

A STUDY TO DETERMINE EMPLOYMENT PATTERNS
OF LICENSED PRACTICAL NURSES

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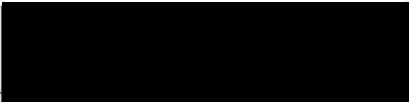
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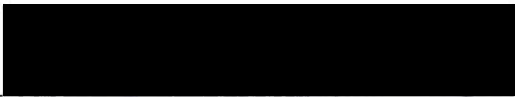
A CLINICAL INVESTIGATION

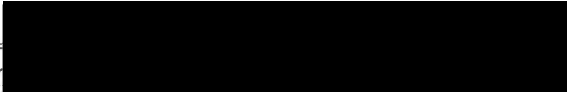
Presented to
the School of Nursing and Graduate Council
of the University of Oregon Health Sciences Center
in partial fulfillment
of the requirements for the degree of
Master in Nursing


June 11, 1976

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ACKNOWLEDGMENTS

The writer wishes to express sincere gratitude and appreciation to Barbara Gaines, D. Ed., May Rawlinson, Ph.D. and Evelyn Schindler, M.A. of the University of Oregon Health Sciences Center, School of Nursing, for their assistance and guidance during the preparation of this clinical investigation.

The writer wishes to thank the nursing faculty, Kathy Herrett and Liz Sullivan, and the practical nursing graduates of Blue Mountain Community College, Pendleton, Oregon for their assistance in the collection of data. The writer especially wishes to thank Mr. Robert Hawk and Blue Mountain Community College for the Sabbatical leave to pursue her graduate education.

A special thank you is given to her friend, Randy Goss, and her mother Clarita Glasby, who offered endless support during her graduate studies.

j.r.g.

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CHAPTER I

INTRODUCTION

Nursing as an occupation is comparatively new, although nursing itself is as old as mankind (Bullough and Bullough, 1964). Nurses now constitute the largest single group of health occupations involved in patient care. In 1973, there were 815,000 registered professional nurses (RN) employed in the United States. In addition, there were 459,000 licensed practical (LPN) and 910,000 nurse aides, orderlies, and attendants (Health Resources Statistics, 1974).

As both the actual and relative numbers of nurses have grown there has been a corresponding increase in the responsibility and level of practice. In an effort to keep up with the changes that have occurred in the occupation, many types of nursing education programs have been developed. One of these developments has been the emergence of practical nursing. Practical nursing as it is presently known came into existence in 1942 when the first nurse practice acts were amended to differentiate by licensure professional from practical nurses (Abdellah, 1973).

Practical nursing education has been determined largely by the needs of society at a given time. From before the turn of the century until the early 1940's the need centered primarily around home nursing. Therefore, the education of the practical nurse was designed to prepare the graduate for the home nursing role. With the advent of World War II, the practical nurse began to provide health care in the hospital. As the demand for more and better health care delivery continued, the

professional nursing organizations recognized the need to develop criteria and standards for practical nursing. In 1957, the boards of directors of the American Nurses' Association (ANA) and the National Federation of Licensed Practical Nurses', Inc. (NFLPN) issued the first Statement of Functions. The statement recognized two roles, first, that the practical nurse functioned independently in simple tasks, and second, that the practical nurse assisted the professional nurse in complex patient care (Statement of Functions, 1957). The latest Statement of Functions (1972) adds that with continuing education the licensed practical nurse may assume greater responsibility in patient care management and in special areas of practice (Licensed Practical Nurses in Nursing Service, 1972).

However, research over the years which attempted to delineate the specific activities that belonged to practical nursing as opposed to those belonging to professional nursing have not done so. That is, specific activities assumed to belong within the scope of practice of the LPN may be performed on a routine basis by the LPN without RN supervision.

Statement of the Problem

The Statement of Functions for practical nursing are only meant to be guidelines for practice. The research literature indicates that the domains of professional and practical nursing are not clearly delineated in actual practice situations (Austin, 1966; Bertrand and Souza, 1956; Division of Vocational Education, 1959; Hanson and Steklein, 1955; Peterson, 1966). Thus, the educator developing curriculum for

a practical nursing program must continually assess current practice situations to adequately prepare students to function upon graduation. In addition, as new Statement of Functions are adopted by the professional organizations, that which appropriately belongs in continuing education instead of the basic program must be identified.

Purpose of the Study

The intents of the present study were to identify how the graduates of one LPN program were utilized in actual practice situations and if their preparation was adequate for those practice realities. To accomplish these goals an extensive review of the literature was made to assure that appropriate activities, roles and functions were sampled by the data gathering instrument. The review of the literature suggested that questions concerned with the following areas be asked:

1. What were the graduates personal characteristics in terms of year of graduation, sex, age, ethnic origin, marital status and number of children?
2. How many of the graduates were employed as licensed practical nurses?
3. In what type of institutions were the graduates employed?
4. In what position did the graduates function?
5. Were the graduates being prepared for the responsibilities that were being given them in their work situations?
6. If discrepancies between educational preparation and job function existed, which of these responsibilities might

appropriately be included in their basic education program?

7. What types of continuing education programs should the community college offer?

8. Did the graduates feel adequately prepared by the educational program?

9. What recommendations were necessary for improvement of the program?

CHAPTER II

REVIEW OF LITERATURE

Much of the literature on practical nursing education consists of standards published by professional nursing organizations. In addition, a number of studies have been concerned with determining the most effective methods of preparing students to practice safely. Until recently the need for research in practical nursing had not been recognized (Johnston, 1966).

In the 1920's, nursing educators began to query the practice of nursing by those with little or no formal education. The Goldmark report, published in 1923, confirmed that a large group of personnel described by various titles such as practical nurse or household attendant, were equal in number to registered nurses and that they were performing nursing care. Although there was a shortage of nurses the committee stated that such limited preparation was inadequate to meet society's needs for nursing care.

The Goldmark report recommended that state licensing laws be enacted to establish minimum requirements for all persons who nursed for hire. They also recommended that the course of study be extended to at least eight or nine months and that the completion of elementary school be a criterion for entering the program. While the committee agreed that there should be a minimum age of 18 years, they felt that older women, if given the opportunity for such an education would provide valuable service.

Although the committee suggested that practical nurse programs

be conducted in hospitals, there was no plan for the employment of the graduate in hospitals. The program was designed to continue the preparation of persons for home nursing combined with simple household duties (Goldmark, 1923).

In 1936, a joint committee on practical nursing made up of representatives of the three national organizations, the American Nurses' Association (AMA), the National League of Nursing Education (NLNE), and the National Organization for Public Health (NOPH), designed a course of study entitled, *Subsidiary Workers in Nursing Agencies* (AJN, 1939). Renamed, *Subsidiary Workers in the Care of the Sick* in 1940, the group's belief was that these workers would administer drugs. Emphasis, however, was placed on household management, although a footnote specified that: "unless there is a special understanding between the subsidiary worker, the family, and the supervisor, the worker should not be expected to do such work as spring or fall housecleaning, cleaning walls and windows..." (p. 760).

During the 1940's, as registered nurses entered the military in great numbers, the number of practical nurses employed in hospitals increased. With the move to the hospital the role of the practical nurse changed. Once an untrained assistant caring for the ill in the home, the practical nurse was now filling the void of the registered nurse in the hospital. Following World War II, it was anticipated that employment situations in hospitals would revert to conditions that prevailed before the war. It was assumed that as professional nurses returned from the military services, the practical nurse would no longer be needed. However, health care needs and demands of the public had increased and hospitals found that they were not able to provide all of

the nursing needs by using primarily health professionals.

