.N. in the performance of her duties.
 - b.) What functions the L.P.N. actually performs as a part of her duties.
- 2.) A move toward immediate review and revision of the L.P.N. Job Specifications.
- 3.) Review of the L.P.N. Job Specifications along with all other Nursing Job Specifications every two years.
- 4.) Job Specifications for the new graduate nurse be revised to allow L.P.N.'s who have worked in a State Facility for a number of years and became an R.N., be reclassified and remain at the facility.

PERSONNEL POLICY CONSIDERATIONS

Recommendations in this area developed as a result of the non-existence of unavailability of or conflicting information obtained or not obtained when requested from Personnel. In addition a telephone survey was done of the standard pattern of staffing L.P.N.'s in State Facilities. The panel recommends that:

- 1.) The criteria for grading unassembled examination be identified, standardized and available for public scrutiny.
- 2.) Scheduling alternatives i.e. part time work, flex time also be made available to utilize L.P.N. to more adequately meet the needs of the facilities.
- 3.) Some recommend the development of a system of data collection which is accurate and readily available on the L.P.N. i.e. vacancy rates, attrition rates, retention rates.
- 4.) Develop clear specifications for percentages of hired L.P.N.'s and R.N.'s.

NURSING STANDARDS

Currently the state does not have Nursing Standard for the L.P.N. This panel Recommends the formulation of a committee to develop these.

APPENDIX A

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- 1.) "A Profile of Practical Nursing." -- "NFLPN"
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- 8.) LPN State Vacancy Rate
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- 19.) Job Description for LPN,I,II,III,NSS
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- 25.) Maryland Nurse Practice Act.
- 26.) Medical Personnel Pool
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- 27.) Medical Staffing Services
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- 29.) NAPNES--"What Should Practical Nurses Be Able To Do?"
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- 30.) News Brief--"Two Entirely Different Professions".
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Department of Practical Nursing
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- 33.) Nursing Practice Standards For the Licensed Practical Vocational Nurse.
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- 35.) Report--"Utilization of LPN in the Veterans Administration System"--1982
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- 36.) Richards, Beverly "Competencies for Practical Nursing."
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LICENSED PRACTICAL NURSE I (0592)

~~\$10,276 - \$13,369~~ (Maximum reached in six years)
✓ 11,934 - 15,559



**WORK
FOR
MARYLAND
STATE
GOVERNMENT**

MINIMUM QUALIFICATIONS:

License: Applicants must be currently licensed with the Maryland State Board of Examiners of Nurses as a Practical Nurse under Maryland State Law. A photocopy of current registration must be submitted with the application.

CONDITIONS OF EMPLOYMENT:

1. Candidates will be given a medical examination to determine physical ability to perform the job.
2. Due to provisions in the Retirement System Law, candidates age 70 or over will not be appointed.

EXAMPLES OF WORK: (Examples are illustrative only)

Under the direction of a physician or registered professional nurse, provides practical nursing care such as monitoring vital signs, carrying out physician's orders for medications and treatments, assisting with physical examinations, obtaining specimens for laboratory examinations;

Informs Physician or Registered Nurse of status of patients' condition and follows through on instructions for the care and treatment of individual patients;

Carries out therapeutic directives for the rehabilitation of patients; assists the patient with activities of daily living, and encourages appropriate self-care;

Promotes a therapeutic atmosphere through effective relationships and communication with patients and staff;

Motivates patients to participate in their rehabilitation;

In a health facility, observes problems and needs of the physical environment and reports these to the immediate supervisor;

Prepares patient progress reports, daily reports and other reports as required;

Prepares equipment for treatments and clinics, maintains sterility of equipment and utilizes aseptic technique;

May assist in preparation of daily work assignment for Health Assistants and supervise their work;

Maintains inventory and orders supplies;

Supervises eating and feeding patients as required;

Attends inservice programs as planned;

Performs other necessary duties as required.

ESSENTIAL REQUIREMENTS OF WORK:

Elementary knowledge of current practical nursing theory and practice and their application; of common physical and mental illnesses and retardation disorders, their obvious symptoms and treatment; an understanding of medical terminology;

LICENSED PRACTICAL NURSE I

ESSENTIAL REQUIREMENTS OF WORK: (Cont'd)

Ability to apply nursing and therapeutic techniques as prescribed; to understand and follow oral and written instructions in exact detail; to maintain and understanding attitude toward and effective relationships with patients and families; to supervise Health Assistant and to direct them in selected phases of patient care; to establish and maintain effective working relationships with other employees; to recognize problems and exercise sound judgment in regard to responsibilities and limitations; to compile reports and maintain records.

NATURE OF WORK:

This is a beginning level work as a licensed practical nurse either in a State facility for the physically ill, mentally ill, mentally retarded or in a local health department.

In a health facility setting, employees in this class provide responsible practical care for patients and may be given special nursing assignments with no supervisory responsibility. They not only provide routine nursing care but also closely observe patients for changes in attitudes, behavior and condition and report such observations to their supervisor and/or physicians. They follow through on the directives of the physicians and professional nursing staff in aiding the rehabilitation of patients and assist in the implementation of appropriate patient care plans. Employees may be assigned to any shift to provide twenty-four hour coverage.

In local health units, licensed practical nurses give the prescribed nursing care to patients and/or families selected for them to visit. They inform the community health nurse and/or the supervisor of the progress and any change in the patient and/or the family. They explain agency services and policies to families when necessary. They reinforce the teaching of the community health nurse in the area of nutrition and exercise, and the demonstration of family of general nursing care. These employees maintain adequate confidential records and share the responsibility with the community health nurse for periodic summaries. They make reports of activities as required by the Agency.

These employees are supervised by a professional nurse or higher level licensed practical nurse. They are expected to exercise good judgment in accordance with nursing policies and standards. Work effectiveness is evaluated through observation, staff meetings and written reports, in terms of the overall quality of patient care provided. These employees may receive guidance and direction to Health Assistants.

IMPORTANT INFORMATION ABOUT EXAMINATION AND APPOINTMENT:

Applications are acknowledged in writing just before the test date. They must be complete and accurate as they are part of the examination process. Most examinations are written and/or demonstration of a skill, and are based on the job specification sheet, particularly the "Essential Requirements of Work" section. Some examinations may be a rating of your qualifications submitted on your application, and your score will depend on the completeness of that information. Promotional State employees receive seniority credits. Candidates are interviewed and work records are reviewed by hiring agency staff before selection. Special test arrangements and accommodations are made for handicapped candidates, providing Department of Personnel is notified in advance of the type and extent of the handicap. Attach a statement to your application requesting special assistance, if necessary. APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR. IF AN EXAMINATION IS NOT SCHEDULED DURING THE YEAR, THE APPLICATIONS WILL BE DESTROYED. CALL THE FILE FOR NEW APPLICATIONS TO BE CONSIDERED FOR FUTURE TESTS. "STATE OF MARYLAND - AN EQUAL OPPORTUNITY EMPLOYER."

Adopted: December 8, 1953
Revised: August 16, 19563
" " : July 1, 1962
" " : October 7, 1964

Date Revised: March 3, 1970
" " : July 7, 1971
" " : February 7, 1973
" " : December 3, 1975

LICENSED PRACTICAL NURSE II (2140)

~~\$10,948~~ ~~\$11,274~~ (Maximum reached in six years)
412,718 - 14,638



MINIMUM QUALIFICATIONS:

License: Applicant must be currently licensed with the Maryland State Board of Examiners of Nurses as a Practical Nurse under Maryland State Law. A photocopy of current registration must be submitted with the application.

Experience: Two years of successful experience as a Licensed Practical Nurse in a health program or health facility.

CONDITIONS OF EMPLOYMENT:

Candidates will be given a medical examination to determine physical ability to perform the job.

Due to provisions in the Retirement System Law, candidates age 70 or over will not be appointed.

EXAMPLES OF WORK: (Examples are illustrative only)

Under the direction of a physician or registered professional nurse, provides practical nursing care such as monitoring vital signs, carrying out physician's orders for medications and treatments, assisting with physical examinations, obtaining specimens for laboratory examinations;

Informs physician or registered nurse of status of patients' condition and follows through on instructions for the care and treatment of individual patients;

Carries out therapeutic directives for the rehabilitation of patients;

Assists the patient with activities of daily living, and encourage appropriate self-care;

Promotes a therapeutic atmosphere through effective relationships and communication with patients and staff;

Motivate patients to participate in their rehabilitation;

Assists in preparation of daily work assignments for Health Assistants and supervises their work;

In a health facility, observes problems and needs of the physical environment and reports these to the immediate supervisor;

Prepares patient progress reports, daily reports and other reports as required;

Prepares equipment for treatments and clinics, maintains sterility of equipment and utilizes aseptic technique;

Attends staff meetings to report on patient progress, relay information, discuss problems and obtain new ideas;

Maintains inventory and orders supplies;

Supervises eating and feeds patients as required;

Attends inservices programs as planned;

Performs other necessary duties as required.

LICENSED PRACTICAL NURSE IIESSENTIAL REQUIREMENTS OF WORK:

Working knowledge of current practical nursing theory and practice and their application; of common physical and mental illnesses and retardation disorders, their obvious symptoms and treatment; an understanding of medical terminology;

Ability to apply nursing and therapeutic techniques as prescribed; to understand and follow oral and written instructions in exact detail; to participate in developing and revising the patient care plan; to maintain an understanding attitude toward and effective relationships with patients and families; to supervise Health Assistants and to direct them in selected phases of patient care; to establish and maintain effective working relationships with other employees; to recognize problems and exercise sound judgment in regard to responsibilities and limitations; to compile reports and maintain records; to prepare requisitions and maintain control of supplies, to participate in preparation of assignments and work instructions.

NATURE OF WORK:

This is the experienced level of practical nursing work either in a State facility for the physically ill, mentally ill, mentally retarded, or in a local health department.

Employees working in a health facility are responsible for an assigned area or for a group of patients and may be assigned supervisory functions. They not only provide routine nursing care but also closely observe patients for changes in attitudes, behavior and condition and report such observations to their supervisors and/or physicians. They follow through on the directives of the physicians and professional nurses in aiding the rehabilitation of patients, and assist in the implementation of appropriate nursing care plans. Employees may be assigned to any shift to provide twenty-four hour coverage.

In local health units, these employees perform responsible clinic activities and function as experienced members of the nursing team. These employees provide comprehensive care to a selected caseload of patients and families based on experience. They plan with the community health nurse in the areas of nutrition and exercise and the demonstration to the family of general nursing care. These employees maintain adequate confidential records and share the responsibility with the community health nurse for periodic summaries.

These employees are supervised by a professional nurse or higher level licensed practical nurse. They are expected to exercise good judgement in accordance with nursing policies and standards. Work effectiveness is evaluated through observation, staff meetings and written reports, in terms of the overall quality of patient care provided. These employees may provide guidance and direction to Health Assistants and/or less experienced Licensed Practical Nurses.

IMPORTANT INFORMATION ABOUT EXAMINATION AND APPOINTMENT:

Applications are acknowledged in writing just before the test date. They must be complete and accurate as they are part of the examination process. Most examinations are written, oral and/or demonstration of a skill, and are based on the job specification sheet, particularly the "Essential Requirements of Work" section.

Some examinations may be a rating of your qualifications as submitted on your application, and your score will depend on the completeness of that information. Promotional State employees receive seniority credits. Candidates are interviewed and work records are reviewed by hiring agency staff before selection. Special test arrangements and accommodations are made for handicapped candidates, providing Department of Personnel is notified in advance of the type and extent of the handicap.

LICENSED PRACTICAL NURSE II

IMPORTANT INFORMATION ABOUT EXAMINATION AND APPOINTMENT: (Con't)

necessary. APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR, AND, IF AN EXAMINATION IS NOT SCHEDULED DURING THE YEAR, THE APPLICATIONS WILL BE DESTROYED. CANDIDATES MUST REFILE NEW APPLICATIONS TO BE CONSIDERED FOR FUTURE TESTS. "STATE OF MARYLAND - AN EQUAL OPPORTUNITY EMPLOYER."

Date Adopted: July 1, 1966

Date Revised: November 2, 1966

" " : December 14, 1966

" " : March 3, 1970

LICENSED PRACTICAL NURSE III (2204)

~~13,443 - 17,871~~
~~21,667 - 25,264~~ (Maximum reached in six years)
(Effective 7/1/80)



MINIMUM QUALIFICATIONS:

- License:** Applicants must be currently licensed with the Maryland State Board of Examiners of Nurses as a Practical Nurse under Maryland State Law. A photocopy of current registration must be submitted with the application.
- Experience:** Four years of successful experience as a Licensed Practical Nurse in a health program or health facility.

CONDITIONS OF EMPLOYMENT:

1. Candidates will be given a medical examination to determine physical ability to perform the job.
2. Due to provisions in the Retirement System Law, candidates age 70 or over will not be appointed.

EXAMPLES OF WORK: (Examples are illustrative only)

- Promotes and participates in the rehabilitation of patients with emphasis on self-care so that the patients may become as independent as possible;
- Motivates patients to participate in their rehabilitation;
- May give direct care to patients and supervise nutritional status of patients;
- Promotes a therapeutic atmosphere through effective relationships and communication with patients, families, and staff;
- Reports and records on behavior and condition of patient and response to treatment and program;
- Assigns and redistributes supervised personnel to provide nursing coverage;
- May prepare performance rating of supervised personnel;
- Assists in evaluation of new Health Assistants or Licensed Practical Nurses and recommends work assignments in accordance with performance;
- May prepare daily work assignments for subordinate nursing personnel;
- Cooperates in scheduling and conducting rehabilitation therapy programs;
- Recommends and implements changes in procedures and routines as approved and directed;
- Assists in service and orientation programs, as assigned;
- Provides guidance to staff regarding work related problems;
- Attends staff meetings to report on patient progress, relay information, discuss problems and obtain new ideas;
- Responsible for equipment for treatments and clinics, maintains sterility of equipment and utilizes aseptic technique;
- Prepares requisitions for supplies and repairs and estimates future needs;
- Attends in service programs as planned;
- Performs other necessary duties as required.

NURSING STANDARD RATIOS

Aged & Chronically Ill Administration

- 38% R.N.'s
30% L.P.N.'s
32% H.A.'s

Agency	Present % L.P.N.'s	% Needed to Meet Standard	Numbers Needed to Meet Standards
(1) Montebello	17%	13%	34
(2) Mt. Wilson	25%	5%	8

Mental Hygiene Administration

40% R.N.'s
30% L.P.N.'s
30% H.A.'s

Agency	Present % L.P.N.'s	% Needed to Meet Standard	Number Needed to Meet Standards
(1) Crownville	20%	10%	39
(2) Regional Institute for Children	19%	11%	7
(3) Spring Grove	21%	9%	71

Totals 159

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DISTRIBUTION OF NURSING STAFF BY FACILITY
December 77

FACILITY		NUMBER	PER CENT
MFA Crowsville	RN	56	13
	LPN	87	20
	HA	287	67
	TOTAL	430	100%
Eastern Shore	RN	78 ⁸¹	29
	LPN	97 ¹⁰¹	34
	HA	105 ⁹⁹	37
	TOTAL	286	100%
Pines	RN	39	25
	LPN	46	29
	HA	72	46
	TOTAL	157	100%
R.I.C.A.	RN	8	13
	LPN	12	19
	HA	42	68
	TOTAL	62	100%
Springfield	RN	118	13
	LPN	209	23
	HA	568 ⁵⁶⁰	64
	TOTAL	895	100%
Spring Grove	RN	134	18
	LPN	154	21
	HA	461	61
	TOTAL	749	100%
TOTALS	RN	431	17
	LPN	593	23
	HA	1493	60
	TOTAL	2517	100%

Clifton T. Perkins

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9-PA*

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DISTRIBUTION OF NURSING STAFF
BY FACILITY, Dec 79

FACILITY		NUMBER	PER CENT
Great Oaks	RN	25	9
	LPN	10	4
	HA	241	87
	TOTAL	276	100%
Henryton	RN	3	2
	LPN	27	17
	HA	126	81
	TOTAL	156	100%
Holly	RN	14	8
	LPN	31	17
	HA	134	75
	TOTAL	179	100%
Highland	RN	12	11
	LPN	20	18
	HA	80	71
	TOTAL	112	100%
Rosewood	RN	30	3
	LPN	102	11
	HA	768	86
	TOTAL	900	100%
Victor Cullen	RN	3	6
	LPN	4	8
	HA	41	85
	TOTAL	48	100%

DISTRIBUTION OF MISSING STAFF
BY FACILITY, DECEMBER 77

Facility		Number	Per Cent
Deer's Head	RN	46	27
	LPN	34	20
	HA	87	53
	TOTAL	167	100%
Martebello	RN	75	28
	LPN	43	17
	HA	137	54
	TOTAL	255	100%
Mt. Wilson	RN	36	22
	LPN	42	25
	HA	88	53
	TOTAL	166	100%
TOTAL	RN	211	29
	LPN	137	18
	HA	391	53
	TOTAL	739	100%

APPENDIX C

DISTRIBUTION OF NURSING STAFF ACI & MHA
for Selected Years

	1973		1976		June 76		Dec. 77	
	N	%	N	%	N	%	N	%
RN	150	19%	179	24%	201	27%	211	29%
LPN	129	16%	134	18%	141	18%	137	18%
HA	507	65%	425	58%	415	55%	391	53%
TOTAL	780	100%	738	100%	757	100%	739	100%
HA								
LPN								
RN								
TOTAL								
HA								
LPN								
RN								
TOTAL								

NURSING SERVICES SUPERVISOR

ESSENTIAL REQUIREMENTS OF WORK:

Expert knowledge of approved theories and practice of practical nursing and their application to prevention and treatment of mental illness, physical illness and mental retardation; of drug dosage, effects and side reactions; of the manifestations of physical, emotional and retardation dysfunction, symptomatology, nursing care and total treatment planning.

Working knowledge of treatment procedures in hospital or community programs; of guidance and counseling principles; of the techniques of supervision; of legal and ethical responsibilities as they relate to nursing; of administrative principles and procedures; of medical terminology;

Ability to apply nursing and therapeutic techniques as prescribed; to establish and maintain a therapeutic relationship with patients and family; to participate in the rehabilitation of patients through the use of various therapies and training programs; to maintain effective working relationships with all levels of nursing staff, personnel from other disciplines, and community agencies; to prepare and review ward and patient reports and maintain records; to supervise lower level nursing persons in all phases of patient care; to promote learning and utilize methods appropriate to the program; to prepare time schedules and review daily assignments.

NATURE OF WORK:

This is responsible administrative and supervisory work as a Licensed Practical Nurse in a State facility for the physically ill, mentally ill or mentally retarded.

The employee in this class is responsible for the administrative supervision of personnel providing patient care in an entire small hospital or in several major areas of a larger hospital. He/she may also function as the supervisor of a specialized and complex clinical program, or be responsible for a large institutional training program. The employee in this class is responsible for the implementation of directives from physicians and professional nurses for the care and rehabilitation of patients in the assigned area. He/she participates in the formulation of policies and procedure for the nursing program.

This employee receives administrative guidance from a professional nurse. Work effectiveness is evaluated through observation, staff meetings and written reports, in terms of the quality of patient care and the efficiency of the nursing program for which the employee is responsible. This employee is responsible for supervising subordinate Licensed Practical Nurses and Health Assistants, usually through intermediate supervisors.

IMPORTANT INFORMATION ABOUT EXAMINATION AND APPOINTMENT:

Applications are acknowledged in writing just before the test date. They must be complete and accurate as they are part of the examination process. Most examinations are written, oral and/or demonstration of a skill, and are based on the job specification sheet. Some examinations may be a rating of your qualifications, as submitted on the application. Promotional State employees receive seniority credits. Candidates are interviewed and work records are reviewed by hiring agency staff before selection.

Date Adopted: January 31, 1973
" Revised: July 14, 1976

NURSING SERVICES SUPERVISOR (2794)

\$9,473 - \$12,395 (Maximum reached in six years)

Eff. 7-1-77: \$9,985 - \$13,065

MINIMUM QUALIFICATIONS:

- License:** Applicants must be currently licensed with the Maryland State Board of Examiners of Nurses as a Practical Nurse under Maryland State Law. A photocopy of current registration must be submitted with the application.
- Experience:** Six years of successful experience as a Licensed Practical Nurse in a health program or health facility.
- Physical:** Retirement at age seventy is mandatory. Persons who are sixty-eight and one-half will not be appointed. Candidates will be given a medical examination to determine physical ability to perform the job.

EXAMPLES OF WORK: (Examples are illustrative only).

- Plans, assigns and reviews the work of subordinate personnel;
- Implements nursing service policy in assigning personnel according to patient care needs;
- Assesses needs of unit for patient care, reports and handles problems, requests assistance as required;
- Evaluates and reports emergency situations, takes necessary action;
- Investigates incidents, accidents and complaints of patients, employees, visitors, etc. and prepares appropriate reports according to agency policy;
- Participates in conferences of nursing and other personnel for discussion, development or revision of policies and procedures for the improvement of patient care, safety, etc.
- Meets regularly with professional nursing staff to relay information, discuss problems and obtain new ideas for improvement in nursing service;
- Assists in development of overall curriculum plan, including objectives, teaching methodology, evaluation systems;
- Develops lesson plans and may do pretesting evaluation in the selected area of training;
- Conducts classes and group discussions, provides demonstrations and assists in clinical supervision of students as assigned;
- Assumes responsibility for coordinating a selected training program such as beginning level Health Assistants, career students, or other community groups;
- Participates with supervisory and clinical staff to plan and evaluate current programs and develop new ones as indicated;
- Performs other necessary duties as required.

ESSENTIAL REQUIREMENTS OF WORK:

Working knowledge of current practical nursing theory and practice and their application; of drug dosages, effects and side reactions; of common physical and mental illnesses and retardation disorders, their usual symptoms and treatment and nursing problems involved; of medical terminology;

Elementary knowledge of supervisory principles and procedures; of effective teaching techniques and principles of learning;

Ability to apply nursing and therapeutic techniques as prescribed; to establish and maintain a therapeutic relationship with patients; to participate in the rehabilitation of patients through the use of the various therapies and training programs; to maintain effective working relationships with all levels of nursing staff and personnel from other disciplines; to prepare and review ward and patient reports and maintain records; to supervise lower level nursing personnel in all phases of patient care; to assist in training and instruction of employees and to prepare time schedules and review daily assignments.

NATURE OF WORK:

This is primarily supervisory work as a Licensed Practical Nurse in a State facility for the physically ill, mentally ill, mentally retarded or in a local health department.

Employees in this classification most often function as a supervisor in a health facility or local health department. They implement the directives of physicians and professional nurses for the care and rehabilitation of patients, and prepare appropriate nursing care plans. These employees may provide some direct nursing care, and are expected to carefully observe patients for changes in attitude, behavior or condition and report their observations to higher level supervisors or physicians.

The employee in this class may also provide direct patient care on a full-time basis in a specialized, complex field in an inpatient, outpatient or partial hospitalization program; or he/she may be assigned on a full-time basis as an instructor in a institutional training program for Health Assistants.

The employee in this class may be assigned to any shift to provide twenty-four hour coverage. The number of employees supervised varies with the type of program, number of patients, and the shift to which the position is assigned.

These employees receive general supervision from a professional nurse or higher level Licensed Practical Nurse. Work effectiveness is evaluated through observation, staff meetings and written reports, in terms of the overall quality of patient care provided. Employees in this class normally supervise Licensed Practical Nurses I and II, and Health Assistants.

