

WCN: 2020 Study of Licensed Practical Nurses (LPNs) - Literature Review

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Introduction

Over the past decade, the number of licensed practical nurses (LPNs) in Washington State has decreased by 3,510, almost one quarter of the LPN workforce (Stubbs, Skillman, and Marshall 2018). By 2030, 33 U.S. states are expected to experience a nursing shortage including in Washington, which is expected to experience the second largest shortage in the west coast— 5,100 LPNs will be needed (U.S. Department of Health and Human Services 2017). The purpose of this literature review is to explore the state of LPNs in the United States (with a focus on Washington State): what changes have occurred in the market; who and where current LPNs are; and what experiences can better inform the future of licensed practical nursing to ensure a sustainable labor force in Washington.

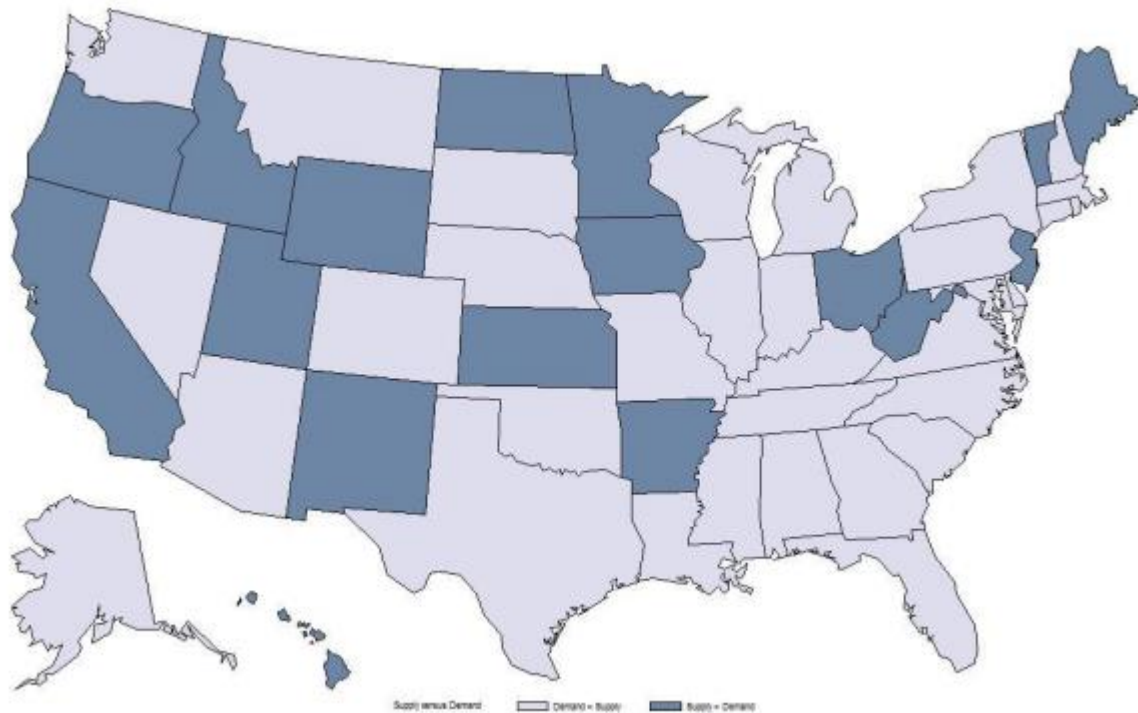
Defining the Licensed Practical Nurse

Licensed practical nurses care for a variety of patients under the supervision of doctors or registered nurses and work in many different settings. Within the hospital, the skills of LPNs may be utilized in operating rooms, labor and delivery, nurseries, medical/surgical units, rehabilitation units, cardiac and intensive care units, and emergency rooms (Beverage 2004). The duties an LPN can legally perform are governed by state regulations that define the parameters within which LPNs are legally allowed to work (Laffer and Moss 2007). In general, LPNs are charged with performing basic bedside care (such as taking vital signs), preparing and administering injections, monitoring catheters, applying dressings, treating bedsores, and providing special bed care such as alcohol rubs or massages. In the course of this work, LPNs may be responsible for a wide range of duties, and their daily activities can include sample collection for testing, performing routine laboratory tests, feeding patients, and recording food and fluid intake and output. They assist with bathing, dressing, personal hygiene, and wound treatment. Where state law allows, they provide medications, perform venipuncture, administer intravenous (IV) medication, etc. (Laffer and Moss 2007). All states allow LPNs to perform the basic nursing duties associated with bedside care, but beyond that point state laws vary considerably (Laffer and Moss 2007).

What Is Happening to the LPN Market?

