

AN OPINIONNAIRE STUDY ON THE FUNCTIONS OF THE
LICENSED PRACTICAL NURSE

by

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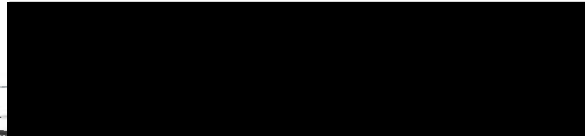
A THESIS

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j.m.p.

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CHAPTER I

INTRODUCTION

One of the characteristics of a profession is that it takes responsibility for establishing its own standards. The formation of a committee to define standards, functions and qualifications for practice by the American Nurses' Association in 1952, was a great step forward.

In 1957 the first statement of functions for the Licensed Practical Nurse was published by the American Nurses Association, followed by a revision in 1964.^(4,5) A comparative analysis of the two statements reveals clearly the expanding scope of the Licensed Practical Nurses' role and functions.

Nevertheless, questions asking for clearer delineation of nursing functions of the practical nurse continue to be raised. In a recent study on Practical Nurse Education, West and Crowther acknowledged the persistence and scope of the problem as stated:⁽⁵⁵⁾

An ever present problem, crying for attention, is to bring about a better understanding of the role of the Practical Nurse as part of the nursing team. This problem commands the attention of the educational systems, the nursing services and all the branches of the medical service field.

In 1960 the question, "What are the functions of the various levels of nursing?", was posed again by the participants in a study on Curriculum Development in Practical Nursing.⁽⁵³⁾ This group

acknowledged that the function of the practical nurse is still a point for discussion.

The persistence of the problem of delineating functions, testifies to the fact that the answers have not been found to the satisfaction of the nursing profession.

Statement of the Problem:

Observational and statistical evidence indicate that the role of the licensed practical nurse in the United States general hospitals today is expanding rapidly.⁽⁵⁰⁾ This expansion too often places the licensed practical nurse in situations demanding skills and understandings for which she is not educationally prepared or legally licensed. Studies by Bertrand, Souza, Hughes, and others, have demonstrated that the licensed practical nurses in general hospitals may be functioning in some instances above their preparation and in other instances below it.^(8,12,15,16,22,29,43,44,48,49,57)

In describing the practical nurse of today, Orem states:⁽³⁶⁾

The practical nurse occupies a recognized but ill defined position in nursing practice. The need for practical nurses and the limitations of their education are recognized. How the practical nurse can best function in nursing practice is still a point of issue. The situation is complicated by the fact that practical nurses are not infrequently asked and expected to assume nursing responsibilities beyond their present nursing abilities or even their capacities.

Since the registered nurse is responsible for the over all assignment and supervision of the licensed practical nurse, it is imperative that she have a sound understanding of the scope of the practical nurse's

functions, thereby enabling promotion of quality patient care.

The practical nurse is also obliged to be cognizant of the fact she functions within limitations described as a licensed practitioner of nursing. Rasmussen emphasizes that sharing nursing functions should alert the practitioners to differences in the degree of responsibility to be assumed by both groups. (38)

Purpose of Study

The purpose of this study is to determine the opinions held by a group of registered nurses and a group of licensed practical nurses, regarding the functions of the licensed practical nurse, as delineated in a Statement of Functions of the Licensed Practical Nurse, approved by the American Nurses' Association and the National Federation of Licensed Practical Nurses, 1964.

An attempt will be made to answer the following questions:

1. Which functions in the statement are considered appropriate or inappropriate for the licensed practical nurse to perform?
2. To what degree are the functions in the statement considered to be presently practiced by most licensed practical nurses?
3. What degree of importance is given to the functions in the statement?
4. Will there be significant differences in opinions held by registered professional nurses and by licensed practical nurses in various types of hospital settings?
5. What relationship, if any, exists between education; years of experience; membership in nursing organizations; and the opinions expressed by registered nurses and licensed practical nurses,

regarding the functions of the licensed practical nurse?

Hypothesis

There will be no significant difference between opinions held by registered nurses and licensed practical nurses regarding the functions of the licensed practical nurse, as they relate to appropriateness, importance and degree of present practice of the function.

The following variables will not influence a difference of opinion between the licensed practical nurse and the registered professional nurse:

1. The type of hospital setting.
2. Membership in nursing organizations.
3. Educational preparation of the registered nurse.
4. Years of experience in nursing.

Abbreviations

Throughout this study the following abbreviations are used in reference to nurses or nursing organizations:

1. R.N. - refers to registered professional nurse, licensed by state law to practice nursing. She or he, may be a graduate of a two year Associate degree program; a three year hospital diploma program; a four year collegiate program; or possess education beyond any of these levels.
2. L.P.N.- refers to a practical nurse who has been licensed by the state in which she is practicing. She usually has graduated from an accredited program of about one year in length,

but she may have been licensed by waiver.

3. L.V.N. - refers to licensed vocational nurse, and is used synonymously for L.P.N.
4. P.N. - is the abbreviation for practical nurse, and is used in this study synonymously for L.P.N.
5. A.N.A. - refers to the American Nurses' Association.
6. N.L.N. - refers to the National League for Nursing.
7. N.F.O.L.P.N. - refers to the National Federation of Licensed Practical Nurses.

Definitions

For the purposes of this study the following definition has been accepted:

1. Function - A function is a nucleus of activities, responsibilities, or duties so homogeneous in character as to fall logically into a unit for purposes of execution.⁽¹⁾

Assumptions

In developing this study it has been assumed that:

1. The Statement of Functions of the Licensed Practical Nurse is a valid representation of those functions and hence appropriate for purposes of this study.
2. The registered nurse who supervises the licensed practical nurse is familiar with the scope of her preparation and hence is in a position to express opinions concerning the functions of the licensed practical nurse.

3. The respondents' opinions regarding the functions of the licensed practical nurse will be influenced by the constant conditions, environment and policies present in the hospital of employment, and accordingly, responses will not be biased due to some unique episode.
4. The respondents' opinions will be typical of opinions of other registered or practical nurses employed by hospitals similar to those in which the respondents are employed.
5. The opinions and attitudes represented are factual so far as the responses are typical responses of individuals, but they are facts of opinion, hence no widespread generalizations can be drawn. (21)

Limitations

This study was limited through the following means:

1. Information was obtained through the use of an opinionnaire, developed from The Statement of Functions of the Licensed Practical Nurse, as published by the American Nurses' Association and the National Federation of Licensed Practical Nurses, 1964.
2. The population was limited to registered professional and licensed practical nurses present on duty during the day shift, on medical, surgical, pediatrics and obstetric units in the selected hospitals the day data were collected.

3. Eight general hospitals were purposively selected as being similar to a variety of general hospitals found within the state of Oregon, but were not selected to be a typical sampling of all hospitals within the state. The factors of size, location and type of support were represented in the sample; special hospitals were excluded.
4. Participating respondents were a chance selection as to their education, nursing experience and individual differences.
5. No attempt was made to examine the factors influencing the opinions held by the participants, only to identify the opinions as stated.

Justification for Study

There is strong indication that the ranks of the licensed practical nurses are growing in number and quality of educational preparation, as evidenced in the 1963 report from the Surgeon General's Consultant Group on Nursing.⁽⁵⁰⁾ This report expressed the view that about 70% to 80% of direct nursing care is to be given by the licensed practical nurse, or other auxiliary personnel throughout the United States. Consideration of the various geographic areas of the country indicates a wide variance in the way in which the licensed practical nurse is used on the job.⁽⁵⁵⁾

Although the transference of less complex nursing tasks to persons not needing extensive preparation for professional nursing has been advocated by our professional organizations and standards have been established for the regulation of their functions,^(1,2,3,4,5,6) there

still seems to exist a need for clarification and interpretation of these standards.

The registered nurse's responsibilities for the delegation and supervision of the licensed practical nurse's functions were set forth by the American Nurses' Association in the Statement of Functions of the Licensed Practical Nurse.^(4,6) Studies have been done which seem to indicate there is a great need to assist the registered nurse to assume responsibility for adequate supervision of the licensed practical nurse. Killiam found, "The qualities listed by the registered nurses as necessary for good supervision, did not indicate full awareness of their responsibility to the auxiliary worker, or indirectly to the patient."⁽²³⁾ According to Pearsall, there is no real system in nursing today to prepare nurses for supervisory positions.⁽³⁷⁾ A plea has been made by Rasmussen to include better courses to prepare the professional nurse for her supervisory responsibilities.⁽³⁹⁾ Gaffney refers to the registered nurse's inadequate leadership and claims, "The registered nurse delegates duties to the licensed practical nurse on a basis of expediency, rather than true understanding."⁽¹⁹⁾

Considerations of the professional and practical nurses' responsibilities as practitioners points to the legal implications involved in the functions of both groups. In regard to this aspect Anderson says, "Professional declarations may be relied upon by courts to establish certain functions as professional nursing functions. They form a source of primary authority for legislators as well as for courts."⁽¹⁾ Regan cautions, "The use of practical nurses or other auxiliary personnel to do work legally reserved for registered nurses has been declared by the

courts time and again to be faulty judgment." (40)

The role of the employer in regulating the functions of the licensed practical nurse cannot be overlooked. The need for job descriptions is ever apparent. A study in Idaho demonstrated that 20 out of 28 hospitals did not have job descriptions for the licensed practical nurse in their hospitals. (24) One of the stated purposes of the American Nurses' Association Statement of Functions is to serve as a guide for making job descriptions. The fact that employers need to familiarize themselves with the scope and depth of what the prepared licensed practical nurse has had the opportunity to learn has been reiterated by Culver. (11)

Educators of practical nurses have a constant need to review and analyze the way in which the licensed practical nurse is utilized on the job.

Procedure for Solution

A. Sources of Data:

1. The primary source of data was opinions expressed by a group of 70 registered nurses and 61 licensed practical nurses, from eight selected general hospitals in the state of Oregon.

Variables within the population included:

1. Length of experience in nursing.
2. Types of schools of nursing from which the participants were graduated.
3. Membership in nursing organizations.

4. Type of position on the nursing staff.
5. Type of hospital in which employed, according to:
 - a) Size - large = over 200 bed capacity
 small = under 200 bed capacity
 - b) Location - urban, sub-urban, rural
 - c) Support - public or private
 - d) Control - sectarian or non-sectarian
 - e) Educational program offered - professional and/or
 practical nursing students.
6. Type of service on which nurse is working - medical, surgical,
 obstetric or pediatrics.
2. The secondary source of data resulted from a review of the literature and related studies.

B. Steps of the Study:

The steps whereby this study was conducted may be described as follows:

1. The literature was searched to obtain a frame of reference regarding practical nursing, the practical nurse and the scope of her functions.
2. An opinionnaire was constructed, using the Statement of Function of the Licensed Practical Nurse as a basis.⁽⁶⁾ It appeared that this tool would obtain data pertinent to the purpose of this study.
3. The opinionnaire was then submitted to a representative group of experienced registered nurses for further refining and revised accordingly.
4. Arrangements were made to conduct a pilot study, which is described as follows:
 - a) A population of 13 registered nurses and 4 licensed practical

nurses was selected through random number sampling technique, from the total population of professional and licensed practical nurses on duty in a selected general hospital the day of data collection.

- b) Characteristics of the pilot hospital were: public, non-sectarian, general, urban, bed capacity 200, associated with schools preparing both professional and practical nursing students.
 - c) The population was representative of the nursing staff on the medical, surgical and pediatric units.
 - d) The respondents' opinionnaires were tabulated and analyzed; no further revision was found to be needed.
 - e) These data were not included in the final study.
5. Eight general hospitals were selected in these categories:
Three large urban, two small suburban, and three small rural;
one public, tax supported; five private, non-sectarian; and two private, sectarian.
 6. A letter was mailed to the director of nursing service in each of the eight selected hospitals, requesting permission to collect data.
 7. Upon receiving permission, a schedule for visiting selected hospitals was made.
 8. Opinionnaires were distributed to the total population of R.N.'s and L.P.N.'s present on the day shift of the medical, surgical, pediatric and obstetric services the day of data collection.
 9. The method of distribution of the opinionnaires was adjusted to suit the hospital situation.

10. Those participants unable to complete the opinionnaire on duty were requested to return it by mail.
11. Returns were tabulated and subjected to statistical analysis.
12. The study was summarized. Conclusions were drawn from these results and recommendations made for further study.

Overview of Study

1. Chapter One:

This chapter includes a description of the broad problem, a statement of the purpose, hypothesis and justification of the study.

Limitations, assumptions, abbreviations and definitions are stated and the procedure for solution is described in outline form.

2. Chapter Two:

Consists of a review of literature and related studies.

3. Chapter Three:

The method and steps of the study are described in detail. Findings are described and illustrated in appropriate tables. An interpretation of the findings is offered, based on appropriate statistical evidence.

4. Chapter Four:

A summary of the study is made, conclusions are drawn and recommendations for further study are offered.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

1. Introduction

The emergence of the practical nurse as an integral of the nursing team began to be recognized by the professional nursing organizations in the 1940's.⁽²⁾ This recognition brought with it a need to examine specific problems related to the areas of: defining the role of the practical nurse; control and improvement of educational standards; the securement of legal status through licensing laws.^(1,2,3,4,6)

In 1947 the United States Office of Education published an analysis of the occupation of the Practical Nurse and in 1950, a Practical Nursing Curriculum.^(51,52) At that time the practical nurse was defined as:

A person trained to care for sub-acute, convalescent and chronic patients requiring nursing services at home or in institutions, who works under the direction of a licensed Physician or a Registered Professional Nurse and who is prepared to give household assistance when necessary.