IMPORTANT INFORMATION ABOUT EXAMINATION AND APPOINTMENT:

Your application will be acknowledged in writing just before the test date. Your application must be complete and accurate as it is part of the examination process. Most examinations are written, oral and/or demonstration of a skill, and are based on the job specification sheet, particularly the "Essential Requirements of Work" section. Some examinations may be a rating of your qualifications, as submitted on the application and your score will depend on the completeness of that information. Promotional State employees receive seniority credits. Candidates are interviewed and work records are reviewed by hiring agency staff before selection. Special test arrangements and accommodations are made for handicapped candidates, providing the Department of Personnel is notified in advance of the type and extent of the handicap. Attach a statement to your application requesting special assistance, if necessary. APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR AND, IF AN EXAMINATION IS NOT SCHEDULED DURING THE YEAR, THE APPLICATIONS WILL BE DESTROYED. CANDIDATES MUST REFILE NEW APPLICATIONS TO BE CONSIDERED FOR FUTURE TESTS. "STATE OF MARYLAND - AN EQUAL OPPORTUNITY EMPLOYER."

Date Adopted: November 2, 1966
" Revised: December 15, 1966

Date Revised: April 2, 1970 Date Revised: February 7,
" July 9, 1971 " " December 3, 1971

Distribution of Job Classification Among MA Facilities as of March 1961

Prepared by: Maryland Mental Health Manpower Development Project
October, 1961 from the MA Manpower Staff Questionnaire

EDSBI Nursing Personnel
(As of December 1992)

COUNTY	NUMBER OF BDS (1)	NUMBER OF LPH (2)	NUMBER OF OCNs (3)	NUMBER OF MEDICAL AIDE ASSISTANTS	NUMBER OF HEALTH ASSISTANTS	NUMBER OF MEMBERS OF COMMUNITY HEALTH AGENCIES
Allegheny	36	4	0	0	0	12
Anne Arundel	96	32	0	1	0	0
Baltimore	9	0	0	0	0	3
Calvert	12	0	0	0	0	0
Cecil	35	2	0	1	0	10
Cecil	17	0	0	0	0	3
Charles	27	0	0	0	0	0
Chesapeake	13	0	0	0	0	7
Frederick	16	0	0	0	0	0
Cumett	30	0	0	0	0	3
Hartford	30	0	0	0	0	0
Hennepin	13	0	0	0	0	0
Kent	141	5	8	4	0	10
Prince George's	13	0	0	0	0	4
Queen Anne's	23	0	0	0	0	5
St. Mary's	7	0	0	0	2	0
Sumner	17	0	0	0	0	0
Talbot	29	0	0	0	0	7
Washington	35	0	0	0	0	4
Wicomico						

COUNTY	NUMBER OF	NUMBER OF	NUMBER OF	NUMBER OF	NUMBER OF	
	REG. III	TYPE (1)	TYPE (1)	MEDICAL AIDE ASSISTANTS	HEALTH ASSISTANTS	MEMBERS OF COMMUNITY HEALTH AGENCIES
Marquette	32	0	0	9	0	5
TOTALS	570	23	8	6	7	79

Central Office 44

(1) Registered Nurse
 (2) Licensed Practical Nurse
 (3) Direct Care Worker

INDUSTRIAL/ FACILITY	NUMBER OF BDS	NUMBER OF LPTs	NUMBER OF SQUADS OF SQU	NUMBER OF MEDICAL AIDE ASSTS.	PAGE C-11	
					NUMBER OF HEALTH ASSISTANTS	NUMBER OF COMMUNITY HEALTH AIDES
T. Blund Bryant	37	47	03	1	4	0
Cifton Perkins	13	10	115	0	0	0
Crownville	66	76	146	10	0	0
Deer's Head	75	40	72	5	0	0
Eastern Shore	69	90	57	1	5	0
Great Oaks	32	9	8	5	0	0
Henryton	2	9	134	0	0	0
Highland Health	17	21	76	3	0	0
Jolly Center	14	30	120	0	0	0
MJ. Training School	1	4	0	0	0	0
Montrose School	3	2	0	0	1	0
Putnam Center	11	8	79	1	0	0
Blue - Ballo.	4	12	36	0	0	0
Pico - Montgo.	20	0	13	2	0	0
Rosewood	20	46	672	34	0	0
Sys Ingfield	105	246	405	7	0	0
Spring Grove	100	101	187	1	30	0
Thomas Fliban	43	40	56	0	0	0
Thomas Waster	2	0	0	0	0	0
Victor Cullen	3	4	48	0	0	0
Walter F. Carter	72	16	50	1	0	0
Western Maryland	61	28	84	5	0	0

INSTITUTION/ CITY	NUMBER OF BOS	NUMBER OF LITs	NUMBER OF LCSs	NUMBER OF MEDICAL AIDE ASSTs	Page C-12	
					NUMBER OF HEALTH ASSISTANTS	NUMBER OF COMMUNITY HEALTH AIDE
Wheat State	70	14	11	0	0	0
TOTALS	1510	876	2471	82	40	36

DMHM NURSING PERSONNEL
(as of Dec. 1982)

page C-13

I. LICENSED PERSONNEL	TOTALS	
	<u>RNs</u>	<u>LPNs</u>
Mental Health	622	631
Local Health	643	25
Aging and Chronically Ill	163	113
Juvenile Services	12	7
Mental Retardation	82	106
Central Office	44	
GRAND TOTALS		
	All RNs	All LPNs
	1566	882
	Mental Health	631
	Division of Nursing	251

There are a total of 2,448 licensed nursing personnel employed by DMHM. Of that number, 1,566 are registered nurses, 882 licensed practical nurses.

Of the RNs, 944 are located in Local Health, ACI, JSA, MR, and the Central Office. 662 are located in mental health facilities.

- Does not include Baltimore City, Baltimore County, or Montgomery County.

2/2/83
LNC/dm

II.	DHMH <u>Unlicensed Personnel</u>					page C-14
	<u>DCW</u>	<u>MA</u>	<u>HA</u>	<u>CHA</u>	<u>TOTALS</u>	
ACI	239	11	4	0	254	
JSA	2	0	0		2	
HR	8	40	0		48	
CH	8	6	2	78	94	
MH	1,159	25	33		1,217	
TOTALS	1,416	82	39	78	= 1,615	

There are a total of 1,615 unlicensed nursing employees working for DHMH. Of this number 1,416 are Direct Care Workers, 82 Medical Aides, 39 Health Assistants and 78 Community Health Aides.

Total 1,615 Unlicensed Personnel

1/83
RC/dm

Wage, Salary, Cost Benefit-----Comparison Chart-----

Areas of Hospital Facilities	# of Hosp.	Total Licen. Nurs. RNs	LPNs	% of LPNs Range Aver.	Wage Range per hour	Benefit Cost/hr. Range	Comments
Baltimore-Metro	21	6847	1445	$\frac{1.9-59.4}{17.43}$	\$ 7.05-7.85-8.88	\$ 1.22-1.62-1.95	Benefits same as RNs-- as a rule except for-- 2 hosp.--1 hosp.--RN-LPN 1 hosp.--LPN--RN----
Washington-Metro	10	2979	503	$\frac{7-63}{14.46}$	\$ 6.46-7.36-8.06	\$.59-1.17-1.73	Same for RNs & LPNs----
Non-Metro I	6	1272	359	$\frac{6.2-44.5}{22.00}$	\$ 6.09-6.87-8.00	\$.64-1.12-1.66	.....
Non-Metro II	15	1883	704	$\frac{13.5-65.5}{27.21}$	\$5.42-6.26-7.01	\$.84-1.11-1.56	2 hosp. reported----- APPENDIX D RN Benefits--LPN----
*DHRH--Facilities				$\frac{3.6-8-58.6}{36.7}$			
ental Hea.		622	631	50.36	\$7.05---8.88	\$1.89	Same for RNs & LPNs
Local Hea.		643	23	3.4			
Agng & Chr. Ill		163	115	55.6	7.05---8.88		.....
Juvenile Services		12	7	36.8			.....
Mental Retard.		82	106	43.6			.....
		879	859	49.2 %			.....

Page 0-1

* Adapted from--1.) HSCRC 1982 2.) DHRH 1982 Nursing Personnel

Wage, Salary, Cost Benefit
Comparison Chart

Hospitals Baltimore-Metro	Wage & Salary LPNs		LPN/RN		% of all Licensed Nurs.	Cost Benefit/hr.	
	Wage/hr.	Cost/hr.	LPN	RN		LPN	RN
Md. General	8.56	10.51	37	160	23	1.95	1.42
N. Charles	8.88	10.47	32	67	48	1.59	same
Union Mem.-----	7.61	10.30	83	317	26	2.69	-----
Mercy	8.29	10.20	37	275	13	1.91	-----
J. Hopkins	8.53	10.11	88	1155	8	1.58	-----
Provident *	7.66	10.04	48	111	43	2.38	-----
St. Joseph	8.68	9.97	10	516	2	1.29	-----
Baltimore County	7.74	9.82	56	207	27	2.08	-----
Lutheran	7.86	9.73	48	109	44	1.87	-----
Sinai	8.06	9.64	93	516	18	1.58	-----
Kernan	7.85	9.58	16	42	38	1.73	-----
St. Agnes	7.90	9.53	43	743	5	1.63	-----
Childrens	7.24	9.52	11	75	17	2.28	-----
G.B.M.C.	8.06	9.44	19	514	4	1.38	-----
So. Baltimore	7.76	9.34	198	135	146	1.58	-----
CHURCH	7.33	9.14	74	153	48	1.81	-----
Franklin Square	7.67	9.13	133	402	33	1.46	-----
Good Sam.	7.73	9.06	84	172	49	1.33	-----
Univ. of Md.	7.05	8.94	124	592	21	1.89	-----
B. Secours	7.35	8.64	54	146	37	1.29	-----
Baltimore City	7.07	8.29	155	208	75	1.22	-----
AV.	7.85						
TOTAL			1445	6847	21%		

* Adapted from---1.) HSCRC 1982 Survey 2.) DHMH 1982 Nursing Personnel

Wage, Salary, Cost Benefit
Comparison Chart

Hospital Wash-Metro Area	Wage & Salary		LPN/RN		% of all Licensed Nurs.	Cost Benefit/hr.	
	Wage/hr.	Cost/hr.	LPN	RN		LPN	RN
Wash. Adv.	7.88	9.61	45	310	14.5	1.73	-----
Drs. P.G.	7.60	9.27	68	228	30	1.67	-----
Holy Cross	8.06	9.20	86	540	16	1.14	-----
P.G. General	7.41	8.92	140	547	26	1.51	-----
Grt. Laurel	7.37	8.86	18	153	12	1.49	-----
Subrban	7.73	8.80	62	233	27	1.07	-----
So. Md.	7.47	8.57	68	260	26	1.10	-----
Leland	6.76	8.15	7	99	7	1.39	-----
Montgomery	6.91	8.06	2	275	.7	1.15	-----
Clinton	6.46	7.05	7	4	1.75	.59	-----
			503	2979	14.44		
Non-Metro 1							
N. Arundel	8.00	9.08	112	234	48	1.08	Same
Fallston	7.02	7.99	71	241	29	.97	-----
A. Arundel	6.61	7.95	52	337	15	1.34	-----
Hfd. Mem.	6.09	7.75	77	96	80	1.66	-----
Fdk Mem.	6.98	7.62	35	183	19	.64	.65
Howard Cty.	6.55	7.58	12	181	6.6	1.03	-----
			359	1272	22.01		

* Adapted from---1.) HSCRC 1982 Survey 2.) DHMH 1982 Nursing Personnel

Wage, Salary, Cost Benefit
Comparison Chart

Hospital. Non-Metro II	Wage & Salary LPNs		LPN/RN		% of all Licensed Nurs	Cost Benefit/hr.	
	Wage/hr.	Cost/hr.	LPN	RN		LPN	RN
Phy. Memorial	7.01	8.36	16	81	16.5	1.35	-----
Cumberland	6.39	7.95	52	270	16.1	1.56	-----
Sac. Heart	6.72	7.91	78	202	27.9	1.19	-----
Cecil County	6.77	7.61	74	142	34.2	.84	1.19
Wash County	6.36	7.60	52	332	13.5	1.24	-----
Pen. General	6.43	7.60	112	261	30.0	1.17	-----
Carroll County	6.50	7.57	72	188	27.7	1.07	-----
St. Mary's	6.45	7.44	37	61	37.7	0.99	-----
Garrett	6.27	7.31	15	22	40.5	1.04	-----
Easton	5.94	7.25	37	129	22.3	1.31	-----
Dorchester Gen.	6.09	7.04	39	39	50	0.95	-----
Calvert County	6.01	7.02	30	90	25	1.01	-----
Kent/Queen	5.71	6.78	65	32	67	1.07	-----
McCready	5.86	6.73	19	10	65.5	0.87	-----
FrostBurg.	5.42	6.43	6	24	20.00	1.01	-----
Average	6.26	7.37			32.9	1.11	1.13
			704	1883	27.21		

* Adapted from--1.) HSCRC 1982 2.) DHMH 1982 Nursing Personnel

Benefits in Brief

MARYLAND HAS

Salary Increments - Six annual
grade steps
Health Insurance - Blue Cross/Blue
Shield 90% paid
Pension System - Vesting rights
5 years
Retired Compensation -- Investing
rights before taxes
Social Security - Required deduction
ation - Two weeks paid the first
Personal Leave - 3 days paid each
Sick Leave - 15 days a year with
limited accumulation
Vacation - 14 days a year plus Election
when appropriate
Mutual Union - Savings and loans

TOTAL

State of Maryland



OCEAN BEACHES
CHESAPEAKE BAY BOATING & FISHING
MOUNTAIN LAKES
HISTORICAL LANDMARKS
THE U.S. NAVAL ACADEMY
THE FREEMANSHIP
BALTIMORE CITY AND HARBOR
CAMP DAVID
THE BALTIMORE ORIOLES
THE BALTIMORE COLTS
SNOW SKIING



DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

1201 WEST FREDERICK STREET - BALTIMORE, MARYLAND 2

page D-5

The Department of Health and Mental Hygiene offers the professional challenging employment opportunities throughout the State in a variety of programs and facilities. You will find our employees providing vital services in the cities of Maryland as well as in rural districts.

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180

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LABORATORY SERVICES

MENTAL RETARDATION

MEDICAL CARE (MEDICARE/MEDICAID)

DRUG ABUSE

ALCOHOLISM CONTROL

JUVENILE SERVICES

FACILITIES

21 Local County Health Depart

4 Aged and Chronically Ill Services Centers

10 Mental Health Centers

6 Mental Retardation Centers

6 Juvenile Services Centers

10 Juvenile Services Regional Offices

A modern Central Laboratory in Baltimore, and eight Regional Laboratories.

A new Central Office Building in Baltimore.

SINE

Approximately 15,000 employees

page D-6



MENTAL HYGIENE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

301 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 383-3010

Gary W. Nyman, M.D., Director

Neil Solomon, M.D., Ph.D., Secretary

March 7, 1978

MEMO TO: Mr. Richard Bandelin
 Department of Budget & Fiscal Planning

FROM: Betty Biliske *B.B.*
 Mental Hygiene Administration

RE: Breakdown of Nursing Service Position in Mental
 Hygiene Facilities

Pursuant to your request we have attached data concerning goals for nursing services staffing in the four regional mental hygiene hospitals. The figures for existing nursing service positions include supervisory as well as direct care personnel. Nursing education personnel are not included. It should be noted that the Mental Hygiene Administration Nursing Standard No. 5 (attached) calls for a 30:40:30 ratio among RNs, LPNs and HAs. None of these four facilities currently meet this standard, nor do any of them except for the possible exception of the Eastern Shore Hospital Center foresee meeting it without additional nursing service positions due to the need for lower level personnel for hands-on care. The goals reflected by Spring Grove, Springfield and Crownsville in the attached report reflect a balance which at best would provide one certified or licensed employee per shift per ward. The goals for all four facilities, of course, may have to be adjusted subject to licensure certification and accreditation reviews.

Data has not been included on the Walter P. Carter Center, the Regional Institute for Children and Adolescents and the Clifton T. Perkins Hospital Center. The Carter Center is currently developing its staffing pattern to accommodate the opening of the 11-bed Emergency Unit and the 18-bed Adolescent Unit. It is anticipated that a substantial personnel reorganization will occur at RICA in the next few months as RICA shifts from a medical treatment model to an educational model. Data concerning these two facilities will be provided as soon as it is available.

Currently Perkins has 12 RN positions and 122 Security Attendant positions in nursing services. While the 12 RNs (which includes, the

Nursing Director) can not provide sufficient professional nursing coverage to the 8 wards, it is not feasible to reclassify any more positions to RN due to the over-riding need for nursing/security personnel at Perkins.

Please advise us if your requirement for BB-40s for reclassification, that are consistent with these staffing goals can be waived. Thank you for your attention to this matter.

BB:pt

Attachment

cc: Dr. Nyman
Dr. Karahasan
Mr. Bastridge
Mr. LaRicci
Mr. Palmer
Mrs. Morrill
Superintendents
Nursing Directors all facilities

Breakdown of Nursing Service Positions at Regional Hospitals

Spring Grove - 50 Wards

Existing Nursing Service Positions:	RN 118 (15%)	LPN 164 (22%)	HA 474 (63%)	Total 7
Anticipated Reclass 1978:	RN +21	LPN +23	HA -44	
Result:	RN 139 (18%)	LPN 187 (25%)	HA 430 (57%)	Total 7

Spring Grove is currently in the process of reclassifying existing RN positions to provide adequately qualified nursing personnel for supervision: 5 positions will be reclassified to Nurse IV and four to Nursing Division Chief. In their 3-year staffing plan for nursing Spring Grove hopes to achieve Nursing Standard #5; however to do this, for proper ward staffing they would need a minimum of 5 new LPN positions and 1 new RN position.

Crownsville - 28 Wards

Existing Nursing Service Positions:	RN 53 (12%)	LPN 88 (21%)	HA 281 (67%)	Total 1
Anticipated Reclass 1978:	RN +18	LPN 0	HA -18	
Result:	RN 71 (17%)	LPN 88 (21%)	HA 263 (62%)	Total 1

The number of Crownsville nursing service positions needed to staff the expanded mental hygiene program at "D" Building will have a bearing on the number of positions Crownsville will be able to upgrade to meet its goals for nursing service. However, the Mental Hygiene Administration supports as many reclassifications as will be feasible because even with the proposed reclassifications and the planned phase-out of Baltimore City residents (the 28 wards include 8 Baltimore City wards) Crownsville will not have enough RNs to cover each ward for each shift.

Springfield - 48 Wards

Existing Nursing Service Positions:	RN 100 (12%)	LPN 203 (34%)	HA 509 (64%)	Total 81
Anticipated Reclass 1978:	RN +12	LPN +18	HA -30	
Result:	RN 122 (15%)	LPN 223 (27%)	HA 479 (58%)	Total 81

Springfield's primary objective is to have only licensed staff administering medication; this is not possible with their current staffing. An additional priority is recruiting of male staff to all levels; this necessitates occasionally downgrading a position to employ male staff.

Springfield's goal by 1980 is as follows:

RN 137 (19%)	LPN 281 (34%)	HA 399 (49%)	Total 817
(5 RN positions in nursing education will be transferred to direct care)			

It should be recognized that the current allocations of positions is insufficient to provide a proper balance of nursing classifications. If Standard V were immediately applied it would require that only 247 (30%) Health Assistants would be available to cover 48 wards round-the-clock. Unless there is a major reduction in patients, Standard V could not be fully implemented with existing nursing positions.

Eastern Shore - 15 Wards and all County Community Programs'

Exist. Nurs. Serv. Pos.:	RN 67 (25%)	LPN 98 (32%)	HA 99 (38%)	Total 264
Asst. Reclase thru 1979:	RN+22	LPN -4	HA-23 Addic. Couns. +5	
Result:	RN 86 (33%)	LPN 94 (37%)	HA 76 (30%)	Total 256
	+ 3 RNs for community programs + 5 Addiction Counselors			

*In addition to these positions there are the equivalent of 8 RN and 3 LPN positions working in community programs 100% of the time.

While the Eastern Shore Hospital Center come closest to meeting Nursing Standard No. 5, the Eastern Shore Hospital Center is integrated with and provides services in community programs as well as the hospital itself. The Eastern Shore Region projects two year staffing pattern reflects its goals for organizing into a comprehensive regional service system. Consequently the Facility is planning to convert 5 HA positions to Addiction Counselor to provide more effective and integrated addiction services to patients in the community and hospital. It is anticipated as well that a total of 5 positions will be reclassified, 3 for community mental health nurses and 2 for Regional Coordinators.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Direct Care Nursing Hours, ADP, SB-721-ADP, and Ratios of Nursing Hours
to ADP For Selected DDMH Inpatient Facilities, Calendar 1977

Facility	Nursing Hours	ADP	Ratio 1*	Ratio 2**	SB-721		Ratio
					ADP	Ratio 1*	
Montebello	322,886.95	170	5.20	4.23	179	4.94	4.02
Deer's Head	235,921.30	186	3.48	2.82	189	3.42	2.78
Mount Wilson	210,620.05	251	2.30	1.87	259	2.23	1.81
Carter Center	18,668.45	11	4.65	3.78	11	4.65	3.78
RICA	86,625.15	43	5.52	4.48	68	3.49	2.81
Crownsville	611,007.45	673	2.49	2.02	710	2.36	1.91
Eastern Shore	381,445.85	360	2.90	2.36	378	2.76	2.23
Springfield	1,200,915.45	1,550	2.15	1.75	1,609	2.05	1.64
C. T. Perkins	265,351.30	222	3.27	2.66	225	3.23	2.61

Note: Estimates of Nursing Hours are based on actual hours worked (Taken from timekeeper master file). Supervisory level personnel are not included. Medical aides and Nurse III's have been included on a half-time basis. Inclusion is based on budget and personnel classifications rather than actual hospital assignment and all figures should be considered to be estimates.

- * Direct Care Nursing Hours: Average Daily Inpatient Population Based on 8 hours of direct care for each 8 hours worked.
- ** Direct Care Nursing Hours: Average Daily Inpatient Population Based on 6.5 hours of direct care for each 8 hours worked.

PROVISIONAL NOT FOR DISTRIBUTION



MENTAL HYGIENE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 383-2886

Charles R. Buck, Jr., Sc.D., Secretary

Ajo Karshason, M.D., Ph.D.
Director

MEMORANDUM

TO: Executive Council
Nursing Leadership

FROM: Stanley E. Weinstein, Ph.D., Assistant Director of MHA ^{JEW.}
for Mental Health Manpower

RE: Vacancy and Turnover Data from July 1, 1980 to July 31, 1982

DATE: November 17, 1981

The Manpower Unit has attempted to assess the impact of the past freeze on MHA personnel, and in particular the nursing staff. For your information I am enclosing a summary of some of the important aspects of this study. Should you have questions on the methodology then call Mr. Larry Horne at 383-5431.

We are interested in your thoughts and ideas regarding the usefulness of this kind of data.

SEN:evu

Enclosure

Summary of Important Aspects
of Vacancy and Turnover Data from
July 1, 1980 to July 31, 1981

1. RN vacancy rates normally range between 4.6 and 3.0 times higher than rates for non-nursing staff (17% for RN's, 3.7 to 5.7% for non-nursing staff).
2. RN vacancy rates normally range between 8.5 and 1.4 times higher than rates for other nursing staff (LPN's, 12%; other nurses 2%-for end of first quarter FY '81).
3. RN vacancy rates are normally 17%, LPN rates are normally 12%, other nursing rates 2%, and non-nursing staff vacancy rates are normally 3.7% (first quarter FY '81).
4. Although RN budgeted positions currently account for only 10% of all budgeted positions, RN vacancies account for 26% of all vacancies. Non-nursing staff budgeted positions account for 55% of all budgeted positions and the vacancy rate accounts for 46% of all vacancies.
5. During FY '81 the number of RN vacancies increased by 25%, LPN vacancies by 29%, other nursing positions by 197%, and non-nursing positions by 131%. Although the RN vacancies represent the highest percentage of total vacancies in proportion to budgeted positions (2.9 times higher than budgeted, non-nursing is 1.5 times less than budgeted), the rate increase from the beginning of FY '81 to the end was 1.3 times less than for non-nursing positions.
6. During FY '81 vacancy rates for RN classifications increased by 4.0%, LPN vacancy rates by 3.0%, other nursing staff by 5.0%, and non-nursing staff by 5.2%. The hiring freeze affected all positions fairly equally.
7. During normal times there are factors (not yet identified) that cause some facilities to have far greater nursing vacancy rates than others. These factors are either unique to individual hospitals, or are universal factors that do not operate equally among hospitals. Since these factors probably have a great deal to do with recruitment and retention, an attempt should be made to identify them.