Concern about the role of the practical nurse and the additional responsibilities being afforded her in the hospital setting were transmitted through a committee representing education, nursing, allied health fields and the lay public. In response the members conducted an extensive study, the results of which described the functions to be performed by the practical nurse. In 1947, the United States Office of Education published An Analysis of the Practical Nurse Occupation with Suggestions for the Organization of Training Programs. The analysis covered three phases:

1. What the practical nurse must be able to do
 - a. Scope and limitations
 - b. Duties usually combined with the job
2. What the practical nurse must use
 - a. Equipment and supplies
 - b. Preparation for use
 - c. After care
3. What the practical nurse must know
 - a. Related theory and science
 - b. Safety precautions
 - c. Judgments and relationships
 - d. Unfamiliar words (p. 5)

Considerable disagreement existed among nurse and employers about which procedures a practical nurse might perform. The committee decided to include as possible practical nursing duties only those procedures on which there was 100 per cent agreement among the members. As a result, procedures such as urinary catheterizations,

eye, ear, nose and throat irrigations and intramuscular injections were excluded, while oral medications, insulin injections, and subcutaneous injections were given only when it was not necessary to calculate a divided dose. Housekeeping duties were highly stressed, while procedure which required aseptic techniques and sterilization were "carried out only when she is under the direct supervision of the registered nurse..." (p. 12).

The following definition of practical nursing was accepted by the committee:

A practical nurse is a person trained to care for subacute, convalescent, and chronic patients requiring nursing services at home or in institutions, who works under the directions of a licensed physician or a registered professional nurse, and who is prepared to give household assistance when necessary (p. 1).

This study was a milestone in practical nursing. Literature reveals that this was the first time that a committee had attempted to reach agreement regarding the functions of the practical nurse. The analysis, which provided a basis for curriculum construction, was followed in 1950 by the Practical Nursing Curriculum (United States Office of Education, 1950). Under the influence of this publication the practical nursing curriculum began to be stabilized at one year and its content became more uniform.

Perhaps the most influential of the postwar studies on nursing was Esther Lucile Brown's, *Nursing for the Future*. In order to plan for the future health services her study emphasized that nurses would increasingly become part of the health team. Brown felt that

professional nurses would be required to assume more supervisory and administrative roles, assisting physicians and assuming responsibilities in the field of preventive medicine. She stressed that professional nurses should "be freed, or should free themselves, to the maximum degree from the relatively unimportant duties that other, less-skilled groups could do" (p. 63). Her report recommended that practical nurses be educated to work with the nursing team.

One year later, in 1949, the National Federation of Licensed Practical Nurses, Inc. (NFLPN) was organized and joined the other national organizations. The major objective of the committee was to promote the wise use of practical nurses in nursing services by clarifying their role and making suggestions as to their preparation, selection, placement, supervision, and in-service education. The committee also believed that teamwork between professional and practical nurses should be developed. To this end a revised definition of the practical nurse was prepared and adopted by the board in January, 1950 (Phillips, 1952). The following definition of a practical nurse appeared in the 1951 Practical Nurses in Nursing Service:

The practical nurse is a person trained to care for selected convalescent, subacutely and chronically ill patients, and to assist the professional nurse in a team relationship, especially in the care of those more acutely ill. She provides nursing services in institutions, and in private homes where she is prepared to give household assistance when necessary. She may be employed by a private individual, a hospital, or a health agency. A practical nurse works only under

the direct orders of a licensed physician or the supervision of a registered professional nurse (p. 11).

LaPerle (1952) compiled a report of research activities carried on by the national nursing organizations. She reported that professional nurses began to recognize the need for a research program on nursing functions that would determine proper allocation of functions. In 1950 the House of Delegates of the American Nurses' Association approved the plan for such a research program. The plan called for the study of the functions and relationships of all types of nursing personnel. Thus, a five-year plan for research in nursing was launched, which was financially supported from voluntary membership contributions.

Meanwhile, the W. K. Kellogg Foundation provided funds for developing one-year programs of practical nursing in Michigan. A major impact on practical nursing education came with the publication in 1957 of a study of practical nursing education in that state between 1947 and 1952. *Facts About Practical Nurses Education in Michigan* written by Ralph Tyler, evaluated the project and suggested methods of improving practical nurse education in the state. The study, summarized in *Licensed Practical Nurses in Nursing Services* (1972) pointed out that a program should have an accepted philosophy with written objectives that supported the philosophy. Tyler suggested as reiterated from the summary, "that a variety of agencies be used for clinical experiences so that the students could be prepared for the expanding role of the practical nurse in nursing services" (p. 5). This study gave significant guidance to the country as a whole.

Between 1950 and 1954, the W. K. Kellogg Foundation also granted

funds to five southern states, Louisiana, Alabama, Arkansas, Mississippi and Florida, to expand and strengthen their practical nursing programs. The second project also brought about the establishment of advisory committees on practical nursing education for the state department of public instruction and the appointment of a professional nurse as state consultant on practical nursing (West & Crowther, 1962).

At the same time the Tyler study was published, the boards of directors of the ANA and NFLPN together were developing the first Statement of Functions of the Licensed Practical Nurse (1957). Their work took into consideration the social change that had taken place in the health services necessitating the use of the practical nurse. Most states had enacted legislation by this time, and practical nursing was defined in the law. Therefore, the Statement of Functions, developed by the boards provided a guide for interpreting the licensing legislation, evaluating the educational standards, using the practical nurse, and assisting the practical nurse in evaluating her own nursing practice.

The statement recognized the two roles of the practical nurse, and it placed the responsibility for determining nursing needs, developing nursing care plans, and assigning nursing functions upon the professional nurse. It further indicated that the professional nurse was responsible for teaching and providing guidance to all nursing personnel concerned with patient care.

The boards of the two organizations stressed the importance of education for nursing practice, including the opportunity for courses for practical nurses who had been licensed under waiver provisions in state law. They recognized the important need for orientations,

in-service education, and postgraduate courses for nursing in specialized services. The statement pointed out that the functions of the practical nurse should include only those duties for which she had received preparation. The functions as stated fell into three broad categories as follows:

1. Personal and environmental hygiene, comfort and safety of the patient, interpersonal relationships, spiritual needs of patients, observing, recording, and reporting signs and symptoms, nursing where professional judgment is not required, and rehabilitation.

2. Contribution to the understanding of the policies of the particular institution, staff and community relationships.

3. Personal growth.

The National League for Nursing Council on Practical Nursing, which was formed in 1957, recognized the need for more information about the programs of practical nursing. Programs were being established at a rapid rate, new subject matter was being added to the curriculum, and there was considerable variation in organization and content of the curricula for practical nursing.

With the publication in 1959 by the United States Office of Education of Guides for Developing Curricula for the Education of Practical Nurses, new concepts related to the organization and implementation of the curriculum were introduced. These new concepts appeared at a time when increasing attention was being given to the "expanding role" of the practical nurse in nursing service (Licensed Practical Nurses in Nursing Services, 1972). In 1960, the National League for Nursing and the Office of Education joined with the Public Health Service to conduct a questionnaire study of all practical nursing

programs in the United States. The report of this study, Education for Practical Nursing, 1960, provided information on practical nursing students and on the programs in existence in that year. The report showed a tremendous increase in the number of students admitted to practical nursing education programs, and that many were high school graduates whose average age was 25. This was in contrast to earlier years, when practical nursing students were older, frequently with only a grade school education. In general the curriculum pattern consisted of a didactic program followed by practice. It was evident from the recommendations made by the committee that the programs were not educationally sound. The major recommendation was that "NLN take leadership in developing evaluation criteria for programs of practical nursing which are essential to the operation of a good program" (West & Crowther, 1962, p. 7).

At the 1960 American Nurses' Association Convention a significant resolution was presented to the Committee on Resolutions and adopted. Because of the continuing confusion about the role and functions of the practical nurse, the ANA Board was asked to "Intensify its efforts to bring about a clear understanding of the relationship between the functions and roles of the professional and practical nurse to insure the most effective utilization of nursing personnel" (ANA Convention Report, 1960, p. 834).