This definition was expanded by the American Nurses' Association Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Service, to include the designation of the practical nurse in a team relationship with the registered nurse, in the care of the more acutely ill patient.⁽²⁾ Culver points out that "this designation didn't come into the statement because the committee deemed it so, but rather because it was a forced circumstance in nursing."⁽¹¹⁾

This committee also re-emphasized that the professional nurse was the leader of the nursing team, and as such has an obligation to help the practical nurse find and keep her unique place on that team. Recognition was given to the responsibility of the professional nurse and the employing agency, for assignment of duties to the licensed practical nurse, as described in the statement:⁽²⁾

The professional nurse is expected to decide the extent to which the practical nurse will participate in the care of the acutely ill patient. If a practical nurse is placed in a position where she is expected to carry out procedures for which she is not prepared, or which she has never been taught, the hospital or agency must be responsible for teaching her or seeing that she's not assigned to such duties.

The principle that the practical nurse works only under the direct orders of a licensed medical doctor or the supervision of a registered nurse as initially stated in the earliest definitions, has been a point of continual emphasis in succeeding revisions and expansions of the definition of a practical nurse.^(3,4,6) However, the scope of what the practical nurse is prepared to do is constantly changing. According to Deming, Stevenson and others, comparison of the practical nurse's curriculum during the 1940's and that of today verifies this.^(13,45,52,55) Stevenson's article on "Curriculum Development in Practical Nursing Education" points out that "experiences in the operating room, central service and diet kitchen are gradually disappearing from the curriculum except as observational experiences."⁽⁴⁵⁾ The curriculum aspects related to home management are gradually being de-emphasized with only 31% of the programs in the country reporting the inclusion of this area of subject matter, according to the 1960 N.L.N. report on Education in

Practical Nursing. (55)

Although great strides have been made toward defining the occupation of the practical nurse, it has become increasingly apparent that her functions have not remained static. In the 1950's studies were undertaken throughout the United States to analyze functions further. Bertrand, Bowen, Gold, and others reported that many discrepancies existed between the functions the practical nurse was prepared to do and what she actually was being required to do on the job. (8,9,15,20, 31,44,48,57)

A need for formulating descriptions of functions, standards and qualifications for the practitioner of nursing was recognized by the profession. The social significance of this need was recognized and reiterated by Anderson and Freeman. (1,18)

In 1957 a Statement of Functions of Licensed Practical Nurses was prepared by the American Nurses' Association and National Federation of Licensed Practical Nurses. The major purposes of this statement were set forth as follows: (4)

- To serve as a guide to:
1. The interpretation of licensing legislation.
 2. The development and continuing evaluation of educational standards for preparation of practical nurses.
 3. The utilization of licensed practical nurses to meet the changing needs of society for this nursing practitioner in all types of services.
 4. Assist the licensed practical nurse in evaluating his or her own practice.

The importance of this statement was recognized by Stevenson, who said, "This statement served as a major force in stabilizing the functions of the licensed practical nurse and providing a blueprint for curriculum changes." (45)

More explicit delineation of the practical nurse's role is constantly being attempted, and in Education for Practical Nursing - 1960, Orem described two major roles.⁽³⁶⁾ The first is concerned with working with minimum on-the-spot supervision in situations relatively free from complexity, and the second regards her as an assistant to the registered nurse in more complex situations. Previous definitions had not indicated the degree of supervision necessary for the licensed practical nurse, or differentiated so clearly between a simple and a complex nursing situation.

In 1964, the Statement of Functions of Licensed Practical Nurses was revised and the concept of dual roles as presented by Orem was reiterated, along with further delineation of the terms "simple" and "complex" nursing situations.⁽⁶⁾ A comparison of the 1957 and 1964 statement reveals a description of essentially the same basic functions, but has an added emphasis on the legal status of both licensed practical nurses and registered nurses. The 1964 revision has a lucid description of the factors contributing to the licensed practical nurse's abilities to perform these functions in various nursing situations.

2. Factors Affecting Implementation of the Statement of Functions of the Licensed Practical Nurse.

Although standards and qualifications have been established for the preparation and utilization of the licensed practical nurse, there is much evidence to indicate a lag in application of these standards to actual job situations. In 1964 Stevenson wrote:⁽⁴⁵⁾

There is still lack of acceptance of the licensed practical nurse in some localities, and her functions are still not clearly understood by many employers. She continues to be given responsibilities beyond her scope and abilities in some places and below her potential in others.

The effectiveness of statements of functions and qualifications is recognized by Freeman, who stresses "the need of getting them from the printed page to the wards and directors' offices and merit system files, where they are needed, and into the minds of those who are in position to influence and be influenced by them." (18)

Employment.--- The process of implementation of the Statement of Functions is continual, the progress of which appears to be influenced by many and varied factors, one of the greatest being the place of employment. Once practical nurses were found almost entirely as workers in households. Today it is estimated by the Surgeon General's Committee that over three fourths are employed in general hospitals. (13,50) The National League for Nursing 1960 report on Education for Practical Nursing indicates a great variation in professional-practical nurse ratio among geographic regions and states. Implications of this finding were the suggestion of a wide range of difference in nursing care patterns; job specifications and expectations; the need for a variety of recruitment devices for nursing personnel. (55)

Opportunities for employment are now open to the licensed practical nurse for practice in the home; (2) hospital; (3) health agencies; (4) nursing homes and homes for the aged; (5) industry; (6) camp nursing; (7) homes for the disabled, crippled or mentally retarded. Responsibility for practicing in these areas has been defined by the

1965 N.L.N. report Licensed Practical Nurses in Nursing Services.⁽³²⁾

The wide variations found in the types of nursing activities the licensed practical nurse is allowed and expected to perform has been well documented by studies done in different geographical and hospital settings by Bertrand, Souza, Tyler and Schmitt and others.^(8,9,12,15,16,20,22,24,44,48,49,57)

Souza found that employers were willing to have licensed practical nurses perform controversial activities frequently.⁽⁸⁾ In the same study, the practical nurse instructors felt that the hospitals were setting the standards for the nurse's practice. However, the hospital administrators and directors of nursing claimed the shortage of nurses forced them to use licensed practical nurses to perform functions usually reserved for the professional nurses.

The findings of Tews and Christenson both indicated a need for job analysis as a means of overcoming the confusion in the functions of nursing personnel.^(12,48) Culver stressed the importance of the employers becoming familiar with the scope and depth of what the prepared practical nurse has had the opportunity to learn. She also urged the use of the Statement of Functions⁽⁶⁾ as a guide in preparing job descriptions for the licensed practical nurse in each employing agency.⁽¹¹⁾

Role status.-- The effects of role-status relationships between registered nurses and licensed practical nurses on work performance has been indicated as a problem by several authorities in this field.^(7,8,17,28,29,41) Gold and Ford wrote, "The greatest difficulties in establishing practical nursing as conceived by leaders of the movement to modernize the occupation have come from numerous failures of both

registered nurses and licensed practical nurses to understand precisely what they could and should expect of each other."⁽²⁰⁾

Forces of continuing and accelerated changes in the health field are felt to contribute in a large part to role conflicts and confusion. Benne and Bennis expressed the view that when changes are made in the way functions are carried out, role expectations and definitions are bound to change also.⁽⁷⁾

The American Nurses' Association has definitely designated professional registered and licensed practical nurses as "The only groups qualified to discharge all the functions of nursing. All other auxiliary workers facilitate and support, but they do not nurse."⁽³⁾ Merton believes since registered nurses and licensed practical nurses comprise parts of one another's work environment, there is bound to be an accentuation in concern with comparative status among those who are inter-related.⁽²⁸⁾

The registered nurse's conception of the licensed practical nurse's role was studied by Reissman and Rohrer, who discovered that the professional nurse viewed the practical nurse as one who is definitely subordinate to her and whose inefficient training limits her usefulness and importance. Further, the registered nurses neglected to emphasize the positive contributions that can be made by the licensed practical nurse, with the exception of "bed-side nursing."⁽⁴¹⁾ Bertrand and Souza interpreted the lack of proper utilization of the licensed practical nurse to be a reflection on the registered nurses' interpretation of their own roles and functions.

Some authors do not concur with the view that clearer definition

of functions will promote more effective use of the licensed practical nurse. In their study on Nursing Service and Patient Care, New, Nite and Callahan make the observation that a hierarchy of functions has become established in nursing which places the focus on the task, rather than the patient. They suggest that functions seen in the context of patient care rather than status symbols will provide for better coordination between various types of nursing personnel.⁽²⁹⁾ This viewpoint is also expressed by Sister Charles Marie Frank who states, "The key to maximum utilization of personnel lies not in the definition and assignment of functions, but in the application of sound principles affecting and effecting human relationships."⁽¹⁷⁾ Klien found, work relationships and role-status factors had the least effect on the work performance of licensed practical nurses.⁽²⁵⁾

It would appear that role-status relationships do play their part in the overall functioning of the licensed practical nurse, but to what degree and total effect is uncertain.

Supervision.-- The responsibility the registered nurse assumes for the supervision of the licensed practical nurse has been clearly delineated by the American Nurses' Association and reiterated by Dilworth, Rassmussen and others.^(5,14,39,42) Rassmussen and Russel agree that there is a difference in the degree of responsibility that is legally recognized for the functions performed by both groups, not a difference in function.^(38,42) Rassmussen says, "Both groups do nursing, both share in the commitment to society to provide nursing care. We cannot say, however, that they do or should share equal responsibility for planning, implementation, evaluation and provision for changing needs

in nursing." (38) Walker also recognizes the different kinds of responsibilities and activities between the groups but emphasizes they perform functions with the same purpose, having a direct relationship with each other and with the care of the patient. (54)

A lack of adequate supervision of the licensed practical nurse by the professional nurse has been indicated in the literature by Stevenson, Culver and others. (11,12,17,19,26,37,39,47) Undoubtedly many reasons for this finding exist. Killam concluded that "Professional nurses are not sufficiently aware of the attributes needed by a nurse who guides, directs, and supervises other personnel." (23) Inadequate preparation of professional nurses for supervision by the basic educational programs in nursing has been cited as one factor contributing to the problem. (23,39) In-service programs to up-grade the supervisory skills of professional nurses has also been suggested as a means of eradicating their differences. (8,12,15,23,48,57)

Legal aspects.— Supervisory responsibility includes inherent legal aspects. It is important to note that the Statement of Functions of the Licensed Practical Nurse stresses, "The professional nurse has ultimate responsibility for nursing service, including the responsibility for assignment of all nursing personnel." (6) However, by law, the licensed practical nurse is responsible for the safe performance of only those acts for which she has been prepared.

In the New York State Nurses' Association statement on Responsibilities to be Assigned to Different Groups of Nursing Personnel, it is emphasized that "Although care is delegated, it remains the responsibility of the professional nurse to determine that the care is provided safely

and effectively." (34) This same principle is stated in Oregon State Nurses Guide for Assigning Responsibilities to Nursing Service Personnel.

(35)

The use of state licensing laws and the Statement of Functions in determining faulty judgment and responsibility has been described by Anderson, Regan, Freeman and Culver. (1,18,40,11) In the legal opinion of some, the expanding functions of the licensed practical nurse have placed her in a vulnerable position.

3. Review of Related Studies

During the 1950's several states undertook studies concerned with evaluating various factors related to practical nursing and preparation for same. Bertrand and Souza conducted a very comprehensive study in Louisiana from 1950 to 1955. The purposes of this research into practical nursing and practical nurse education were stated as follows: (8)

1. To determine duties of the practical nurse including: what she is doing; and what she should do.
2. To determine the qualifications and characteristics which make for success in practical nursing.
3. To determine how well the practical nurse is doing her work according to: employers and supervisors; and her background of instruction.
4. To determine the need for practical nurses and how well these needs are being met.
5. To determine the effectiveness of the practical nursing instructional program, including the clinical as well as the classroom phases.

6. To study the practical nurse education administrative organization and its relation to effective training.

Methodology.--- Basic data were obtained in three ways: (1) mailed questionnaires; (2) personal interviews; (3) from files of various offices associated with practical nursing. The questionnaire used to determine activities and procedures practical nurses were called upon to perform was sent to a population composed of 353 licensed practical nurses, 425 non-graduate practical nurses, registered nurse supervisors of licensed practical nurses, doctors and instructors of practical nurses, all representative of a random sample from those in the state. One hundred thirty-eight physicians or 4.5%, and 221 registered nurses or 4.1% of total registered in the state, responded.

Findings.--- Some of the major findings may be summarized as follows:

1. All activities falling within the realm of nursing are performed by the L.P.N., with the exception that those classified as controversial were not performed as frequently.
2. Many activities performed most frequently were not the ones requiring particular skills or training.
3. The employers of the L.P.N. were willing to have her perform controversial activities frequently, and justified this as being due to a shortage of R.N.'s.
4. Out of 204 practical nurses interviewed personally, it was significant that three out of ten mentioned inadequate training for the responsibility they were given as their number one problem.
5. The practical nursing instructors indicated the gap between what was being taught and actually practiced in the hospital as the number one problem, and they felt the hospitals were setting the standards for practice.

6. Status relationships between the professional and practical nurse groups were indicated as a major problem area.
7. There was no complete agreement between R.N.'s and M.D.'s as to exact tasks which the L.P.N. should perform. There was a tendency for the M.D. to consider the training and skills of a particular L.P.N. when assigning a task, while the R.N.'s had a particular activity as a hard and fast stopping place.
8. In the area of administration of medications, 29.7% of the doctors and 49.8% of the R.N.'s agreed the L.P.N. should not administer divided doses of drugs. However, 65.7% of the L.P.N.'s felt well prepared for this task, and over 75% felt well prepared to administer oral and injectable medications.

A Study of Vocational Nursing in California was conducted by the Division of Vocational Education in that state in 1959. The scope of the problems to be studied was defined by the following objectives:

1. To assess the vocational nursing practice and preparation in relation to selected nursing functions.
2. To evaluate accredited vocational nursing schools.
3. To acquire information about vocational nursing students in 1957-58.