For total staff positions there seem to be universal factors that cause

8. During the first month of FY '82 vacancy rates for all classifications returned to the same or near the same level of that of the first quarter of FY '81.

	1st. quarter FY '81	End of July, '8
Total staff	5.8	6.7
Non-nursing staff	3.7	5.7
RN	17.0	17.0
LPN	12.0	9.0
Other nurses	2.0	3.0
Total nursing	8.0	8.0

9. The average accession rate for all classifications for FY '81 was 1.0%/month. (These figures include all nursing classifications). Positions were being replaced at nearly the same rate as individuals were leaving. The average accession rate for RN classifications for FY '81 was 1.5%/month and the average separation rate was 3.0%/month. RN's were leaving the system at twice the rate they were being hired.
10. During the first month of FY '82 (the first month after the freeze) recruitment efforts pushed the accession rate for all positions to 7.2%/month, which is 3.4 times higher than what it was in July, 1981. This caused the vacancy rate to return to normal. However, the separation rate went up 2.6 times more than what it had been in July of the previous year, and was 2.8 times more than the average of 1.3%/month during the freeze. Every facility except Carter and Crownsville experienced an increase. The rate tripled at Finan (from 1.1%/month to 3.3%/month), quadrupled at Highland (from 1.2%/month to 5.6%/month), was 24 times greater at Perkins (from .1%/month to 2.4%/month). No accession or separation figures were tabulated for nursing positions for the first month of FY '82.

LH:evu

11/10/81

- 3 -

Supplemental Table 1 The vacancy rates for end of each quarter FY '81 and end of first month FY '82 were (# of vacancies divided by # of budgeted positions):

	FY '81				
	1st.	2nd.	3rd.	4th.	1st. month F
Total staff	5.8	5.8	8.4	10.5	6.7
Non-nursing staff	3.7	4.3	7.8	8.9	5.7
RN	17.0	15.0	18.0	21.0	17.0
LPN	12.0	11.0	11.0	15.0	9.0
Other nurses	2.0	3.0	4.0	7.0	3.0
Total nursing staff	8.0	8.0	9.0	12.0	8.0

Supplemental Table 2 The vacancies for each classification group as a percentage of total vacancies for end of each quarter FY '81 and end of first month FY '82 were:

	FY '81				
	1st.	2nd.	3rd.	4th.	1st. month FY
Non-nursing staff	36	42	51	46	46
RN	29	26	21	20	26
LPN	25	22	16	18	17
Other nurses	10	10	12	16	11
Total nursing	64	58	49	54	54

Supplemental Table 3 The budgeted positions for each classification group as a percent of total budgeted positions for end of each quarter FY '81 and end of first month FY '82 were:

	FY '81				
	1st.	2nd.	3rd.	4th.	1st. month F
Non-nursing staff	55	55	55	55	55
RN	10	10	10	10	10
LPN	12	12	12	12	12
Other nurses	23	23	23	23	23
Total nursing	189	45	45	45	45

LICENSED PRACTICAL NURSE VACANCIES FOR DPHM FOR

January and April 1983¹

I.

<u>Classification</u>	1/4/83		<u>Vacancy Percent</u>
	<u># of Positions²</u>	<u># of Vacancies</u>	
LPN I	149	22	14.7
II	563	55	9.7
III	249	17	6.8
N.S.S.	66	2	3.0
Security Attendant III	<u>N.A.</u>	<u>N.A.</u>	<u>-</u>
TOTAL	1027	96	9.3

II.

<u>Classification</u>	4/9/83		<u>Vacancy Percent</u>
	<u># of Positions²</u>	<u># of Vacancies</u>	
LPN I	136	14	10.29
II	536	23	4.2
III	241	3	1.2
N.S.S.	67	3	4.4
Security Attendant III	<u>28</u>	<u>0</u>	<u>0</u>
TOTAL	1008	43	4.26

III.

<u>Grade</u>	<u>LPN Positions</u>	<u>Total (1008) as of 4/83</u>
9	LPN I	136
10	II	536
11	III	241
12	N.S.S.	67
13	Security Attendant III	28

LNC/mm
6/2/83

¹Source: D.H.M.H. Departmental Project Position Listing.

² - Includes total of encumbered and unencumbered positions.

MEMORANDUM

Department of Health and Mental Hygiene
 Staff Development and Training Division
 Staff Development Center
 Mt. Wilson, Maryland 21112 653-1060

To Elizabeth Morrill From Francis W. Green Date 8/18/81
 Subject P.N. School Statistics

Over the last ten years, the school has graduated approximately 374 students. The breakdown by year and Institution is as follows:

Year	Grad.	RICA	SP.GR.	CROWNS.	ROSEWOOD	MONTEBELLO	Mt.Wilson	CTP	Highland
1972	50	1	11	13	14	5	2	1	-
1973	49	1	17	4	13	5	1	-	-
1974	41	1	14	10	17	5	1	1	-
1975	46	1	20	7	7	4	2	2	-
1976	29	-	12	8	6	-	-	2	1
1977	47	-	14	12	3	-	2	1	1
1978	38	-	9	6	1	-	-	-	-
1979	25	-	8	5	-	1	2	1	-
1980	26	-	11	5	-	-	1	1	1
1981	23	2	7	4	-	1	1	1	1
374	6	123	74	61	21	12	10	4	

The specific count for some of the early years is approximate but the overall picture is fairly accurate. You will see that Spring Grove and Crownsville were the heavy users of the program. In 1977, we began taking in CETA students (41 have graduated) only because there was a problem in getting employees released. The great majority of these CETA graduates were recruited by Mental Hygiene facilities. (They get all their expenses paid by CETA and sign a contract to work for the State for at least a year.)

This year's class totals 41 and is comprised of employees from C.T.Perkins (3), Crownsville (3), Spring Grove (7), Carter Center (1), Rosewood (5), Great Oaks (4), Montebello (1) and 17 CETA students. There were many more applicants from all of our facilities, but release was impossible because of coverage problems.

If other information is needed, please call.

FWG/epf

Department of Health & Mental Hygiene
Practical Nursing

Data Summary

A. Data Gathering Methodology

Data was gathered by tracking graduates utilizing classification and agency computer runs. Graduates who could not be tracked were often located by calling agency personnel departments of post graduation employment. Those whose name changed due to marriage were located through agency personnel departments. There is a no record category where some employees could not be tracked utilizing the above methodologies.

The enclosed tables (2) document the distribution of DHMH employee/graduate and non-DHMH employee/graduate (CETA, WIN, Army Reserve) by year of graduation. The location column in each table represents place of present employment.

Findings

Between 1972 and 1982, a total of 413 persons have graduated from the DHMH School of Practical Nursing. 356 (86% of total) were employed by DHMH prior to training. 57 (14% of total) were referred by CETA, WIN, and the Army Reserve.

In terms of retention, a total of 308 (75% of total graduates) are currently employed by DHMH. 288 (94% of those retained) were DHMH employees prior to training. The remaining 20 (6% of total retained) were referrals from the non-DHMH agencies cited above.

See Tables 1 and 2 for a further breakdown of this data. Please note in Table 1 that of the 356 DHMH employees trained, 288, or 81%, are currently employed in DHMH.

NOTE: The training of CETA, WIN and Army Reserve personnel was financed by their respective agencies.

DATA COLLECTED: August 23-26, 1982
Staff Development Division

Year of Graduation	Total	1982 Employed In DPHS (65X)	1982 Employed State Service	Resigned	Retired	Deceased	No Record
1972	51	33 (65X)	2	7	1	1	7
1973	50	41 (82X)	1	3	1		4
1974	52	45 (87X)	3	3	0	0	1
1975	46	36 (78X)	0	2	2	0	6
1976	31	26 (84X)	0	3	1	0	1
1977	40	26 (65X)	5	3	1	0	5
1978	18	16 (89X)	0	1	0	0	1
1979	16	14 (86X)	0	1	0	0	1
1980	19	19 (100X)	0	0	0	0	0
1981	20	19 (95X)	1	0	0	0	0
1982	13	13 (100X)	0	0	0	0	0
TOTAL	390	(81X) 288	(31) 12	(69) 23	(21) 9	(.31) 1	(72) 26

DISTRIBUTION OF HIGH-SCHOOL GRADUATES BY YEAR OF GRADUATION

Year of Graduation	Total	1982 Employed DMSB	1982 Employment w/State Funding	1982 No Record
1972-1976	0			
1977 (CETA/WIN)	7	3		4
1978: (a) CETA/WIN (b) U.S. Army	20 (12) (8)	5 (5)		15 (7) (8)
1979 (CETA)	9	2		7
1980 (CETA)	7	3		4
1981 (CETA)	6	6		
1982 (CETA)	8	1	7	
TOTAL	57	(33) 20	(12) 7	(5) 30

TABLE 1: MONTEBELLO SCHOOL-LPN GRADUATES

YEAR	TOTAL GRADUATED	EMPLOYED IN DMM AS OF 9/82 (% OF TOTAL)	EMPLOYED IN STATE SERVICE AS OF 9/82	RESIGNED	RETIRED	DECREASED	NO RECORD
1972	51	33 (65%)	2	7	1	1	7
1973	50	41 (82%)	1	3	1	0	4
1974	52	45 (87%)	3	3	0	0	1
1975	46	36 (78%)	0	2	2	0	6
1976	31	26 (84%)	0	3	1	0	1
1977	40	26 (65%)	5	3	1	0	5
1978	18	16 (89%)	0	1	0	0	1
1979	16	14 (88%)	0	1	0	0	1
1980	19	19 (100%)	0	0	0	0	0
1981	20	19 (95%)	1	0	0	0	0
1982	13	13 (100%)	0	0	0	0	0
TOTAL	356	288 (81%)	12 (3%)	23 (6%)	6 (2%)	1 (.3%)	16 (7%)

TABLE F. MONETARILY LIMITED LEAVE GRADUATES (MON-RNMM EMPLOYEES)

YEAR	TOTAL GRADUATES	EMPLOYED IN DMMH VIC. AS OF 3/82	EMPLOYMENT WITH STATE PENDING AS OF 9/82	UNRECORDED
1972-1976	0	---	---	---
1977 (CETA/WIN)	7	3	0	4
1978: (a) CETA/WIN (b) U.S. ARMY	20 (12) (8)	5 (5)	0	15 (7) (8)
1979 (CETA)	9	2	0	7
1980 (CETA)	7	3	0	4
1981 (CETA)	6	6	0	0
1982 (CETA)	8	1	7	0
TOTAL	57	20 (35%)	7 (12%)	30 (53%)

TABLE 3: SPRINGFIELD HOSPITAL CENTER-LPM GRADUATES

YEAR	TOTAL GRADUATED	EMPLOYED IN DINNER AS OF 9/82 (% OF TOTAL)	EMPLOYED IN STATE SERVICE AS OF 9/82	REMOVED	RETIRED	DECREASED	NO RECORD
1972	23	11 (48%)	2	6	2	1	1
1973	26	19 (73%)	1	5	0	0	1
1974	20	12 (60%)	0	8	0	0	0
1975	17	12 (71%)	1	4	0	0	0
1976	23	19 (83%)	0	4	0	0	0
1977	17	14 (82%)	0	3	0	0	0
1978	13	11 (85%)	0	2	0	0	0
1979	16	11 (69%)	0	5	0	0	0
1980	20	20 (100%)	0	0	0	0	0
1981	23	23 (100%)	0	0	0	0	0
1982	21	20 (95%)	0	1	0	0	0
TOTAL	219	172 (79%)	4 (2%)	38 (17%)	2 (1%)	1 (0.5%)	2 (1%)

TABLE 4: EASTERN SHORE HOSPITAL CENTER-LPN GRADUATES

YEAR	TOTAL GRADUATED	EMPLOYED IN DHMH AS OF 9/82 (% OF TOTAL)	EMPLOYED IN LOCAL HOSPITALS AS OF 9/82	RESIGNED	RETIRED	DECEASED	NO. RECORD
1971	10	8 (80%)	0	1	1	0	0
1972	11	6 (55%)	4	1	0	0	0
1973	9	8 (89%)	1	0	0	0	0
1974	11	7 (64%)	0	4	0	0	0
1975	17	8 (47%)	4	5	0	0	0
1976	14	8 (57%)	3	2	0	0	1
1977	9	8 (89%)	0	1	0	0	0
1978	8	8 (100%)	0	0	0	0	0
1979	4	3 (75%)	0	1	0	0	0
1980	16	10 (63%)	0	6	0	0	0
1981	20	12 (60%)	7	0	0	0	1
1982	19	10 (53%)	3	0	0	0	6
TOTAL	148	96 (65%)	22 (15%)	21 (14%)	1 (.7%)	0	8 (5%)

APPENDIX G
TELEPHONE SURVEY QUESTIONS AND RESPONSES

page 10

QUESTIONS:

1. The length of your orientation program?
2. The shift they work during their orientation?
3. The content of your orientation program?
4. Do you provide any orientation to speciality areas?

GREAT OAKS CENTER

1. 8 days
2. Day shift
- 3.
4. No just the employees at Great Oaks

HOLLY CENTER

1. 3 weeks
2. day shift and some evenings
3. General, orientation, Policy, tour of individual areas
4. No

HENRYTON CENTER

1. 3 1/2 to 4 days
2. 8 - 4:30
3. procedure straight through sick leave policy and tour of the center.
4. to all new employees of all area even the Doctors.

CLIFTON T. PERKINS

1. 2 weeks in class all together 6 months orientation.
2. day shift
3. introduction to DRMH, Perkins Policy, will send a copy because it's a lots cover.
4. housekeeping and dietary.

SPRING GROVE HOSPITAL CENTER

1. 1 week
2. day shift
3. patient abuse policy, medication policy, nurses responsibility and charting dosage and solution, psychotropic, and digoxin.
4. every so often orientation in housekeeping and dietary.

MONTEBELLO CENTER

1. 3 1/2 weeks
 3. will send you a copy
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CROWNSVILLE HOSPITAL

1. 2 weeks
2. day shift for the first month
3. Hospital policy and procedures, and nursing policy.
4. housekeeping and dietary.

DEER'S HEAD CENTER

1. 2 weeks followed by a unit orientation.
2. day shift.
3. introduction to hospital, policy and procedures, nursing procedures, charting, quality insurance.
4. yes, intensive care, nursery.

SPRING FIELD

1. 2 weeks for education then a ward orientation that is approximately 1 month.
2. day shift.
3. policy and procedures, review of psych.
4. yes.

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X. CONCLUSION

- A. Orientation Examination
- B. Evaluation

UTILIZATION OF LPN IN THE VAINTRODUCTION:

Licensed Practical Nurses are assuming increased responsibility in the overall hospital operations today. The American Nurses Association has placed considerable emphasis on the role and function of LPN's through on-going assessment of their contribution to the delivery of patient care. "National surveys continue to show a growing need for LPN's....by 1985, it is estimated that 965,000 LPN's will be needed, a figure which exceeds the current number of LPN's by 200,000. Surveys also show that LPN's are assuming more and more duties than had been previously performed by registered nurses."

Nursing Service at the Baltimore VAMC became concerned about the role formulation of LPN's as it relates to role implementation in the VA system, in general and at this agency, in particular. An ad hoc committee comprised of RN's as well as LPN's assumed the responsibility for reviewing and comparing the utilization and/or underutilization of LPN's within the VA system. Of particular interest was the scope of job descriptions, responsibilities and LPN assignments. The committee developed a 12 point questionnaire, in this regard, to survey other VAMC's of comparable size and nursing structure.

OBJECTIVES:

- A. Evaluate the general utilization of LPN's in an extended role
 1. to increase the probability of recruitment, job satisfaction and retention and;
 2. to determine the cost effectiveness of LPN's functioning in an extended role.
- B. For the purpose of this survey, cost effectiveness will be defined as the extent to which the LPN can produce the same quality of outcome for less cost or a higher quality of outcome for same cost.

ANALYSIS:

A. To facilitate response to the survey and the retrieval of data, a standard checklist was developed. Of the ten agencies canvassed seven (7) responded returning the questionnaire in addition to varied job descriptions. The job descriptions submitted were:

1. two (2) for the GS-6 LPN position;
2. six (6) " " " 5 " "
3. one (1) " " " 4 " "
4. two (2) " " " 3 " "

B. The data extrapolated from the questionnaire follows. It includes the number and percentage of positive responses from the sample population and the grade level of the LPN assigned the particular responsibility.

MEDICATIONS

A. Administering Subcutaneous Heparin. Five (5) agencies (71%) assigned the LPN this function. The grade requirement at three (3) agencies (42%) was GS-5. At one (1) agency (14%) required a GS-6 grade while at one other agency a grade level of GS-3 was acceptable.

B. Administer IV or PO Investigational Drugs.

1. Perform venipunctures. None of the agencies surveyed assigned these functions to the LPN.

2. Hang Intravenous Fluids. Four agencies (51%) assigned the LPN this responsibility. Three (3) agencies (42%) required a GS-5 or GS-6 grade level. In addition, the LPN had to be under the direct supervision of a RN and working in a specialty unit. However, at one (1) agency (14%), the only grade requirement was GS-3.

3. Administer Intravenous Medications. The LPN was not given this assignment nor the responsibility in any VAMC.

4. Monitor TPNs - change control line dressings. Two (2) agencies (29%) assigned the LPN to monitor TPN's and change central line dressings. This responsibility was assumed by the GS-5 LPN in specialty units only.

5. Hang blood and blood products. One agency (14%) permitted the LPN at the GS-5 level assigned to a specialty unit to perform this function.

6. Verify blood before administration. Four (4) agencies (51%) permitted the LPN to verify blood. At one (1) VAMC the prerequisite was a GS-5 while at two (2) other agencies it was a GS-6. Both agencies required assignment in a specialty unit. However, one (1) agency assigned this responsibility to the LPN at a GS-3 level.

7. Order drugs from the Pharmacy. Only one (1) VAMC (14%) assigned this function to the LPN. The prerequisites of a GS-5 grade and a specialty unit assignment.

8. Team leader role. One (1) agency (14%) assigned this responsibility to the LPN, GS-6 grade level in a specialty unit.

9. Charge Nurse. None of the participating agencies assigned the LPN this responsibility.

10. Peripheral and venous line dressing changes. Six (6) VAMC (1.1%) assigned these functions to the LPN. However, this function was performed in one (1) agency (14%) by the GS-3 LPN. One (1) other agency (14%) by the GS-5 LPN while at four (4) other agencies, a GS-5 and above was required. The latter had to be assigned to a specialty unit.

11. Central venous lines. One agency (14%) assigned this function to the GS-5 LPN and another agency (14%) to GS-6 LPN's only. Both required that the LPN function in a specialty area. page b-3

12. Develop and maintain NCP. Five (5) VAMC's (71%) expected LPN's to develop and maintain nursing care plans. One (1) agency (14%) assigned this task to the GS-3 LPN while two (2) other agencies required a GS-6 grade. Additionally, the GS-5 and GS-6 LPN had to function in a specialty unit.

CONCLUSION

The survey indicated there exists a need to re-evaluate the role and function of the LPN throughout the VA system. Job descriptions for the LPN at all grade levels lack standardization. LPN's at the GS-3 level were performing tasks and assignments limited to the GS-5 and GS-6 grade level in other agencies.

The study also revealed that in order for the LPN to attain job recognition and/or achievement, he/she had to function at a GS-5 or GS-6 grade level and be assigned to a specialty unit. The latter implies that the LPN with a broader scope of responsibility must function under the direct supervision and observation of the RN.

For the most part, the beginning LPN lacks an adequate background to make anything more than elementary nursing judgements. The LPN should be encouraged to fulfill the role for which he/she has been trained while the option for professional advancement remain open. Basic education of the LPN has traditionally focused on bedside nursing. Expanded responsibilities at the bedside coupled with appropriate education can be rewarding and substantially beneficial not only to the LPN, but to the patient and employing agency as well.

Many studies support the position that it has been cost effective when the role and function of the LPN has been properly implemented with concomitant career development opportunities.

This concept promotes job satisfaction, upward mobility and retention.

Tasks or Function

% Assigned to LPN

Change dressings on peripheral venous lines. . . . .	.85%
Administers subcutaneous Heparin. . . . .	.71%
Develops and maintains nursing care plans. . . . .	.57%
Hangs intravenous fluids. . . . .	.57%
Verifies blood before administering. . . . .	.57%
Monitors and changes TPN. . . . .	.29%
Changes dressing on central venous line. . . . .	.29%
Hangs blood and blood products. . . . .	.14%
Orders drugs from the Pharmacy. . . . .	.14%
Functions as team leader. . . . .	.14%

"Utilization of the Licensed Practical Nurse in the Eighties"

Anita Martin, R.N. M.A., Director of Nursing, New York Infirmary-Beecham
Downtown Hospital, New York.

May 4, 1982

Norfolk, Virginia

National League for Nursing

The Council of Practical Nursing Programs

Dr. Brown, Dr. Bishop, Sr. Walsh, Sr. Jarvis, Pat O'Connell and members of the Council of Practical Nursing Programs. It is with a great deal of pleasure that I address this meeting.

I did not realize that I would be the keynote speaker, but I accept the assignment with enthusiasm and pleasure. I strongly believe that the role of the licensed practical nurse in the eighties will grow ever stronger and more important. I'm impressed by this meeting and the materials distributed, which shows a great deal of interest, concern and planning for the L.P.N. programs.

Nursing as a profession is in a state of chaos. There is no true leadership to define the levels of nursing education. The advocates of the R.N. with a B.S. degree in nursing, the Associate degree in nursing and the L.P.N. must work together for the good of the profession and the patient. The L.P.N. programs must be evaluated thoroughly. They should not be patterned on the philosophy "You can't do this and you can't do that". In reality the L.P.N. is doing "everything" because in many hospitals there are not enough R.N.s, and the L.P.N. is doing a great deal of the procedures that an R.N. was trained to do. L.P.N.s are giving medications, adding medications to I.V.s and doing many complicated procedures that they "aren't supposed to do." With the shortage of R.N.s, the L.P.N. is being called upon to do more and more of the R.N.'s duties.

When the R.N. crisis is stabilized, I see the L.P.N. as the bedside nurse giving direct patient care, with the R.N. supervising and working in critical areas. The screening of candidates for L.P.N. training must select

highly motivated individuals with a good attitude toward the patient. The nursing shortage and staffing problems are not unique to any area. In fact the American Hospital Association reports that currently member hospitals have between 90,000 and 100,000 vacant positions for nurses. There is a national shortage of 100,000 nurses in 1982. The reasons given for these shortages are "the emotional demands of the job, inconvenient and undesirable working hours, inadequate salaries, and insensitivity of hospital management to employee needs", and at institutions, non-nursing functions. This latter issue has become very evident by reviewing the meetings that management has had over the past year with NYSNA. If figures are examined, there are presently more nurses in active practice than ever before. However, there are increasing demands for more and more nurses.

