

# Licensed Practical Nurses In Vermont

## Summary of January 2006 Survey Board of Nursing Relicensure Survey

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### Background

The Office of Nursing Workforce Research, Planning, and Development prepared this report to provide Vermonters with useful information on the status of Vermont's nursing workforce. The information provided here are the results of a survey that was included in re-licensure materials sent out by the Vermont Board of Nursing in November 2005. Completion of the survey was not mandatory. The survey was returned by 1,131 LPNs (51% response rate) who indicated that they worked in Vermont in an LPN position. The study was supported by the Vermont Board of Nursing and Vermont Agency of Human Services.

### Demographics:

- 94% of Vermont's LPNs are female and 6% are male
- 96% are Caucasian
- 73% are age 40+ (mean age - 47)

### Employment Setting

- Long term care: 36%
- Hospitals: 19%
- Ambulatory/outpatient: 15%
- Home health: 5%
- Independent practice: 5%
- Assisted living: 4%
- Other settings: 15%

(Other settings include mental health, community health centers, correctional facilities, public health, schools).

### Primary Job Responsibilities

- 72% reported direct patient care as their primary activity
- 12% reported responsibilities as a nurse manager/head nurse
- Other primary responsibilities included teaching/instruction, quality assurance, public health, and nursing administration

### Job Satisfaction

- 92% reported satisfaction with the LPN position
- 76% stated that they were unlikely to leave their current LPN position in the next 12 months
- Of the 22% who said that they were likely to leave their current position, only 3% said that they would be likely to leave nursing altogether

Several themes, illustrated with quotes from respondents, provide insight into the reasons why LPNs are likely to leave their current position:

- **Salary/Pay Issues (29% of those likely to leave)**  
"LPNs are underutilized, underpaid, and not respected."  
"Going back to school to up pay."
- **Return to School (26% of those likely to leave)**  
"Will become RN in '06."  
"Seek broader experience after ADN program."
- **Job Stress (26% of those likely to leave)**  
"High patient ratio, too much paperwork, less patient time."  
"Not much time for nursing care. Too many people to give meds to."
- **Management Practices (8% of those likely to leave)**  
"Unrealistic expectations by management."  
"Poor working conditions, understaffed."

## Education

Thirteen percent of those who responded stated that they are enrolled in a formal nursing education program:

- 11% (119) are enrolled in an associate degree program
- 3% (29) are enrolled in a diploma program
- 0.35% (4) are enrolled in a baccalaureate program
- 0.18 (2) are enrolled in a master's program

Forty-one percent of respondents reported that they had not participated in continuing education programs over the last 12 months.

## Discussion

The number of LPNs who are over the age of 40 (73%) is slightly lower than the number of RNs who are over 40 (79%) in Vermont. The mean age of Vermont LPNs (47 years) and RNs (48 years) is older than the national sample of both LPNs and RNs (43 years)<sup>2</sup>. These statistics, reflecting the aging nursing workforce, are worrisome, considering Department of Labor predictions of a 34% increase in nursing positions over the next 10 years. Findings regarding gender and race of LPNs are also similar to gender and race of RNs in Vermont and in the nation, although the percentage of males in Vermont's LPN workforce is slightly higher than in the national LPN workforce (6% vs. 4.4%).

Most Vermont LPNs are employed in long-term care (36%), hospitals (19%), and ambulatory care settings (15%) where they provide direct patient care. The Bureau of Labor Statistics (BLS) reported that nationally, 27% of LPNs worked in hospitals, 25% in nursing homes, and 12% in ambulatory care settings<sup>2</sup>. The BLS predicted that employment of LPNs in nursing homes will grow faster than average as the number of aged and disabled persons increase and that there will be ample employment opportunities in ambulatory care settings and home care. Employment for LPNs in hospitals has declined, however, and it is expected that this trend will continue.

Overall, Vermont LPNs are a satisfied sector of the nursing workforce. A very small percentage of those who were likely to leave their current position indicated a desire to leave nursing altogether. Only 13% of Vermont respondents reported current enrollment in a nursing education program. While most are enrolled in associate degree programs, it is interesting to note that more LPNs are enrolled in out-of-state diploma programs than in baccalaureate programs offered in-state. This suggests a closer collaborative relationship between the LPN, associate degree, and baccalaureate nursing programs in Vermont as well as an examination of the feasibility of LPN-BSN programs.

It is apparent that LPNs are integral to the nursing workforce in Vermont in their provision of health care to Vermonters in many settings. It is likely that there will continue to be ample employment opportunities, particularly in the areas of long-term and ambulatory care settings. The challenge for nurse educators, agencies, policy makers, and the health professions in general, is to determine the appropriate mix of LPNs and RNs who will provide nursing care in all settings that will meet the current and future health care needs of Vermonters.

Safe mix is an important public safety issue because nurse educational level has been directly linked to improved patient outcomes<sup>3-5</sup>. More research on the optimal mix of LPNs, RNs, and LNAs in all settings is needed to guide decisions that have an impact on patient safety<sup>6-7</sup>.

## References

- <sup>1</sup> U.S. Census Bureau, (2005). Current population survey, outgoing rotations 1979-2005. Santa Monica, CA: Unicon Research.
- <sup>2</sup> Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2006-2007 Edition, Licensed Practical and Licensed Vocational Nurses, on the Internet at <http://www.bls.gov/oco/ocos103.htm> (visited July 10, 2006).
- <sup>3</sup> Person SD, Allison JJ, Kiefe CI, Weaver MT, Williams OD, Centor RM, Weissman NW. (2004) Nurse staffing and mortality for Medicare patients with acute myocardial infarction. *Medical Care*. Jan;42(1):4-12.
- <sup>4</sup> Kovner C, Jones C, Zhan C, Gergen PJ, Basu J. (2002) Nurse staffing and postsurgical adverse events: an analysis of administrative data from a sample of U.S. hospitals, 1990-1996. *Health Service Research*. Jun;37(3):611-29.
- <sup>5</sup> Horn SD, Buerhaus P, Bergstrom N, Smout R.J. (2005) RN staffing time and outcomes of long-stay nursing home residents: pressure ulcers and other adverse outcomes are less likely as RNs spend more time on direct patient care. *American Journal of Nursing*. Nov;105(11):58-70.
- <sup>6</sup> Kovner C, Mezey M, Harrington C. (2000) Research priorities for staffing, case mix, and quality of care in U.S. nursing homes. *Journal of Nursing Scholarship*. 32(1):77-80.
- <sup>7</sup> Brewer CS, Kovner CT. (2006) An evaluation of Seago and colleagues' study calls for more research. *American Journal of Nursing*. July;106(7):46.