Methodology.-- Coordinated questionnaire surveys, consisting of two questionnaires with 123 identical nursing function statements were used. One was sent to 1079 licensed vocational nurses, primarily to determine the frequency of their performance of the functions. The faculty questionnaire was sent to 125 registered nurse instructors in 40 schools of practical nursing to determine if preparation to perform the functions was currently included in the curriculum, or if such preparation should be ideally included. One hundred instructors

responded to the questionnaire. The population of licensed vocational nurses included those who qualified for licensure examination by waiver.

Findings.-- The licensed vocational nurses indicated the approximate frequency of performance of each activity during the year, and how well prepared they thought they were to perform each function. Seven hundred sixty licensed vocational nurses responded. Those findings related to L.P.N. performance may be summarized as follows:

1. A core of 32 functions, out of 123, were frequently performed by 67% of respondents. These functions were those which provide for basic daily needs of patients.
2. Over 1/3 performed daily: care for patient's hair or scalp; administration of oral medications, such as aspirin and laxatives; cleaning of ward, treatment or utility rooms; cleansing and disinfecting of ward equipment; preparation of equipment for sterilization.
3. Over 2/3 reported caring for patients who were critically ill (during acute phase of illness, immediately after surgery, near death, receiving emergency medical care).
4. One third of respondents frequently performed 57 functions that were never or rarely performed by the other respondents. Some examples of these controversial functions are: (1) administration of medicines taken from a labeled drug container by another person; (2) administering narcotics by hypo; (3) administer insulin; (4) do arithmetic figuring for mixtures of medications by injection; (5) administer medications by sub-q, [sic] or intradermally.

Instructor consensus concerning preparation currently and ideally offered in the basic programs for the licensed practical nurse was high in those areas concerned with fundamental functions. The preparation of the practical nurse for administering medications was the area of greatest difference. Fifty-nine per cent of instructors reported

teaching administration of narcotic medication by hypodermic, but only forty-four per cent thought it ideally appropriate for the licensed practical nurse to perform. Although 82% reported preparing the student to administer sedative medications orally, only 47% felt it to be ideal basic content.

Only 2% of instructors reported that preparation is currently offered for explaining orders, treatments or hospital routines to patients and patients' families. It was considered significant that less than 50% of licensed vocational nurses reported adequate preparation for assisting or encouraging patients in recreation or occupational therapy. Preparation to assist with arranging for home visits by a nurse from the health service was not received by over 40% of the licensed vocational nurses.

Reports of instructors and licensed vocational nurses concerning eight functions of administration and supervision reveal that none of these procedures is taught by more than 18% of instructors and none are performed frequently by more than 17% of licensed vocational nurses.

Conclusions.— There is a continuing need for education beyond the licensed vocational nurse's basic preparation. This need may be met by well-planned orientation on the job, effective supervision and ongoing in-service education. The instructors' reports revealed that post basic preparation for specialty services was needed. A need for revision of the regulations, and/or increased assistance in the implementation of regulations regarding the administration of medications by the licensed vocational nurse was also identified.

In 1957, An Analysis of the Practical Nurse Occupation was conducted by the Vocational Education Division of the State of Indiana.

(44) The purpose of this study was to determine the relationship between what was currently being taught and what the licensed practical nurse was actually doing on the job. Answers were sought for the following specific questions:

1. What are the actual on the job duties performed by the practical nurse?
2. How often are these duties performed?
3. Where does the practical nurse learn the necessary skills and knowledge?
4. To what extent have duties and functions of the practical nurse changed during recent years?
5. Is there a trend toward specialization in practical nursing?

Methodology.-- A questionnaire was developed from an activity list as abstracted from a review of the literature on practical nurses' activities. Three hundred forty-five items were stated. The questionnaire was responded to by 176 licensed practical nurses who were currently employed in the Indianapolis area.

Findings.-- Little doubt was left about the great importance of having all licensed practical nurses trained to give efficient, effective bedside care. They should be able to care for patient's unit and be competent in giving personal attention that related to the comfort and cleanliness of the bedridden patient. In reference to administration of medications by the licensed practical nurse, it was found that those employed in hospitals were not frequently called to do this. However, practical nurses employed in private duty nursing indicated

that most of them gave medications as part of their work duties. The problem of whether or not a licensed practical nurse should give medications was interpreted as a reflection of various points of view, with hospitals, institutions or physicians contributing to determination of policy in this matter.

Recommendations.-- "The trend for increasing specialization of the licensed practical nurse's practice" was cited as a reason for developing post-graduate [sic] training programs for the licensed practical nurse. It was also recommended that the curriculum should be directed toward greater proficiency in the use of psychological and sociological aspects of the practical nursing care.

In 1957 an evaluation study was undertaken by Tyler and Schmitt, after five years of experience with the program of practical nurse training in the state of Michigan. (49)

Purposes.-- The major purposes of the study were stated as follows:

1. To evaluate the objectives of the Michigan program for education of practical nurses for appropriateness and importance, and level of achievement.
2. To analyze student bodies in several schools to indicate qualifications and potentialities.
3. To examine curriculum, faculty, and administrative structure of schools.
4. To investigate the graduates of programs. Where were they employed? What duties were they assigned? How well were they performing these duties?

Methodology.-- A check list of activities considered within the scope of practical nursing was designed. The sample population was

composed of 300 physicians and 300 registered nurses in the state, representing all of the eight regions in which training centers were located. The physicians and registered nurses were asked to consider each main activity and its subdivisions in terms of difficulty and the degree of knowledge and skill required to perform it safely. Following this they were to make a judgment as to how often they would consider delegating the activity to a licensed practical nurse. All the activities included on the list were those taken from lists of duties supplied by organizations employing practical nurses, and the check list utilized by practical nurse education centers and checked by graduate and non-graduate practical nurses and their supervisors.

Findings.-- Findings that relate to answering the fourth purpose of this study were reported as follows:

1. There were wide discrepancies between the skills demanded of the L.P.N. and activities which R.N.'s and M.D.'s were willing to delegate to them.
2. More than one third of the total 35 duties listed were below 55% level of agreement as usually delegated by M.D. or R.N.
3. Twenty-two activities above the 55% level of agreement* were found to constitute a core.
4. Activities accepted by both M.D.'s and R.N.'s as those they would delegate to an L.P.N. infrequently included: administering first aid; taking blood pressures and pulses; and administering medications.
5. Observing and recording the patient's condition would only be delegated by 55% of the M.D.'s and R.N.'s.

* Level of agreement was a term used to indicate that the responses of both the M.D.'s and R.N.'s were added together and a percentage derived.

Another approach to determining the actual functions of the licensed practical nurse has been through observational techniques. Such a study was conducted by Tews in 1959, in which the activities of the licensed practical nurses were observed in one general hospital. (48)

Purposes.--- The purposes of this study were defined as follows:

1. To identify the scope of activities of the L.P.N.
2. To identify nursing skills which may serve as a basis for a job description in the institution in which the study was carried out.
3. To identify nursing skills which may help provide the basis for L.P.N. training in the locality.
4. To answer the questions: What are the actual on the job duties performed by L.P.N.'s in this institution? How frequently are these duties performed?

Methodology.--- used was direct observation of L.P.N's on duty in a 415 bed general hospital. The population was limited to one group of four on day shift and two groups of four each on evening shift. They were observed for a period of eight hours for five days for each group. Each L.P.N. was observed a total of 10 hours.

Findings.--- in general indicated such a scope of activities that development of an all inclusive job description was thought virtually impossible. Specifically, it was found that the L.P.N's observed on evening shift were engaged in a broader scope of activities than those on day shift. Direct patient care took about 73% of the L.P.N.'s time. The remainder of the employees' time was spent in: personal matters 6%, housekeeping 4%; off duty lunch and coffee breaks 7%; exchange of

information about the patient 7%. It was recommended that some of this time may be utilized for teaching on the job, or in-service. Supervision of the licensed practical nurse on the job by the registered nurse was found to be lacking, as only five minutes each day per licensed practical nurse was allotted during this study. During the period of observation, no instruction which would have added to the licensed practical nurse's personal or professional growth was given, even informally. However, three practical nurses did informal teaching of other auxiliary personnel.

The activities of nursing personnel were the subject for a study by Christensen in 1962.⁽¹²⁾

Purposes.--- Purposes of this study were stated as follows:

1. To determine how nursing service personnel function and how their time is divided between those activities considered direct care and those considered indirect.
2. To answer the questions: Is the time spent away from the patient devoted to duties related to his care, or to non-nursing functions? Are the nursing service personnel functioning at their own level?

Methodology.--- Data were collected through the use of the work sample technique of observation of the activities performed by the nursing personnel on one selected medical and one surgical unit, for a period of five consecutive days in each unit. The total nursing staff present on each unit on the day of data collection were observed. On the medical unit the nursing staff consisted of five registered nurses, two professional nursing students, two licensed practical nurses, one nurse aide and one ward clerk. The patient census was 29. On the

surgical unit the staffing was about the same, plus one more licensed practical nurse and aide.

Findings.— Those findings relating to the licensed practical nurse indicated they functioned at their own level when doing patient care, 98.4% of the time. However, 20% of the total time during the observed period was classified as personal (time when an individual was unoccupied and no unit purpose could be identified, i.e. conversation about personal affairs and coffee time). It was concluded that no differentiation of responsibilities or activity had been established based on levels of preparation. Professional and non-professional nursing appeared to be synonymous in practice in that setting.

Recommendations.— A suggestion for repeating the study in greater depth was made. A further suggestion was to obtain information from each category of personnel to ascertain their views in regard to their optimum utilization in the field of nursing for which they have been prepared.

The performance of selected nursing procedures by the licensed practical nurse was the subject of a study by Florence Young in 1958.⁽⁵⁷⁾

Purpose.— This study was undertaken to determine certain aspects concerning nursing procedures performed by licensed practical nurses on the job in a hospital. These aspects were concerned with: (1) what they were taught; (2) if they were taught in school, or on the job in the hospital.

Methodology.— Mailed questionnaires were used to collect the data. The population consisted of 46 licensed practical nurses employed in

five hospitals located in two industrial cities in the same geographical area. There were 72 procedures listed on the questionnaire, many of which had formerly been performed only by the registered nurse.

Findings.-- All but two of the procedures listed were performed by the licensed practical nurse. The two never done were administration of I.V. fluids and taking of blood samples. Specific areas of conflict between what the practical nurse was taught and what she performed had to do with the following procedures:

1. 47% cared for patients with tracheostomy tubes.
2. 76% cared for critical patients.
3. 15% accepted verbal orders from the doctor.
4. 37% had been placed in charge of a clinical unit.
5. 70% gave oral medications and 50% administered medications by sub-cutaneous or intra-muscular methods.
6. A large number of procedures which they performed had been learned through observation rather than through an inservice program.
7. They are performing a significantly high number of housekeeping duties.

Additional findings indicated a lack of preparation for duties they were expected to perform, and a wide variation between assignments in the different hospitals.

Recommendations.-- The development of job descriptions, inservice programs and better job orientation for the licensed practical nurse was encouraged. Curriculum revision in schools of practical nursing was also urged to prepare students to meet the needs of employing

hospitals. Conferences to further understanding of the licensed practical nurse's role were suggested for nursing service and education combined.

Factors Affecting the Work Performance of Licensed Practical Nurses, by Sister M. Amadeus Klein, was a study done in 1963 which contributes another dimension to understanding the work of the licensed practical nurse.

Purposes.-- The general purpose was to determine the opinions of selected licensed practical nurses concerning factors which affect their work performance. Other problems studied were:

1. What is the degree to which selected licensed practical nurses perceive these factors as affecting their performance?
2. What factors do licensed practical nurses believe influence their performance the most?
3. What factors do licensed practical nurses believe influence their performance the least?

Methodology.-- The descriptive method of research with a data collecting method of forced - distribution - response instrument of 60 items was used. A population of 70 licensed practical nurses, graduates of the same educational program, and currently employed in the same hospital, responded. The 60 items were divided into eight categories of factors: physical, social, moral and religious, cultural, psychological, work-relationship, role-status, and job-satisfaction. The instrument was developed so that the participants could respond to the items in the eight categories by sorting them into groups of very much, much, average, very little, hardly at all. The responses were

weighted so that mathematical computations could be determined.

Findings.— The findings may be summarized as follows:

1. In the opinion of the 70 participants, their work performance is positively influenced by: (1) physical environment; (2) social environment; (3) moral and religious; (4) psychological; and (5) relationship factors of the work situation.
2. Their work performance was not positively influenced by role status or cultural environment factors.
3. The practical nurses who had been employed the longest (3-7 yrs.) considered the moral and religious, the role-status, and the work-relationship factors to be more important.
4. The practical nurses with I.Q. scores of 110 or above considered the moral and religious, cultural and role-status factors to be more important.
5. Practical nurses with state board examination scores of 600 and above considered the moral and religious factors to be of greater importance and physical factors to be less important.

Recommendations.— for further study were:

1. To improve the instrument by further testing.
2. To test licensed practical nurses in widely distributed geographical areas with the instrument devised for this study in order to gain the opinion of a larger number and to make comparisons between graduates from different schools and localities.
3. To further explore the cultural factors which affect practical nurse performance and to determine the potential for enriching the nursing care of patients.

4. Summary

The research on the nursing activities of practical nurses appears to agree with Whiting's findings, which identified a common core of nursing functions.⁽⁵⁶⁾ Tyler and Schmitt found 22% of the activities above the 55% level of agreement constituted a core.⁽⁴⁹⁾ The Louisiana study indicated that out of 82 different nursing activities listed, at least 50% of the practical nurses claimed to do 56 of them frequently.⁽⁸⁾ In the California study, a core of 32 nursing activities from a group of 123 was identified as being performed frequently by 67% of the participants.⁽¹⁵⁾ The consensus regarding the activities which constitute a core indicate the following: (1) providing for patients' needs for cleanliness, exercise, comfort, nutrition, and elimination; (2) facilitating medical diagnosis and therapy by determining vital signs and collecting specimens.