With the shortage of R.N.s the use of L.P.N.s must increase. "The steadily increasing older population consumes an ever greater share of nursing services. Hospitals have become too "R.N. intensive" because today's patients require more technologically complex intensified nursing care". Over the past few years we have attempted to combat the nursing shortage by using greater numbers of agency nurses, as well as increasing amounts of overtime. It is necessary at this time in history to examine why nurses are resigning, and what we can do to combat this. Although the institution is suffering financially, unless we can get adequate numbers of nurses to care for our patients, we will be unable to render quality care and increase our census and patient days, therefore increasing our finances. It must be remembered that we are in a highly competitive market for staff, and must do as much as possible to be part of the competition. The L.P.N. must now be considered an important member of the health care team.

As Fralic says, "Nursing management as well as hospital administration must learn to ask the question "How can this organization help you to meet your professional objectives?". Yesterday's employee would have asked "How

will you fit with mine?". Again it must be stressed, in order to provide quality care in a cost effective manner we must have an adequate staff of R.N.s and L.P.N.s that remain at the hospital. If we attempt to cut corners in staffing and continue to have a high turnover, we will find that in the long run it is costing the institution more money. "The importance of retaining nurses can be seen both in terms of cost-effectiveness and quality of care. A study made by the California Hospital Association showed that hospitals there are spending an average of more than \$7000. per nurse recruited. This figure counts the direct recruitment costs as well as the costs associated with salary, benefits and low productivity during orientation... the effects of high turnover on quality and continuity of care, though not so quantifiable, are, nonetheless, clearly discernible. By improving the nurse retention rate, hospitals can contain costs and maintain quality through a better educated, more experienced, more satisfied nursing staff".

On a day to day basis it is important to use a patient classification system for proper staffing. However, this can not be done when preparing a master staffing pattern for the institution, since we do not have statistics on the types of patients that will be assigned to each unit. Also, it is useless to use "nursing care hours" because, as W.I. Christopher says, "It is a fallacy to utilize artificial ratios of nursing care hours per patient day, or nationalized statistics in developing a staffing pattern. A ratio of 3.7 or 4.2 or 4.5 nursing care hours per patient day serves little purpose in establishing a staffing pattern. Such figures do not indicate anything more than the count of bodies on duty. Such figures do not consider competency, work assignment patterns, proper use of procedures and methods and motivation. Neither do such figures indicate the mix in terms of the distribution of professional, sub-professional and non-professional levels of personnel. Such national statistics as 27% to 32% of Nursing Service staffing in the short-term, voluntary, acute hospital which constitutes professional nursing, should

itals, and not what staffing should exist for appropriate patient care".

The utilization of the licensed Practical Nurse in the Eighties is evident. They are needed and wanted in every area of health care.

Many issues affect the delivery of health care and the problems of the nursing profession such as; reimbursement rates by Blue Cross, Medicare and Medicaid do not keep up with the cost of health care.

Schools of nursing are closing. For example: the existence of some university and college schools of nursing is under threat despite an acute shortage of registered nurses. Skidmore College Department of Nursing in New York and the University of California-Los Angeles School of Nursing face immediate crises. Duke University School of Nursing in North Carolina will close in 1984. In New York City hospitals are closing.

L.P.N.s are in leadership positions. The curriculum in L.P.N. schools must reflect this by offering leadership courses. More pharmacology must be in the curriculum for L.P.N.s to increase their knowledge of medications and their use.

L.P.N.s must be taught the basic principles of health teaching. Options for the L.P.N. to become an R.N. must be presented without downgrading the L.P.N.'s position. Accenting the L.P.N. as the bedside nurse is essential. L.P.N.s are necessary for nursing homes, but they are greatly needed in acute care hospitals.

Nursing Administrators and Hospital Administrators must accept the L.P.N. as an important member of the health team.

In conclusion, May 6 has been designated as National Nurses Day by the United States Congress. This honors all nurses. The recognition of nurses is getting stronger every year. I thank you.

Extrapolated from: National League For Nursing

Council of Practical Nursing Programs
Annual Meeting May 3, 1982

DEPARTMENT OF PERSONNEL

Marvin Mandel
GOVERNOR



Henry G. Boss
SECRETARY OF PERSONNEL

301 West Preston Street, Baltimore, Maryland 21201

August 31, 1971

Memo To: All State Agencies

Subject: Amendments to State Employees Personnel Rules: 1 and 53

Attached are additions to Rule 1 - Definitions, Paragraphs V through Z, and newly promulgated Rule 53 - Out-Service Training which are effective September 1, 1971.

It is anticipated that within 60 to 90 days a standardized Application for Out-Service Training Authorization will be distributed to all agencies for your use. In addition, the Obligated Service Agreement required by Rule 53 will be distributed. In the interim, applications should be made by letter, giving all information and particulars required by rule.

Any questions regarding this new rule should be directed to Mr. William H. Schoenhaar, Director, Employee Training and Development.

A handwritten signature in dark ink, appearing to read "Henry G. Boss".

Henry G. Boss
Secretary of Personnel

IK:fst.c

Attachments (10)

(Additions to Rule 1)

Rule 1. Definitions

- V. "Training" means the process of providing for and making available to an employee and placing or enrolling such employee in a planned, prepared and coordinated program, course, curriculum, subject, system, or routine of instruction or education in scientific, professional, technical, mechanical, trade, clerical, fiscal, administrative, or other fields which are or will be directly related to the performance by such employee or official duties in order to increase the knowledge, proficiency, ability, skill and qualifications of such employee in the performance of official duties.
- W. "Out-Service Training" means any training authorized for a State employee when a fee is paid by a State agency for such training, or when a State agency allows "release time" for training when such training is not conducted by State employees in the course of their normal duties.
- X. "Release Time" means time off with pay during working hours for training purposes.
- Y. "Career Development Plan" means a combination of experience and training designed to prepare an employee to perform the duties of a classification or position.
- Z. "Job Related Training" means a course of program directly related to the duties being performed by the individual.

The above amendment to Rule 1 shall take effect September 1, 1971.

Rule 53 - Out-Service Training

A. Objective

Out-Service Training is designed for State employees who are expected to continue in State service for a period which will justify such training.

B. Purpose of Training

1. To train employees to become more skillful in their work and increase their job proficiency in their present position.
2. As an incentive for employees to attain the minimum qualifications of a higher classification, in a career development program, which increases and enhances retention in State service and meets the State's manpower needs.

C. Types of Training Assistance

1. Part-Time Tuition Reimbursement -

Construed to mean training received by an employee on a part-time basis, usually on the employee's own time, but paid for by the State up to a limited amount in a fixed period of time.

2. Full Release Time -

Construed to mean when an employee is granted time off with pay for an extended period of time to engage only in training.

3. Short-Term Training Assignments -

Construed to mean when an employee is granted release time for a period not to exceed 30 consecutive working days to engage only in

full-time training at the expense of the State.

4. Work-Study Program -

Constructed to mean when an employee is enrolled in a planned program with an educational institution designed to supplement the on-the-job experience with formal academic training.

D. Eligibility for Out-Service Training

1. Employees must have a minimum of one year's full-time State service and be in permanent status to be eligible for enrollment in any out-service training other than short term training assignments.
2. The payment or reimbursement of funds is authorized for training specifically related to the employee's work or career development plan provided the training is approved by the appointing authority and the Secretary of Personnel. The payment or reimbursement of funds for training designed primarily as general education is prohibited except for purposes of basic remedial education. Employees seeking a general education as opposed to necessary training should be encouraged to obtain such education on their own time and at their own expense.
3. The expenditure of public funds or authorization of "release time" is prohibited for the purpose of providing an opportunity for an employee to obtain an academic degree which is not in accord with a previously approved career development plan.

4. Out-service training for the purpose of filling a position by "promotion" is prohibited. If there is another qualified employee on the "list of eligibles," the Secretary may waive this provision provided a previously approved career development program is on file.

F. Prerequisites for Part-Time Tuition Reimbursement

1. Reimbursement will be limited to tuition cost only in accredited schools, colleges and universities.
2. Reimbursement will be provided only upon evidence of satisfactory completion of a course previously approved by the Secretary of Personnel and accompanied by a receipt indicating the tuition has been paid.
3. Reimbursement is limited to a maximum of \$600 in any one calendar year not to exceed \$50 per credit hour.
4. Reimbursement at State expense will not be authorized for any portion of the tuition that is available to the employee from other public sources such as Veterans Education Benefits.
5. When and only when necessary to attend an approved course which is offered only during working hours, an employee may be permitted to be released from duty during working hours provided such "release time" does not exceed six hours per week.

6. Clerical and para-professional out-of-service training or other training in schools where credit hours are not applicable will be limited to a maximum of \$300 in any one calendar year.

F. Prerequisites for Full Release Time

1. Employees undergoing training which requires their release from duty for a period in excess of 30 working days in any six months period are considered in full-time training.
2. Training is restricted to employees pursuing advanced instruction at the graduate level carrying a minimum of twelve credit hours in a six months period.
3. Training is limited to a maximum of eighteen months in any three years period. No employee may be granted educational leave for a period exceeding eighteen months in any ten years period.
4. Departments and operating agencies are limited to a maximum of 5% of their professional employees in full-time training at any one time.
5. Funds for training which the employee receives from any other public source and which then exceeds the actual cost of the training must be deducted from the employee's compensation.
6. Departments will not be authorized additional positions on a temporary basis to relieve employees for purposes of training.
7. Training is prohibited for purposes of obtaining an advanced degree which is judged as non essential by the department head or Secretary of Personnel.

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8. Employees will be entitled to full salary while in training status and will retain membership in the Retirement System and the Employees Health Insurance Program.
9. Sick leave and annual leave will be accumulated while in training status but annual leave earned during the training period must be used in the same period. Training time lost resulting from illness must be reported to the department for deduction of sick leave.
10. During any school year recess in excess of ten working days, the employee will report for duty to the agency in which he is employed.
11. All expenses related to tuition and related fees, library and laboratory fees, travel, purchase of books and supplies, or other facilities or service will be at the employee's expense.
12. Employees enrolled in full-time out-service training will be required to enter into an Obligated Service Agreement with the State of Maryland. The agreement will stipulate that the total amount of compensation paid an employee in full-time training status shall constitute a loan by the State of Maryland to the employee. The loan shall be exonerated at the rate of one month for each three months of service completed, after satisfactory completion of the training, unless he is involuntarily separated

from State employment. In the event an employee resigns from State service prior to completion of the obligated service, the unexonerated balance of the loan shall be due the State of Maryland. However, if in the judgment of the Secretary of Personnel the separation of an employee is the result of adverse, unforeseen or extenuating circumstances that impose undue personal hardship he may release the employee from the Obligated Service Agreement.

13. Upon the request of the department head, the Secretary of Personnel may, if in his judgment the training is vital to the operation of the particular department and in the best interest of the State of Maryland, waive the graduate requirement in Section F.2. of this rule.
14. The department head is entitled to withdraw any employee from a full-time training program at any time evidence exists that the employee is not making satisfactory progress.

G. Short-Term Training Assignments

1. Short-term training is for the purpose of training employees in the use of new or modified methods and equipment; and/or in skills and knowledge required by changes in the employee's current position.
2. Short-term training should not exceed 30 working days.
3. Tuition and related training expenses are authorized allowances and may be paid by the State.

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4. Short-term training may require an Obligated Service Agreement requiring an employee to remain in State service for a stated length of time.
5. Employees engaged in a short-term training assignment will receive full pay while participating in the program and retain all other benefits.

H. Work-Study Program

1. When the need exists for a group of employees with a particular skill, i.e., Licensed Practical Nurses, Mental Health Technicians, Registered Nurses, etc., work-study programs may be initiated during regular working hours by a State department with an accredited school or junior college to provide the required training subject to approval of the Secretary of Personnel.
2. Employees authorized to participate in work-study programs will receive full pay while enrolled in the program and will be considered as present for duty on a full-time basis.
3. All expenses, including tuition, fees, travel, books and supplies, will be the responsibility of the employee.
4. No work-study program will be authorized that permits an employee to be released from his duties to attend classes in excess of 50% of his normal work week.

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8. Temporary employees will not be authorized to replace permanent employees who are enrolled in work-study programs.

Rule 53 shall take effect on September 1, 1971

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF STAFF DEVELOPMENT AND TRAINING
STAFF DEVELOPMENT CENTER
724 MI. WILSON LANE
PIKESVILLE, MARYLAND 21208

653-1060

GUIDELINES FOR OUT-SERVICE TRAINING - F.Y. 1984

I. General

- A. The Department continues to have a long term commitment to employees at all levels to assist them in maintaining and improving their skills and expertise through out-service training programs. These educational programs provide opportunities for improving the quality of service and an opportunity to increase professional staff to meet essential accreditation and licensure requirements.
- B. Approval for reimbursement or for attendance at training programs must be limited to courses which serve to support Department Objectives (i.e. are job related and/or part of an approved Career Development Plan which has been reviewed by the Department of Personnel). Approval for work study or other arrangements to complete formal academic training on release time is limited to essential Departmental needs or where vacancies have been difficult to fill through recruitment efforts.
- C. Each out-service training request is submitted through the employing unit and must be individually reviewed by the DHM Staff Development and Training Division then approved by the Secretary of Personnel. The form MS-551 must be received by Staff Development and Training at least 5 days in advance of the proposed program. Work study applications must be in 30 days before the program begins. Any individual entering the program without advance approval from the Staff Development and Training Division does so with the clear understanding that reimbursement may not be authorized. If only Release Time is involved, the individual may be required to use annual leave, if advanced approval has not been arranged. (Detailed instructions are available for properly filling out the MS-551 form and all requests must have course descriptions attached.)

Additionally, the Information Sheet for Out-Service Training (a data processing information form) must be completed and accompany the Form MS-551 for all out-service training requests. Detailed instructions are also available for properly completing this form.

All County Health Department employees should route their out-service training requests through the office of Local Health Administration, O'Connor Building, which will then forward such requests to Staff Development and Training.

- D. All Merit System employees are included under the provisions of Personnel Rule 53, and must abide by those stipulations. In the case of County Health Department employees, County budgetary limitations may restrict their use of Tuition Reimbursement.

II Tuition Reimbursement

A. State Employees Personnel Rules stipulate that "the payment or reimbursement of funds is authorized for training specifically related to the employee's work, or career development plan provided the training is approved by the appointing authority and the Secretary of Personnel." Based on this provision the Division of Staff Development and Training will approve the following requests for tuition reimbursement:

1. Credit courses which are directly related to current job functioning or to additional functions that are anticipated by departmental managers within the near future. The following courses, which are basic to a community college degree program, will be considered job related:

Basic English; Introductory Psychology; Introductory Sociology; Communications; Basic Math.

2. Courses included in an approved career development plan for established job series necessary to meet essential departmental needs of the Department of Health and Mental Hygiene. Individual career plans will be processed as follows:
 - a) Consultation with unit Education and/or Training representative and approved by the administrative authority.
 - b) Forwarded to Staff Development and Training for assessment and endorsement, review and final approval by D.O.P.
 - c) Individual MS-551's must be submitted on a semester basis for approval.
 - d) Approved career plans will be documented with copies in the personnel folders of the individual and with Staff Development and Training. Any changes in an approved career plan will necessitate renegotiation.
3. Challenge Examinations

The Division of Staff Development and Training will reimburse employees for the cost of CLEP examinations as governed by the provisions of departmental tuition reimbursement policy. Faculty-prepared challenge examinations will be reimbursed up to the maximum per credit allowance established by the Department for all credits that are approvable under tuition reimbursement. Payment for all challenge examinations will be made only upon notice from an accredited college that credits have actually been awarded. This notice of awarded credits must be submitted with the MS-551's.

- B. In order to be eligible for tuition reimbursement an employee must have at least one year's State service prior to enrolling in a course.

- C. Maximum reimbursement for approval will be \$30 per credit hour.
1. Reimbursement is possible for 6 credits per semester for a maximum of 18 credits per fiscal year. This credit maximum will be waived for clinical nursing courses in degree nursing curricula. Such courses may be reimbursed for the actual number of credits assigned.
 2. Part-time employees will be reimbursed on a pro-rata basis for at least 50% of the allowable amount, but not more than 80% of that amount, to correspond to their normal work week.
- D. Reimbursement at State expense will not be authorized for any portion of the tuition that is available to the employee from other public sources (such as Veterans Education Benefits, grants, etc.)
- E. When an approved course is offered only during working hours, an employee may be released from duty for a maximum of six hours per week without obligation. Such "release" time must be approved by the employing unit and reflected on the MS-551 that is submitted to the Staff Development Division, along with documentation of the hours when the course is offered. Tuition reimbursement is allowable for such courses.
- F. Tuition reimbursement requests must be received for approval by the DHM Staff Development Office at least 5 working days before the class begins. A copy of the approved MS-551 will be sent to the employee. Any changes in course taken after approval has been granted must be so documented in writing and sent to Staff Development and Training. Reimbursement will be made only for those recorded approved courses. At the completion of the course, the Staff Development Office will arrange for reimbursement upon receipt of the following:
1. Copy of the final passing grade.
 2. Proof of payment for the course taken.
 3. Invoice (in triplicate) requesting reimbursement for the course taken.
 4. Request for payment must be submitted to Staff Development by the following deadlines:
 - a. Summer semester - October 15th
 - b. Fall semester - March 15th
 - c. Spring semester - June 15th (This time schedule is short but necessary because of the close of the fiscal year. If grades are not available written notification must be sent to Staff Development by June 15th.)

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III Short Term Training Programs (non-credit)

- A. The Department has no funds for Continuing Education* programs. However, when such programs are directly job related, release time may be requested and approved through the MS-551, (Out-Service Training Request Form). Advance approval is required for all release time requests for educational programs. The MS-551 must be properly recorded so that accurate accounting is available. Additional consideration may be offered for those disciplines with special needs when funding permits.
- B. Formal short-term training programs presented by academic organizations or private training agencies can be approved for release time. Such requests require the use of form MS-551 and will be evaluated on the basis of job relatedness.

Note: As mentioned under General (1-C) all Forms MS-551 must be accompanied by the completed Information Sheet for Out-Service Training.

- C. Out-service training approval (MS-551) is not required for participation in the following activities which are approved through other administrative channels:
- e.g. a) Federal Agency to review changes in regulations.
- b) State sponsored conferences; workshops, etc. for the establishment of new operating procedures, etc.
- D. The Division will provide direction and coordination for a variety of Short Term Training Programs throughout the Department of Health and Mental Hygiene which will assist staff in improving the delivery of services to clients. The Division will work with the Program Administrations and local units in order to meet such defined needs.
- E. Limited funds are available for assisting individuals of certain essential technical work groups with gaining requisite skills in non-academic areas.

*Continuing Education is defined as any systematic effort, accredited or not, designed to upgrade the clinical, programmatic, or organizational effectiveness of human service workers. It may sometimes be defined as inservice-training.

IV Release Time Programs

Release time programs are those programs for which time off with pay is authorized on a part or full-time basis to meet essential departmental need for trained personnel. Student/employees must carry a full-time course load. Proper utilization upon completion of training, usually reflected in reclassification, should be anticipated and planned.

Employees participating in release time programs have an obligation to work at the agency, facility or institution which authorized their release.

A. Work-Study (Part-Time Release)

Programs that have been approved for Work-Study include the following:

1. Associate degree in nursing.
2. Baccalaureate in nursing programs.
3. Programs such as Mental Health Associate, and others which are directed toward immediate departmental job requirements.

B. Advance Degrees (Part or Full-Time) (Post baccalaureate, licensure or certification)

Part or full-time release may be requested by an employing agency for employees who are pursuing an advance degree. Full release is primarily reserved for programs that do not provide for the enrollment of part-time students. (i.e. nurse practitioner, MPH). Approvals will be based on documentation that positions have been difficult to fill through established eligibility lists or there is a specialized agency need. For each initial request a plan must be submitted with the application to indicate how the increased skills of the participants will be utilized through broadened responsibilities in the immediate future. The agency head involved must also verify that an agency need exists.



STATE OF MARYLAND
EXECUTIVE DEPARTMENT

LPN TASK FORCE
224C HOUSE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

1984
SURVEY OF LICENSED PRACTICAL NURSES IN MARYLAND

Dear Colleague,

As chairperson of the Task Force appointed by Governor Hughes to study the role of Licensed Practical Nurses in Maryland, I am seeking your assistance in identifying the major issues involved in the education and utilization of LPN's in our state.

As you probably know, in 1981 Governor Hughes appointed a Commission on Nursing Issues, pursuant to legislation sponsored by me and Delegate Hollinger. Our 16 member commission held hearings throughout the state, met with expert panels, and surveyed 20 percent of the population of Registered Nurses in Maryland in order to identify nursing problems and then frame recommendations to the governor for future action. The RN's response rate to our survey was large enough to provide direction for this future action.

One of the recommendations submitted to Governor Hughes by the Commission on Nursing Issues was that a task force be established to consider the education and utilization of licensed practical nurses in Maryland. Following the procedures established by the Commission on Nursing Issues, the LPN Task Force has held hearings throughout the state, met with expert panels, and is now surveying approximately 20 percent of the licensed practical nurses in Maryland.

This survey is a direct outgrowth of the Task Force hearings. The information provided by the survey will ensure a greater understanding of the problems faced by you daily in performing your duties. However, for our survey to be of significant value, a large number of returns must be obtained.

Completing the survey will probably take less than one half hour. All replies will be confidential; your name or the name of your institution cannot be identified; and data will be released on an aggregate basis only.

I hope that you will fill in your survey immediately and drop it in the mail as soon as possible. A stamped self addressed envelope is included for your convenience.

Thank you for your cooperation. Your response and interest are greatly appreciated; be assured that your contribution is needed.

Sincerely,

Delegate Marilyn Goldwater, R.N.
Chairperson

INSTRUCTIONS

Specific directions are given for many of the questions in this survey. Where no directions are given, please mark your answer in the appropriate box—, making sure that each answer is confined to that box. Most questions require only one checkmark, but several ask you to check an answer for each factor on a list. Please ignore the numbers on the left hand margin (these are for computer processing only).

Should you have any questions, feel free to call or write to:

Dr. Nancy Wiederhorn, R.N., D.N.Sc., Research Consultant
Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone: 301/652-1346

DEMOGRAPHIC INFORMATION

1(1-2) 1. Year of Birth 19 ____

1(3) 2. Sex

- 1 male
2 female

1(4) 3. Marital Status

- 1 never married
2 married
3 divorced/separated
4 widowed

1(5) 4. Racial or ethnic group

- 1 American Indian
2 Asian
3 Black/not Hispanic
4 Hispanic
5 White/not Hispanic
6 other (specify) _____

1(6) 5. How many children do you have? _____

1(7-8) 6. What is the age of your youngest child?

_____ (if not applicable put 00)

1(9-14) 7. What is the HIGHEST level of education completed by your parents (and your spouse if married)?

Spouse	Father	Mother	
01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>	Don't know
02 <input type="checkbox"/>	02 <input type="checkbox"/>	02 <input type="checkbox"/>	Attended Elementary
03 <input type="checkbox"/>	03 <input type="checkbox"/>	03 <input type="checkbox"/>	Completed Elementary
04 <input type="checkbox"/>	04 <input type="checkbox"/>	04 <input type="checkbox"/>	Attended High School
05 <input type="checkbox"/>	05 <input type="checkbox"/>	05 <input type="checkbox"/>	Completed High School
06 <input type="checkbox"/>	06 <input type="checkbox"/>	06 <input type="checkbox"/>	Attended some college
07 <input type="checkbox"/>	07 <input type="checkbox"/>	07 <input type="checkbox"/>	Attended some technical or professional school following high school completion
08 <input type="checkbox"/>	08 <input type="checkbox"/>	08 <input type="checkbox"/>	Completed technical or professional school
09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>	Completed Bachelors degree
10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	Some graduate work
11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	Completed Masters degree
12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	Completed Doctoral or advanced professional degree

1(15) 8. Do you have a high school diploma or its equivalent?

- 1 Yes
2 No

1(16) 9. What was the type of basic LPN education you completed (check one)?