According to the U.S. Department of Health and Human Services (2017), nearly 70 percent of U.S. states are expected to experience a shortage of LPNs between the years 2014-2030 (See [Figure 1: LPN Supply versus Demand, by State, 2030](#)). From 2010 to 2016, the number of first time LPN from U.S. nursing programs decreased from over 66,800 to approximately 47,000 individuals. While we can speak to a national trend, nursing shortages have been found to be representative of supply relative to state-specific demand (U.S. Department of Health and Human Services 2014). As such, this review will focus on the inequitable distribution of LPNs in Washington State.

Figure 1: LPN Supply versus Demand, by State, 2030



Source:

https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf

From 2006 to 2018, there was a 24 percent decrease of LPNs with Washington licenses—from 14,629 to 11,119 LPNs—in Washington State (Stubbs et al. 2018). By 2030, the U.S. Department of Health and Human Services (2017) predicts 5,100 LPNs will be needed in Washington State, making it the second largest shortage on the west coast.

The long-term care (LTC) sector employs more LPNs than any other industry sector in the U.S., including in Washington State (Coffman, Chan, and Bates 2015a; Skillman et al. 2010). While the number of LPNs in the U.S. is dwindling, the LTC sector saw a 13 percent increase from 2008-2013, and a 20 percent decrease in hospital employment (Coffman et al. 2015a). The literature cites a few reasons for the drop in the hospital industry:

1. General cuts in nursing staff that followed the adoption of managed care and capitated insurance plans in the 1990s.
2. A shift to “primary care” as the dominant model for nurse staffing.
3. Hospitals striving to increase the education and scope of practice of their nursing staff and have access to recruit/retain registered nurses (RNs)—achieve Magnet Status.
4. Increases in medical assistant or nursing assistant certified (NAC) staff who are more affordable and can handle basic patient care responsibilities (Coffman et al. 2015a; Laffer and Moss 2007; Palazzo et al. 2013).

Research suggests many LPNs view hospitals as the most desirable employer due to increased pay, higher acuity, and a more exciting work environment (Laffer and Moss 2007). However, the scarcity of employer demand for LPNs outside of the LTC/home-care sector, which rely on LPNs being more cost-effective, leaves few alternatives (Palazzo et al. 2013). As a Washington school district employer described, “If a student has a health condition with a physician order, the District tends to hire LPNs to come in since they are less expensive...” (Palazzo et al. 2013:21). With few opportunities for LPN mobility in the nursing field, limited LPN training and LPN-to-BSN programs, and decreased pay, it is possible individuals interested in nursing as a career path are seeking alternate routes: entry-level positions (such as a NAC or medical assistant) or 4-year degrees to become registered nurses.

Who Are Our LPNs?

In many organizations, LPNs are legacy employees whose positions will not be filled when they become vacant. However, employers who report they would hire LPNs state few apply for open positions (“*We could hire an LPN- we just never had one apply*”) (Palazzo et al. 2013). New graduates of LPN programs often move on quickly to other nursing degrees and use the occupation as an entry point into the professional nursing field (Palazzo et al. 2013). Additionally, The LPN population is aging. As of 2018, the average age of the 9,859 licensed LPNs in the state of Washington was 46.7 years. As with other nursing fields, the majority of LPNs (86.4%) are female (Stubbs, Skillman, and Marshall 2018).

Where Are Our LPNs?

The distribution of LPNs across Washington state shows that 91.7% of LPNs work in an urban location and 8.3% work in a rural location. This distribution parallels that of the general population (Stubbs, Skillman, and Marshall 2018). In rural Washington, some small, hospital-based systems recruit and employ LPNs into clinics. In both urban and rural areas LPNs are employed at small medical practices, Rural Health Clinics, and school districts. In urban areas such as King County, a few large inpatient and outpatient centers staff LPNs, but some no longer hire LPNs. At a time when LPNs are being phased out of many hospitals, inpatient, and some ambulatory/outpatient settings, LTC/home care sectors remain a viable employment niche for LPNs (Palazzo et al. 2013). However, the demand trend for LPNs is far from clear.

What Is the LPN Experience?

Limited data, including research from Canada and limited research from the U.S., is available on LPN experiences in the workplace. Typically, LPN experiences are explored in the context of working with or transitioning into RN roles (MacKinnon, Butcher, and Bruce 2018, Nursing2004 2004, Gordon et al. 2013).