Controversial functions.— Functions other than those belonging to this core group can be categorized as those being done sometimes or never. There is a wide range of variation of practice in activities falling into these classifications. Those activities having to do with administration of medication, sterile techniques, charting, caring for critically ill patients, emergency care, teaching the patient and/or his family, using community health agencies, and other more technical functions, fall into the area of controversy.

Analysis of the research reveals quite clearly that there is much disagreement between groups concerned with the functions of the licensed practical nurse. These groups include the registered nurse, instructors of practical nursing, physicians, hospital administrators, and the licensed practical nurses themselves.

CHAPTER III

DESIGN OF STUDY AND TREATMENT OF DATA

1. Preliminary Steps

This study has been undertaken in an attempt to ascertain the opinions of registered professional nurses and licensed practical nurses employed in eight selected Oregon hospitals, with regard to the American Nurses' Association Statement of Functions of the Licensed Practical Nurse. More specifically, the study endeavored to determine whether the participants were of the opinion that the statements represented functions considered appropriate for the licensed practical nurse to perform. Opinions regarding the degree of importance and present practice of each function were also obtained.

Development of the tool.-- The study was developed according to the design outlined in Chapter I. A data collecting tool used was constructed, using the Statement of Functions of the Licensed Practical Nurse ⁽⁶⁾ as a basis. A rating scale was devised under three major headings: (1) appropriateness of the function; (2) degree of importance of the function; (3) present practice of the function. Each function was rated for these three categories as follows:

1. Function considered appropriate:
 Yes, if believed appropriate
 No, if believed inappropriate

2. Degree of importance of function:

Essential to perform
Important but not essential
Helpful but not important
Not necessary at all

3. Present practice:

Usually practiced by most L.P.N's at present
Occasionally practiced by most L.P.N's at present
Rarely practiced by most L.P.N's at present

The twenty-eight statements of functions were used verbatim and were further grouped according to five major headings in the following manner:

1. Providing for the emotional and physical comfort and safety of the patient. (10 items)
2. Observing, recording and reporting to the appropriate person. (3 items)
3. Performing nursing procedures. (7 items)
4. Assisting with the rehabilitation of patients according to the patient care plan. (5 items)
5. Promoting effectiveness of the employing health service agency. (3 items)

Following each of these groupings, space was provided for written comments. A simple questionnaire was also designed for obtaining information concerning the registered nurses and licensed practical nurses who would participate in the study. This information was concerned with the educational preparation for nursing, type of position, years of practice and membership in nursing organizations held by the respondent. The tools used to obtain data for this study are found in Appendix A.

The tool was tested by means of a pilot study which was conducted in a public, non-sectarian, general, urban hospital with a bed capacity of 200. Both professional and practical nursing students were

affiliated with this institution. The random number sampling technique was used to select a sample of 13 registered nurses and four licensed practical nurses from the population of nurses on duty the day of data collection. This population was representative of the nursing staff on the medical, surgical and pediatric units of the hospital. The respondents' opinionnaires were tabulated and analyzed. No further revision was found to be needed for the opinionnaire. Data collected in the pilot study were not included in the final study.

Selection of hospitals.--- The hospitals used in the study were selected on the basis of the following criteria:

1. Size of patient capacity: 200 beds or over constituted a large hospital; less than 200 beds, a small hospital.
2. Location: Urban, if in a city of 100,000 or more population; suburban, if in a city or town located on the fringes of the urban area; rural if a distance from an urban area, having a population of 10,000 or less.
3. Support: Public, when the hospital received tax support; and private when owned by an individual or group. All but one hospital in the study were operated as non-profit institutions.
4. Control: Sectarian, if the hospital was under church sponsorship; non-sectarian, if under some other form of control.
5. Educational program: If clinical facilities were used by either professional or practical nurse students on an affiliating basis. None of the hospitals in the study conducted its own nursing education programs.
6. Type: All hospitals were classified as general service, offering medical, surgical, pediatrics and obstetrics. Hospital C was the only one without an obstetric service.

Description of selected hospitals.— For the purposes of anonymity, each of the eight hospitals participating in this study has been assigned a letter. General information regarding the hospital and some of the controversial areas of the practical nurses' functions, such as charting and administration of medications, was obtained during the interview with the Director of Nursing Service. (See Appendix F.)

The findings of the interviews are summarized as follows:

Hospital A is a large, 295 bed, general hospital located in a metropolitan area. It is public, tax supported, and has both affiliate professional and practical nurse students. It is the only hospital in the study having a social service department plus the regular services. The dietary department is large and well staffed with qualified dietitians and student dietitians who assume most of the patient teaching concerned with special diets. The housekeeping service does not clean the patients' units after discharge. This is usually done by licensed practical nurses or nurses' aides. The nursing care responsibilities of the licensed practical nurses are quite comprehensive, including administration of all types of special nursing procedures such as tracheotomy care, suctioning, and are assigned by the registered nurse who functions mainly in an administrative and supervisory capacity and as a team leader. The licensed practical nurse is responsible for all charting on the patients she cares for, but does not give medications unless specially prepared to do so. There is a complete inservice program for all nursing personnel, and a library containing reference books and periodicals, as well as small ward libraries.

Hospital B is a large, urban hospital offering general services including obstetrics. The bed capacity is 400 with an average census of approximately 300. Although the hospital does not conduct an educational program for practical or professional nursing students, its clinical facilities are used by affiliates from both student groups. An inservice program for the entire nursing staff is conducted by two full time instructors. There are library facilities available to all members of the nursing staff. Those activities falling within the realm of nursing which have been delegated to other hospital services involve both the housekeeping and the dietary departments. The housekeeping department assumes responsibility for all cleaning, including the terminal cleaning of a patient's unit. These duties include washing and making the bed and sterilizing utensils. Much of the patient teaching concerned with diet is performed by the dietitians. A modified team method of assignment is used by nursing service to administer nursing care. The licensed practical nurse is responsible for all of the charting on those patients she cares for. Although most of the licensed practical nurses do not administer medications, some may qualify to do so by taking a special course through inservice education. This duty may be assigned to them upon satisfactory completion of the course, if they elect to assume this responsibility.

Hospital C is a private, non-sectarian, general hospital located in an urban area. The patient capacity is 165 with an average census of 120. A small pediatric unit is maintained, but there is no obstetric service. The nursing service is given by a staff of registered nurses

and licensed practical nurses, with a ratio of almost two licensed practical nurses to one registered nurse. No aides are employed. A modified team approach is used in assigning nursing care. However, the licensed practical nurses do only partial charting and do not give any medications. A limited inservice program is offered to the nursing staff, which consists of a monthly meeting and an orientation for newly employed nurses. The dietitians give all instruction on special diets to the patients. No housekeeping is done by the nurses, with the one exception of sterilizing utensils used by the patient. The hospital is used as an affiliating agency by practical nurse students, and only the operating room is used by basic professional student nurse affiliates.

Hospital D is a small, incorporated, non-profit private hospital, located in a suburban community. It has a bed capacity of 89 with an average census of 55, and offers general services. Children are cared for on the medical and surgical units. The hospital is used by practical nurse students as affiliates. Nursing care is administered through a modified team approach, with the licensed practical nurses, aides, and practical nursing students giving all of the general nursing care. The registered nurses give all of the medications and do all of the charting for the care given by the licensed practical nurses, aides, and students. The ratio of licensed practical nurses to registered nurses is about one to one. Inservice education is very limited and sporadic. There are staff meetings in the evenings for professional nurses once a month. Practical nurses are invited, but few attend. However, the staff is

encouraged to participate in professional nursing organizations, workshops and other educational activities available through these organizations. Time is arranged for nurses desiring to avail themselves of such activities. A few reference books are kept on the units, but there is no library. The dietary department is small and does not have a full time dietitian. Instruction concerning diets is given to the patients by the registered nurses and doctors. The housekeeping staff is responsible for most of the cleaning, with the exception of the patients' units and the utility rooms. The practical nurses, aides, or students clean the units after the patient is discharged. This includes washing and making the bed, but utensils are sent to the Central Supply Room to be autoclaved.

Hospital E is a small, general hospital located in a suburban area, with a patient capacity of 102 and an average census of 65 to 80. It is private and owned and operated on a proprietary basis. Small obstetric and pediatric services are maintained, along with medical and surgical departments. No educational programs are conducted for basic professional or practical nurse students. Inservice education is not planned on a regular basis and consists mainly of occasional special lectures concerning use of special equipment such as the circo-electric bed, or Bird respirator. Nursing assignments vary, depending on the head nurse's needs and staffing patterns. A full time dietitian is employed, but most patient teaching of special diets is done by the registered nurses. The nursing staff is responsible for cleaning the patient's unit and terminal care of equipment. The licensed practical

nurses do not give medications or do any charting.

Hospital F is located in a rural area with a population of approximately 12,000. It is a private, sectarian, general hospital, with all services including a recovery room. The bed capacity is 93 with an average daily census of 51. The ratio of full time professional nurses to licensed practical nurses is about one to one. All of the clinical facilities are used by an average of six to eight affiliating practical nurse students per year. A full time dietitian is employed and gives a limited amount of time to patient teaching. For the most part a functional method of assignment of nursing activities is used, and practical nurses do not chart or administer medications. All bedside care is given by the licensed practical nurses, nurse aides, or student practical nurses. There is no inservice education program and no meetings are ever held for the nursing staff. Membership and participation in nursing organizations is not encouraged.

Hospital G is a small, private, non-sectarian hospital located in a rural area with a population of approximately 4,000 to 5,000. The bed capacity is 80 with an average patient census of 60. There are more licensed practical nurses on the staff than registered nurses, and only three aides are employed. Approximately five or six practical nursing students per year affiliate for clinical experience on all services, including the recovery room. The bulk of nursing care is primarily assigned to the practical nurses and student nurses, with the professional nurses responsible for administration of medications, administering and supervising all nursing activities. Charting is the

responsibility of the licensed practical nurse for care given by her. Inservice education is very limited and consists of monthly staff conferences open to total nursing staff. A consultant dietitian is available, but any patient teaching concerned with diets is done by the doctor or the registered nurse. The housekeeping staff is responsible for all cleaning, with the exception of terminal care and cleaning of the patients' unit, which is done by the nursing staff. Membership and participation in nursing organizations is actively encouraged, with a high level of membership among both groups of nursing personnel.

Hospital H, with a bed capacity of 45 and an average daily census of 33, has a 20 bed nursing home attached. It is located in a rural area with a population of approximately 4,000. The hospital is supported in part by public funds. Medical, surgical, obstetric and pediatric services are available and are used as clinical learning facilities by three or four practical nurse students per year. The nursing staff ratio of licensed practical nurses to registered nurses is about two to one. Most of the general nursing care is performed by the licensed practical nurses and student practical nurses. The licensed practical nurse's major limitation is in the area of administration of medications, which she does not do as a general rule, but may do when staffing needs require it. She is responsible for charting the care she has given to a patient. A variety of specialized nursing activities such as tracheotomy care, are assigned to the practical nurse according to the judgment of the professional nurse. Monthly staff meetings of an educational nature are held for all nursing staff and

are well attended. There is no other program for inservice education. However, the nurses are encouraged to belong to their nursing organizations and to participate in educational opportunities offered through the organization, which most do. The diet manual from the State of Oregon is used by the cooks in preparing special diets, and a consultant dietitian is available periodically from the State Board of Health. The professional nurses and physicians do all the patient teaching in regard to diet. Housekeeping duties related to care of the patients' unit are done by the nursing staff.

A summarization of the characteristics of the eight hospitals used in the study is made in Table 1.

Table 1. Characteristics of Eight Selected
Hospitals in the state of Oregon

Characteristics	Hospitals							
	A	B	C	D	E	F	G	H
<u>Size:</u>								
Large	X	X	X					
Small				X	X	X	X	X
<u>Location:</u>								
Urban	X	X	X					
Suburban				X	X			
Rural						X	X	X
<u>Support:</u>								
Public	X							
Private		X	X	X	X	X	X	X
<u>Control:</u>								
Sectarian		X				X		
Non-sectarian	X		X	X	X		X	X
<u>Educational Programs-Nursing:</u>								
Professional	X	X						
Practical	X	X	X	X		X	X	X

Procedure for collecting data.--- A letter was mailed to the Director of Nursing in each of the eight selected hospitals, requesting permission to collect data; a self-addressed post card was provided for the reply. Samples of this correspondence may be found in Appendix B.

Following their replies, a schedule was established to visit the hospital and administer the opinionnaire to all of the professional and licensed practical nurses present on the day shift of the medical, surgical, pediatric and obstetric services the day of data collection.

On the day of the visit, a brief conference was held with the Director of Nursing Service. Information about certain aspects of the hospital and the duties of the licensed practical nurses was obtained at this time. The guide for this purpose is found in Appendix F. The information obtained during the conference has been previously described.

The method of administering the opinionnaire to the participants in the study varied in each hospital. Since it was imperative to meet all nursing staff, without causing undue disruption to their duties, the Directors of Nursing provided means of meeting the nurses in groups in some instances and on an individual basis in others. If the participant was unable to complete the opinionnaire and return it the day of data collection, a stamped, addressed envelope was provided her for mailed return. This factor influenced an incomplete return, since all those to be returned by mail were not received.

Description of the population.--- From a total of 94 registered nurses and 88 licensed practical nurses given opinionnaires, 77 or 92% of the registered nurses and 71 or 92% of the licensed practical nurses returned them. Of those returned, it was necessary to eliminate replies

from seven registered nurses and ten practical nurses, due to a lack of responses to over 75% of the items. There may be significance to be attached to lack of responses, but investigation of same is beyond the scope of this study. The final number of returned opinionnaires used in this study represented 70 or 74% of the registered nurses and 61 or 69% of the licensed practical nurses from the population sampled. The distribution of respondents from each hospital is demonstrated in Table 2.