- 1 trade, technical or vocational high school program
2 hospital based post high school program
3 community college program
4 high school adult education program
5 state hospital program

1(17) 10. Where was your basic LPN educational program?

- 1 in Maryland
2 not in Maryland

1(18-19) 11. In what year was your basic LPN education completed?

19 _____

1(20-21) 12. How long was your LPN training program?

_____ weeks

1(22) 13. Did you attend a CETA funded LPN program?

- 1 Yes
2 No

14. Please rate how well your basic LPN education prepared you with the following skills and knowledges. Using the following scale, write the appropriate rating in the blank next to each factor.

- | | | |
|-------|---|----------|
| | 1. Excellent preparation | |
| | 2. Good preparation | |
| | 3. Adequate preparation | |
| | 4. Inadequate preparation | |
| 1(23) | a. clinical (hands on) skills | a. _____ |
| 1(24) | b. ability to assess nursing needs and provide appropriate nursing interventions | b. _____ |
| 1(25) | c. realistic orientation to job demands of nursing | c. _____ |
| 1(26) | d. competency in collaborating with members of other health disciplines | d. _____ |
| 1(27) | e. foundations for further study and ease of access into more advanced nursing programs | e. _____ |
| | f. leadership skills | f. _____ |

1(29) 15. How long after graduating from your basic LPN program did it take you to feel that you functioned effectively in the practice setting?

- 1 immediately
- 2 approximately 2 months
- 3 2 to 6 months
- 4 1 year
- 5 more than 1 year
- 6 never

1(30) 16. Do you feel that more clinical experience should have been included in your basic LPN program?

- 1 Yes
- 2 No

1(31) 17. Do you feel that more academic content should have been included in your basic LPN program?

- 1 Yes
- 2 No

EMPLOYMENT INFORMATION

1(32) 18. For what reason did you leave your FIRST and LAST nursing jobs? If this is your first job check here 1. If you are presently working on your second job, check only column e. REMEMBER check only ONE reason per job!

	First	Second	
	job	job	
	e	b	

- 1(33-34)
- | | | |
|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | to leave nursing because of general dissatisfaction with the profession |
| 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | for a more challenging nursing position |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | because the salaries and/or benefits in another nursing job were better |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | to relocate to another geographic area |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | to get married and relocate to another area where my husband/wife was employed |
| 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | family responsibilities were incompatible with the demands of my nursing job |
| 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | to retire on social security or disability insurance |
| 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | other (Specify) _____ |

1(35) 19. How long did you remain employed in your FIRST nursing job?

- 1 6 months or less
- 2 7 months to 1 year
- 3 1 to 2 years
- 4 3 to 5 years
- 5 more than 5 years

1(36-37) 20. How many weeks did you work as an LPN in the past 12 months?

Enter number of weeks _____
(if none write 00)

1(38-39) 21. On the average, how many hours per week did you work as an LPN in the past year?

Enter number of hours _____
(if none write 00)

Please answer Questions Number 22 to 25 whether you are employed in nursing or not presently employed in nursing. If you are presently not employed, please answer according to your LAST type of employment.

1(40-41) 22. Please check the one box which BEST describes your specialty area.

- 01 Medical/Surgical
- 02 ICU/CCU
- 03 Geriatrics
- 04 Emergency Room
- 05 Community Health
- 06 Pediatrics/Maternal Infant
- 07 Dialysis Unit
- 08 Psychiatric/Mental Health
- 09 Recovery Room
- 10 O.R.
- 11 Other (Specify) _____

1(42-43) 23. Which one of the following best describes your principal employment setting?

- 01 Nursing Home
- 02 Teaching Hospital
- 03 Community Hospital
- 04 Chronic Care or Rehabilitation Hospital
- 05 Psychiatric Hospital
- 06 Home Health Agency
- 07 Health Department and or School Nursing
- 08 HMO
- 09 Temporary Nursing Agency
- 10 Doctors office
- 11 Other (Specify) _____

33. In your place of employment is there LPN representation at nursing administration meetings?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Does not apply

34. Do you feel that patient care would improve if LPN's had more influence in the over-all planning and policy making in your place of employment?

- 1 Yes
- 2 No
- 3 Does not apply

35. Is quality nursing care recognized in terms of salary or bonus differentials in your place of employment?

- 1 Yes
- 2 No

36. The following contains a series of statements about LPN service and education in various institutional settings. Please check the answer appropriate for your institution. If the conditions in the question do not apply to your employment setting, please indicate so by checking the N/A (not applicable) column listed with each question.

		Yes	No	N/A
259	a. has on-going in-service education for LPN's at least once per month	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
260	b. has specific education requirements for promotion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
270	c. provides tuition reimbursement of at least 1/2 the cost for continuing education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
280	d. provides work release time for continuing education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
290	e. encourages LPN's to achieve further education leading to RN status	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2110	f. recognizes superior LPN performance with bonuses or more frequent salary increments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

The following question applies primarily to in-patient nursing settings. If the conditions in the question do not apply to YOUR type of employment, please indicate so by checking the N/A (not applicable) column listed with EACH question.

37. Do the LPN's in your place of employment have a choice in scheduling THEMSELVES for any of the following?

		Yes	No	N/A
2111	a. number of hours worked per day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2122	b. week-end and holiday time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2133	c. evening and night rotation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2144	d. (patient care area) assigned work setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2155	e. assigned work setting on evenings and nights	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

38. Have you ever worked for a temporary Nurse Agency?

- 1 Yes
- 2 No
- 3 I am presently employed by a Temp. Nurse Agency

39. Following is a list of actions which sometimes are undertaken by LPN's in health care agencies. In the appropriate box please indicate whether or not you perform these tasks as part of your present job.

		Regularly	Sometimes	Never
2:17-18)	1. perform admission assessment with nursing history .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:19-20)	2. perform physical assessment (skin, heart, abdomen, circulation, lungs, etc) .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:21-22)	3. analyze lab results and inform physician .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:23-24)	4. develop nursing care plans (MAPP's) .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:25-26)	5. contact M.D. regarding patient problems and/or condition change .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:27-28)	6. assume charge of a unit .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:29-30)	7. teach patient and family about health problems (e.g. diabetes, ostomy care, etc.) .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:31-32)	8. change inappropriate special diets .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:33-34)	9. modify medications when indicated, including dosage and administration .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:35-36)	10. reschedule strenuous diagnostic procedures as warranted by patients condition .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:37-38)	11. change surgical dressings if needed .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:39-40)	12. decide on frequency of vital signs monitoring .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:41-42)	13. insert catheters in patients unable to void .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:43-44)	14. obtain specimens from an indwelling arterial catheter .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:45-46)	15. monitor chemotherapy administration .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:47-48)	16. administer IV medications .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:49-50)	17. manage Pitocin drip .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:51-52)	18. insert naso-gastric tube .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
2:53-54)	19. remove sutures from post operative patients .....	.01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>

40. Would you take courses on a part time basis leading to an Associate Degree in Nursing if any of the following conditions were available?

		Yes	No
2:55)	a. courses were located within a 30 mile driving distance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2:56)	b. courses were given on weekends	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2:57)	c. release time were provided by your employer	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2:58)	d. the institution offering courses had low cost child care facilities during class hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>

41. Would you plan to remain in your present place of work if you completed a RN program?

- 1 Yes
 2 No
 3 Don't know

42. Would your salary be increased by at least 10% if you completed a RN program?

- 1 Yes
 2 No
 3 Don't know

2:61) 43. Would you enroll on a FULL TIME basis leading to an Associate or Bachelors degree in nursing if a state supported scholarship and living stipend were available to you?

- 1 Yes
 2 No

2:62) 44. Does your present place of employment provide at least 6 credits per semester full tuition reimbursement for full time LPN employees who wish to pursue further education in nursing?

- 1 Yes
 2 No
 3 Don't know

2:63) 45. Does your present place of employment give time off for continuing education courses for LPN's?

- 1 Yes
 2 No

2:64) 46. Does your present place of employment pay at least half of the cost of continued education courses for LPN's?

- 1 Yes
 2 No

GENERAL INFORMATION

265) 47. Do you belong to any of the following LPN organizations?

- 1 MLPNA
- 2 NAPNES
- 3 FANEL
- 4 Other (Specify) _____
- 5 none

266) 48. What is the highest degree or certificate that you **ULTIMATELY** plan to earn in nursing?

- 1 I do not plan to earn another degree
- 2 RN with Diploma
- 3 RN with Associates Degree
- 4 RN with Bachelors Degree
- 5 Graduate degree in nursing
- 6 Other (Specify) _____

49. The following contains a series of statements about issues of educational concern involving LPN's. Please indicate your degree of agreement or disagreement by checking the appropriate space:

HOW YOU FEEL

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

- 267) a. LPN's are exploited by the industry as a source of cheap labor. 1 2 3 4 5
- 268) b. Nurses are trained to do the same things - the only difference is in the letter attached to the name pins. 1 2 3 4 5
- 269) c. LPN's should not be allowed by law to do some of the things they are made to do in practice. 1 2 3 4 5
- 270) d. RN's with Bachelors degrees are more capable of directing LPN's than RN's without Bachelors degrees. 1 2 3 4 5
- 271) e. There should be only 2 educational levels in nursing with one at the technical or LPN level and the other at the BSN level. 1 2 3 4 5
- 272) f. The future trend in LPN education should include 2 years of education leading to an Associate Degree in Practical or Technical Nursing. 1 2 3 4 5

273) 50. If your daughter wished to study licensed practical nursing would you **DISCOURAGE** her from doing so?

- 1 Yes
- 2 No
- 3 Does not apply

274) 51. If your son wished to study licensed practical nursing would you **DISCOURAGE** him from doing so?

- 1 Yes
- 2 No
- 3 Does not apply

275-76) 52. If you would discourage your daughter/son from studying licensed practical nursing, which **ONE** of the following reasons would be of **PRIMARY** concern? (check only **ONE** for daughter & **ONE** for son)

- | Daughter | Son | |
|----------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | other jobs provide more financial reward |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | other jobs provide more job satisfaction |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | other jobs provide more respect, prestige, and status |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | licensed practical nursing is too hard a job for the benefits it offers |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | other _____ |

53. If your daughter/son decided to study nursing, which educational program would you advise her/him to enter?

- 1 Trade, Technical or Vocational High School program
- 2 Hospital based post High School program

- 3 Community College program
- 4 High School adult-education program
- 5 State Hospital program

Please use the space below for any comments you have about LPN's, the LPN Task Force, this questionnaire, or anything else you can share with us. Again Thank you for your participation.

Please Return the Survey in the Enclosed Addressed Stamped Envelope To: LPN Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401



STATE OF MARYLAND
EXECUTIVE DEPARTMENT

LPN TASK FORCE
224C HOUSE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

1984
SURVEY OF LICENSED PRACTICAL NURSES IN MARYLAND

Dear Colleague,

As chairperson of the Task Force appointed by Governor Hughes to study the role of Licensed Practical Nurses in Maryland, I am seeking your assistance in identifying the major issues involved in the education and utilization of LPN's in our state.

As you probably know, in 1981 Governor Hughes appointed a Commission on Nursing Issues, pursuant to legislation sponsored by me and Delegate Hoiinger. Our 16 member commission held hearings throughout the state, met with expert panels, and surveyed 20 percent of the population of Registered Nurses in Maryland in order to identify nursing problems and then frame recommendations to the governor for future action. The RN's response rate to our survey was large enough to provide direction for this future action.

One of the recommendations submitted to Governor Hughes by the Commission on Nursing Issues was that a task force be established to consider the education and utilization of licensed practical nurses in Maryland. Following the procedures established by the Commission on Nursing Issues, the LPN Task Force has held hearings throughout the state, met with expert panels, and is now surveying approximately 20 percent of the licensed practical nurses in Maryland.

This survey is a direct outgrowth of the Task Force hearings. The information provided by the survey will ensure a greater understanding of the problems faced by you daily in performing your duties. However, for our survey to be of significant value, a large number of returns must be obtained.

Completing the survey will probably take less than one-half hour. All replies will be confidential; your name or the name of your institution cannot be identified; and data will be released on an aggregate basis only.

I hope that you will fill in your survey immediately and drop it in the mail as soon as possible. A stamped self-addressed envelope is included for your convenience.

Thank you for your cooperation. Your response and interest are greatly appreciated; be assured that your contribution is needed.

Sincerely,

Delegate Marilyn Goldwater, R.N.
Chairperson

INSTRUCTIONS

Specific directions are given for many of the questions in this survey. Where no directions are given, please mark your answer in the appropriate box—, making sure that each answer is confined to that box. Most questions require only one checkmark, but several ask you to check an answer for each factor on a list. Please ignore the numbers on the left hand margin (these are for computer processing only).

Should you have any questions, feel free to call or write to:

Dr. Nancy Wiederhorn, R.N., D.N.Sc., Research Consultant
Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone: 301/652-1346

DEMOGRAPHIC INFORMATION

1. Year of Birth 19 45 (Med)
2. Sex
5 male
95 female
3. Marital Status
13 never married
64 married
19 divorced/separated
4 widowed
4. Racial or ethnic group
0.3 American Indian
0.2 Asian
20 Black/not Hispanic
0.8 Hispanic
78 White/not Hispanic
 other (specify) _____
5. How many children do you have? 2 (Med)
6. What is the age of your youngest child?
10 (if not applicable put 00) (Mean)

7. What is the HIGHEST level of education completed by your parents (and your spouse if married)?

Spouse	Father	Mother
		Don't know
		Attended Elementary
		Completed Elementary
		Attended High School
<u>24</u>	<u>23</u>	<u>32</u> Completed High School
		Attended some college
		Attended some technical or professional school following high school completion
<u>11</u>		Completed technical or professional school
<u>11</u>		Completed Bachelors degree
		Some graduate work
		Completed Masters degree
		Completed Doctoral or advanced professional degree

8. Do you have a high school diploma or its equivalent?

98 Yes
 No

9. What was the type of basic LPN education you completed (check one)?

- 29 trade, technical or vocational high school program
39 hospital based post high school program
10 community college program
4 high school adult education program
19 state hospital program

10. Where was your basic LPN educational program?

67 in Maryland
33 not in Maryland

11. In what year was your basic LPN education completed?

19 73 (Med)

12. How long was your LPN training program?

52 weeks

13. Did you attend a CETA funded LPN program?

18 Yes
82 No

14. Please rate how well your basic LPN education prepared you with the following skills and knowledge. Using the following scale, write the appropriate rating in the blank next to each factor.

1. Excellent preparation
 2. Good preparation
 3. Adequate preparation
 4. Inadequate preparation

} reported as cumulative %

clinical (hands on) skills	<u>91</u>
ability to assess nursing needs and provide appropriate nursing interventions	<u>85</u>
realistic orientation to job demands of nursing	<u>74</u>
competency in collaborating with members of other health disciplines	<u>74</u>
foundations for further study and ease of access into more advanced nursing programs	<u>63</u>
leadership skills	<u>63</u>

15. How long after graduating from your basic LPN program did it take you to feel that you functioned effectively in the practice setting?

- 36 immediately
- 26 approximately 2 months
- 26 2 to 6 months
- 0 1 year
- 3 more than 1 year
- 1 never

16. Do you feel that more clinical experience should have been included in your basic LPN program?

- 34 Yes
- 66 No

17. Do you feel that more academic content should have been included in your basic LPN program?

- 46 Yes
- 54 No

19. How long did you remain employed in your FIRST nursing job?

- 12 6 months or less
- 17 7 months to 1 year
- 25 1 to 2 years
- 21 3 to 5 years
- 25 more than 5 years

3

20. How many weeks did you work as an LPN in the past 12 months?

Enter number of weeks 50 (Med)
(if none write 00)

21. On the average, how many hours per week did you work as an LPN in the past year?

Enter number of hours 40 (Med)
(if none write 00)

Please answer Questions Number 22 to 25 whether you are employed in nursing or not presently employed in nursing. If you are presently not employed, please answer according to your LAST type of employment.

EMPLOYMENT INFORMATION

18. For what reason did you leave your FIRST and LAST nursing jobs? If this is your first job check here 1. If you are presently working on your second job, check only column a. REMEMBER check only ONE reason per job!

- | First job | Second job | |
|-----------|------------|--|
| a | b | |
| 3 | 6 | to leave nursing because of general dissatisfaction with the profession |
| 19 | 12 | for a more challenging nursing position |
| 17 | 19 | because the salaries and/or benefits in another nursing job were better |
| 25 | 19 | to relocate to another geographic area |
| 10 | 7 | to get married and relocate to another area where my husband/wife was employed |
| 11 | 16 | family responsibilities were incompatible with the demands of my nursing job |
| 3 | 3 | to retire on social security or disability insurance |
| 13 | 17 | other (Specify) _____ |

140-41) 22. Please check the one box which BEST describes your specialty area.

- 27 Medical/Surgical
- 6 ICU/CCU
- 26 Geriatrics
- 2 Emergency Room
- 3 Community Health
- 0 Pediatrics/Maternal Infant
- 0.5 Dialysis Unit
- 10 Psychiatric/Mental Health
- 1 Recovery Room
- 1 O.R.
- 15 Other (Specify) _____

142-43) 23. Which one of the following best describes your principal employment setting?

- 23 Nursing Home
- 13 Teaching Hospital
- 23 Community Hospital
- 3 Chronic Care or Rehabilitation Hospital
- 9 Psychiatric Hospital
- 2 Home Health Agency
- 2 Health Department and or School Nursing
- 1 HMO
- 1 Temporary Nursing Agency
- 6 Doctors office
- 7 Other (Specify) _____

24. In what type of position are you PRIMARILY employed?

- 2 Administration
- 10 Head nurse
- 03 In-Service Education
- 62 Staff nurse
- 6 Special care nursing (ICU, CCU)
- 3 Private duty
- 1 Public health nurse
- 15 Other (Specify) _____

25. How would you best describe your current employment status?

- 61 full time in nursing
- 26 part time in nursing
- 4 full time in field
- 2 other than nursing
- 2 part time in field
- 8 other than nursing
- 8 not employed in any field

→ SKIP TO QUESTION #47

Answer the following questions ONLY if you are currently employed full or part time in nursing. If presently Not employed in nursing, skip to question #47

26. Where do you currently work?

- 94 Maryland
- Virginia
- West Virginia
- Pennsylvania
- Delaware
- 4 District of Columbia
- Other

27. If you live AND work in the state of Maryland, please indicate the area in which you live and work.

LIVE WORK

- 12 12 Western Maryland (Garrett, Allegany, Washington, and Frederick Counties)
- 15 16 Montgomery County
- 16 15 Southern Maryland (Prince George's, Calvert, Charles, and St. Mary's Counties)
- 10 13 Baltimore City
- 32 27 Metropolitan Baltimore (Anne Arundel, Carroll, Harford, Howard, and Baltimore Counties)
- 14 14 Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anna's, Somerset, Talbot, Wicomico, and Worcester Counties)
- 1 2 Outside of Maryland

28. How long have you been employed in your present facility?

6 years 0 3 months

29. Do you plan to continue working as a LPN until you reach retirement age?

- 54 Yes
- 46 No

4

30. Are you dependent on your salary to meet most or all of your family expenses?

- 64 Yes
- 36 No

31. What is your approximate yearly salary before deductions?

Full time \$ 15,600

or

Part time \$ 08,645

32. Please rate how satisfactory each of the conditions listed below are in your present place of employment. Using the following scale, write the appropriate rating in the blank next to each condition. (i.e.: 1, 2 or 3)

- 1. Satisfactory
- 2. Unsatisfactory
- 3. Not applicable in my present position

Present salary	<u>5</u>	<u>4</u>
Ultimate salary range	<u>38</u>	<u>54</u>
Flexibility of work schedule	<u>19</u>	<u>19</u>
Amount of direct patient care	<u>86</u>	<u>10</u>
Tuition reimbursement plan	<u>44</u>	<u>29</u>
RN to LPN ratio	<u>62</u>	<u>28</u>
Quality of personal (RN and LPN)	<u>77</u>	<u>18</u>
Number of ancillary personal (orderlies, aids, etc.)	<u>45</u>	<u>42</u>
Quality of ancillary personnel	<u>63</u>	<u>25</u>
Comfort of nurses changing facilities, lounges, lockers, etc.	<u>39</u>	<u>48</u>
Parking facilities	<u>69</u>	<u>28</u>
Vacation time and sick benefits	<u>70</u>	<u>25</u>
Availability of continuing education courses	<u>48</u>	<u>39</u>
Quality of continuing education courses	<u>54</u>	<u>31</u>
Courteous treatment by physicians	<u>78</u>	<u>19</u>
Respect from other members of the health team	<u>83</u>	<u>15</u>
Respect of RN's for professional competence of LPN's	<u>71</u>	<u>25</u>

33. In your place of employment is there LPN representation at nursing administration meetings?

32 Yes
 39 No
 20 Don't know
 9 Does not apply

5

34. Do you feel that patient care would improve if LPN's had more influence in the over-all planning and policy making in your place of employment?

62 Yes
 17 No
 21 Does not apply

35. Is quality nursing care recognized in terms of salary or bonus differentials in your place of employment?

25 Yes
 75 No

36. The following contains a series of statements about LPN service and education in various institutional settings. Please check the answer appropriate for your institution. If the conditions in the question do not apply to your employment setting, please indicate so by checking the N/A (not applicable) column listed with each question.

	Yes	No	N/A
has on-going in-service education for LPN's at least once per month	42	44	
has specific education requirements for promotion	22	57	
provides tuition reimbursement of at least 1/2 the cost for continuing education	48	35	
provides work release time for continuing education	40	45	
encourages LPN's to achieve further education leading to RN status	49	40	
recognizes superior LPN performance with bonuses or more frequent salary increments	14	76	

The following question applies primarily to in-patient nursing settings. If the conditions in the question do not apply to YOUR type of employment, please indicate so by checking the N/A (not applicable) column listed with EACH question.

37. Do the LPN's in your place of employment have a choice in scheduling THEMSELVES for any of the following?

	Yes	No	N/A
number of hours worked per day	25	65	
week-end and holiday time	35	53	
evening and night rotation	34	46	
(patient care area) assigned work setting	28	55	
assigned work setting on evenings and nights	27	53	

216

38. Have you ever worked for a temporary Nurse Agency?

26 Yes
 70 No
 4 I am presently employed by a
 Temp. Nurse Agency

39. Following is a list of actions which sometimes are undertaken by LPN's in health care agencies. In the appropriate box please indicate whether or not you perform these tasks as part of your present job.

	Regularly	Sometimes	Never
perform admission assessment with nursing history	49	29	22
perform physical assessment (skin, heart, abdomen, circulation, lungs, etc)	47	31	22
analyze lab results and inform physician	43	34	23
develop nursing care plans (MAPP's)	49	25	26
contact M.D. regarding patient problems and/or condition change	72	21	7
assume charge of a unit	41	22	37
teach patient and family about health problems (a.g. diabetes, ostomy care, etc.)	43	41	16
change inappropriate special diets	27	37	36
modify medications when indicated, including dosage and administration	24	29	47
reschedule strenuous diagnostic procedures as warranted by patients condition	20	35	44
change surgical dressings if needed	66	27	1
decide on frequency of vital signs monitoring	53	32	15
insert catheters in patients unable to void	61	24	15
obtain specimens from an indwelling arterial catheter	20	10	70
monitor chemotherapy administration	13	19	68
administer IV medications	29	16	55
manage Pitocin drip	8	13	79
insert naso-gastric tube	25	22	53
remove sutures from post operative patients	13	25	62

40. Would you take courses on a part time basis leading to an Associate Degree in Nursing if any of the following conditions were available?

	Yes	No
courses were located within a 30 mile driving distance	78	22
courses were given on weekends	65	35
release time were provided by your employer	83	17
the institution offering courses had low cost child care facilities during class hours	61	39

41. Would you plan to remain in your present place of work if you completed a RN program?

48	Yes
22	No
30	Don't know

42. Would your salary be increased by at least 10% if you completed a RN program?

65	Yes
11	No
25	Don't know

43. Would you enroll on a FULL TIME basis leading to an Associate or Bachelors degree in nursing if a state supported scholarship and living stipend were available to you?