In 1964, the boards of the National Federation of Licensed Practical Nurses, Inc. and the American Nurses' Association approved an elaboration of the 1957 State of Functions of the Licensed Practical Nurse. While much of the 1957 statement appeared in the 1964 statement, there were certain significant changes. The two roles

of the practical nurse were more clearly defined, and the interpretation of many of the statements provided some clarification. The 1964 statement was expanded to include the purpose, education and licensure, personal qualifications, and legal status of the practical nurse (Statement of Functions, 1964).

By 1965 the National League for Nursing's Council of Member Agencies, made up of schools of practical nursing, had finished its criteria which were published as a Guide for the Evaluation of Educational Programs in Practical Nursing. The criteria enabled the schools to develop their own measures for expanding and improving practical nurse education. However, about the same time the ANA published a Position Paper that emphasized the need to "systematically work to facilitate the replacement of programs for practical nursing with programs for beginning technical nursing practice in junior and community colleges" (American Nurses' Association, p. 111). Strong opposition to the ANA was expressed by the practical nursing organizations, including hospital and nursing home associations who recognized the importance of practical nursing programs. Therefore, under the guidance of the Division of Nursing Education of the National League for Nursing, these schools assumed responsibility for developing criteria and standards for improvement in the schools of practical nursing. Accreditation for practical nursing programs was also offered by the National League for Nursing beginning in the late 1960's as a means of school improvement (Abdellah, 1973).

The second national survey of the practical nursing program, Practical Nursing Education Today (1966), was made too soon after the publication of the criteria for their full impact to be reflected in

the findings. However, the report of the 722 practical nursing programs surveyed in 1965 indicated improvement in several areas. There was an upward trend in the educational background of entering students. The majority of programs had a written philosophy and written objectives. Clinical instructors were being employed in greater numbers by the controlling agencies, and the instructors were selecting the learning experiences. There had been a substantial increase in the number of programs that included experience in the care of emotionally disturbed patients. The findings showed, also, that experimentation in "providing an integrated more unified curriculum" was being carried on in many schools (p. 25). However, some programs were operating with only one faculty member who was responsible for all of the teaching in the program. Several recommendations were made with regard to more effective means in selecting students, and faculty, and in ensuring adequate educational and clinical resources.

It became evident that changes were taking place in the practical nursing curriculum. Faculty began to develop philosophies and objectives for their programs of study that were in keeping with the accepted roles of the licensed practical nurse and the Statment of Functions.

The first nationwide survey of licensed practical nurses, published by the Division of Nursing was completed in 1967 by the ANA. The study, which included all practical nurses licensed during that year, was conducted to obtain information regarding their age, sex, marital status, employment, regional distribution and residence. According to the 1967 Inventory of Licensed Practical Nurses, 343,635 practical nurses maintained licenses to practice in the United States. About 74

per cent reported they were employed in nursing. Approximately two-thirds of the employed practical nurses worked in hospitals, an additional 12 per cent worked in nursing homes; 14 per cent were engaged in private duty nursing, and 6 per cent worked in physician's and dentist's offices' and about one per cent work in public health. Of those employed, 94 per cent were women, more than half were married and the median age was 44 years. The state supply of practical nurses ranged from 199 in Alaska to 25,293 in New York. The supply estimates for New York, Pennsylvania, Texas, and California were all over 20,000. Together, these four states accounted for 35 per cent of the total employed licensed practical nurses. The 1967 inventory reported findings only; no conclusions were drawn and no recommendations made (Marshall & Moses, 1971).

One year later, in 1968, a questionnaire was mailed to the entire membership of the National Federation of Licensed Practical Nurses. There were 10,454 replies. The survey was conducted to obtain personal data and characteristics regarding employment and educational activities. Of those who responded, 77.4 per cent were 40 years of age or older, 71.2 per cent were high school graduates and 79.4 per cent worked full time. Two-thirds of those who worked full time were employed in general hospitals in medical-surgical nursing. Other major fields of employment were nursing homes, 12.6 per cent, physicians' offices, 5.7 per cent, public health nursing, 1.8 per cent with the remainder in private duty nursing. The average yearly income in 1967 was approximately \$4,000. With regard to the employment status of the practical nurse, the NFLPN said that the "LPN is unquestionably a huge resource of competent manpower with which to meet the future health

needs of the nation" (p. 29). The study presented only findings and no recommendations were made.

It was not until 1967 that a committee was appointed to do a comprehensive study of nursing and nursing education. After two and one half years of study, the Commission, under the direction of Jerome P. Lysaught, published its report, *An Abstract for Action*. Although the Commission studied major issues facing the nursing profession, it became apparent that recommendations made would involve the LPN as well. In October 1972, a conference was held to discuss the major issues in practical nursing (Lysaught, 1973). Representatives from professional nursing organizations, and Schools of Practical Nursing, shared information pertaining to the:

1. definition of the role of beginning practitioners and the expanding practice of the LPN
2. action by RN's toward understanding and accepting the educational role, stated functions, and job descriptions of the LPN so that both might practice nursing efficiently and effectively as integral members of the nursing team
3. identification of curricular objectives for the practical nursing programs and establishment of goals for continuing education programs
4. preparation of educators who can and will develop a core foundation for nursing within an overall pattern of preparatory and continuing education
5. identification of occupational competencies for each level of nursing.

6. articulation among existing lateral and vertical mobility as desired by the individual student and practitioner
 7. recognition of previous learning experiences and provision of variety of career opportunities for the LPN
 8. continuing education system to develop or maintain occupational competencies and provide advanced credit standing for the individual practitioner and student
- (Lysaught, 1973, p. 357).

A resolution was passed. "Be it resolved that the Commission include practical nursing in its final report as an integral part of nursing" (Lysaught, 1973, p. 357).

During that same time period the NFLPN prepared and approved the Statement of Functions and Qualifications of the Licensed Practical Nurse. The purpose of the 1972 statement was to identify the role of the practical nurse in today's health systems and to serve as a guide to:

1. The maximum utilization of the LPN in nursing services
2. Self-evaluation of nursing practice by the LPN
3. Development and evaluation of educational standard for the professional preparation of the LPN and
4. The interpretation of licensing legislation

(Licensed Practical Nurses in Nursing Service, 1972, p. 25). The committee further emphasized that the statement should serve as a guide for both employers and nursing educators in designing curriculum and continuing education programs for the practical nurse.

Related Studies

Although numerous studies have been conducted to improve practical nursing education, few have been devoted to the changing role of the practical nurse and the proper preparation and utilization of such personnel in the health work force. One of the reports of the five state studies supported by the W. K. Kellogg Foundation, was that conducted by Bertrand and Souza. In A Study of Practical Nurse Education and Practical Nursing in Louisiana, 1950-1955, the authors sought to determine the activities of the practical nurse as well as the qualifications and characteristics that were necessary for the success in practical nursing. Other purposes of the comprehensive research were: to determine how well the practical nurse performed according to the employer and education preparation; to determine the need for practical nurses and how well these needs were being met; to determine the effectiveness of the instructional program; and to study practical nursing education administrative organizations and its relation to effective training.

The basic data were obtained through a mailed questionnaire, through personal interviews, and from files of various offices associated with practical nursing. The questionnaire used to determine activities the practical nurses were most likely asked to perform was sent to a random sample composed of 353 practical nurses and 425 registered nurse supervisors, physicians, and instructors of practical nurses.

According to the findings all activities falling within the realm of nursing were performed frequently by the practical nurse. Only two activities were listed as never done by at least three-fourths of

the practical nurses. These were: starting blood transfusions, and working in mental institutions. Many activities that were performed frequently did not require additional educational preparation, although employers advocated the frequent performance of controversial functions and justified this as being "due to a shortage of registered nurses" (p. 73).

A significant number of practical nurses revealed that their educational preparation was inadequate for the responsibility they were given, and indeed, considered it their "number one problem" (p. 75). The practical nurse instructors indicated that a gap did exist between what was being taught and actually practiced in the hospital and considered this their "number one problem" (p. 75). They also expressed the view that hospitals were setting the standards for practice.