Table 2. Number of Opinionnaires Given to 94 Registered Nurses and 88 Licensed Practical Nurses in Eight Hospitals and Number and Per Cent Returned

Hospital	<u>Opinionnaires</u>					
	Given		Returned		Per Cent	
	R.N.	L.P.N.	R.N.	L.P.N.	R.N.	L.P.N.
(1)	(2)		(3)		(4)	
A	32	22	19	14	59	63
B	16	13	16	13	100	100
C	14	21	11	11	79	79 52
D	10	9	8	5	80	55
E	9	4	6	4	66	100
F	5	9	4	6	80	66
G	6	6	4	5	66	83
H	<u>2</u>	<u>4</u>	<u>2</u>	<u>3</u>	<u>100</u>	<u>75</u>
Total	94	88	70	61	74%	69%

A personal data questionnaire was answered by all respondents and reflected their educational preparation for nursing, type of position, years of practice and membership in nursing organizations. The distribution of these data is presented in Appendix C. Analysis of the personal data questionnaire for the seventy registered nurse participants indicated the following information:

1. Place of employment: Large urban hospital = 65%
Small rural or suburban hospital = 35%

2. Educational preparation for nursing:

Hospital diploma program = 70%
Baccalaureate degree = 30%

None of the respondents held Associate, Masters or Doctoral degrees.

3. Type of nursing position held:

Administration = 4%
Supervision = 7%
Head Nurse = 20%
Assistant head nurse = 8%
General duty = 60%
Other = 1%
Instructor = none

4. Membership in nursing organizations:

A.N.A. = 48%
N.L.N. = 1%
None = 48%
Omitted answer = 3%

5. Number of years of practice:

Range = 1 to 40 years
Median = 12 years

Analysis of the characteristics of the 61 licensed practical nurses' personal data questionnaire revealed:

1. Educational preparation: 100% were graduates of a one year practical nursing program.
2. Place of employment:
Large urban hospital = 60%
Small rural or
suburban hospital = 40%
3. Type of nursing position held:
General duty = 98%
Other = 2%
4. Membership in nursing organizations:
N.F.O.L.P.N. = 56%
N.L.N. = 1%
None = 41%
Omitted answer = 2%
5. Number of years of practice:
Range = 1 to 25 years
Median = 4 to 5 years

2. Analysis of Data

The responses of seventy registered nurses and sixty-one licensed practical nurses to an opinionnaire consisting of 28 statements of function of the licensed practical nurse were tabulated according to the opinionnaire rating scale for: (1) appropriateness; (2) degree of importance; (3) status of present practice of function. (See Appendix A) Responses to these three factors were further tabulated to test for the variables of hospital setting, membership in nursing organizations, level of registered nurse education, and years of nursing practice.

Comparison of responses was made in the following way:

1. R.N. participants versus L.P.N.
2. R.N.'s in large, urban hospitals versus R.N.'s in small, suburban or rural hospitals.
3. L.P.N.'s in large, urban hospitals versus L.P.N.'s in small, suburban or rural hospitals.
4. R.N.'s with baccalaureate degree versus R.N.'s with hospital diploma.
5. R.N.'s belonging to nursing organizations versus R.N.'s not belonging to nursing organizations.
6. L.P.N.'s belonging to nursing organizations versus L.P.N.'s not belonging to nursing organizations.
7. R.N.'s with more than 12 years of practice versus R.N.'s with less than 12 years of practice.
8. L.P.N.'s with more than five years of practice versus L.P.N.'s with less than five years of practice.

The raw scores from the responses of the registered nurse and practical nurse group answers to each item were converted to percentages.

Wherever a difference greater than five per cent existed between the two groups' answers, the data were tested for significance of difference through the use of a Chi-square statistical measure. This was used to test the null hypothesis, or $H_0: f_o = f_e$. Due to small N's in some categories of the rating scale, it was necessary to group scores together for use with a four fold Chi-square table. In testing for the degree of importance of the function, the rating categories of "essential" and "important" were grouped together, as were those for "helpful" and "not necessary." When the statement of function was tested for status of present practice, the rating categories of "occasionally" and "rarely practiced" were grouped together.

Written comments to the statements were also categorized for both respondent groups, with 46% of the licensed practical nurses and 43% of the registered nurses responding in this manner. Table 3 represents the frequency with which comments were made to each statement by both groups.

Table 3. Frequency of Written Comments by 70 Registered Nurses and 61 Licensed Practical Nurses to 28 Statements of Function of the Licensed Practical Nurse

Statement	R.N.	L.P.N.	Total Comments
(1)	(2)	(3)	(4)
1.1	1	3	4
1.2	0	0	0
1.3	0	0	0
1.4	0	1	1
1.5	0	1	1
1.6	0	1	1
1.7	0	0	0
1.8	1	3	4
1.9	1	1	2
1.10	1	1	2
2.1	0	0	0
2.2	1	1	2
2.3	1	0	1

(continued on next page)

Table 3. (Concluded)

Statement	R.N.	L.P.N.	Total Comments
(1)	(2)	(3)	(4)
3.1	10	17	27
3.2	5	2	7
3.3	1	2	3
3.4	2	3	5
3.5	0	3	3
3.6	0	0	0
3.7	0	0	0
4.1	4	1	5
4.2	1	0	1
4.3	0	1	1
4.4	0	0	0
4.5	4	5	9
5.1	2	6	8
5.2	1	1	2
5.3	6	3	9

The results of the Chi-square tests for each of the 28 statements of function responded to by the total population is presented in Table 4.

Table 4. Chi-Square Results on Comparison of Opinions Expressed by
70 Registered Nurses and 61 Licensed Practical Nurses
Regarding 28 Statements of Function of the Licensed Practical
Nurse

Statement of Function	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
1.1 Understand human relationships between and among patients, families and personnel.	n.s.	n.s.	n.s.
1.2 Recognize and understand cultural background.	n.s.	n.s.	6.00 P.02
1.3 Respect and understand spiritual needs.	n.s.	n.s.	n.s.
1.4 Respect the religious beliefs of individual patients.	n.s.	n.s.	n.s.
1.5 Recognize and understand the effects of social and economic problems upon patients.	n.s.	n.s.	4.72 P.05
1.6 Protect patients from behavior that would damage their self esteem or relationships with families, other patients or personnel.	n.s.	n.s.	5.18 P.05
1.7 Participate in the develop- ment, revision and implement- ation of policies and procedures designed to insure comfort and safety of patients and personnel.	5.51 P.02	5.32 P.02	43.14 P.01
1.8 Assist the patient with activities of daily living.	n.s.	n.s.	n.s.

n.s. = not significant

df = 1

(continued on next page)

Table 4. (continued)

Statement of Function	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
1.9 Encourage appropriate self care.	n.s.	3.88 P.05	6.14 P.02
1.10 Consider needs of patient for attractive, comfortable, and safe environment.	n.s.	4.80 P.05	8.18 P.01
2.1 Observes general physical and mental conditions of patient.	n.s.	n.s.	n.s.
2.2 Observes signs and symptoms which may indicate change in patient.	n.s.	n.s.	n.s.
2.3 Observes stresses in human relationships between patients and patients' families, visitors and personnel.	n.s.	4.52 P.05	5.15 P.05
3.1 Administration of medications prescribed for patient.	5.67 P.02	6.33 P.02	n.s.
3.2 Administration of treatments prescribed for patient.	n.s.	n.s.	n.s.
3.3 Preparation and care of patients receiving specialized treatments.	n.s.	n.s.	n.s.
3.4 Performance of special nursing techniques in caring for patients with communicable diseases.	n.s.	n.s.	7.04 P.01
3.5 Practice of first-aid measures.	n.s.	n.s.	n.s.

(continued on next page)

Table 4. (continued)

Statement of Function	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
3.6 Preparation and after care of equipment for treatments.	n.s.	n.s.	n.s.
3.7 Uses sterilization methods and aseptic techniques.	n.s.	n.s.	n.s.
4.1 Is aware of and encourages the interests and special aptitudes of patients.	n.s.	n.s.	n.s.
4.2 Encourages patients to help themselves within their own capabilities in performing activities of daily living.	n.s.	n.s.	8.57 P.01
4.3 Has knowledge of and applies principles of prevention of deformities.	n.s.	n.s.	n.s.
4.4 Applies principles of normal range of motion, body mechanics and body alignment.	n.s.	n.s.	12.95 P.01
4.5 Utilizes the community resources and facilities for continuing of patient care.	n.s.	n.s.	10.44 P.01
5.1 Utilizes opportunities in contacts with patients' relatives to promote better understanding of policies pertaining to the health services.	n.s.	n.s.	n.s.
5.2 Fosters cooperative effort through understanding the functions of all personnel involved in patient care.	n.s.	n.s.	5.44 P.02

(concluded on next page)

Table 4. (concluded)

Statement of Function	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
5.3 Utilizes community resources and relation- ships for better understanding by the public health services.	n.s.	n.s.	5.42 P.02

An interpretation of the findings as presented in Table Four indicated the following information:

I. Opinions concerning appropriateness of the functions:

A high degree of agreement existed between the professional and practical nurse groups toward acceptance of the Statement of Functions for appropriateness. Only two statements showed a significant degree of difference of opinion for appropriateness; these were: 1.7 "Participate in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients and personnel"; and 3.1 "Administration of medications prescribed for patient." Statement 1.7 had a Chi-square of 5.51 at P.02, and statement 3.1 was Chi of 5.67 at P.02. In both instances the difference of opinion indicated that more professional than practical nurses thought these functions were not appropriate for the licensed practical nurse to perform. The null hypothesis was rejected specifically for these statements.

The difference in opinions on the function concerned with administration of medications is further commented on by both groups. Some of the typical comments quoted verbatim were:

From the R.N.'s:

The L.P.N.'s do not administer meds in this hospital.

May administer meds with modification - specialized infrequent injections e.g. serum, vaccine, such responsibility of R.N.

L.P.N.'s do not seem to realize the great danger in meds and quite often give wrong med because they aren't thorough enough in checking.

Answer depends on med involvement, many can and should be handled by L.P.N. and others by R.N.

Many L.P.N.'s are now giving medications but with the few weeks of training in pharmacology that I understand they have, I do not feel they are qualified.

Eliminate narcotics and injectables &/or P.O. meds which would warrant the R.N. being responsible (depending on med itself, side effects & dangers involved during administration)

From the L.P.N's:

Medications are not allowed to be given by L.P.N. here. If they are in the future an intensified course should be given in drugs.

We don't pass meds.

Never given to my knowledge.

L.P.N.'s give meds only on approval of R.N. or doctor in charge.

We should not pass meds that we do not pour.

Would like to learn medications in case of private duty cases, etc.

Only nursing home employees give meds and I'm definitely against the L.P.N. giving meds.

O.K. if L.P.N. has good training.

If L.P.N.'s have had training in administration of meds, she should be allowed to give med. Some of us have taken the course, but haven't had the chance.

I do not wish to administer meds myself, but feel that others may well be qualified to do so..

Even the L.P.N. who does not give meds should know what is given and the good and untoward effects of meds given.

The L.P.N. at our hospital doesn't give meds & I don't feel we have enough training to adm. them.

Three statements of function were not accepted by a majority of respondents in either group as appropriate for the licensed practical nurse to perform. These functions were: 4.5 - "Utilizes the community resources and facilities for continuing of patient care."; 5.1 - "Utilizes opportunities in contacts with patients' relatives to promote better understanding of policies pertaining to the health services."; and 5.3 - "Utilizes community resources and relationships for better understanding by the public health services." These data may be seen in Appendix D.

Several respondents commented on appropriateness of the stated functions in the areas of rehabilitation 4.5, and promoting effectiveness of the employing health service agency, 5.1 and 5.3. To quote some verbatim from the registered nurses:

5.3 ambiguous.

The L.P.N. should be instructed in these by the physiotherapist and R.N. as to the exact procedure for each patient - not her own opinion.

(L.P.N.) needs supervision in care of pt. during the rehabilitating phase of illness or seeing the patient as an individual.

Social service usually would do this.

They are usually not in a position to refer patients for community resources.

5.3 not answerable - not often discussed to my knowledge.

4.5 In discussion over bed side care this is sometimes discussed.

4. providing they have had the specialized training for the above (rehabilitation)

4.1 who has time with 6-8 pt's every day?

4.5 the doctor prescribes follow up care - not the L.P.N.!

5.3 no concern of the L.P.N. - doctor orders this.

4.5 once the hospital patient is dismissed the combined care of pt. is broken.

5.3 I think we can improve on this.

From the L.P.N.'s:

5. - need better relations between nurses and L.P.N.'s and R.N.'s & better relation among L.P.N.'s themselves. L.P.N.'s association should be more than social gathering.

4.5 doesn't relate to hospital care by L.P.N. If patient being cared for in home, then these are essential.

5.1 & 5.3 - this has little to do with hospital employed L.P.N. In a home situation they'd be important and necessary functions.

4.5 usually outside our sphere of activities.

We are not trained to treat deformities. We must be instructed and gain permission first.

4 What facilities are available to L.P.N. for outside patient care?

4. Unless L.P.N. is private duty, the L.P.N. should help only until pt discharged with rehabilitation.

4.5 We do not do this.

5. Don't understand what is meant by health service agency.

5.1 Not clearly understood. Not in L.P.N.'s line of duty as I see this last section.

5. I feel this is a field that is either neglected by L.P.N.'s or is one that neglects the L.P.N.

4.3 Few really know how to position an amputee.

4.5 Out of our scope - no place on Public Health Nurse team.

5.3 Not ours to perform.

4.5 Utilized if available and known about.

5. The L.P.N.'s in our area does very little work in public health services & do not have that training.

These written comments seem to reflect a variety of viewpoints from both respondent groups, most of which indicate a need for much clarification in the areas considered inappropriate functions.