76	Yes
24	No

44. Does your present place of employment provide at least 6 credits per semester full tuition reimbursement for full time LPN employees who wish to pursue further education in nursing?

25	Yes
43	No
32	Don't know

45. Does your present place of employment give time off for continuing education courses for LPN's?

44	Yes
56	No

46. Does your present place of employment pay at least half of the cost of continued education courses for LPN's?

38	Yes
62	No

GENERAL INFORMATION

47. Do you belong to any of the following LPN organizations?

- 5 MLPNA
 6 NAPNES
 0.09 FANEL
 2 Other (Specify) _____
 87 none

48. What is the highest degree or certificate that you ULTIMATELY plan to earn in nursing?

- 41 I do not plan to earn another degree
 5 RN with Diploma
 22 RN with Associates Degree
 21 RN with Bachelors Degree
 4 Graduate degree in nursing
 7 Other (Specify) _____

7

49. The following contains a series of statements about issues of educational concern involving LPN's. Please indicate your degree of agreement or disagreement by checking the appropriate space:

HOW YOU FEEL

Strongly Agree Agree Neutral Disagree Strongly Disagree

LPN's are exploited by the industry as a source of cheap labor.

1 2 3 4 5

Nurses are trained to do the same things - the only difference is in the letter attached to the name pins.

1 2 3 4 5

LPN's should not be allowed by law to do some of the things they are made to do in practice.

1 2 3 4 5

RN's with Bachelors degrees are more capable of directing LPN's than RN's without Bachelors degrees.

1 2 3 4 5

There should be only 2 educational levels in nursing with one at the technical or LPN level and the other at the BSN level.

1 2 3 4 5

The future trend in LPN education should include 2 years of education leading to an Associate Degree in Practical or Technical Nursing.

1 2 3 4 5

50. if your daughter wished to study licensed practical nursing would you DISCOURAGE her from doing so?

- 43 Yes
 40 No
 17 Does not apply

275-79 52. If you would discourage your daughter/son from studying licensed practical nursing, which ONE of the following reasons would be of PRIMARY concern? (check only ONE for daughter & ONE for son)

Daughter	Son	
28	44	other jobs provide more financial reward
6	5	other jobs provide more job satisfaction
22	21	other jobs provide more respect, prestige, and status
23	13	licensed practical nursing is too hard a job for the benefits it offers
21	18	other _____

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51. If you son wished to study licensed practical nursing would you DISCOURAGE him from doing so?

- 46 Yes
 36 No
 17 Does not apply

53. If your daughter/son decided to study nursing, which educational program would you advise her/him to enter?

10 Trade, Technical or Vocational High
School program
29 Hospital based post High School program

50 Community College program
0.7 High School adult-education program
11 State Hospital program

8

Please use the space below for any comments you have about LPN's, the LPN Task Force, this questionnaire, or anything else you can share with us. Again Thank you for your participation.

241

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c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
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STATE OF MARYLAND
EXECUTIVE DEPARTMENT
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ANNAPOLIS, MARYLAND 21401

1984
MARYLAND HEALTH CARE EMPLOYER SURVEY

Dear Colleague,

As the chairperson of the Task Force appointed by Governor Hughes to study the role of Licensed Practical Nurses in Maryland, I am seeking your assistance in identifying major issues involved in the education and utilization of LPN's in our state.

As you probably know, in 1981, Governor Hughes appointed a Commission on Nursing Issues pursuant to legislation sponsored by me and Delegate Paula Hollinger. Our 16 member Commission held hearings throughout the state, met with expert panels, and surveyed 9,000 RN's licensed in Maryland. Our aim was to identify, qualify and quantify the problems facing nurses in Maryland in order to frame recommendations to the Governor for future action.

One of the recommendations submitted to Governor Hughes by the Commission on Nursing Issues was that a task force be established to consider the education and utilization of Licensed Practical Nurses. It is to this end that I am asking your assistance as an employer of LPN's to fill out this questionnaire.

Completing the survey will probably take about 15 minutes. All replies will be confidential; your name or the name of your institution cannot be identified; and data will be released on an aggregate basis only.

I hope that you will fill in your survey immediately and drop it in the mail as soon as possible. A stamped self-addressed envelope is included for your convenience.

Thank you for your cooperation. Your response and interest are greatly appreciated: be assured that your contribution will be carefully considered.

Sincerely,

Delegate Marilyn Goldwater, R.N.
Chairperson

INSTRUCTIONS

Specific directions are given for many of the questions in this survey. Where no directions are given, please mark your answer in the appropriate box—, making sure that each answer is confined to that box. Most questions require only one checkmark, but several ask you to check an answer for each factor on a list. Please ignore the numbers in the left margin (these are for computer processing only).

Should you have any questions, feel free to call or write to:

Dr. Nancy Wiederhorn, R.N., D.N.Sc., Research Consultant
Licensed Practical Nurse Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

Home Phone 301/652-1346

1. Please check the one box which best describes your employment setting.

- | | | |
|------|--|--|
| 1(1) | 1 <input type="checkbox"/> nursing home | 6 <input type="checkbox"/> home health agency |
| | 2 <input type="checkbox"/> teaching hospital | 7 <input type="checkbox"/> health department and or school nursing |
| | 3 <input type="checkbox"/> community hospital | 8 <input type="checkbox"/> HMO |
| | 4 <input type="checkbox"/> chronic care or rehabilitation hospital | 9 <input type="checkbox"/> Other (Specify) _____ |
| | 5 <input type="checkbox"/> psychiatric hospital | |

2. The following contains a list of statements about Licensed Practical Nurses. Please indicate your degree of agreement or disagreement with each statement by checking how you feel about each issue.

- | | | How You Feel | | | | |
|-------|--|--|-------|---------|----------|-------------------|
| | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1(2) | a. My Institution could not function without LPN's. | a. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(3) | b. LPN's should not be employed in acute care settings. | b. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(4) | c. If state and federal regulations would allow it I would hire an all LPN nursing staff. | c. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(5) | d. For the most part, LPN's lack an adequate background to make anything more than the most elementary nursing judgements. | d. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(6) | e. Nurses are trained to do the same things—the only difference is the letters attached to the name plns. | e. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(7) | f. If funding were available I would hire an all RN nursing staff. | f. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(8) | g. LPN's usually provide quality nursing care. | g. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(9) | h. LPN's are exploited by the industry as a source of cheap labor. | h. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |
| 1(10) | i. When we get qualified LPN's the tendency is to misuse them. | i. <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> | | | | |

3. Is your agency a non-profit organization?

- 1 Yes
2 No

4. Do you regularly employ Licensed Practical Nurses in your institution?

- 1 Yes
2 No → SKIP TO QUESTION #28

5. Do you use temporary agency LPN's in your institution?

- 1 Yes
2 No

6. Do you use certified medicine aids in your institution?

- 1 Yes
2 No

7. What is your RN to LPN to nursing aide staff ratio on:

- a. day shift to to
 LPN RN AIDE
- b. evening shift to to
 LPN RN AIDE
- c. night shift to to
 LPN RN AIDE

8. Please rate how well your LPN's function with the following skills and knowledges. Using the following scale write the appropriate rating in the blank next to each factor.

1. excellent preparation
2. good preparation
3. adequate preparation
4. inadequate preparation

- | | | |
|-------|---|--------------|
| 1(42) | a. clinical hands on skills | a. <u> </u> |
| 1(43) | b. ability to assess nursing needs and plan and provide appropriate nursing interventions | b. <u> </u> |
| 1(44) | c. leadership skills in supervising activities of subordinates | c. <u> </u> |
| 1(45) | d. communication skills | d. <u> </u> |
| 1(46) | e. decision making skills | e. <u> </u> |
| 1(47) | f. patient teaching skills | f. <u> </u> |
| 1(48) | g. awareness of the patients psycho-social and spiritual needs | g. <u> </u> |
| 1(49) | h. medication dispensing skills | h. <u> </u> |
| 1(50) | i. rehabilitation skills | i. <u> </u> |
| | j. knowledge of drug interactions | j. <u> </u> |
| | k. nutritional concepts | k. <u> </u> |

- 1(53) 9. In your opinion should state licensure laws require an RN on all shifts?
 1 Yes
 2 No
- 1(54) 10. Thinking of future nursing needs of your institution, in FY 1987 do you expect to employ
 1 no LPN's
 2 the same number of LPN's as now
 3 probably a few more LPN's
 4 many more LPN's
11. Do you employ LPN's in any of the following areas (N/A means not applicable)
- | | Yes | No | N/A |
|------------------------|----------------------------|----------------------------|----------------------------|
| 1(55) a. ICU | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(56) b. CCU | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(57) c. P.C.U. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(58) d. Dialysis Unit | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(59) e. Pediatric ICU | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(60) f. Recovery Room | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(61) g. O.R. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1(62) h. E.R. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
- 1(63) 12. In your institution are LPN's assigned to RN duties:
 1 often
 2 sometimes
 3 seldom
 4 never
13. Have you been forced to designate to LPN's duties and responsibilities normally assigned to RN's for any of the following reasons:
- | | Yes | No |
|--------------------------------|----------------------------|----------------------------|
| 1(64) a. unplanned absenteeism | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1(65) b. increase in census | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1(66) c. budgetary constraints | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1(67) d. other _____ | | |
- 1(68) 14. What is the average length of employment of your LPN's?
 1 6 months or less
 2 7 months to 1 year
 3 1 to 2 years
 4 3 to 5 years
 5 6 to 10 years
 6 more than 10 years
- 1(69) 15. In your opinion, how long after beginning employment does it take for your newly graduated LPN to function effectively in the practice setting?
 1 immediately
 2 approximately 2 months
 3 3 to 6 months
 4 7 months to 1 year
 5 more than 1 year
- 1(70) 16. What TYPE of educational program graduates the best LPN's?
 1 Trade, Technical or Vocational High School program
 2 Hospital based Post High School programs
 3 Community College programs
 4 High School adult education programs
 5 State Hospital programs
 6 they're all the same

- 1(71) 17. In your opinion is there a difference in LPN performance according to the particular school (NOT TYPE OF PROGRAM) from which the LPN was graduated?
 1 Yes
 2 No
- 1(72) 18. Do you feel that more clinical experience needs to be included in LPN training programs?
 1 Yes
 2 No
- 1(73) 19. Do you feel that more academic content should be included in LPN training programs?
 1 Yes
 2 No
- 1(74-78) 20. What is the average starting salary for LPN's in your agency?
 \$ per year
- 21-10 21. What is the salary range for LPN's in your agency?
 \$ to \$ per year
- 2(11-18) 22. What is the hourly LPN salary range for LPN's in your agency?
 \$ to \$ per hour
- 2(19) 23. In your agency what salary differential exists between RN's and LPN's (to the nearest figure)?
 1 none
 2 less than \$1.00 per hour
 3 \$1.00-1.99 per hour
 4 \$2.00-2.99 per hour
 5 more than \$3.00 per hour
- 2(20) 24. Is there a salary differential of at least 10% between shifts?
 1 no
 2 for RN's only
 3 for RN's and LPN's
- 2(21) 25. A salary differential for charge position is
 1 not available for LPN's
 2 less than \$1.00 per day
 3 \$1.00-1.99 per day
 4 \$2.00-2.99 per day
 5 more than \$3.00 per day
- 2(22) 26. Are your LPN's represented by a collective bargaining unit?
 1 Yes
 2 No

27. The following contains a series of statements about LPN service and education in various institutional settings. Please check the appropriate answer for your institution.

The institution in which I am employed:											
	Yes	No	N/A			Yes	No	N/A			
223	a.	has on-going in service education for LPN's at least once per month	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	226	d.	provides work release time for continuing LPN education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
224	b.	has specific educational requirements for promotion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	227	e.	encourages LPN's to achieve further education leading to RN status	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
225	c.	provides tuition reimbursement of at least 1/2 the cost for continuing LPN education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	228	f.	recognizes superior LPN performance with bonuses or more frequent salary increments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

28. The following contains a list of actions which may be undertaken by one of the members of the health team. Please indicate your ONE BEST choice for each action in the appropriate box

		AIDE	LPN	RN	MD	
229-30	a.	changing inappropriate special diets	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
231-32	b.	modifying medications when indicated, including dosage and administration	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
233-34	c.	rescheduling strenuous diagnostic procedures as warranted by patients condition	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
235-36	d.	changing surgical dressings if needed	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
237-38	e.	deciding on frequency of vital signs monitoring	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
239-40	f.	inserting catheters in patients unable to void	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
241-42	g.	obtaining specimens from an indwelling arterial catheter	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
243-44	h.	chemotherapy administration	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
245-46	i.	administration of IV medications	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
247-48	j.	management of a Pitocin drip	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
249-50	k.	insertion of a naso-gastric tube	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
251-52	i.	removal of suture from post-operative patients	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

29. The last time you saw an LPN performing her job in a particularly excellent way, what was she doing?

30. The last time you saw an LPN performing tasks inappropriate to her training and education, what was she doing?

253 31. This survey was completed by the:

- 1 chief executive officer
- 2 chief of nursing (or equivalent)
- 3 associate or assistant to the chief of nursing
- 4 other _____

Thank you for your participation!

Please Return the Survey in the Enclosed Addressed Stamped Envelope To: LPN Task Force
c/o Delegate Marilyn Goldwater, Chairperson
Room 224C House Office Building
Annapolis, Maryland 21401

1984

SURVEY OF LICENSED PRACTICAL NURSES IN MARYLAND

REPORT OF SURVEY RESULTS

**Presented to the
TASK FORCE ON LICENSED PRACTICAL NURSING**

by Nancy Wiederhorn, R.N., D.N.Sc.
Research Consultant

1984 SURVEY OF LICENSED PRACTICAL NURSES IN MARYLAND

DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of the LPN's in the survey are described in tables 1 and 2. The sample was composed primarily of women of about age 39, most of whom are white, married, and have two children, the youngest of whom is 10 years old. Most respondents come from families in which the highest educational attainment of both parents and spouse was completion of high school (table 3).

Table 1

Percentage of LPN's Classified by Marital Status

13	never married
64	married
19	divorced/separated
4	widowed

Table 2

Percentage of LPN's Classified by Ethnic Origin

0.3	American Indian
0.2	Asian
20	Black/not Hispanic
0.8	Hispanic
78	White/not Hispanic other (specify)

Table 3

Highest Level of Education Completed by Parents and Spouse of LPN's

Spouse	Father	Mother	
0.5	11	5	Don't know.
1.4	8	8	Attended Elementary
2.8	13	11	Completed Elementary
12	17	19	Attended High School
24	23	32	Completed High School
14	9	7	Attended some college
8	5	6	Attended some technical or professional school following high school completion
11	6	7	Completed technical or professional school
11	3	2	Completed Bachelors degree
4.2	1	1	Some graduate work
5	1	1	Completed Masters degree
7	3	1	Completed Doctoral or advanced professional degree

EDUCATIONAL CHARACTERISTICS

The majority of the respondents graduated from hospital based post high school programs located in Maryland and of approximately 52 weeks duration (table 4). The median year for completion of basic LPN education was 1973: 18% attended CETA funded programs.

Table 4

Percentage of LPN's Graduated From Different Types of LPN Educational Programs

'79-'83

Regist.

31	29	trade, technical or vocational high school program
18	39	hospital based post high school program
20	10	community college program
14	4	high school adult education program
16	19	state hospital program

Respondents felt that their basic LPN educational programs prepared them with good clinical and assessment skills, leadership capabilities, and foundations for further study (table 5). Respondents also felt that they functioned well immediately upon graduation into the practice setting, and that they needed no more clinical or academic content in their basic educational programs (table 6).

Table 5

Percentage of Skills and Knowledges Rated as Excellent or Good Following Graduation from Basic LPN Program

	CUMULATIVE PERCENTAGE <u>excellent to good</u>
clinical (hands on) skills	<u>91</u>
ability to assess nursing needs and provide appropriate nursing interventions	<u>85</u>
realistic orientation to job demands of nursing	<u>74</u>
competency in collaborating with members of other health disciplines	<u>74</u>
foundations for further study and ease of access into more advanced nursing programs	<u>63</u>
leadership skills	<u>63</u>

Table 6

Time to Function Effectively in the Practice Setting After Graduation from LPN Educational Program

36	immediately
26	approximately 2 months
26	2 to 6 months
8	1 year
3	more than 1 year
1	never

EMPLOYMENT CHARACTERISTICS

LPN's tended to leave their first jobs to relocate and for more challenging positions, while they left their last jobs for better salaries (table 7). Many tended to remain in their first nursing position from one to two years, with a sizeable number remaining for more than five years (table 8).

Table 7

Reasons for Leaving First and Last Jobs

<u>First job</u>		<u>Last job</u>		
<u>RANK</u>		<u>RANK</u>		
(8)	3	(7)	6	to leave nursing because of general dissatisfaction with the profession
(2)	19	(5)	12	for a more challenging nursing position
(3)	17	(2)	19	because the salaries and/or benefits in another nursing job were better
(1)	25	(1)	19	to relocate to another geographic area
(6)	19	(6)	7	to get married and relocate to another area where my husband/wife was employed
(5)	11	(4)	16	family responsibilities were incompatible with the demands of my nursing job
(7)	3	(8)	3	to retire on social security or disability insurance
(4)	13	(3)	17	other (Specify) _____

Table 8

Length of Employment in First Job

12	6 months or less
17	7 months to 1 year
25	1 to 2 years
21	3 to 5 years
25	more than 5 years

Specialty areas primarily are Medical-Surgical units and Geriatric areas (table 9), and principle employment settings include community hospitals, nursing homes, and teaching hospitals (table 10). Primary positions held by LPN's are staff nurse and head nurse (table 11). The majority of the respondents live and work in the same geographic area (table 12), and have a mean employment time of 6 years and 3 months with the same agency; 54% plan to work until retirement age, and 64% report that they are dependent on their salaries to meet most or all family expenses. The mean yearly salary reported by the respondents was \$15,600 full-time and \$8,645 part time.

Table 9
 Percentage of LPN's Classified by Specialty Areas

<u>RANK</u>		
(1)	27	Medical/Surgical
(6)	6	ICU/CCU
(2)	26	Geriatrics
(8)	2	Emergency Room
(7)	3	Community Health
(5)	8	Pediatrics/Maternal Infant
(11)	0.5	Dialysis Unit
(4)	10	Psychiatric/Mental Health
(9)	1	Recovery Room
(10)	1	O.R.
(3)	15	Other (Specify) _____

Table 10

Percentage of LPN's Classified by Principle Employment Setting

<u>RANK</u>		
(2)	23	Nursing Home
(3)	13	Teaching Hospital
(1)	33	Community Hospital
(7)	3	Chronic Care or Rehabilitation Hospital
(4)	9	Psychiatric Hospital
(8)	2	Home Health Agency
(9)	2	Health Department and or School Nursing
(10)	1	HMO
(11)	1	Temporary Nursing Agency
(6)	6	Doctors office
(5)	7	Other (Specify) _____

Table 11

Percentage of LPN's Classified by Primary Employment Position

2	Administration
10	Head nurse
0.3	In-Service Education
62	Staff nurse
6	Special care nursing (ICU, CCU)
3	Private duty
1	Public health nurse
15	Other (Specify) _____

Table 12

Percentage of LPN's Classified by Geographic Location of Residence and Employment

<u>LIVE</u>	<u>WORK</u>	
12	12	Western Maryland (Garrett, Allegany, Washington, and Frederick Counties).
15	16	Montgomery County.
16	15	Southern Maryland (Prince George's, Calvert, Charles, and St. Mary's Counties).
10	13	Baltimore City
32	27	Metropolitan Baltimore (Anne Arundel, Carroll, Harford Howard, and Baltimore Counties).
14	14	Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties).
1	2	Outside of Maryland

Table 13 summarizes and rank orders working conditions which respondents feel to be unsatisfactory. It is interesting to note that comfort of the nurses lounges ranks second in order of areas rated as unsatisfactory. Although LPN's are not generally represented in nursing administration meetings, 62% feel that patient care would benefit if they were. Respondents also report that there is no salary or bonus differential for quality nursing care in the great majority of employment settings, no specific educational requirements for promotion, and no release time for continuing education (table 14), although the majority of respondents report that their employers encourage them to achieve further education leading to RN status. Employment settings providing tuition reimbursement include teaching hospitals and psychiatric hospitals; other employment settings tended not to (table 15).

Table 13

Conditions Listed as Unsatisfactory in Place of Employment

	<u>UNSATISFACTORY</u>	<u>RANK</u>
a. Present salary	a. <u>44</u>	(3)
b. Ultimate salary range	b. <u>54</u>	(1)
c. Flexibility of work schedule	c. <u>19</u>	(13)
d. Amount of direct patient care	d. <u>10</u>	(17)
e. Tuition reimbursement plan	e. <u>29</u>	(7)
f. RN to LPN ratio	f. <u>28</u>	(8)
g. Quality of personnel (RN and LPN)	g. <u>18</u>	(15)
h. Number of ancillary personnel (orderlies, aids, etc.)	h. <u>42</u>	(4)
i. Quality of ancillary personnel	i. <u>25</u>	(12)
j. Comfort of nurses changing facilities, lounges, lockers, etc.	j. <u>48</u>	(2)
k. Parking facilities	k. <u>28</u>	(9)
l. Vacation time and sick benefits	l. <u>25</u>	(11)
m. Availability of continuing education courses	m. <u>39</u>	(5)
n. Quality of continuing education courses	n. <u>31</u>	(6)
o. Courteous treatment by physicians	o. <u>19</u>	(4)
p. Respect from other members of the health team	p. <u>15</u>	(16)
q. Respect of RN's for professional competence of LPN's	q. <u>25</u>	(10)

Table 14

Response to Statements Regarding Service and Education in Employing Institutions

The institution in which I am employed:

	Yes	No
has on-going in service education for LPN's at least once per month	42	44
has specific education requirements for promotion	22	57
provides tuition reimbursement of at least 1/2 the cost for continuing education	48	35
provides work release time for continuing education	40	45
encourages LPN's to achieve further education leading to RN status	49	40
recognizes superior LPN performance with bonuses or more frequent salary increments	14	76

Table 15

Percentage of LPN's Reporting That Place of Employment Provides at Least 6 Credits Toward Tuition

	Yes	No	Dont Know
Nursing Home	5.5	61.6	32.8
Teaching Hospital	49.1	25.8	25.0
Community Hosp.	33.6	26.0	40.2
Rehab. Hosp.	31.8	40.9	27.2
Psych. Hosp.	39.5	25.9	34.5
Home Health Agency	0.0	60.0	40.0
Health Dept.	0.0	69.2	30.7
H.M.O.	33.3	33.3	33.3

Most LPN's have very little input into their work schedules (table 16). Twenty six percent of the respondents have at one time worked for a temporary nursing agency, while 4% report present employment by an agency.

Table 16

Response to Self Scheduling Choices in Various Employing Institutions

	Yes	No
number of hours worked per day	25	65
week-end and holiday time	35	53
evening and night rotation	34	46
(patient care area) assigned work setting	28	55
assigned work setting on evenings & nights	27	53

Respondents to the survey described their current employment status in Table 17.

Table 17

Current Employment Status of LPN Respondents

61	full time in nursing
26	part time in nursing
4	full time in field other than nursing
2	part time in field other than nursing
8	not employed in any field

Table 18 presents a list of nursing actions which LPN's regularly, often, or never perform. Cross tabulation indicates that tasks vary with employment institutions and according to RN-LPN-Physician employment structure. Trends in the data indicate that in areas where LPN's are employed most, such as in community hospitals and nursing homes, they report performing duties normally assigned to other health team members in different institutions.