The exact functions which the practical nurse should perform were not agreed upon between the physicians and registered nurse supervisors. There was a tendency for the physician to consider the skills of a particular practical nurse when assigning a task, whereas the registered nurses placed more scrutiny upon a particular activity to be performed.

In the area of administration of medications, about 30 per cent of the doctors and one-half of the registered nurses agreed the practical nurse would not administer divided doses of drugs. However, 66.7 per cent of the practical nurses felt well prepared for this task, and over three-fourths felt well prepared to administer oral and parenteral medications, with the exception of starting intravenous fluids. The study reported that it had gathered basic information to serve as a

substantial beginning to the future of practical nursing.

In Minnesota, Hansen and Stecklein (1955) conducted a survey regarding the functions of the practical nurse. This study, involved 19 schools of practical nursing and 238 licensed practical nurses and compared the curriculum content of the schools with the actual practice of the graduate practical nurse. The findings demonstrated that the graduates were performing duties and assuming responsibilities which were not taught to them in the school. In some instances the practical nurse reported that as many as 50 per cent of her duties were not included in her basic curriculum.

Woerdchoff (1957) attempted to determine specific functions performed by the practical nurse in Indiana. The study included 176 practical nurse graduates in an on-the-job situation. The members of the group had graduated from a school of practical nursing in Indianapolis between the years of 1950 and 1957. The research project utilized a questionnaire which contained a list of 345 activities. Approximately 100 items were concerned with housekeeping, cooking, serving food, laundry, and home repairs. The other items were those that might be performed by the graduate.

A number of important findings resulted from the research. During the period studied practical nursing were attracting more women between the ages of 31 and 50 years than younger persons. Most recent data show that this trend is being reversed, and fewer older women and more younger students are enrolling in schools of practical nursing (Practical Nursing Education Today, 1966; Tate & Knopf, 1968; Tomilinson, 1969; West & Crowther, 1962). Woerdchoff's study indicated that 83 per cent of the 176 graduates were employed in hospitals. Results indicated

that most of those items concerned with household duties were of questionable value in the curriculum, since students employed in hospitals rarely, if ever, used such skills.

One year later, Young (1958) questioned 46 practical nurses in five selected hospitals in New York to determine the type of activities they were performing. The survey was designed to determine what they were taught, and, if they were taught the items queried, in school, or on the job. The data collecting device was a mailed questionnaire. There were 72 items listed, many of which were considered to require the skill and educational background of the professional nurse.

The investigator found that all but two of the procedures listed, were performed by the practical nurse. The two not performed by the practical nurse were the administering of intravenous fluids and drawing blood. Specific areas of conflict between what the practical nurse was taught and what she performed included the following skills. Forty-seven per cent cared for tracheostomized patients and over three-fourths cared for the critically ill. Thirty-seven per cent reported they were in charge of a unit, although only 15 per cent accepted verbal orders from the physician. Oral medications were administered by 70 per cent and 50 per cent stated they gave subcutaneous and intramuscular injections. A significantly high number reported they performed housekeeping duties. The practical nurses indicated that many procedures which they performed had been learned through observation rather than through an in-service program.

The findings also indicated a lack of preparation for functions the practical nurses were expected to perform, and a wide variation between assignments in the hospitals. Young recommended more precise

job descriptions, in-service programs and job orientation. She also advised practical nursing educational programs to revise the curriculum to prepare students to meet the needs of the employing agencies. She reported that understanding of the role of the practical nurse must exist among health personnel.

During the late 1950's and the early part of the sixties several investigative studies on the status of the practical nurse and educational preparation were conducted in the western states. In 1959, the Division of Vocational Education, University of California, published the results of their survey in A Study of Vocational Nursing Needs in California. The basic purpose of the study was to secure data that would serve as a guide in further improvement of vocational nursing in the state. The data, collected by the questionnaire method, was obtained from 760 licensed vocational nurses (LVN) and 120 registered nurse instructors in 40 accredited schools of vocational nursing.

The purpose of the questionnaire sent to the LVN's was to determine the frequency of their performance of the functions, whereas, the one sent to the faculty was to determine if preparation to perform the functions was provided in the curriculum. The findings indicated that approximately 32 functions, out of 123, were performed by 67 per cent of the LVN's. These functions consisted of those which provide for basic daily needs. At least one-third performed housekeeping duties as well as administering oral medications on a daily basis. Two-thirds reported caring for the critically ill, although one one-third frequently performed controversial functions.

Faculty consensus on the questionnaire was high regarding

preparation of basic nursing functions in the curriculum. The greatest difference existed in the area of preparing practical nurses to administer medications. Fifty-nine per cent reported that the administration of oral sedatives was part of the curriculum, only 47 per cent revealed that it should be included as basic content.

The study emphasized the need for continuing education for the practical nurse beyond the basic program. It also stressed revision of regulations regarding the administration of drugs by the LVN's. Twenty-two significant recommendations were made regarding the findings.

At the same time in Oregon Tews (1959) conducted a study in one hospital to identify the scope of practical nursing activities which potentially could serve as a basis for a job description or curriculum content. To determine the actual functions of the practical nurse, the investigator used the direct observation technique for a period of eight hours for five days for each shift. Differences in nursing activities that were performed on the day shift and those on the evening shift did exist. She found that those who worked during the day were primarily involved in direct patient care 73 per cent of the time. Other activities included charting, housekeeping and personal matters. Conversely, it was found that the practical nurses observe on evening shift were involved in activities with more responsibility, such as the administration of medications and charge duties.

Tews also observed that not only was professional supervision of the practical nurse minimal, but instructional activities were completely lacking. In general the findings of the report indicated that with such a broad scope of nursing activities, development of

an all inclusive job description was not feasible. In 1962, a study by Christenson substantiated Tews' findings. Additional studies conducted in the Western United States by Feinberg (1963), Mayer (1960), and Smith (1961) confirmed earlier studies of personal characteristics, job satisfaction and employer satisfaction with practical nurse.

In 1962, responding to the expressed need for factual data related to health manpower, the National League for Nursing undertook a longitudinal study of men and women who entered nursing in that year. This was the Nurse Career-Pattern Study, planned as four concurrent studies one for each type of nursing program. The study was designed to be broad and exploratory.

Part 1: Practical Nursing Programs by Tate and Knopf (1968) included 3,014 students from 117 state-approved practical nursing programs. The programs varied in length ranging from ten months to two years. All data were collected by mailed questionnaires which took place at three periods - upon entrance, upon graduation, and one year after graduation. Response to each questionnaire ranged from 94.5 to 99.5 per cent.

Of the 3,014 students, 75 per cent had completed high school and one-half were between the years of 18 and 24, although there was an age range from 14 to 55 years. Two per cent were men. About a third were married. Over 80 per cent of those who were married or formerly married had children, with 36 per cent having three or more children. The reason stated for the students choice of practical nursing was by the specific location of the school or the fact that it was the only one available.

The survey showed that approximately 90 per cent of those who

were employed one year after graduation were employed on a full time basis. Seventy-five per cent of those employed reported working in a hospital. Nursing home employment, private duty and office nursing were specified by a small per cent. For the most part, practical nurses said they occupied the position of staff nurse. More than a third were doing general or medical nursing and another fifth either medical or surgical nursing. The number continuing their nursing education during the first year after graduation was small. About six per cent had taken some type of in-service or postgraduate course and less than 20 per cent were in an educational program which would lead to licensure as a registered nurse.

Over 90 per cent felt practical nursing had met their expectations regarding personal satisfaction, about 83 per cent found employment readily available, about 72 per cent thought working conditions were as anticipated, but only 43 per cent were satisfied with their salary as practical nurses. For full time work as a practical nurse during the data collection years of 1964 and 1965, nearly one-third reported a monthly salary between \$201 and \$250; another 28 per cent were earning between \$251 and \$300, and another fifth between \$101 and \$200. Several conclusions were drawn from the findings and recommendations made.