II. Opinions concerning degree of importance of the function:

Five of the statements revealed significant differences of opinion between the respondent groups. In all instances the professional nurses viewed the function as less important to perform than did the licensed practical nurse. The statements and their Chi-square values are as follows:

1.7 - "Participates in the development, revision and implementation of policies and procedures."
Chi = 5.32 at P .02

1.9 - "Encourage appropriate self-care." Chi = 3.88 at P .05

1.10 - "Consider needs of patient for attractive, comfortable and safe environment." Chi = 4.80 at P .05

2.3 - "Observes stresses in human relationships between patients and patients' families, visitors and personnel." Chi = 4.52 at P.05

3.1 - "Administration of medications prescribed for patient." Chi = 6.33 at P.02

The null hypothesis was rejected specifically for these statements.

III. Opinions concerning the status of present practice of the functions:

The greatest number of significant differences of opinions were found in this category. In all instances the difference indicated the licensed practical nurse is of the opinion that she usually practices these functions, while the registered nurse rated them as occasionally or rarely practiced. The 13 significant statements and their Chi-squares follow:

1.2 - "Recognize and understand cultural background." Chi = 6.00 at P.02

1.5 - "Recognize and understand the effects of social and economic problems upon patients." Chi = 4.72 at P.05

1.6 - "Protect patients from behavior that would damage their self esteem or relationships with families, other patients or personnel." Chi = 5.18 at P.05

1.7 - "Participate in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients and personnel." Chi = 43.14 at P.01

1.9 - "Encourage appropriate self care." Chi = 6.14 at P.02

1.10 - "Consider needs of patient for attractive, comfortable and safe environment." Chi = 8.18 at P.01

2.3 - "Observes stresses in human relationships between patients and patients' families, visitors and personnel." Chi = 5.51 at P.05

- 3.4 - "Performance of special nursing techniques in caring for patients with communicable diseases." Chi = 7.04 at P.01
- 4.2 - "Encourages patients to help themselves within their own capabilities in performing activities of daily living." Chi = 8.57 at P.01
- 4.4 - "Applies principles of normal range of motion, body mechanics and body alignment." Chi = 12.95 at P.01
- 4.5 - "Utilizes the community resources and facilities for continuing of patient care." Chi = 10.44 at P.01
- 5.2 - "Fosters cooperative effort through understanding the functions of all personnel involved in patient care." Chi = 5.44 at P.02
- 5.3 - "Utilizes community resources and relationships for better understanding by the public health services." Chi = 5.42 at P.02

The null hypothesis was rejected specifically for these statements.

The very high Chi-square for statement 1.7 raises doubts about the manner in which this statement or the rating scale may have been interpreted by the respondents. Only 29% of the registered nurses were of the opinion that the licensed practical nurse usually practiced this function, but 85% of the practical nurses rated it as usually performed. This means the practical nurses were saying they participate and function on policy or procedure making committees. It hardly seems that the registered nurses would not be aware of this much participation in a function. The possibility of error due to misinterpretation of the tool exists and should be considered in interpreting these data.

Variables.— The affect of the independent variables of professional nurse education; type of hospital setting; membership in nursing organizations; and years of practice was tested. This was done by

performing Chi-square tests for significance on all data for statements that had previously revealed significant differences of opinion in either appropriateness; importance of practice; or present practice.

The results of testing for variables is as follows:

I. Variable of professional nurse education:

A comparison of the responses from the 20 graduates of the baccalaureate program to 50 graduates of the three year hospital diploma programs was made. Statement 4.5 - "Utilizes the community resources and facilities for continuing patient care" was the only one revealing a significant difference with $\chi^2 = 7.78$ at $P.01$. In the opinions of graduates from a diploma school, it is not an appropriate function for the practical nurse to perform, whereas the graduates from a degree program think it is appropriate.

The null hypothesis was rejected specifically for statement 4.5, since the variable of professional nursing education was found to make a significant difference in opinion. Table 5 illustrates the finding for this variable.

Table 5. Chi-square for Variable of Registered Nurse Education on
Opinions Expressed for Statement of Function Number 4.5

Diploma N = 50
Baccalaureate N = 20

Statement	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
4.5 Utilizes the community resources and facilities for continuing of patient care.	7.78 P.01	n.s.	n.s.

df = 1

II. Variable of type of hospital setting:

All the factors existing in hospital settings which may influence opinions could not be controlled in this study. Therefore, the variables were limited to a consideration of the size and location of the hospital in which the respondent was employed. A comparison of opinions was made between 46 registered nurses from three large, urban hospitals and 24 from five small, suburban and rural hospitals.

A highly significant Chi-square of 22.2 at P.01 was found for appropriateness of statement 3.1 - "Administration of medications prescribed for patients." This indicated that more registered nurses from small hospitals have the opinion that the function is appropriate than do those employed in large hospitals. Table 6 illustrates the finding for this variable.

Table 6. Chi-square for Variable of Hospital Setting on Opinions Expressed by Registered Nurses for Statement of Function Number 3.1

Hospital: Large, urban N = 46			
Small, rural and suburban N = 24			
Statement	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
3.1 Administration of medications prescribed for patients.	22.2 P.01	n.s.	n.s.

df = 1

No other significant findings were revealed for the other statements of function in any of the three categories of the rating scale.

The null hypothesis was rejected specifically for statement 3.1, since it was found that there was a significant difference of opinion between registered nurses employed in various types of hospital settings.

The variable of hospital setting was also considered for the licensed practical nurse respondents, with a population representative of 36 from three large, urban hospitals and 25 from five small, suburban and rural hospitals. Statement 3.5 - "Practice of first aid measures" had a Chi-square of 4.36 at P.05 for the category of present practice. This meant, these licensed practical nurses employed in small hospitals more frequently ranked the function as rarely done. Table 7 illustrates this finding.

Table 7. Chi-square for Variable of Hospital Setting on Opinions Expressed by Licensed Practical Nurses for Statement of Function Number 3.5

		Hospital: Large, urban	N = 38
		Small, rural	
		and suburban	N = 23
Statement	Function Appropriate	Degree of Importance	Present Practice
(1)	(2)	(3)	(4)
3.5 Practice of first-aid measures	n.s.	n.s.	4.36 P.05

df = 1

One comment about this function, written by a licensed practical nurse employed in a large hospital, is quoted verbatim:

In a hospital environment first aid treatments are not given by L.P.N. It's their job to get a qualified person immediately. Of course by this I mean I would not set a broken leg with splints but I would take emergency steps to clear an airway or handle an emergency.

III. Variable of membership in nursing organizations:

This variable was tested for by comparing responses of those registered nurses who were members of nursing organizations with those who were not. The same comparison was made for the licensed practical nurse respondents. No significant findings occurred and the null hypothesis was accepted.

IV. Variable of years of practice:

The medians of 12 years of practice for registered nurses and five years for licensed practical nurses were used to form groups for comparison. Opinions from 36 registered nurses practicing more than 12 years were compared with 29 who practiced less than 12 years. The same method was used for comparing 36 licensed practical nurses practicing less than five years and 23 over five years. Some respondents did not answer this question. No significant findings occurred and the null hypothesis was accepted.

Discussion of findings.— The findings of this study relative to the administration of medications appear to be consistent with those reported in the literature, which view this function as highly controversial. Although the literature has indicated a need to prepare the licensed practical nurse to function in public health agencies and to advance her understandings and abilities in regard to functions concerned with rehabilitation and patient teaching, this study had revealed that professional and licensed practical nurses reject functions in this area as appropriate to perform. Some of the written comments and omission of responses to statements of function under sections four and five of the opinionnaire may be an indication of lack of understanding of the written statement. (See Appendix D.)

Since 13 of the 28 statements of function were regarded by the licensed practical nurses to be usually practiced, and by the registered nurses to be occasionally or rarely practiced, it becomes apparent that there is a definite lack of agreement between the groups. Substantiation for lack of concurrence among the various levels of nursing personnel is well founded in the literature.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

The purpose of this study was to determine the opinions held by professional nurses and licensed practical nurses regarding the functions of the licensed practical nurse. An opinionnaire based on the Statement of Functions of the Licensed Practical Nurse⁽⁶⁾ was designed to determine if the statements were considered appropriate; important; and presently practiced.

The opinionnaire was responded to by 70 registered nurses and 61 licensed practical nurses, employed in eight selected general hospitals in the state of Oregon. Resulting data were tested for significance through the use of a Chi-square. Variables considered were: type of hospital setting; professional nurse education; years of practice; and membership in nursing organizations.

Analysis of the data revealed findings relative to the following:

I. Opinions concerning appropriateness of the functions:

All but five statements were considered appropriate for the licensed practical nurses to perform by both groups of respondents. There was a significant difference of opinion between the groups on statement 1.7 - "Participate in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients and personnel"; and 3.1 - "Administration of medications prescribed for patients." This difference

indicated that more professional nurses than practical nurses thought the functions were not appropriate for the licensed practical nurse to perform.

Statements 1.7 and 3.1 were further tested for the influence of variables, with only the variable of hospital size indicating a significant difference. Statement 3.1 - "Administration of medications," was thought an appropriate function for licensed practical nurses to perform by registered nurses employed in small hospitals but inappropriate by those from large hospitals. A comparison of opinions from licensed practical nurses for this variable did not reveal any significant findings.

Statement 4.5 - "Utilizes the community resources and facilities for continuing of patient care," was thought an appropriate function by registered nurses with a baccalaureate degree, but inappropriate by those graduated from a diploma program.

Three statements were considered inappropriate functions for the licensed practical nurse to perform by a majority of both responding groups. These statements were: 4.5 - "Utilizes the community resources and facilities for continuing of patient care"; 5.1 - "Utilizes opportunities in contacts with patients' relatives to promote better understanding of policies pertaining to the health services"; and 5.3 - "Utilizes community resources and relationships for better understanding by the public health services."

II. Opinions concerning degree of importance of the function:

Significant differences of opinion between professional and licensed practical nurses were found for five statements. These

are as follows: 1.7 - "Participates in the development, revision and implementation of policies and procedures"; 1.9 - "Encourage appropriate self-care"; 1.10 - "Consider needs of patient for attractive, comfortable and safe environment"; 2.3 - "Observes stresses in human relationships between patients and patients' families, visitors and personnel"; 3.1 - "Administration of medications prescribed for patients". In these instances the registered nurses viewed the function as having less importance than did the practical nurses.

Further testing of these statements for the influence of the variables did not produce any significant findings in this category.

III. Opinions concerning the status of present practice of the functions:

Thirteen statements in this category were found to have significant differences between the opinions held by practical nurses and professional nurses. In all instances the licensed practical nurse was of the opinion that she usually practices the functions, but the registered nurse rated them as occasionally or rarely practiced by the licensed practical nurse. The significant statements follow:

- 1.2 - "Recognize and understand cultural background."
- 1.5 - "Recognize and understand the effects of social and economic problems upon patients."
- 1.6 - "Protect patients from behavior that would damage their self esteem or relationships with families, other patients or personnel."
- 1.7 - "Participate in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients and personnel."

- 1.9 - "Encourage appropriate self care."
- 1.10 - "Consider needs of patient for attractive, comfortable and safe environment."
- 2.3 - "Observes stresses in human relationships between patients and patients' families, visitors and personnel."
- 3.4 - "Performance of special nursing techniques in caring for patients with communicable diseases."
- 4.2 - "Encourages patients to help themselves within their own capabilities in performing activities of daily living."
- 4.4 - "Applies principles of normal range of motion, body mechanics and body alignment."
- 4.5 - "Utilizes the community resources for continuing of patient care."
- 5.2 - "Fosters cooperative effort through understanding the functions of all personnel involved in patient care."
- 5.3 - "Utilizes community resources and relationships for better understanding by the public health services."

Only one statement, 3.5 - "Practice of first-aid measures," yielded a significant result when tested for the variables. Those practical nurses employed in small hospitals ranked this function as rarely done, while those employed in large hospitals ranked it as practiced occasionally.

IV. Testing of the total 28 statements for the influence of the variables of membership in nursing organizations and years of practice did not produce any significant findings.

Conclusions

On the basis of findings indicated in this study it is possible to reject the null hypothesis that "There will be no significant difference in opinions between registered nurses and licensed practical nurses regarding the functions of the licensed practical nurse." Differences of opinion were found to exist in relationship to the appropriateness, degree of importance and present practice of the functions.

The null hypothesis may be rejected specifically for the following statements:

1. Appropriateness of functions: 1.7 and 3.1.
2. Importance of functions: 1.7; 1.9; 1.10; 2.3; and 3.1.
3. Present practice: 1.2; 1.5; 1.6; 1.7; 1.9; 1.10; 2.3; 3.4; 4.4; 4.5; 5.2; 5.3.

The variables of hospital setting; years of practice; type of nursing education; and membership in nursing organizations were found to exert very little influence on opinions held by professional and licensed practical nurses concerning the Statement of Functions of the Licensed Practical Nurse.

The null hypothesis may be rejected specifically for the following variables and statements:

1. R.N.'s employed in large versus small hospitals - statement 3.1.
2. L.P.N.'s employed in large versus small hospitals - statement 3.5.
3. R.N.'s educational preparation, diploma versus degree - statement 4.5.

The null hypothesis may be accepted for the following variables:

1. Years of practice.

2. Membership in nursing organizations.

It can, accordingly, be concluded that even among professional and licensed practical nurses in the same setting, there are differences of opinion concerning the functions of the licensed practical nurse. It can further be concluded that in the eight hospitals used as settings for this study, the Statement of Functions of the Licensed Practical Nurse has not been entirely accepted.