Table 18

List of Nursing Actions Which Might Be Undertaken by LPN's

	<u>Regularly</u>	<u>Often</u>	<u>Never</u>
1. perform admission assessment with nursing history	49	29	22
2. perform physical assessment (skin, heart, abdomen, circulation, lungs, etc.)	47	31	22
3. analyze lab results and inform physician	43	34	23
4. develop nursing care plans (MAPP's)	49	25	26
5. contact M.D. regarding patient problems and/or condition change	72	21	7
6. assume charge of a unit	41	22	37
7. teach patient and family about health problems (e.g. diabetes, ostomy care, etc.)	43	41	16
8. change inappropriate special diets	27	37	36
9. modify medications when indicated, including dosage and administration	24	29	47
10. reschedule strenuous diagnostic procedures as warranted by patients condition	20	35	44
11. change surgical dressings if needed	66	27	7
12. decide on frequency of vital signs monitoring	53	32	15
13. insert catheters on patients unable to void	61	24	15
14. obtain specimens from an indwelling arterial catheter	20	10	70
15. monitor chemotherapy administration	13	19	68
16. administer IV medications during hemodialysis treatment	29	16	55
17. manage Pitocin drip	8	13	79
18. insert naso-gastric tube	25	22	52
19. remove sutures from post operative patients	13	25	62
	256		

Most LPN's reported that they would take courses leading to an Associate Degree in Nursing if certain conditions were met (table 19).

Table 19

Conditions Which Might Induce Respondents to Take Courses Leading to an AA in Nursing

	Yes	No
courses were located within a 30 mile driving distance	78	22
courses were given on weekends	65	35
release time were provided by your employer	83	17
the institution offering courses had low cost child care facilities during class hours.	61	39

Although the majority of LPN's reported that they do not desire another nursing degree (table 20) those who indicated a desire for an Associate Degree in Nursing tended to work in community hospitals, while those who indicated a desire for a Baccalaureate Degree in Nursing tended to work in teaching hospitals (table 21).

Table 20

Highest Nursing Degree Desired

41	I do not plan to earn another degree
5	RN with Diploma
22	RN with Associates Degree
21	RN with Bachelors Degree
4	Graduate degree in nursing
	Other (Specify) _____

Table 21

Percentage of LPN's Working Towards More
Advanced Educational Degree by Employment
Setting

	HIGHEST DEGREE PLANNED				
	None	R.N. Dip.	R.N. A.D.	R.N. B.S.N.	Grad. Deg.
Nursing Home	45.6	5.2	19.1	16.5	3.9
Teaching Hospital	33.8	4.6	22.3	26.1	7.6
Community Hospital	35.3	4.8	27.7	23.2	3.3
Rehab. Hospital	36.0	12.0	24.0	20.0	0.0
Psych. Hospital	46.8	8.5	18.0	19.1	2.1
Home Health Agency	38.8	0.0	22.2	22.2	11.1
Health Dept.	53.3	13.3	6.6	13.3	13.3
Temp. Agency	12.5	0.0	37.5	12.5	25.0
M.D. Office	58.3	8.3	16.6	10.0	0.0

The least desire for advanced nursing education was found among LPN's employed in physicians offices (table 21).

Figure 1 presents a list of statements to which respondents were requested to indicate their responses on an attitudinal scale (Figure 1).

	HOW YOU FEEL				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
LPN's are exploited by the industry as a source of cheap labor		X			
Nurses are trained to do the same things - the only difference is in the letters attached to the name pins		X			
LPN's should not be allowed by law to do some of the things they are made to do in practice			X		
RN's with Bachelors degrees are more capable of directing LPN's than RN's without Bachelors degrees				X	
There should be only 2 educational levels in nursing with one at the technical or LPN level and the other at the BSN level				X	
The future trend in LPN education should include 2 years of education leading to an Associate Degree in Practical or Technical Nursing		X			

FIGURE 1

INDICATION OF DEGREE OF AGREEMENT WITH ISSUES INVOLVING LPN EDUCATION AND SERVICE

A cross tabulation of employment settings reveals that most LPN's agree that they are exploited and most agree that all nurses are trained to do the same things. LPN's in rehabilitation and psychiatric hospitals disagree with the latter statement. LPN's in most institutions do not feel that the law should prohibit them from doing some of the things they are made to do except those who reported working in doctors offices. LPN's in all employment settings do not feel that the Baccalaureate educated nurse directs LPN's better than non-degreed nurses. LPN's from all employment settings disagreed with two educational levels in nursing, although all agreed that LPN education should include an Associate Degree.

Table 22 presents membership in LPN organizations. The great majority of LPN's do not belong to any nursing organization.

Table 22

Percentage of LPN's belonging to Practical Nursing Organizations

5	MLPNA
6	NAPNES
0.095	FANEL
2	Other (Specify) _____
87	None

Responding to the attitudinal question of whether or not the respondent would discourage her daughter from studying licensed practical nursing, the majority responded that they would not discourage their daughters from studying practical nursing but that they would discourage their sons from doing so.

Table 23 indicates reasons for discouraging daughters or sons from studying licensed practical nursing.

Table 23

Percentage of LPN's Responding to Reasons For Discouraging Son/Daughter from Studying Practical Nursing

Daughter	Son	
28	44	other jobs provide more financial reward
6	5	other jobs provide more job satisfaction
22	21	other jobs provide more respect, prestige, and status
23	13	licensed practical nursing is too hard a job for the benefits it offers
21	18	other

Cross tabulation reveals that those LPN's who would discourage their daughters from becoming LPN's also believe that LPN's are exploited by the industry; that all nurses are trained to do the same things; that the law should prohibit some jobs; do not feel that BSN's direct LPN's better; and agree with two levels of education for nurses. The practical nursing educational program which the majority of respondents chose to advise their sons/daughters to enter was the community college program (table 24).

Table 24

Percentage of LPN's Advising Their Sons/Daughters to Enter Different Types of LPN Programs

10	Trade, Technical or Vocational High School Program
29	Hospital based post High School program
50	Community College program
0.7	High School adult-education program
11	State Hospital program

1984
**Survey of Health Care Employers of Licensed Practical
Nurses in Maryland**

REPORT OF SURVEY RESULTS

**Presented to the
TASK FORCE ON LICENSED PRACTICAL NURSING**

**by Nancy Wiederhorn, R.N., D.N.Sc.
Research Consultant**

Figure 1 represents employer responses to a group of attitudinal statements about Licensed Practical Nurses. Responses are presented in a Likert type format with responses representing varying degrees of intensity of feeling from strongly agree to strongly disagree.

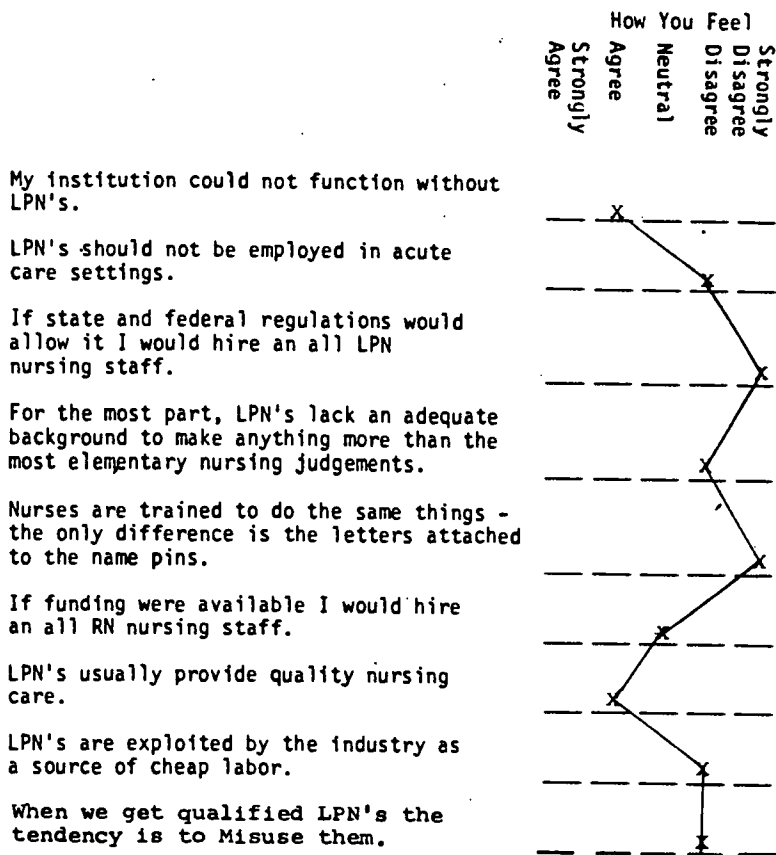


FIGURE 1

INDICATION OF DEGREE OF AGREEMENT WITH STATEMENTS ABOUT LICENSED PRACTICAL NURSES

As can be noted in Figure 1, most respondents agreed that their institutions could not function without LPN's, however cross tabulation (table 2) reveals that nursing homes agreed most strongly and health departments and teaching hospitals responded with the most disagreement to the stimulus statement.

Table 2
 Cross tabulation of Statement "My Institution
 Could Not Function Without LPN's" Categorized
 by Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	54	25	10	9	2
Teaching Hosp.	22	0	0	56	22
Community Hosp.	13	25	19	22	22
Rehab. Hosp.	25	13	25	25	13
Psychiatric Hosp.	0	29	29	0	43
Home Health Agency	17	0	25	33	25
Health Dept.	0	0	0	11	89
HMO	20	20	40	20	0
Other					

As is noted in table 2, nursing homes clearly identify the need for LPN's as do HMO's. In recent years, health departments have placed emphasis on employing BSN graduates in their agencies, and cross tabulation by age indicates that LPN's employed in health departments tend to be older and have been employed in the system longer than the general population of LPN's in the study. The strongly negative response of the teaching hospitals probably indicates the greater emphasis placed on education in those institutions, while the more neutral responses of the other employing agencies is probably reflective of a pragmatic response to staffing needs.

Employer response to the statement "LPN's should not be employed in acute care settings (Fig. 1)" clearly indicates a general disagreement, with all employers either disagreeing or strongly disagreeing to the stimulus statement (table 3).

Table 3
 Cross Tabulation of Statement "LPN's Should Not Be Employed in Acute Care Settings" by Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	0.8	7	18	47	26
Teaching Hosp.	0.0	0.0	33	44	22
Community Hosp.	3	0.0	34	38	25
Rehab. Hosp.	0.0	13	25	50	13
Psychiatric Hosp.	14	0.0	14	57	14
Home Health Agency	8	25	17	42	8
Health Dept.	0.0	0.0	6	50	44
HMO	0.0	20	60	20	0.0

Responding to the stimulus statement "If state and federal regulations would allow it I would hire an all LPN nursing staff (Fig. 1), all employers generally disagreed. Cross tabulation reveals the most disagreement exhibited by health departments, and teaching, psychiatric, and community hospitals. HMO's and nursing homes demonstrated the least disagreement, again revealing the high regard placed on LPN's by these employers (table 4).

Table 4

Cross Tabulation of Statement "If state and federal regulations would allow it I would hire an all LPN nursing staff" Categorized by Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	2	6	17	39	37
Teaching Hosp.	0.0	0.0	0.0	11	89
Community Hosp.	0.0	0.0	6	9	84
Rehab. Hosp.	0.0	0.0	0.0	38	63
Psychiatric Hosp.	0.0	0.0	0.0	14	86
Home Health Agency	0.0	0.0	8	42	50
Health Dept.	0.0	0.0	0.0	6	94
HMO	0.0	0.0	40	20	20

Table 5 presents respondents attitudes about the statement "For the most part, LPN's lack an adequate background to make anything more than the most elementary nursing judgements." Cross tabulation reveals that nursing homes disagree most strongly, again possibly indicating confidence in the ability of those whom they employ most. Teaching hospitals tended to disagree, but community hospitals agreed most strongly that LPN's lack the background for making more than elementary judgements, as did rehabilitation hospitals. The rest of the LPN employers indicated a more neutral response.

Table 5

Cross tabulation of Statement "LPN's lack an adequate background to make anything more than the most elementary nursing judgements" by Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	3	15	13	53	16
Teaching Hosp.	11	22	11	33	22
Community Hosp.	6	44	22	22	6
Rehab. Hosp.	0.0	50	13	38	0.0
Psychiatric Hosp.	14	0.0	57	29	0.0
Home Health Agency	8	25	33	25	8
Health Dept.	11	33	22	22	11
HMO	0.0	40	20	40	0.0

The statement "Nurses are trained to do the same things- the only difference is the letters attached to the name pins" engendered strong disagreement from the respondents (Fig. 1). Cross tabulation by employment setting reveals that all employers strongly disagree with the exception of HMO's who disagree (table 6). Responses to this statement seem to indicate a general recognition that there are varying levels of nursing, however it must be pointed out here that most LPN employer respondents in this study indicated that they were chiefs of nursing and thus presumably Registered Nurses (table 36).

Table 6

Cross Tabulation of Statement "Nurses are trained to do the same thing-the only difference is the letters attached to the name pins" by Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	6	2	5	42	47
Teaching Hosp.	1.0	0.0	0.0	0.0	100
Community Hosp.	0.0	0.0	0.0	22	78
Rehab. Hosp.	0.0	0.0	0.0	25	75
Psychiatric Hosp.	0.0	0.0	0.0	0.0	100
Home Health Agency	0.0	0.0	0.0	42	58
Health Dept.	0.0	0.0	0.0	11	89
HMO	0.0	0.0	20	60	20

Table 7 presents responses to the statement "If funding were available I would hire an all RN. nursing staff." Those who disagreed included nursing homes, home health agencies and HMO's, those who agreed strongly included community hospitals, psychiatric hospitals and health departments; ^{with} and teaching hospitals as the only category of employer who agreed.

Table 7

Cross Tabulation of Statement "If funding were available I would hire an all RN nursing staff by Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	17	15	18	41	10
Teaching Hosp.	22	44	0.0	33	0.0
Community Hosp.	47	19	16	13	6
Rehab. Hosp.	13	25	0.0	50	13
Psychiatric Hosp.	43	43	14	0.0	0.0
Home Health Agency	25	8	8	50	8
Health Dept.	56	17	11	11	6
HMO	20	0.0	40	40	0.0

Employer response to the statement "LPN's usually provide quality nursing care" was generally favorable, with most respondents agreeing, except for teaching hospitals ^{who} which indicate a neutral response (table 8).

Table 8

Cross Tabulation of Statement "LPN's usually provide quality nursing care" with Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	21	65	11	4	0.0
Teaching Hosp.	13	38	50	0.0	0.0
Community Hosp.	16	63	16	6	0.0
Rehab. Hosp.	13	75	12	0.0	0.0
Psychiatric Hosp.	0.0	43	43	0.0	14
Home Health Agency	8	67	17	8	0.0
Health Dept.	6	39	44	11	0.0
HMO	20	60	20	0.0	0.0

Responding to the statement LPN's are exploited by the industry as a source of cheap labor," employers generally disagreed (Fig. 1). Cross tabulation by employment setting (table 8) reveals that those who disagree are nursing homes, teaching, and community hospitals; those who agree include psychiatric hospitals, home health agencies, and HMO's; health departments and rehabilitation hospitals registered neutral response on this issue.

Table 9

Cross Tabulation of Statement LPN's are exploited by the industry as a source of cheap labor" with Employment Setting

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	6	16	18	50	11
Teaching Hosp.	0.0	0.0	22	44	33
Community Hosp.	0.0	13	25	31	31
Rehab. Hosp.	0.0	38	25	25	13
Psychiatric Hosp.	0.0	43	29	29	0.0
Home Health Agency	0.0	67	0.0	33	0.0
Health Dept.	6	28	39	17	11
HMO	40	0.0	40	20	0.0

Table 10 presents employer responses to the statement "when we get qualified LPN's the tendency is to misuse them." As shown in Figure 1, most employer respondents disagreed or strongly disagreed with this statement.

Table 10

Cross Tabulation of Statement "when we get qualified LPN's the tendency is to misuse them" by Employment Setting.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing Home	2	12	5	50	30
Teaching Hosp.	0.0	0.0	11	33	56
Community Hosp.	0.0	28	13	34	25
Rehab. Hosp.	0.0	25	0.0	63	13
Psychiatric Hosp.	0.0	0.0	0.0	57	43
Home Health Agency	8	25	25	33	8
Health Dept.	6	24	29	24	18
HMO	0.0	20	0.0	80	0.0

The employer population in the 1984 Maryland Health Care Employer Survey reported that 66% are non-profit institutions. Seventy seven percent regularly employ licensed practical nurses; a breakdown by employer is shown in table 11.

Table 11 .

Employers who regularly Employ LPN's,
Classified by Percentage Who Answered Yes.

Nursing Homes	100
Teaching Hosp.	88
Community Hosp.	88
Rehab. Hosp.	88
Psychiatric Hosp.	86
Home Health Agency	69
Health Dept.	17
HMO	100

Twenty nine percent of the respondents reported using temporary agency LPN's in their institutions. Table 12 shows a breakdown of those who answered "yes" to this question.

Table 12

Cross Tabulation of Employers Who Report Using Temporary Agency LPN's

Nursing Homes	35
Teaching Hospitals	0.0
Community Hospitals	11
Rehab. Hosp.	29
Psychiatric Hosp.	17
Home Health Agency	44
Health Dept.	0.0
HMO	20

Responding to the question "do you use certified medicine aides in your institution," 43% of the employer population answered affirmatively. An employer breakdown of the population who answered "yes" is seen in table 13.

Table 13

Cross Tabulation of Employers Who Report Using Certified Medicine Aides.

Nursing Homes	69
Teaching Hosp	0.0
Community Hosp.	0.0
Rehab. Hosp.	14
Psychiatric Hosp.	17
Home Health Agency	30
Health Dept.	0.0
HMO	20

A scale of employer ratings of LPN skills and knowledges can be seen in Figure 2. Employers tended to rate clinical hands on skills and medication dispensing skills as good; the rest were rated primarily as adequate except for leadership skills which were generally rated as inadequate.

	Excellent	Good	Adequate	Inadequate
1. excellent preparation				
2. good preparation				
3. adequate preparation				
4. inadequate preparation				
a. clinical hands on skills	a. 15	55	27	2
b. ability to assess nursing needs and plan and provide appropriate nursing interventions	b. 7	34	35	22
c. leadership skills in supervising activities of subordinates	c. 5	15	38	42
d. communication skills	d. 6	30	52	11
e. decision making skills	e. 5	24	40	21
f. patient teaching skills	f. 6	23	47	26
g. awareness of the patients psycho-social and spiritual needs	g. 9	27	48	16
h. medication dispensing skills	h. 24	46	27	3
i. rehabilitation skills	i. 7	30	47	16
j. knowledge of drug interactions	j. 6	24	49	21
k. nutritional concepts	k. 5	24	51	20

FIGURE 2

RATING OF SKILLS AND KNOWLEDGES OF LPN'S CLASSIFIED BY PERCENTAGES

Tables 14 thru 21 cross tabulate the skill and knowledge ratings by employment settings.

Table 14

Cross tabulation of Clinical Hands on Skills
by Employment Setting

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep
Nursing Home	13	60	23	4
Teaching Hosp.	13	75	0.0	13
Community Hosp.	14	54	32	0.0
Rehab. Hosp.	14	57	29	0.0
Psychiatric Hosp.	0.0	33	67	0.0
Home Health Agency	13	50	37	0.0
Health Dept.	33	0.0	67	0.0
HMO	60	40	0.0	0.0

As can be noted in table 14, nursing homes, teaching hospitals, and home health agencies, community hospitals, and rehabilitation hospitals tended to rate clinical hands on skills of LPN's as good; psychiatric hospitals and health departments tended to rate these skills as adequate.

Table 15
Cross Tabulation of Assessment and
Intervention Skills

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	8	42	31	19
Teaching Hosp.	0.0	13	50	37
Community Hosp.	0.0	21	39	39
Rehab. Hosp.	0.0	28	43	29
Psychiatric Hosp.	0.0	20	40	40
Home Health Agency	0.0	50	25	25
Health Dept.	33	0.0	33	33
HMO	40	20	20	20

As noted in table 15, nursing homes and home health agencies tended to indicate good preparation for assessment and intervention skills: teaching, community, rehabilitation and psychiatric hospitals indicated adequate preparation, with community, and psychiatric hospitals and health departments equally rating these skills and adequate to inadequate.

Table 16
Cross Tabulation of Leadership Skills

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	7	19	39	35
Teaching Hosp.	0.0	0.0	37	63
Community Hosp.	0.0	7	25	68
Rehab. Hosp.	0.0	0.0	50	50
Psychiatric Hosp.	0.0	0.0	67	33
Home Health Agency	14	14	43	29
Health Dept.	0.0	0.0	67	33
HMO	0.0	20	60	20

As noted in table 16, nursing homes, psychiatric hospitals, home health agencies and health departments rated LPN leadership skills as just adequate, with teaching hospitals and community hospitals rating them as inadequate: rehabilitation hospitals tended to rate leadership skill equally between adequate and inadequate. Clearly the respondent population of employers did not assess leadership skills in supervising activities of subordinates as one of the strong points of licensed practical nurses.

Table 17
Cross Tabulation of Communication Skills

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	8	32	49	11
Teaching Hosp.	13	25	37	25
Community Hosp.	0.0	29	57	14
Rehab. Hosp.	0.0	0.0	100	0.0
Psychiatric Hosp.	0.0	17	83	0.0
Home Health Agency	0.0	25	62	13
Health Dept.	0.0	33	67	0.0
HMO	0.0	60	40	0.0

As can be seen in table 17, nursing homes, teaching hospitals, community hospitals, rehabilitation hospitals, psychiatric hospitals, home health agencies, and health departments rated LPN's communication skills as just adequate; HMO's rated these skills as good. The spread in the data on teaching hospital responses suggests a broader evaluation, ranging from good to inadequate for those LPN's employed in teaching hospitals.

Table 18

Cross Tabulation of Decision Making Skills

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	6	29	48	17
Teaching Hosp.	0.0	13	37	50
Community Hosp.	0.0	18	46	36
Rehab. Hosp.	0.0	0.0	83	17
Psychiatric Hosp.	0.0	17	67	16
Home Health Agency	0.0	25	50	25
Health Dept.	0.0	33	67	0.0
HMO	0.0	40	60	0.0

As is seen in table 18, all agencies but teaching hospitals rate LPN decision making skills as just adequate; teaching hospitals tended to rate these skills as inadequate. The data for HMO's indicates a more favorable range of evaluation with 40% rating decision making skills as good.

Table 19
Cross Tabulation of Patient Teaching Skills

	Excellent Prep.	Good Prep	Adequate Prep.	Inadequate Prep.
Nursing Home	5	27	54	13
Teaching Hosp.	13	0.0	37	50
Community Hosp.	0.0	14	38	50
Rehab. Hosp.	0.0	17	50	33
Psychiatric Hosp.	0.0	33	33	33
Home Health Agency	12	0.0	50	38
Health Dept.	33	0.0	33	33
HMO	0.0	60	20	20

Table 19 indicates that nursing homes, rehabilitation hospitals and home health agencies assess patient teaching skills as just adequate; teaching and community hospitals rate these skills as inadequate; psychiatric hospitals tend to spread their assessment equally from good to inadequate; and HMO's consider teaching skills of LPN's as good.

Table 20
 Cross Tabulation of Awareness of Patients
 Psycho-social and Spiritual Needs

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	13	34	41	13
Teaching Hosp.	13	0.0	75	12
Community Hosp.	0.0	18	57	25
Rehab. Hosp.	0.0	0.0	67	33
Psychiatric Hosp.	0.0	50	17	33
Home Health Agency	0.0	12	75	13
Health Dept.	0.0	33	33	33
HMO	0.0	25	50	25

Table 20 indicates that most employers of LPN's assess their awareness of patients psycho-social and spiritual needs as adequate to inadequate. An interesting exception to this assessment is for psychiatric hospitals who tended to rate their LPN employees as having good awareness of psycho-social and spiritual needs.