In her research, Sister M. Amadeus Klein (1963) concluded that certain personal and employment factors do affect work performance. Data was collected by a personal interview and a card sort on a population of 70 practical nurses who were graduates of the same educational program, and were currently employed in the same hospital. Specific factors relating to physical, social, moral and religious,

cultural, psychological, work relationships, role status, and job satisfaction were listed on cards. The participants scored each factor on five-point scale: strongly agree, agree, undecided, disagree, and strongly disagree. The findings showed that work performance among the selected practical nurses was positively influenced by certain environmental factors. In fact, they considered it to be the most important factor in work satisfaction. However, those who had been employed the longest regarded the role status work relationships, moral and religious factors to be more important concerning work satisfaction.

Three surveys conducted in the mid-west revealed certain personal and professional characteristics of the practical nurse during the sixties. Stability of employment among practical nurses was pointed out by Christenson in 1964. Five years after graduation 43 per cent of the practical nurses were employed full time as compared to 27 per cent of the diploma and baccalaureate graduates. The practical nurses had the least turnover due to job dissatisfaction. Although graduates from all three types of nursing programs showed a positive correlation between the presence of children in the family and lack of employment, the practical nurse group was least influenced by this.

Treece (1965) studied graduates of 12 practical nursing programs in Minnesota for the years 1955, 1960 and 1964. The sample consisted of practical nurses who had graduated one, five, and ten years previous to the study. About a fifth of this sample had been over 20 years of age when they entered the practical nursing program. For those graduated one year previously, Treece found that 45 per cent were married, while of those who graduated five and ten years before, the proportions married were 84.2 per cent and 85.2 per cent respectively.

Almost 58 per cent of all the graduates were currently employed in practical nursing, and more than a 33 per cent had worked in practical nursing continuously since graduation. Family responsibilities were the most frequent reason cited for periods of inactivity in nursing. More than three-fourths of the entire sample in the study were satisfied with each of the 18 selected working conditions cited. The exceptions to satisfaction were: salary, 57.5 per cent; and opportunity for advancement, 61 per cent. Graduates in the Minnesota study who planned to continue in their present job reported greater satisfaction with the opportunities for advancement than did others.

In attempt to identify personal, social, educational and employment characteristics, Tomilinson (1965) conducted a survey of a ten per cent sample of persons who had been issued a practical nursing license in Iowa and Illinois. The report of 495 licensed practical nurses showed that recent graduates were younger and had more education than those in comparable study of the previous decade. The median age was 37 years. In regard to employment, Tomilinson stated that "LPN's probably have the highest labor force participating rate in the combination group, male or female" (p. 32). Over 70 per cent were employed full time as licensed practical nurses, with 64.4 per cent employed in hospitals, 11.9 per cent in private duty nursing, and 2.8 per cent in doctor's offices. Although Illinois required only a tenth grade education for license as a practical nurse, 61 per cent had a high school diploma or the G.E.D. Iowa Statutes require high school graduation or its equivalence for admission to an approved program. About 80 per cent of the groups surveyed were married, seven per cent were single and 11 per cent were widowed, divorced or separated.

Some of the major conclusions drawn from the Illinois/Iowa study included that practical nurses were welcome in all types of health institutions. Practical nurses expressed satisfaction with employment. Non-employment was attributed to family responsibilities.

In Texas, Sister Austin (1966) conducted a survey in 527 hospitals as to the role of the practical nurse in the future. The questionnaire replies from the hospital administrators revealed that the majority of hospitals in Texas employed practical nurses. They ranked second in number of nursing personnel employed by Texas hospitals. More than half of the administrators thought that the practical nurse would assume more responsibility and that legislation should be changed to permit the practical nurse to take more responsibility. The majority stated that they would employ more practical nurses if they were available. Practically all administrators said "the practical nurse is here to stay" (p. 63).

A second and different questionnaire was sent to all boards of nursing or nurse examiners for professional and practical nurses. Many boards indicated that the practical nurse curriculum would become more complex and the type of preparation required would be similar to that for the diploma graduate.

On the basis of the findings, Austin predicted that the practical nurse would have a broader role in hospital care in the future, that her preparation would become more complex, and that her responsibility would be increased accordingly. Although the study was limited to Texas hospitals, the author believe that the thinking of these hospitals and their problems were representative of all hospitals in the United States due to realignment of nursing functions.

Peterson undertook a study in 1966 to ascertain the expressed opinions of professional and practical nurses regarding the 1964 revision of Statement of Functions. The survey was designed to elicit information concerning the appropriateness of function, degree of importance of the functions, and the present practice of the functions. Data, collected through the use of a questionnaire, was obtained from 70 professional nurses and 61 practical nurses in eight selected general hospitals.

The findings reported that 23 out of the 58 statements of functions were considered appropriate by both groups. Significant differences existed regarding the administration of drugs, participation on policy and procedure making committees. More professional nurses than practical nurses thought these functions were not appropriate. Both groups rejected three statements related to utilizing and understanding community resources and public health services, as appropriate to the functions of the practical nurse. Implications from this study revealed that further research was needed regarding the specific functions of the practical nurse.

Five Years After Graduation, a reevaluation study of practical nurse participants in the Nurse Career-Pattern Study, was published. Conducted by Knopf (1970), the follow-up study substantiated the earlier research. Personal characteristics, and employment patterns were essentially the same.

In Washington, DeColon (1973) attempted to determine employment status and reasons for unemployment of practical nurses. A questionnaire was mailed to 489 Clark College graduates from 1952 through 1971 to elicit personal data, information as to length of

employment and areas of employment, and information about employment. The Clark College graduates differed to some degree from those reported elsewhere in the literature. That is, DeColon's study indicated that more practical nurses were older and unemployed. A large number sought further education in nursing or other fields which accounted for some of the unemployment among the practical nurses.

A recent NLN survey conducted by Nash (1975) took into consideration the changes that were occurring in the 1973 educational pattern of nursing, in the aspirations of nursing students and in the health care delivery system. In addition, the research sought to determine if job opportunities met the expectations of the beginning practitioners and were those which they and their prospective employers felt they were prepared to fill.

The impetus for conducting the study into the employment status of nurses was generated by Tate and Knopf's 1962, Nurse Career-Pattern Study. The purpose of the study was to secure information about the job seeking experiences of newly licensed nurses. A total of 1,460 or 73 per cent, responded to the questionnaire.

The findings showed that over half of the practical nurses were under age 25 and married. One out of every five had the responsibility for caring for children under six years. Ninety-six per cent reported attending school less than 100 miles away from home. Less than one-fourth expressed a desire or intention to continue their education. Upon graduation more than 80 per cent of the practical nurses reported taking a job in nursing while awaiting licensure. A substantial proportion of newly licensed practical nurses, 40 per cent, had positions waiting for them and, therefore, did not actually go into the labor

market to seek employment.

Although salary and fringe benefits were important determinants in selecting a job, they were outranked by the importance of work environment. Over 75 per cent indicated that the environment in which one must work e.g., the conditions, including hours and personnel, was an important factor. Approximately 90 per cent were employed as nurses in hospitals and 72 per cent reported earning less than \$8,000 per year. The majority, 53 per cent, felt that their skills were adequately utilized, only 35 per cent were very satisfied with their job.

Literature in the field of practical nursing points out a substantial increase in the number of educational programs and graduates in the past two decades. In addition, the quality of the graduates being prepared has improved greatly. There has also been a corresponding increase of responsibilities required of the practical nurse. Recognition of practical nursing as an integral part of nursing has led to the progressive evaluation and redefinition of standards and roles by professional nursing organizations and legislative bodies. However, the literature also shows (Christension, 1964; DeColon, 1973; Division of Vocational Education, 1959; Feinberg, 1963; Hanson and Stecklein, 1955; National Federation of Licensed Practical Nurses, 1969; Peterson, 1966; Tomlinson, 1969; Treece, 1965; Woerdehoff, 1957; Young, 1958) that although practical nurses are stable and contributing members of the health care work force, clearer delineation of roles and functions is necessary.