Recommendations for Further Study

Results of this study indicate a need for further study in search of answers to the following questions:

1. In what way are the practical nursing curriculums providing for preparation of the licensed practical nurse in areas concerned with public health, knowledge of community resources and facilities?
2. What is actually being done in professional nursing educational programs towards developing understanding of the role of the practical nurse on the nursing team?
3. What is being done by nursing service in hospitals to include the licensed practical nurse on committees concerned with development, revision and implementation of policies and procedures designed to insure comfort and safety of patients and personnel? To what degree and in what ways is the licensed practical nurse included on these committees?

4. What should be the responsibilities of the licensed practical nurse in regard to the administration of medications?
5. What factors interfere with the proper utilization of the licensed practical nurse on the nursing team? Why do the professional nurses view the licensed practical nurses as not functioning in certain areas, when the practical nurse feels that she is functioning in those areas?

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APPENDICES

APPENDIX A

SAMPLE OF OPINIONNAIRE ON STATEMENT OF FUNCTIONS
OF THE LICENSED PRACTICAL NURSEOPINIONNAIRE REGARDING FUNCTIONS OF THE LICENSED PRACTICAL NURSE

This opinionnaire is being administered to Registered Professional nurses and Licensed Practical nurses, working in selected hospitals in the state of Oregon. The responses will remain anonymous.

Purpose of Study:

This study is being done to determine the opinions held by a group of R.N.'s and L.P.N.'s regarding the functions of the Licensed Practical Nurse.

Personal Data:

The following information is necessary to the study. Please place an X in the appropriate space, to answer the question.

1. Highest level of educational preparation for nursing you hold.

- | | |
|------------------------------|----------|
| a) Practical Nursing Program | a) _____ |
| b) Hospital Diploma Program | b) _____ |
| c) Associate Degree Program | c) _____ |
| d) Baccalaureate Degree | d) _____ |
| e) Masters Degree | e) _____ |
| f) Doctorate | f) _____ |
| g) Other (specify) | g) _____ |

2. Type of position you presently hold in nursing.

- | | |
|--|----------|
| a) Administration | a) _____ |
| b) Supervision | b) _____ |
| c) Head Nurse | c) _____ |
| d) Assistant Head Nurse | d) _____ |
| e) General duty (includes all types of staff
level positions, in all areas of hospital) | e) _____ |
| f) Instructor | f) _____ |
| g) Other (i.e. Private duty, I.V. nurse, etc.) | g) _____ |

3. How many years have you been practicing nursing?

4. To which of the following nursing organizations do you belong?

- a) A.N.A.
- b) N.L.N.
- c) N.F.O.L.P.N.
- d) None of these

a) _____
b) _____
c) _____
d) _____

THIS IS A SAMPLE

All responses have to do with functions of the L.P.N.

DIRECTIONS: Please read the following Explanation of Rating Columns:

CODE FOR RATING SCALE	RATING COLUMNS								
	I		II				III		
	Function Appropriate to Perform		Degree of Importance of Function				Present Practice by L.P.N.		
	1	2	3	4	5	6	7	8	9
	YES	NO	E	I	H	N	Us.	Occ.	Rar.
I. <u>Appropriateness:</u> you believe									
1. YES - appropriate function for L.P.N. to perform.	X								
2. NO - inappropriate function for L.P.N. to perform.		X							
II. <u>Degree of Importance:</u>									
if considered									
3. E - <u>essential</u> to perform			X						
4. I - <u>important</u> but not essential to perform				X					
5. H - <u>helpful</u> but not important to perform					X				
6. N - <u>not necessary</u> at all						X			
III. <u>Present Practice:</u> you believe									
the function is									
7. Us. - <u>usually practiced</u> by most L.P.N.'s at present							X		
8. Occ.- <u>occasionally</u> practiced by most L.P.N.'s								X	
9. Rar.- <u>rarely</u> practiced by most L.P.N.'s at present time									X

- A. BEGINNING ON THE FOLLOWING PAGE: Please indicate your opinion of each descriptive statement on the functions of the L.P.N., by marking an X in the space representing your choice.
- B. Use lines following each section for written comments if you cannot answer; have no opinion; have questions about the statement; wish to qualify your answer.

STATEMENT OF FUNCTIONS

Observing, recording and reporting to the appropriate person the L.P.N.:

- 2.1 Observes general physical and mental conditions of patient.
- 2.2 Observes signs and symptoms which may indicate change in patient.
- 2.3 Observes stresses in human relationships between patients & patients' families, visitors & personnel.

Function Appropriate		Degree of Importance				Present Practice		
1	2	3	4	5	6	7	8	9
YES	NO	E	I	H	N	Us.	Occ.	Rar.

COMMENTS: _____

Performing nursing procedures for which the preparation of the L.P.N. had provided the necessary degree of skill and judgment, such as:

- 3.1 Administration of medications prescribed for patient.
- 3.2 Administration of treatments prescribed for patient.
- 3.3 Preparation and care of patients receiving specialized treatments.
- 3.4 Performance of special nursing techniques in caring for patients with communicable diseases.
- 3.5 Practice of first-aid measures.
- 3.6 Preparation and after care of equipment for treatments.
- 3.7 Uses sterilization methods and aseptic techniques.

COMMENTS: _____

STATEMENT OF FUNCTIONS

Assisting with the rehabilitation of patients according to the patient care plan, the L.P.N.

- 4.1 Is aware of and encourages the interests and special aptitudes of patients.
- 4.2 Encourages patients to help themselves within their own capabilities in performing activities of daily living.
- 4.3 Has knowledge of and applies principles of prevention of deformities.
- 4.4 Applies principles of normal range of motion, body mechanics and body alignment.
- 4.5 Utilizes the community resources and facilities for continuing of patient care.

Function Appropriate		Degree of Importance				Present Practice		
1	2	3	4	5	6	7	8	9
YES	NO	E	I	H	N	Us.	Occ.	Rar.

COMMENTS: _____

Promoting effectiveness of the employing health service agency, the L.P.N.:

- 5.1 Utilizes opportunities in contacts with patients' relatives to promote better understanding of policies pertaining to the health service.
- 5.2 Fosters cooperative effort through understanding the functions of all personnel involved in patient care.
- 5.3 Utilizes community resources and relationships for better understanding by the public health services.

COMMENTS: _____

THANK YOU FOR YOUR PARTICIPATION

APPENDIX B

SAMPLE LETTER OBTAINING PERMISSION TO CONDUCT STUDY

11730 S.W. Jody St.
Beaverton, Oregon

Dear

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study on the Functions of the Licensed Practical Nurse. In order to obtain data for the study, an opinionnaire will be administered to R.N.'s and L.P.N.'s employed in selected hospitals in Oregon.

A sample of the opinionnaire is enclosed. It takes approximately twenty minutes to complete, and can be administered to nurses individually or in small groups. Anonymity of the hospitals and respondents participating will be preserved.

A self-addressed post card is enclosed for your convenience in indicating your willingness to assist with the study. A mutually satisfactory date will be arranged for coming to your hospital to administer the opinionnaire.

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School. A summary of the findings of the study will be sent to you if you wish.

Thank you for giving your consideration to this request.

Sincerely yours,

Joan M. Peterson

Joan M. Peterson is a regularly enrolled student at the University of Oregon School of Nursing. Any assistance you can offer will be greatly appreciated.

Lucile Gregerson
Thesis Adviser

APPENDIX C

DISTRIBUTION OF RESPONDENTS' REPLIES TO
PERSONAL DATA QUESTIONNAIRE

DISTRIBUTION OF REPLIES TO PERSONAL DATA QUESTIONNAIRE - R.N.'s: N = 70

Hospital	Education		Position							Member Nursing Organizations					Years of Practice							
	B	D	A	B	C	D	E	F	G	A	B	C	D	O*	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40
A	9	10			5		13		1	9	1		9	1	7	1	2	5	3			
B	13	3			1	4	11			6			10		7	3			2	1	1	1
C	8	3			1	5	5			5			6		7		2	1	1			
Total	30	16			11	4	29		1	20	1		25	1	21	4	4	6	6	1	1	1
D	8		2		2	1	3			6			2		1			2	2	1		
E	4	2		2	1	1	2			2			3	1	1	3		1		1		
F	3	1					4						3	1	1		1	1	1			
G	4		1	2			1			4					1				1		1	1
Total	19	3	3	4	4	2	11			13			9	2	4	4	1	4	4	2	1	1
GRAND TOTAL	49	19	3	5	15	6	40		1	33	1		34	3	25	8	5	10	10	3	2	2

KEY: 1 - Education: B = Hospital 3 yr.
D = Baccalaureate

2 - Position: A = Administrator
B = Supervisor
C = Assistant Head Nurse
E = General Duty
F = Instructor
G = Other

3 - Membership in Nursing Organization
A = A.N.A.
B = N.L.N.
C = N.F.O.L.P.N.
D = None of these

*0 = Omitted answer

DISTRIBUTION OF REPLIES TO PERSONAL DATA QUESTIONNAIRE - L.P.N.'s - N = 61

Hospital	Education	Position		Member Nursing Organizations				Years of Practice					
		E	G	B	C	D	O	1-5	6-10	11-15	16-20	21-25	Omit.
A	13	13			4	9		8	3	2			
B	12	12	1		6	5	2	6	2	3	2		
C	10	10			8	2		9		1			
Total	36	35	1		18	16	2	23	5	6	2		
D	5	5			4	1		2	1	1			1
E	4	4				4		3				1	
F	6	6			3	3		4	2				
G	6	5	1		6				3	3			
H	4	3	1	1	3	1		4					
Total	25	23	2	1	16	9		13	6	4			
GRAND TOTAL	61	58	3	1	34	25	2	36	11	10	2	1	

KEY: Education: A = 1 yr.

Membership: B = N.L.N.
C = N.F.O.L.P.N.
D = None
O = Omitted answer

Position: E = General Duty
G = Other

APPENDIX D

TABULATION TABLE OF RAW DATA

NUMBER OF R.N.'s RESPONDING TO 28 STATEMENTS OF FUNCTION OF L.P.N.

Total N = 70

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
1.1	69	1	0	42	23	3	0	2	35	26	4	5
1.2	60	8	2	20	23	25	0	2	20	30	15	5
1.3	65	2	3	41	22	5	0	2	38	26	1	5
1.4	69	0	1	55	12	2	0	1	54	11	1	5
1.5	64	6	0	22	27	20	0	1	20	35	10	5
1.6	64	6	0	34	17	13	4	2	29	21	12	8
1.7	58	11	1	28	22	14	3	3	20	23	19	8
1.8	68	0	2	35	25	7	0	3	42	18	5	5
1.9	66	2	2	44	19	3	1	3	48	13	3	6
1.10	67	1	2	40	21	7	1	1	40	22	4	4
2.1	70	0	0	64	6	0	0	0	59	9	2	0
2.2	70	0	0	65	5	0	0	0	53	13	1	3
2.3	66	4	0	27	31	3	6	3	32	26	8	4
3.1	16	50	4	11	5	13	25	16	4	12	41	13
3.2	61	4	5	41	17	4	0	8	47	14	2	7
3.3	51	15	4	33	16	8	3	10	32	20	9	9

*0 = Answer omitted

RAW DATA - R.N.'s (concluded)

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
3.4	63	5	2	42	19	3	2	4	41	18	5	6
3.5	58	8	4	38	14	5	5	8	28	18	15	9
3.6	66	4	0	50	13	3	1	3	60	6	1	3
3.7	63	6	1	57	5	3	1	4	53	8	6	3
4.1	65	3	2	34	25	6	2	3	29	30	6	5
4.2	66	1	3	46	18	1	1	4	44	16	4	6
4.3	65	3	2	56	9	2	0	3	37	19	11	3
4.4	64	5	1	56	8	3	0	3	39	22	9	0
4.5	40	28	2	16	21	13	10	10	6	16	41	7
5.1	46	20	4	14	25	14	9	8	8	17	37	8
5.2	57	9	4	25	21	14	3	7	20	25	17	8
5.3	36	21	13	12	13	16	13	16	6	12	39	13

0 - Answer omitted

NUMBER OF L.P.N.'s RESPONDING TO 28 STATEMENTS OF FUNCTION OF L.P.N.