The available literature seems to reveal a consensus that LPNs do not feel appreciated in the health care setting (Gordon et al. 2013, Nursing 2004). In their study on the transition of LPNs to RNs, Gordon and associates (2013) found transitioning nursing students believed LPN’s were not respected, that their knowledge was not acknowledged, and that it was challenging to feel a sense of belonging within the RN community. As one participant remarked,

I know the respect will be different [as an RN]. I find this kind of frustrating. I've taken this last year off to go to school full-time and complete my degree and [now] all the doctors and all my co-workers are... so excited for me! But then it makes me sad that I'm giving up LPN. Yeah, like I'm getting all that extra respect, but why couldn't I have had that before when I was doing my job so well? (Gordon et al. 2013:4)

MacKinnon et al. (2018) documented the variation across Canada in how practical and registered nursing roles are conceptualized, with little collaboration between LPN and RN groups regarding expectations for education and practice. In *Nursing 2004* (2004), one correspondent responds to criticism from an RN calling for an end to practical nursing in the United States:

In a recent issue, Constance M. Pryor, RN, BSN, called for an end to practical nursing in the United States... I must respectfully disagree. Practical nursing is a valuable resource in the nursing spectrum, especially now that RNs have become more burdened with paperwork and administrative tasks. Educating the public and other nurses about the LPN scope of practice and utilizing LPNs to their fullest capacity should be the goal. I'd like to see more support for LPN practice to give our patients and their families the nursing care they deserve. (*Nursing2004* 2004:8)

While further research is needed, currently available data captures a common sentiment: *LPNs are fighting for their roles in the nursing field and asking for recognition of their experience and abilities from their peers.*

Why Do People Go the LPN Route?

For-profit colleges have increased more than 8-fold in their share of the LPN education market, offering students easier enrollment and a flexible one-year route to begin their nursing career (Coffman, Chan, and Bates 2015b; Megan 2011; Brox 2018). This is especially pronounced in the Western U.S. where the for-profit sector educates as many students as the public sector (Coffman et al. 2015b). LPN programs appeal to nursing students for the experience and income they would gain and the option to continue their education in an LPN-to-BSN bridge program (Megan 2011). Typically, there are less competitive admission requirements when compared with public or non-profit colleges; online learning options; lax lending practices; and accelerated degree programs (Brox 2018; Brusie 2019). This can all be very appealing to nontraditional students/adult learners. As one student explained, "I chose LPN because it seemed like the easier route. I figured I could get into an RN program easily..." (Megan 2011).

In the U.S., the LPN workforce is more racially and ethnically diverse than the RN workforce and the general population (Coffman et al. 2015a). LPNs are twice as likely to be African American (24% versus 12% of the general population), with a growing percentage identifying as Hispanic/Latino and two or more races. The diversity trend is expected to increase since the rate of minority LPN program completions outpaces White completion, particularly at for-profit institutions (accounting for 66 percent of non-White graduates and only 26 percent of White graduates) (Coffman et al 2015b).

While the recruitment of low-income, minorities, and nontraditional students to for-profit LPN programs seems like a positive prospect at face value, it is important to consider the very real costs of the growing for-profit sector. Students attending for-profit higher education institutions often incur substantially more student loan debt, face sudden closures of LPN education programs, and do not have the industry-recognized accreditation employers want (Coffman et al 2015b; Brox 2018; Brusie 2019; Megan 2011). In order to maintain and increase the pipeline of LPNs in Washington, colleges will need to offer the access and flexibility of current for-profit education as well as the promise of career placement, upward mobility, and reduced debt.

Discussion

From the review of LPN literature, it is evident that data is limited: more research needs to be conducted to address the shortage of practical nurses in the overall U.S. market as well as Washington State specific barriers. From what we were able to find, there have been some clear trends in the LPN market, such as demand, that may be contributing to LPN decrease. With an aging baby boomer population, and a lack of demand from hospitals, LPN employment among LTC providers is expected to increase 70 percent by 2030 in the U.S. (Coffman et al. 2015). Washington State echoes national trends with an expected growth in LPN demand due to increases in and aging of the state's population (Skillman et al. 2010). Job prospects should be favorable for LPNs willing to work in rural and medically underserved areas; however, this may be a deterrent for nursing students looking to achieve their desired career (Bureau of Labor Statistics 2019). Furthermore, much of the literature discusses the LPN-to-BSN route as a possible means for increasing the LPN pipeline. As Skillman and associates (2010) concluded, “The number of LPNs completing education programs in Washington State is unlikely to keep pace with the decline in supply from retirements unless a significant expansion of education programs takes place.”

Researchers suggest utilizing LPN education as a critical entry point into a career as a RN, which could improve the attractiveness of the LPN profession and help increase the number of LPNs in the industry. At the employer level, this could look like internal opportunities for advancement through flexible scheduling, transferable education credits, tuition support, and loan repayment programs (Palazzo et al. 2013). As we now know from the literature, using LPN education as a bridge to RN programs is, in fact, a huge motivating factor for many of today's students. As the for-profit sector grows, developing bridge programs in a responsible and ethical way will help to ensure LPN students are able to transfer credits and obtain jobs in their field of study.

Conclusion

There is limited research on the shrinking LPN market in the United States. While existing studies, with much of the experiential data reported from Canada, give some insights as to who our current LPNs are, what motivates them, and how they experience the profession, we know trends change quickly and are state specific. In order to gain a better understanding of what is happening in the Washington State market, more research is needed on Washington's LPN experiences: why they are choosing, staying, or leaving the practical nursing career.

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