CHAPTER III

METHODOLOGY

The Blue Mountain Community College (BMCC) Practical Nurse Program in Pendleton, Oregon, is one of the major educational programs directed through the Applied Science Division of the college (Blue Mountain Community College, 1974). The program was approved by the Oregon State Board of Nursing in 1960 (Oregon State Board of Nursing, 1974). In 1968 and again in 1974, the program was approved by the board for continuing accreditation (Oregon State Board of Nursing, 1974). Fifteen classes of students have completed the ten month program (Blue Mountain Community College, 1974). The present study sought to determine the effectiveness of the BMCC Practical Nurse Program from the years 1969 through 1974. The study was designed to produce descriptive data about these graduates and their subsequent occupations and contributions to the health field. The rationale for choice of the 1969-1974 time period was four-fold: (1) there was a major faculty change in 1969; (2) there has been a substantial increase in the number of students entering the program; (3) there has been no systematic collection of data on which to evaluate the program since 1969; and (4) there has been a recent revision of nurse practice acts.

Because the number of graduates from 1969-1974 totaled 123, and because a mailed questionnaire was the only way to collect the data needed, all graduates were included in the sample. Through this mechanism, the investigator sought to overcome the potential problem

and because a mailed questionnaire was the only way to collect the data needed, all graduates were included in the sample. Through this mechanism, the investigator sought to overcome the potential problem of low returns that can occur when mailed questionnaires are the tool of choice (Bevis, 1973).

Development of the Questionnaire

An extensive review of the literature was undertaken to assure the investigator that the questions asked would provide the data necessary to fulfill the purpose of the study. A copy of the cover letter and questionnaire is included as Appendix A.

One frequently used area of evaluation consists of comparisons of the characteristics of an individual program and its graduates with national statistics collected from similar schools of practical nursing. Therefore, questions in the present study elicited information regarding the graduates personal data, professional data and educational activities.

Since studies (Christenson, 1964; DeColon, 1974; Feinberg, 1960; Klein, 1963; Knopf, 1970; Nash, 1975, Tate & Knopf, 1968; Tomlinson, 1965; Treece, 1965) demonstrated that personal factors and attitudes do effect the current working status of the practical nurse, questions one through six of the questionnaire established data regarding the graduates personal characteristics, such as year of graduation; age and sex; ethnic origin; marital status and number of children. Questions seven through 18 determined professional data. The graduates were asked to report employment conditions, such as number of hour per week employed as a licensed practical nurse (LPN); salary; geographic location; type of employer; clinical field of practice and position held. Respondents

who were not working were asked to identify the major reason(s) for unemployment. Other questions in this section elicited whether employment as an LPN had been available and if unemployed, the duration of such period.

According to the literature (Austin, 1966, Bertrand and Souza, 1956; Division of Vocational Education, 1959; Hanson and Steklein, 1955; Young, 1958) one of the major issues facing practical nursing today, is that the practical nurse is asked to make judgments and assume responsibilities for which the basic educational program does not prepare her. The 1972 Statement of Functions and Qualifications of the Licensed Practical Nurse was interpreted by the National Federation of Licensed Practical Nurses', Inc. (NFLPN), to "reflect the expanding role of the LPN in today's health care system" (Licensed Practical Nurses in Nursing Services, 1972, p. 25). However, no information was found in the literature that actually identified what tasks and functions the practical nurse in the "expanding role" performed regularly as a result of the basic educational program. Thus, the question asked in the 1960's had to be asked again. That is, "Is the practical nurse asked to make judgments and assume responsibility for which the basic education program does not prepare her?" Since all classes in the 1969-1974 time period had passed state board licensing examination with better than average scores (Oregon State Board of Nursing, 1974), an alternate method to explore this question was developed.

A list of 72 potentially controversial functions from the literature (Fuerst and Wolff, 1969; Health Manpower References, 1975; Wood, 1973) and the investigator's experience were identified and

included as question 18. To establish how often the graduates performed such skills, the graduates were asked to check only those activities that they regularly performed on the job. Examples of activities included in this question ranged from assuming responsibility for informed consents to inserting endotracheal tubes.

Another recognized area of importance to both the school and employer is how well the graduates perform on the job (Bertrand and Souza, 1956; Bevis, 1973; Feinberg, 1960; Mayer, 1960; Woerdehoff, 1957; Wrigley, 1970). To explore this area the graduates were asked to evaluate the BMCC Practical Nurse Program. Questions 19 through 22 were designed to elicit the graduates' evaluation on how well the program prepared them to routinely do treatments, give oral and intramuscular medicines and to care for the critically ill patient. The performance skills were rated on a five point scale. Three open ended questions, 23 through 25, asked the graduates to express opinions related to the strengths and weaknesses of the program and changes they would like made. Question 26 attempted to elicit information about certain expectations that would be helpful prospective students of the BMCC Practical Nurse Program.

Items 27 through 34 were designed to gather data relating to the choice of an educational program. These items included questions on how they financed their education; whether their expectations in terms of employment as an LPN had been met; their involvement in nursing organizations and health related activities in the community; and types of courses they would like offered through BMCC to improve their practical nursing skills.

Nine questions, items 35 through 43, were designed to obtain

information about the graduates educational activities. The graduates were asked to indicate whether they were attending or had attended an educational program leading to eligibility for Registered Nurse (RN) licensure, the type of program they were attending or attended, and the years of attendance. If they completed the program, additional information about the program and their individual licensure status was requested.

Data Collection Procedures

To facilitate the data collection, a list of BMCC practical nursing graduates from years 1969 through 1974 was obtained from the Oregon State Board of Nursing Test Pool Licensing Examination report. Addresses for the graduates were used from grade transcripts filed in BMCC admission's office and current telephone directories. In a few cases in which no updated address was available, a telephone call was made to the graduate's parents or guardian listed on the transcript requesting a current address. One hundred and twenty three graduates, which represented all graduates from the six year period were included in the study.

The initial mailing of the questionnaire to each graduate was made June 19, 1975. It was accompanied by a cover letter briefly explaining the survey and requesting the graduate's cooperation, and by a preaddressed, postage paid return envelope. To insure the confidentiality of responses, the list of graduates and the return envelopes were coded by number.

At the end of a three-week interval 51 questionnaires were returned. The first reminder to the non-respondents that a reply was

desired was conducted by the BMCC nursing faculty through telephone interviews. As a result 16 additional graduates responded to the questionnaire within the next week. Approximately three weeks after the first follow-up, a second telephone interview was conducted by the investigator to local hospital directors of nursing to secure possible employment status of the remaining non-respondents. A total of 23 questionnaires and return envelopes were sent to the directors for distribution. By this procedure, 19 additional responded.

The combination of mail and telephone measures resulted in usable completed replies from 89 of the 123 graduates who comprised the original sample. The percentage of graduates responding to the questionnaire ranged from 40 per cent in 1969 to 92 per cent of the graduates in 1974. Approximately one-fourth of the questionnaires which were not completed and not returned apparently never reached the participants. There were 12 questionnaires that were returned by the post office for lack of an adequate address. The loss of one person from the 1969 class was accounted for by death. Thus, this study is based on a 72 per cent sample of all graduates known to be licensed practical nurses who graduated from BMCC during the years 1969 through 1974.

The data were presented with frequencies and percentages usually by year of graduation and geographic location of the graduates. Feedback from former students provided information which resulted in recommendations related to practical nursing education; employment; and suggested areas for further study.