Total N = 61

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
1.1	59	2	0	38	18	3	0	2	42	18	1	0
1.2	53	5	3	20	27	14	0	0	31	21	5	4
1.3	59	0	2	38	16	6	0	1	39	17	3	2
1.4	57	0	4	44	13	1	1	2	54	6	0	1
1.5	47	11	3	20	24	12	2	3	30	20	8	3
1.6	55	3	3	33	14	9	1	4	40	12	6	3
1.7	56	1	4	38	15	5	0	3	52	3	5	1
1.8	54	4	3	33	14	5	3	6	43	10	2	6
1.9	59	0	2	48	9	1	0	3	54	4	0	3
1.10	58	1	2	48	7	4	0	2	55	5	0	1
2.1	60	0	1	58	2	1	0	0	57	2	2	0
2.2	60	0	1	59	2	0	0	0	59	1	1	0
2.3	56	3	2	36	16	8	0	1	42	12	6	1
3.1	24	29	8	16	10	10	10	15	9	11	27	14
3.2	59	0	2	47	7	3	0	4	47	10	2	2
3.3	53	6	2	40	9	4	0	8	40	14	7	0
3.4	59	0	2	48	7	1	0	5	51	6	2	2
3.5	46	10	5	39	8	3	2	9	30	9	16	6
3.6	58	2	1	49	10	0	0	2	48	7	5	1
3.7	58	0	3	53	5	0	0	3	49	8	3	1

0 = Answer omitted

RAW DATA - L.P.N.'s (Concluded)

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
4.1	55	3	3	30	23	4	0	4	33	19	4	5
4.2	61	0	0	50	9	2	0	0	54	4	1	2
4.3	55	3	3	44	12	0	2	3	42	7	9	3
4.4	59	1	1	51	8	0	0	2	51	3	5	2
4.5	30	18	13	18	14	5	7	17	17	8	21	15
5.1	33	21	7	14	15	11	8	13	14	10	26	11
5.2	50	6	5	27	16	6	5	7	29	14	9	9
5.3	32	21	8	17	14	10	8	12	15	5	29	12

0 = Answer omitted

RESPONSES OF 36 L.P.N.'s FROM LARGE HOSPITALS

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
1.1	35	1	0	22	11	1	0	2	23	12	1	0
1.2	33	1	2	11	16	9	0	0	17	11	4	4
1.3	35	0	1	20	11	4	0	1	21	12	2	1
1.4	33	0	3	23	9	1	1	2	32	3	0	1
1.5	26	8	2	11	14	8	1	2	18	10	7	1
1.6	32	1	3	17	8	5	1	5	23	8	2	3
1.7	33	1	2	19	10	5	0	2	22	10	4	0
1.8	32	2	2	14	10	5	2	5	23	6	2	5
1.9	35	0	1	25	8	1	0	2	30	3	0	3
1.10	35	0	1	26	4	4	0	2	33	1	0	2
2.1	36	0	0	34	1	1	0	0	33	2	1	0
2.2	36	0	0	35	1	0	0	0	35	1	0	0
2.3	33	2	1	20	11	4	0	1	26	7	2	1
3.1	18	13	5	11	5	5	6	9	4	8	17	7
3.2	35	0	1	29	4	2	0	1	28	5	2	1
3.3	34	2	0	27	4	2	0	3	20	12	4	0
3.4	35	0	1	29	3	1	0	3	28	5	2	1
3.5	29	3	4	23	4	1	1	7	19	5	7	5
3.6	35	0	1	25	10	0	0	1	28	5	2	1
3.7	33	0	3	30	5	0	0	1	30	4	2	0

0 = Answer omitted

RAW SCORES - L.P.N.'s FROM LARGE HOSPITALS (Concluded)

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
4.1	32	1	3	15	15	3	0	3	15	13	3	5
4.2	35	1	0	29	5	2	0	0	32	1	1	2
4.3	35	0	1	27	8	0	0	1	22	6	5	3
4.4	34	1	1	30	5	0	0	1	31	1	2	2
4.5	16	9	11	7	6	4	7	12	9	3	12	12
5.1	17	12	7	6	8	6	8	8	7	6	15	8
5.2	27	5	4	12	9	4	5	6	15	7	6	8
5.3	17	13	6	5	9	6	8	8	7	3	19	7

0 = Answer omitted

RESPONSES OF 25 L.P.N.'s FROM SMALL HOSPITALS

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
1.1	25	0	0	16	7	2	0	0	19	6	0	0
1.2	20	4	1	9	11	5	0	0	14	10	1	0
1.3	24	0	1	18	5	2	0	0	18	5	1	1
1.4	24	0	1	21	4	0	0	0	22	3	0	0
1.5	21	3	1	9	10	4	1	1	13	9	2	1
1.6	22	2	1	16	5	4	0	0	17	4	4	0
1.7	23	0	2	19	5	0	0	1	20	3	1	1
1.8	22	1	2	19	4	0	1	1	20	4	0	1
1.9	24	0	1	23	1	0	0	1	24	1	0	0
1.10	24	1	0	23	2	0	0	0	21	4	0	0
2.1	24	0	1	24	1	0	0	0	24	0	1	0
2.2	24	0	1	24	1	0	0	0	24	0	1	0
2.3	21	3	1	16	5	4	0	0	16	5	4	0
3.1	10	12	3	6	4	5	4	6	5	3	10	7
3.2	24	0	1	18	3	1	0	3	18	6	0	1
3.3	20	3	2	13	5	2	0	5	17	2	3	3
3.4	24	0	1	19	4	0	0	2	23	1	0	1
3.5	17	7	1	16	4	2	1	2	7	8	9	1
3.6	24	1	0	24	0	0	0	1	14	2	9	0
3.7	25	0	0	23	0	0	0	2	20	3	2	0
4.1	23	2	0	15	8	1	0	1	18	6	1	0

0 = Answer omitted

L.P.N.'s - SMALL HOSPITALS (Concluded)

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
4.2	25	0	0	21	4	0	0	0	22	3	0	0
4.3	20	3	2	17	4	0	2	2	18	1	4	2
4.4	24	1	0	21	3	0	0	1	20	2	3	0
4.5	15	7	3	11	8	1	0	5	8	5	8	4
5.1	16	9	0	6	9	5	0	5	7	4	11	3
5.2	23	2	0	15	7	2	0	1	14	7	3	1
5.3	15	8	2	12	5	4	0	4	8	2	10	5

0 = Answer omitted

RESPONSES OF 46 R.N.'s FROM LARGE HOSPITALS

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
1.1	46	0	0	23	19	2	0	2	22	18	2	4
1.2	39	6	1	12	14	19	0	1	12	21	10	3
1.3	43	1	2	26	14	5	0	1	28	15	1	2
1.4	45	0	1	32	11	2	0	1	30	11	1	4
1.5	42	4	0	13	17	15	0	1	15	23	5	3
1.6	40	6	0	19	10	10	4	3	16	15	9	6
1.7	37	8	1	15	19	7	3	2	13	14	13	6
1.8	44	0	2	23	16	5	0	2	28	12	4	2
1.9	45	0	1	29	12	3	1	1	33	9	1	3
1.10	43	1	2	28	10	6	1	1	27	14	3	2
2.1	46	0	0	43	3	0	0	0	36	7	3	0
2.2	46	0	0	42	4	0	0	0	31	11	1	3
2.3	43	3	0	16	26	2	1	1	24	13	6	3
3.1	11	30	5	8	3	9	16	10	5	12	21	8
3.2	41	2	3	29	10	3	0	4	30	12	1	3
3.3	34	10	2	24	10	5	2	5	18	17	6	5
3.4	42	3	1	26	13	2	2	3	22	15	4	5
3.5	39	5	2	22	12	4	3	5	16	14	10	6
3.6	43	3	0	32	8	2	2	2	37	4	2	3
3.7	43	3	0	38	4	2	1	1	34	8	3	1

0 = Answer omitted

R.N.'s - LARGE HOSPITALS (Concluded)

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
4.1	43	2	1	24	15	5	0	2	21	19	3	3
4.2	45	0	1	30	12	1	0	3	29	11	2	4
4.3	45	0	1	35	6	3	0	2	28	9	8	1
4.4	42	3	1	36	5	1	1	3	25	13	7	1
4.5	28	17	1	9	16	10	6	5	4	13	25	4
5.1	32	10	4	9	21	7	4	5	7	12	23	4
5.2	39	2	5	15	17	9	1	4	15	18	9	4
5.3	25	13	8	7	9	12	7	11	5	10	23	8

0 = Answer omitted

RESPONSES OF 24 R.N.'s FROM SMALL HOSPITALS

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
1.1	23	1	0	19	4	1	0	0	13	8	2	1
1.2	21	2	1	10	8	5	0	1	8	9	5	2
1.3	22	1	1	14	9	1	0	0	11	11	0	2
1.4	24	0	0	22	1	1	0	0	21	2	0	1
1.5	22	2	0	10	10	4	0	0	6	12	4	2
1.6	23	1	0	14	6	4	0	0	11	8	3	2
1.7	19	5	0	13	6	5	0	0	10	5	7	2
1.8	23	1	0	12	8	3	0	1	15	6	1	2
1.9	21	2	1	16	6	0	0	2	15	4	1	4
1.10	24	0	0	14	9	1	0	0	12	8	2	2
2.1	24	0	0	22	2	0	0	0	22	2	0	0
2.2	24	0	0	24	0	0	0	0	19	5	0	0
2.3	21	2	1	12	9	1	0	2	11	10	1	2
3.1	18	6	0	3	2	4	10	5	1	1	18	4
3.2	19	3	2	12	6	2	0	4	18	2	1	3
3.3	17	5	2	12	5	2	0	5	15	2	3	4
3.4	21	2	1	16	6	1	0	1	19	3	1	1
3.5	19	3	2	16	2	1	2	3	13	4	4	3
3.6	23	1	0	16	6	1	0	1	21	2	1	0
3.7	20	3	1	20	1	0	0	3	19	0	3	2
4.1	21	2	1	11	8	2	2	1	8	11	3	2

0 = Answer omitted

R.N.'s - SMALL HOSPITALS (Concluded)

Item	Function Appropriate			Degree of Importance					Present Practice			
	1 Yes	2 No	0 *	3 E	4 I	5 H	6 N	0 *	7 Us.	8 Occ.	9 Rar.	0 *
4.2	21	2	1	17	5	0	1	1	15	5	2	2
4.3	20	4	0	19	4	0	0	1	8	11	3	2
4.4	21	3	0	17	4	1	0	2	12	8	2	2
4.5	13	10	1	9	5	3	4	3	2	3	16	3
5.1	14	10	0	6	4	7	4	3	1	5	14	4
5.2	19	5	0	10	4	5	2	3	7	5	8	4
5.3	11	11	2	5	4	4	6	5	3	2	14	5

0 = Answer omitted

APPENDIX E

FORMULAS AND TABLES USED TO ESTABLISH CRITICAL
VALUES FOR CHI-SQUAREChi-square

Formula: χ^2 four fold contingency table =

$$\sum \frac{[(f_o - f_e) - .5]^2}{f_e}$$

Abridged Table of Critical Values of χ^2

P df	<u>.05</u>	<u>.02</u>	<u>.01</u>
1	3.84	5.41	6.64

APPENDIX F

SAMPLE INTERVIEW GUIDE FOR OBTAINING INFORMATION
ABOUT HOSPITALS USED IN STUDY .Interview Guide for Directors of Nursing Service

1. What type of services are offered by the hospital?
2. What kind of control and support does the hospital have?
3. What is the patient capacity and the average daily census?
4. What type of nursing staff is employed, and approximately what is the ratio of R.N.'s to L.P.N.'s?
5. Is an active In-service educational program available for R.N.'s and L.P.N.'s?
6. What type of patient care assignment is used for the day shift?
7. What is the extent of activities of the dietary department in regard to teaching the patient?
8. Is a housekeeping department maintained and what is the extent of their responsibility in cleaning the patients' unit after discharge?
9. What is the hospital's policy regarding the L.P.N.'s responsibilities for charting and administering medications?
10. Is a social service department maintained?

Typed by
Gwendolyn M. Dunning

AN ABSTRACT OF THE THESIS OF

Joan M. Peterson

for the Master of Science in Nursing

Date of receiving this degree: June 9, 1966

Title: AN OPINIONNAIRE STUDY ON THE FUNCTIONS
OF THE LICENSED PRACTICAL NURSE

APPROVED:

Lucile Gregerson, Associate Professor
(in Charge of Thesis)

THE PROBLEM

Observational and statistical evidence indicate that the role of the licensed practical nurse in the United States hospitals today is expanding rapidly. In 1957 and 1964, the American Nurses' Association and the National Federation of Licensed Practical Nurses published The Statement of Functions of the Licensed Practical Nurse, as a means of establishing standards for her practice. Nevertheless, questions asking for clearer delineation of nursing functions of the practical nurse continue to be raised.

This study has been undertaken in an attempt to ascertain the opinions of registered professional nurses and licensed practical nurses, with regard to the Statement of Functions of the Licensed Practical Nurse. The following hypotheses were formulated:

There will be no significant difference between opinions held by registered nurses and licensed practical nurses regarding the functions of the licensed practical nurse, as they relate to appropriateness, importance, and degree of present practice of the function. The following variables will not influence a difference of opinion between the licensed practical nurse and the registered professional nurse:

- (1) the type of hospital setting;
- (2) membership in nursing organizations;
- (3) educational preparation of the registered nurse;
- (4) years of experience in nursing.

DESCRIPTION OF THE PROCEDURE

Data were collected through the use of an opinionnaire based on the Statement of Functions of the Licensed Practical Nurse. A rating scale was devised under three major headings: (1) appropriateness of function; (2) degree of importance of the function; (3) present practice of the function. The participants, 70 registered nurses and 61 licensed practical nurses, were representative of those on duty in eight selected general hospitals in the state of Oregon, on the day of data collection. Null hypotheses were stated and tested for significance by means of a Chi-square test.

SUMMARY OF RESULTS

All but five of the 28 statements of function were considered appropriate by both groups of respondents. Significant differences of opinion were found for statements concerned with the administration of medications, and participation on policy and procedure making committees. More registered nurses than licensed practical nurses thought these functions were not appropriate. A majority from both groups rejected three statements related to utilizing and understanding community resources and public health services, as appropriate to the functions of the licensed practical nurse.

The category of degree of importance of function yielded a significant difference of opinion for five statements. These functions related to areas of patient self care and safe environment; participation on policy and procedure making committees; observation of stress in human relationships; and the administration of medications.

The greatest number of significant differences of opinion existed in the category of present practice. Thirteen of the statements were ranked by the registered nurse as occasionally or rarely practiced, whereas the practical nurse ranked them as usually practiced, indicating a definite lack of agreement between the two groups.

There was some evidence that the respondents may not have understood or may have misinterpreted the statements of function.

The findings of this study have implications for the following research:

1. Analysis of present practical nursing educational programs for determination of curriculum provision for learning in the areas of patient rehabilitation and community resources.
2. Analysis of professional nursing educational programs for curriculum provisions concerned with furthering understanding and utilization of the licensed practical nurse on the nursing team.
3. Investigation of means being taken by nursing service to include the licensed practical nurses on policy and procedure committees.
4. Determination of the extent of responsibilities the licensed practical nurse should assume in regard to administration of medications.
5. Determination of factors interfering with the adequate utilization of the licensed practical nurse by nursing service.