Table 21

Cross Tabulation of Medication Dispensing Skills

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	30	46	21	2
Teaching Hosp.	13	25	50	12
Community Hosp.	7	43	39	11
Rehab. Hosp.	14	43	43	0.0
Psychiatric Hosp.	0.0	67	33	0.0
Home Health Agency	0.0	62	25	13
Health Dept.	0.0	33	67	0.0
HMO	40	60	0.0	0.0

Table 21 indicates that most employers of LPN's consider their medication dispensing skills as good to adequate. It is of particular note to recognize that HMO's rated these skills significantly higher than did other employers, with 100% of the rating between excellent and good preparation.

Table 22

Cross Tabulation of Rehabilitation Skills

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	10	31	46	13
Teaching Hosp	0	25	63	12
Community Hosp.	0.0	19	48	33
Rehab. Hosp.	0.0	33	50	17
Psychiatric Hosp.	0.0	0.0	83	17
Home Health Agency	0.0	37	50	13
Health Dept.	0.0	33	33	33
HMO	20	40	40	0.0

Table 22 indicates that employers tended to rate LPN rehabilitation skills as just adequate. Again interesting to note is the response of the HMO which rated these skills as excellent to good to adequate, with 20% rating them excellent.

Table 23
Cross Tabulation of Knowledge of Drug Interactions

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	9	28	50	13
Teaching Hosp.	0.0	25	25	50
Community Hosp.	0	7	50	43
Rehab. Hosp.	0.0	17	50	33
Psychiatric Hosp.	0.0	20	40	40
Home Health Agency	0.0	25	50	25
Health Dept.	0.0	33	0.0	67
HMO	0.0	50	50	0.0

Table 23 indicates that employers tended to rate knowledge of drug interactions as generally adequate to inadequate. While teaching hospitals and health departments clearly rated this factor as inadequate, most other employers ranked it as adequate. Again interesting to note is the response of the HMO which rated this knowledge as generally good to adequate.

Table 24

Cross Tabulation of Nutritional Concepts

	Excellent Prep.	Good Prep.	Adequate Prep.	Inadequate Prep.
Nursing Home	5	25	54	15
Teaching Hosp.	0.0	25	38	37
Community Hosp.	0.0	11	54	36
Rehab. Hosp.	0.0	29	43	29
Psychiatric Hosp.	0.0	40	40	20
Home Health Agency	0.0	38	50	12
Health Dept.	0.0	33	33	33
HMO	0.0	25	50	25

Table 24 indicates that LPN employers tended to assess the knowledge of nutritional concepts which LPN's possess as just adequate.

In answer to the question "should state licensure laws require an RN on all shifts, 66% of the respondents felt that they should. Table 25 indicates the breakdown by cross tabulation of those who answered "yes" to this question. As you will note, the only agency answering "no" was the nursing home respondents. All other categories of employer indicated the desire for an RN on all shifts with acute care settings (teaching hospitals, community hospitals, and psychiatric hospitals) indicating this 100%.

Table 25

Cross Tabulation of Responses to Question
 "should state licensure laws require an
 RN on all shifts" by Employment Setting

	Yes	No
Nursing Homes	49	51
Teaching Hosp.	100	0.0
Community Hosp.	100	0.0
Rehab. Hosp.	57	43
Psychiatric Hosp.	100	0.0
Home Health Agency	80	20
Health Dept.	50	50
HMO	100	0.0

Table 27 indicates employer response to the question of how many LPN's they expect to employ in FY 1987.

Table 27

Future Needs for LPN's in 1987

8 no LPN's
 65 the same number of LPN's as now
 23 probably a few more LPN's
 4 many more LPN's

A breakdown of needs of LPN's for fiscal year 1987 by responding agency can be seen in table 28.

Table 28

Cross Tabulation of FY 1987 Needs for LPN's by Employer Agency

	No More	Same Number	Few More	Many More
Nursing Home	5	65	24	5
Teaching Hosp.	13	75	12	0.0
Community Hosp.	14	86	0.0	0.0
Rehab. Hosp.	0.0	57	43	0.0
Psychiatric Hosp.	0.0	83	17	0.0
Home Health Agency	40	10	40	10
Health Dept.	0.0	100	0.0	0.0
HMO	20	20	60	0.0

As is seen in table 28, HMO's expect to employ a few more LPN's in FY 1987 as do Home Health Agencies; other respondents tend to expect to need the same number of LPN's as they employ new.

Table 29 indicates the employer response to the question of whether they employ LPN's in various critical care areas.

Table 29

Agency Response to Employment of
LPN's in Various Critical Care Areas

	Yes	No	Not Applicable
ICU	11	7	82
CCU	7	18	75
PCU	6	14	80
Dialysis Unit	4	14	82
Pediatric ICU	2	11	87
Recovery Room	2	24	74
O.R.	10	16	74
E.R.	19	15	66

As is noted in table 29, most employers do not employ LPN's in acute care areas.

Table 30 presents agency response to whether LPN's are assigned RN duties in their institutions.

Table 30

Response to Whether LPN's are Assigned
RN duties

28	Often
32	Sometimes
19	Seldom
21	Never

Cross tabulation of table 30 with employer indicates that nursing homes and HMO's report LPN's are assigned RN duties often; rehabilitation hospitals and home health agencies report sometimes; teaching and community hospitals report seldom; and psychiatric hospitals report never.

In answer to the question of whether employers are forced to designate R.N. duties to LPN's for any specific reasons, 55% of respondents answered yes for unplanned absenteeism; 20% answered yes for increased census; and 27% answered yes for budgetary reasons.

Table 30 reports the average length of employment of LPN's in the respondents institutions. Cross tabulation of this question with employment setting reveals that Nursing homes, rehabilitation and psychiatric hospitals, and HMO's report average employment lengths of 3 to 5 years; teaching and community hospitals report 6 to 10 years.

Table 30

Average Length of Employment of LPN's

2	6 months or less
7	6 months to 1 year
19	1 to 2 years
42	3 to 5 years
23	5 to 10 years
5	more than 10 years

Table 31 presents respondents opinion about the length of time it takes after beginning employment for newly graduated LPN's to function effectively in the practice setting.

Table 31
Length of Time To Function Effectively

5	immediately
19	approximately 2 months
32	3 to 6 months
33	7 months to 1 year
12	more than 1 year

Cross tabulation of time to function effectively by employment setting can be seen in table 32.

Table 32
Cross Tabulation of Time to Function Effectively
by Employment Setting

	Immediately	Approx. 2 Months	2 to 6 Months	7 Months to 1 yr.	over 1 yr.
Nursing Homes	6	20	37	30	7
Teaching Hosp	0.0	12	13	50	25
Community Hosp	4	7	29	50	11
Rehab. Hosp	0.0	14	43	43	0.0
Psychiatric Hosp.	0.0	0.0	20	0.0	80
Home Health Agency	0.0	22	33	11	33
Health Dept.	0.0	0.0	50	50	0.0
HMO	0.0	40	20	40	0.0

As can be seen in table 32, nursing homes, rehabilitation hospitals and health departments feel that it takes 2 to 6 months to function effectively in the practice setting; teaching and community hospitals clearly indicate 7 months to 1 year as their choice; and psychiatric hospitals feel that it takes LPN's over 1 year. HMO response is interesting in that they are the only group indicating that it takes approximately 2 months for much of their LPN staff to function effectively in the practice setting upon graduation.

Table 33 indicates the type of LPN educational program which graduates the best LPN's from the employer respondents point of view.

Table 33

Type of Educational Program Graduating
the Best LPN's

11	Trade, Technical or Vocational High School
52	Hospital based Post High School Program
18	Community College Program
0.5	High School adult education program
4	State Hospital Program
15	They're all the same

As can be clearly seen (table 33) employers favor Hospital based post high school LPN programs as the type of program which graduates the best LPN's.

According to employers there is a distinct difference between LPN performance from various schools. Seventy seven percent felt this to be the case.

All employers desired more clinical experience in basic LPN training programs, except for teaching and community hospitals. All agencies desired more academic content except teaching hospitals who apparently did not feel more clinical experience was necessary.

The survey results indicated that the average starting salary for LPN's is \$13,110. per year with an hourly salary range from \$6.75 to \$7.92. Cross tabulation revealed that most nursing homes reported an average salary between \$12,500 and \$15,500; community hospitals reported \$14,000. to \$15,500; and rehabilitation and psychiatric hospitals reported average salary to range between \$11,000. to \$12,500.

Hourly Salary differentials between RN's and LPN's was reported as \$1.00 to \$1.99 in nursing homes; \$1.00 to \$2.99 in teaching hospitals; all other agencies reported a differential of \$2.00 to \$2.99 per hour, with home health agencies reporting \$2.00 to over \$3.00 pay differential.

Agencies reporting no salary differential between shifts include nursing homes, rehabilitation and psychiatric hospitals, and home health agencies. Teaching hospitals and community hospitals report a differential between shifts of at least 10%.

Most agencies reported no salary differential for LPN's for charge nurse positions.

Most agencies reported no collective bargaining unit represents their employees. A very small percentage of nursing homes (4%) indicate collective bargaining units: 18% of community hospitals and 29% of rehabilitation hospitals reported collective bargaining units in their agencies.

Table 34 contains a series of statements about LPN service and education in various institutions to which employers were directed to reply specifically about their institutions.

Table 34
Services and education in Various
Employment institutions

	Yes	No	N/A
has on-going in service education for LPN's at least once per month	71	19	10
has specific educational requirements for promotion	15	62	23
provides tuition reimbursement of at least 1/2 the cost for continuing LPN education	49	39	12
provides work release time for continuing LPN education	54	35	11
encourages LPN's to achieve further education leading to RN status	34	9	7
recognizes superior LPN performance with bonuses or more frequent salary increments	34	55	11

Most agencies except HMO's report in service education to be available for LPN's at least once per month. Teaching hospitals report specific educational requirements for promotion. Those reporting no tuition reimbursement include most nursing homes, rehabilitation hospitals, home health agencies, and health departments. Most agencies report providing work release time except home health agencies and HMO's. All claim to encourage LPN's to achieve RN status. Nursing homes, teaching hospitals, community hospitals, health departments, and HMO's do not offer bonus or salary increases for superior performance: psychiatric hospitals d.

Table 35 presents a list of actions which might be undertaken by one of the members of the health team in any given institution. As can be noted, changing surgical dressing as needed, and inserting catheters on patients unable to void were the only two procedures clearly demonstrated to be LPN tasks.

	AIDE	LPN	RN	MD
changing inappropriate special diets	1	6	34	59
modifying medications when indicated, including dosage and administration	0	2	11	86
rescheduling strenuous diagnostic procedures as warranted by patients condition	0	10	52	38
changing surgical dressings if needed	2	49	46	3
deciding on frequency of vital signs monitoring	0	18	63	19
inserting catheters on patients unable to void	0	53	43	4
obtaining specimens from an indwelling arterial catheter	2	18	52	28
chemotherapy administration	0	5	54	42
administration of IV medications	0	3	77	20
management of a Pitocin drip	0	3	68	28
insertion of a naso-gastric tube	0	22	64	13
removal of sutures from post-operative patients	0	13	45	42

Table 36 indicates the person who completed this 1984 Survey of Licensed Practical Nurses in Maryland.

Table 36

Percentage of Respondents Who Answered Survey Reported by Employment Position

6	chief executive officer
79	chief of nursing (or equivalent)
4	associate or assistant to the chief of nursing
11	other

As can be clearly seen in table 36, the chief of nursing in most institutions was the person filling out the survey. Results of the survey should be analyzed with this in mind.



THE NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES, INC.

P. O. BOX 11038 • 214 S. DRIVER STREET • DURHAM, NORTH CAROLINA 27703

(919) 596-9609

MARY E. ACKER, *President*

SAMMY K. GRIFFIN, *Interim Executive Director*

STANDARDIZATION OF EDUCATION

RESOLUTION #3 ADOPTED BY THE NFLPN 1981 HOUSE OF DELEGATES

- Whereas, The development of regulation of Nursing practice constitutes a major move forward for the nursing profession, and
- Whereas, NFLPN firmly believes that there is a need to upgrade the education requirements and to continue to uphold the preparation of competent and qualified LP/VNs to assure a higher degree of nursing care, and
- Whereas, There is evidence of inconsistencies in curriculum and length of time required to complete practical/vocational nursing education nationwide, and
- Whereas, It is essential those areas of potential or actual conflict within the nursing profession be addressed equitably and impartially through enlightened regulatory policies, and
- Whereas, Standardization of education is essential for LP/VNs to move into the professional mainstream, be it therefore
- RESOLVED That NFLPN initiate the establishment of liaison with American Vocational Technical Association, National Council of State Boards of Nursing, National League for Nursing, American Nurses Association, National Association of Practical Nurse Education and Services and the National Organization for Practical/Vocational Nurse Educators, and be it further
- RESOLVED That NFLPN collaborate with these organizations, meet, discuss issues facing practical/vocational nursing now and in the future, and work for the standardization and expansion of curriculum and the time required to complete practical/vocational nurses education nationwide, and be it further
- RESOLVED That NFLPN recommend practical/vocational nursing education preparation take place in post secondary institutions within the general system of education, and be it further
- RESOLVED That NFLPN intends to move rapidly and forcefully to insure increased accessibility to academic programs for those pursuing or those who wish to pursue practical/vocational nurse education.



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MARY E. ACKER, *President*

RESOLUTION 6
Education and Practice of the LP/VN

WHEREAS, Action of the American Nurses' Association's 1982 House of Delegates resolved:

That the American Nurses' Association move forward in the coming biennium to expedite recognition of the baccalaureate in nursing as the minimum education qualification for the practitioner in professional nursing practice; and

WHEREAS, ANA's Cabinet on Nursing Education and the National Task Force on Education for Nursing Practice concur on the following assumptions about nursing education and the context in which it occurs:

1. The practitioner of professional nursing practice will be prepared with a minimum of baccalaureate education in nursing.
2. The practitioner of technical nursing practice will be prepared with a minimum of an associate degree in nursing; and

WHEREAS, NFLPN desires to upgrade the educational requirements and to continue to uphold the preparation of competent and qualified LP/VNs to assure a higher degree of quality nursing care: Therefore be it

RESOLVED, That the NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES endorse two levels of nursing, LP/VN and RN, with the minimal educational requirement for the entry into the LP/VN program being a high school diploma or the equivalency thereof; and be it further

RESOLVED, That the preclinical and clinical curriculum for the LP/VN be expanded to a minimum of but not limited to eighteen (18) months.

Adopted August 18, 1983 by the
House of Delegates, NFLPN

POSITION STATEMENT
of the
NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES INC. EXECUTIVE BOARD
REGARDING
EDUCATIONAL PREPARATION OF LP/VNS IN THE UNITED STATES.

Based on Resolutions adopted by the NFLPN Houae of Delegates,
NFLPN believes that the entry level into nursing practice ia the LP/VN.

The future of nursing dictates that we must upgrade our educational
preparation in order to meet the future demands in the expansion of
medical technology.

The focus of nursing education is changing on all levels of
nursing. The LP/VN is recognized as an integral member of the health
care team who exercises sound nursing judgement based on educational
preparation and gives direct contact in rendering patient care.

As the health care needs of the future change, the formal
education and scope of practice of the LP/VN will need to change.
Therefore, NFLPN takes the position that the pre-clinical and clinical
curriculum for LP/VNs be expanded to a minimum of but not limited to
eighteen (18) months and that the graduatea be granted an aassociate
degree in nursing that will meet the requirements for practical nurse
licensure.

Adopted by NFLPN Executive Board

1/11/84

MARYLAND LICENSED PRACTICAL NURSES ASSOCIATION, INC.
120 East 25th. Street - Baltimore, Maryland 21218

1984 PROPOSED RESOLUTIONS

- Resolution #1 SUPPORTING PRACTICAL NURSING EDUCATION PROGRAMS
- Whereas, The Maryland Licensed Practical Nurses Association, Inc. is aware of the fact that any profession is dependent upon its education programs to continue its ability to grow, and
- Whereas, The practical nursing programs in Maryland are currently producing graduates that are successfully passing the Test Pool Examination for licensure, and
- Whereas, The licensed practical nurse has proven competent and cost effective in the delivery of health care, and
- Whereas, The utilization of the licensed practical nurse continues to be in great demand as a health care provider, therefore, be it
- Resolved, That the Maryland Licensed Practical Nurses Association, Inc. support the continuation of all practical nursing programs in Maryland. ADOPTED
May 16, 1984
- Resolution #2 UTILIZATION OF LICENSED PRACTICAL NURSES IN GERIATRIC NURSING
- Whereas, The Maryland Licensed Practical Nurses Association, Inc. is committed to be the belief that nursing is an art as well as a science, and
- Whereas, Utilizing the nursing process as the foundation of this art, and
- Whereas, The Maryland Licensed Practical Nurses Association, Inc. views the older adult as a person with potential for change and further development, and
- Whereas, The Maryland Licensed Practical Nurses Association, Inc. believes the licensed practical nurse can enhance the later years of the older adult by providing empathetic concern, skilled compassionate care and a holistic attitude toward the care of the geriatric patient, therefore, be it
- Resolved, That the Maryland Licensed Practical Nurses Association, Inc. support and encourage the continued utilization of licensed practical nurses in geriatric nursing. ADOPTED
May 16, 1984
- Resolution #3 ORGANIZATIONAL RESTRUCTURE
- Whereas, The Maryland Licensed Practical Nurses Association, Inc. has shown a steady decline in membership for the past several years, and
- Whereas, A motion was adopted at the 1983 annual convention to study the feasibility of restructuring the State organization into regional areas, and
- Whereas, The Ad Hoc Committee met, reviewed and deliberated the feasibility of the restructure, and
- Whereas, Due to the non-functioning of a number of the Divisions and due to the distance involved to form regional areas, therefore, be it
- Resolved, That all Divisions be dissolved, and be it further
- Resolved, That the Maryland Licensed Practical Nurses Association, Inc. be the sole governing body for the entire State organization. ADOPTED
May 16, 1984

Elections
Continued-

Elected Delegates to NFLPN Convention:

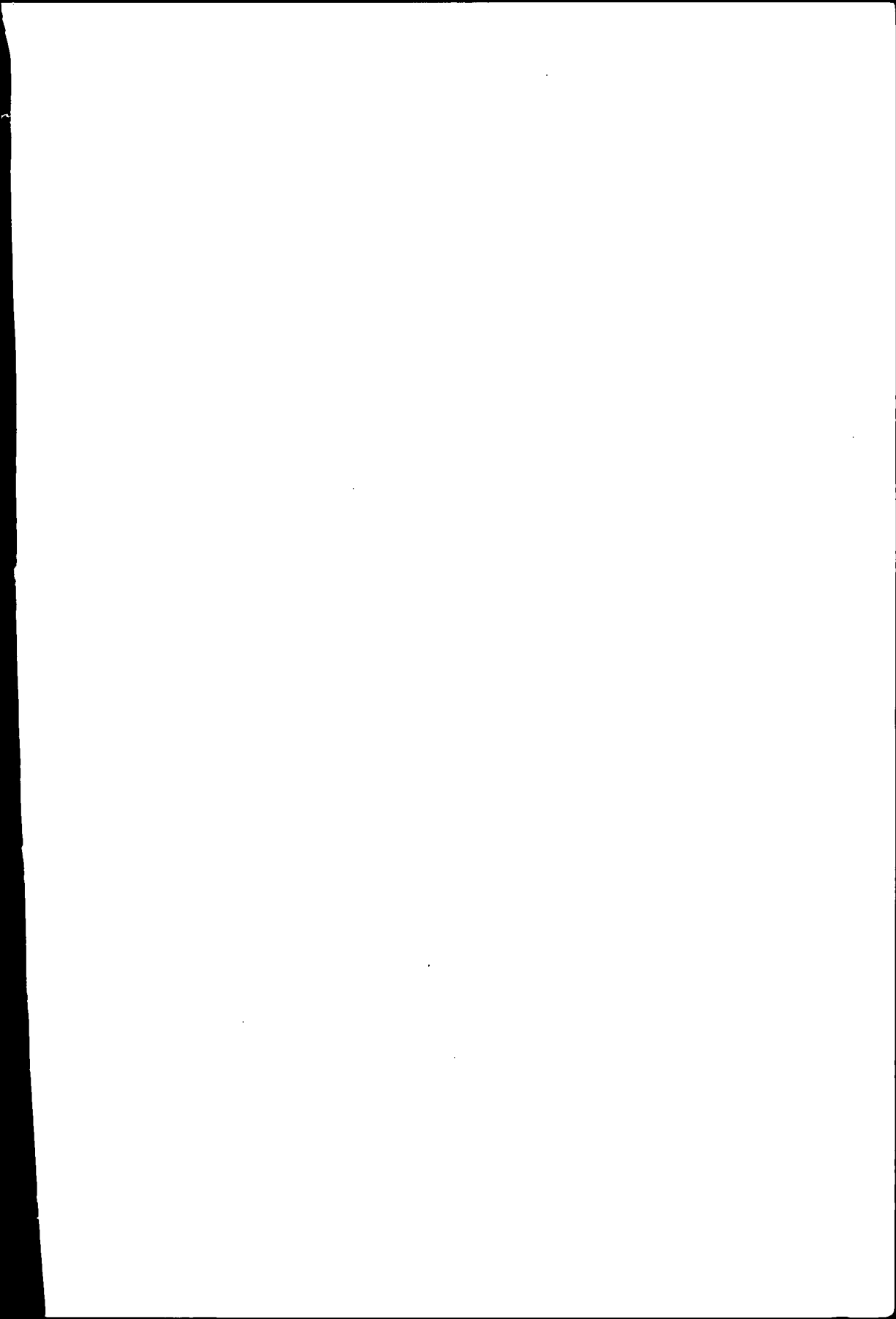
- Delores C. Savage
- Evangeline B. Myers
- Ethel M. Jones
- Bertha Boyd
- Emily G. Carty
- Grace D. Monroe
- Mary Louise Miller (Alternate)
- Catherine R. Williams (Alternate)
- Muriel N. Miller (Alternate)

Forth Business
Session
Wednesday,
5/16/84

Opened by MLPNA President, Delores Savage.
 Invocation: Sr. Anna Cecilia Blankemeyer
 Credentials report given by JoAnn Norris at 8:30 a.m.

Registered members	56
Non-members registered	2
Guest	7
Exhibitors	0
Students	0
<hr/>	
Total registered	65
Voting Strength	56

- Resolutions - Mrs. Amelia M. Mills, Chairman
- Resolution #1 Supporting Practical Nursing Education Programs
 Resolved, That the Maryland Licensed Practical Nurses Association, Inc. support the continuation of all practical nursing programs in Maryland. Adopted.
- Resolution #2 Utilization of Licensed Practical Nurses in Geriatric Nursing.
 Resolved, That the Maryland Licensed Practical Nurses Association, Inc. support and encourage the continued utilization of licensed practical nurses in geriatric nursing. Adopted.
- Resolution #3 Organizational Restructure.
 Resolved, That all Divisions be dissolved, and be it further Resolved, That the Maryland Licensed Practical Nurses Association, Inc. be the sole governing body for the entire State organization. Adopted.
- Resolution #4 Maryland Licensed Practical Nurses Association, Inc. Financial Status
 Resolved, That maintaining the State Office be discontinued
 Motion #1 That we delete Resolution #4 in its entirety. Motion Carried.
- Resolution #5 Encouraging Membership.
 Resolved, That the Maryland Licensed Practical Nurses Association, Inc. Executive Board and all members make membership the first priority for the ensuing year by creating an awareness of the association and its benefits. Adopted.
- Resolution #6 Courtesy Resolution - Read by Amelia Mills



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