CHAPTER IV

FINDINGS

Personal Data

The graduates were predominately married caucasian females over 25 years of age. In the entire group, there were five male respondents. All were married. Three respondents identified themselves as American Indian and one as Mexican American. Approximately one-third of the entire sample fell into the age range of 18 to 24; while 64.8 per cent of the graduates were 25 years of age or older. Eleven of the 20 graduates in 1973 represented the largest group of the younger ages, 20 through 24, and of the 22 graduates in 1974, 13 represented the largest group over 25 years. Two people did not reveal their age.

In the entire sample 13 to 14.6 per cent were single; 63 or 70.9 per cent were married; and approximately ten per cent of the female graduates indicated that they were divorced or separated from their spouses. One respondent was widowed. Although the class of 1974 reported the largest single group, only six of the 22 graduates indicated that they had never married. Three graduates did not answer the question.

For the total sample, 18 or 23.6 per cent, of the married or formerly married graduates had no children. Ten of these respondents were 1973 graduates. Thirty-two graduates or 42.2 per cent had one or two children. The next most common were families with three children,

13 or 17.1 per cent. Approximately nine per cent of the graduates had four children, and 7.9 per cent have five or more.

Professional Data

Full or part time employment as an LPN was determined by the number of hours worked on a weekly basis. Those who reported working less than 40 hours a week were considered part time. Table 1 describes the graduates' employment status by year of graduation.

Table 1

Employment Status of Graduates by Year of Graduation

Employment Status	1969 (n=7)	1970 (n=10)	1971 (n=15)	1972 (n=15)	1973 (n=20)	1974 (n=22)	Total Sample (n=89)	
	f	f	f	f	f	f	f	%
LPN - Full Time	4	6	5	11(1) *	12	15(2) *	53(3) *	59.6 (3.4)
LPN - Part Time	2	1	5(1) *	2	3	4	17(1) *	19.1 (1.1)
Non-Nursing				1	1(1) *		2(1) *	2.2 (1.1)
Not Employed	1	3	5	1	4	3	17	19.1

*The number in parentheses represents the male sample. They are included in the large number.

Of the 89 respondents, 70 or 78.7 per cent were employed as licensed practical nurses, 53 or 59.6 per cent on a full time basis and 17 or 19.1 per cent were on a part time basis. Of the 19 who remained unemployed as LPN's, 17 were not working at all and two were employed in non-nursing occupations. Three of the five male respondents

specified full-time employment as LPN's, however, one held another full time job as well. One male reported that he worked part time as an LPN, and held a full time job in a non-nursing field.

Job Availability and Unemployment as an LPN

The graduates were asked two questions regarding their employment as LPN's. Graduates were asked to check Yes or No to the question, "Has employment as an LPN been available whenever desired?" All but one responded to the question. Those replying that there had been periods of time after graduation during which they had been unemployed were asked how long they had been unemployed. Twenty-seven graduates reported some period of unemployment. Eight returned to the work force after a period of unemployment of less than two years. Only two indicated that they had not worked in practical nursing since graduation.

Of the 19 graduates not currently working in practical nursing or in a non-nursing field ten checked "family responsibilities" as the main reason. Reasons concerned with nursing itself included factors such as "loss of interest in practical nursing", "not economically feasible", "not being able to obtain the desired positions and/or hours", and "attending school". One graduate did not state a reason for unemployment.

Salary

To determine what the graduates were currently earning as LPN's, information was requested on gross salaries and the name of the city and state in which they resided. The data on salaries of the graduates working full time and those working part time as LPN's are presented

in Table 2 according to geographic location. Those 19 respondents who

Table 2

Monthly salary of Graduates as LPN's for Full Time
and Part Time by Region of Employment

Salary	Full Time			Part Time			Total Sample	
	I (n=6)	II (n=2)	III (n=45)	I (n=1)	II (n=1)	III (n=15)	(n=70)	
\$201-300				1		3	4	5.7
\$301-400		1	2			3	6	8.5
\$401-500		1	8			6	15	21.5
\$501-600	1		30		1	2	34	48.5
\$601-700	5		5			1	11	15.8

Region I: Eugene, Portland, Salem

Region II: Bend, Klamath Falls, Roseburg

Region III: Pendleton, LaGrande, Hermiston, Heppner, Weston
Umatilla, Enterprise, Prairie City, John Day, Pullman
and Walla Walla, Washington

were unemployed or working in a non-nursing field were excluded from the data. Of the three geographic regions, Region I included seven graduates who lived in the Willamette Valley, Region II included three graduates in Central Oregon, and Region III included 60 graduates in Eastern Oregon and Washington.

Thirty-four or approximately one-half of the total group showed salaries in the category covering the interval from \$501 to \$600 for both full and part time employment. Thirty-two of the 34 were employed in Region III. Of the 11 graduates earning more than \$600, six were

working in Region III, five on a full time basis and one part time, and the remaining five were employed full time in Region I. Of the 25 graduates earning less than \$500, 22 were employed in Region III, ten on a full time basis and 12 on a part time basis. Two of the three graduates employed in Region II reported their income to be less than \$500.

Type of Employer

The graduates were asked to name the type of institution or agency by whom they were employed. Table 3 reports the data supplied by the 72 employed graduates. Five major categories regarding the type of institution or agency within the three geographic regions were designed to present the data. The types of institutions included general hospital, nursing home, state psychiatric hospital, non-hospital and non-nursing employers. The non-hospital employer was further subdivided into three areas: doctor's office, industry, and clinic.

Table 3

Graduates' Employer by Region of Employment

Employer	I (n=7)	II (n=4)	III (n=61)	Total Sample (n=72)	
	f	f	f	f	%
General Hospital	6	3	42	51	70.8
Nursing Home	1		9	10	13.9
State Psychiatric Hosp.			4	4	5.6
Non-Hospital			5	5	6.9
Doctor's Hospital			2	2	
Clinic			2	2	
Industry			1	1	
Non-Nursing		1	1	2	2.8

Of the 72 respondents working, 70 were employed as LPN's, 51 or 70.8 per cent were employed by a general hospital. Nursing home employment was specified by ten or 13.9 per cent and four or 5.5 per cent specified state psychiatric hospital employment. Five or 6.9 per cent, in the category "non-hospital" accounted for those employed in offices of doctors, clinics, and industry. Of the two graduates not employed as LPN's one was working as a bookkeeper and the other did not specify an occupation.

Clinical Field of Employment

Table 4 identifies the clinical field in which the graduates were employed as LPN's. The two graduates employed in non-nursing fields were excluded from the table. From the list of ten options on the

Table 4

Clinical Field of Employed Graduates as LPN's by Geographic Region

Clinical Field	I (n=7)	II (n=3)	III (n=30)	Total Sample (n=70)	
	f	f	f	f	%
Medical	3		9	12	17.1
Surgical			10	10	14.3
Geriatrics	1		10	11	15.8
Psychiatry			4	4	5.7
Special Areas	2		9	11	15.8
Office			4	4	
Operating Room	1		3	4	
Recovery Room			1	1	
Emergency Room	1		1	2	
Combination of Services	1	3	18	22	31.4

questionnaire, six major categories were developed to report the data. The first four clinical field options were medical, surgical, geriatric, and psychiatric nursing. Grouped in the category, special areas, were those persons who indicated office nursing or hospital specialties such as the operating room, recovery room, and emergency room. Graduates who were engaged in two or more services were included in the category combination of services. The respondents categorized in combination of services reported combinations such as geriatric and medical nursing, obstetrics and pediatric nursing or surgical and emergency room nursing. The one respondent who was an industrial nurse identified the clinical area of medical nursing.

Of the 70 graduates working as LPN's 22 were engaged in medical or surgical nursing and 22 specified more than one service. Geriatric nursing accounted for 11 graduates employed both in nursing home and hospitals. Of the 11 graduates engaged in the special areas, four were in the offices of doctors, four identified the operating room, one was in the recovery room and two specified the emergency room. Only four respondents identified psychiatric nursing as their clinical field of employment.

Of the seven graduates employed in Region I, three identified medical nursing, one was in geriatric nursing, two in the special areas and one in the combined services. Graduates employed in Region II were all working in a combination of services. Of the 60 graduates working in Region III, 19 were engaged in either medical or surgical nursing. The categories combination of services and geriatrics accounted for 18 and ten graduates, respectively. Nine graduates specified the special area. All four graduates engaged in psychiatric

nursing were employed in Region III.

Type of Position

For nine options on the questionnaire, the graduates were asked to specify the position they held in practical nursing. Four categories of positions listed on the questionnaire, private duty nurse, teacher, administrator and research assistant were not represented by the group. A small group stated they held a combined position of staff and charge nurse or team leader, they were classified as staff nurses since it was assumed, that those who held a second position had two jobs, or occupied one position for short intervals of time.

A large proportion, 80.0 per cent of the total sample, occupied the staff nurse position. Only graduates employed in Region III gave other titles or positions. Of those who gave titles other than staff nurse, seven or 10 per cent held the position of charge nurse, and the other group of seven graduates represented other similar positions, such as consultant, supervisor or office nurse.

Of the seven who were charge nurses, six were employed by nursing homes, and one by a general hospital for geriatric nursing. One supervisory position was held in an industry. Two were consultants, one for an insurance company and the other for a small general hospital. Four graduates who responded with office nursing as their position were employed by clinics or private doctors, and therefore, were identifying a specific clinical field.

Functions by Region and Type of Employment

To determine what the graduates were doing and the type of responsibilities they were assuming, a list of 72 functions was developed. Of the 72 functions, 13 were identified as part of the practical nurses' responsibilities. The largest group of items, 59, included tasks that were considered in the literature to be outside the realm of practical nursing, since a major purpose of this study was to identify if LPN's were assuming responsibilities not included as part of their basic education preparation. Although the list of functions was not inclusive of all nursing practice, the list was designed to obtain a range of activities that might be performed by the practical nurse. The graduates were asked to check only those functions that they regularly performed.

Table 5 present the responses to the activities queried. The functions are categorized in two groups. Group I represents the 13 functions accepted as LPN Designated Tasks. Group II represents the Potential RN and/or LPN Participatory Functions. Each group is reported by region and clinical field of employment of the respondents.

The functions in the LPN Designated Tasks were: 1) Record your observations and care given on the patient's chart; 2) Report signs and symptoms directly to the physician; 3) Assist the physician with diagnostic procedures; 4) Assist with somatic therapies; 5) Initiate external cardiac massage; 6) Instill or irrigate the ear canal; 7) Instill or irrigate the eye; 8) Do tracheostomy care; 10) Do urinary catheterizations - male or female; 11) Adjust the amount of

Table 5

Frequency With Which LPN Performs Functions

By Region and Type of Employment

Functions	Region I (n=7)							Region II (n=3)							Region III (n=60)							Total Sample (n=70)		
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18		n=9			
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	f	%
A. LPN Designated Functions																								
1. Record your observations and Care given on the Patient's Chart	3		1		1	2					3		7	10	10	4	18	4	63					90.0
2. Report Signs and Symptoms Directly to Physician	3		1		1	2					3		5	6	10	4	14	5	54					77.1
3. Assist the Physician with Diagnostic Procedures	3		1			2					2		3	7	1	1	16	9	45					64.2
4. Assist with Somatic Therapies											1						2	5	1	9				12.8

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

	Region I (n=7)								Region II (n=3)								Region III (n=60)								Total Sample (n=70)	
	n=3		n=1		n=1		n=2								n=3		n=9		n=10		n=4		n=18			
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	M	S	G	P	M	S	Cos	SA	f	%
Functions	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	%
5. Initiate External Cardiac Massage	2					1					2						3	2	1	1	13	3	28	40.0		
6. Instill or Irrigate the ear Canal			1			2					1						2	5	1	4	7	3	26	37.1		
7. Instill or Irrigate the Eye			1			2					2						7	5	5	4	9	3	38	54.3		
8. Do Tracheostomy Suctioning	3		1			1					2						5	7		1	13	2	35	50.0		
9. Do Tracheostomy Care	3		1			1					2						5	7		1	12	2	34	48.6		

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Table 5 (Continued)
Frequency With Which LPN Performs Functions
By Region and Type of Employment

Functions	Region I (n=7)										Region II (n=3)										Region III (n=60)										Total Sample (n=70)	
	n=3					n=1					n=2					n=9					n=10					n=10						
	M	S	G	P	f	M	S	G	P	f	M	S	G	P	f	M	S	G	P	f	M	S	G	P	f	M	S	G	P	f	f	%
10. Do Urinary Catheterization	2		1		1	2										3					8	9	10	4	18	7	65	92.8				
Male	1		1		1											1					2		2	1	2	2	13					
Female	2		1		1	2										3					6	9	10	4	16	6	60					
11. Adjust the Amount of Intravenous Solutions	2		1		1	2										3					3	6	2	1	15	36	51.4					
12. Administer Narcotics or Hypnotics to Adults			1			2										3					6	8	9	4	13	7	52	74.3				

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

Functions	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)	
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18	
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S
	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f
13. Explain Hospital Routine to Patient and Family	3		1		1	1							6	10	8		17	4	54	77.1
B. Potential RN and/or Participatory Functions																				
Direct Patient Care																				
a. General																				
14. Obtain the Initial Nursing History	3				1	1					2			4	5	1	10	2	29	41.4

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)	
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=18			
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA		
Functions	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	%	
19. (Cont.) Without Consultation from the Professional Staff			1		1						3		1	2	2	1	8	2	21	30.0
20. Telephone Family as to Condition of Patient in an Emergency Situation			1								2		3		10	4	11	1	32	45.7
21. Give Report from One Shift of Personnel to Another			1								3		3	1	10	4	10	3	35	50.0
b. Specific Tasks																				
22. Perform Electrocardiograms													1				1	4	6	8.6

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Table 5 (Continued)
Frequency With Which LPN Performs Functions
By Region and Type of Employment

	Region I (n=7)										Region II (n=3)						Region III (n=60)										Total Sample (n=70)			
Functions	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18		n=9		n=10		n=4		n=18		n=9	
	M	S	G	P	f	f	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA
	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f
23. Read Cardiac Monitoring Devices																														
24. Defibrillate in Cardiac Arrest																														
25. Turn a Patient with Crutch Field Tongs without RN Supervision	1																													
26. Apply Skin Traction for a Fracture																														
27. Apply Casts																														

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Table 5 (Continued)
Frequency With Which LPN Performs Functions
By Region and Type of Employment

Functions	Region I (n=7)								Region II (n=3)								Region III (n=60)								Total Sample (n=70)	
	n=3		n=1		n=1		n=2		n=3		n=3		n=9		n=10		n=10		n=4		n=18		n=9			
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	f	%
28. Remove Casts							1																		7	10.0
29. Change an Initial Surgical Dressing	1										2								2	6					23	32.8
30. Advance Drainage Tubes																						1	3	1	6	8.6
31. Instill or Irrigate T Tubes and Other Drainage Tubes that go into such Organs as the Kidney or Gall Bladder.	1																		1	2					15	21.4

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

Functions	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)	
	n=3		n=1		n=1		n=2		n=1		n=3		n=9		n=10		n=10		n=18	
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	f	%
32. Suture Skin																				
33. Remove Sutures																				
34. Cleanse Burn Areas or Areas in which Plastic Surgery was Done	1																			
35. Change Burn Dressings	1																			
36. Remove Packing, particularly Vaginal or Rectal Packing	1																			

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Table 5 (Continued)
Frequency With Which LPN Performs Functions
By Region and Type of Employment

Functions	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)	
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18	
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S
	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f
42. Do Vaginal Examinations During Labor											1						2	1	5	7.1
43. Deliver Newborns																				
44. Draw Blood											1							1	3	4.3
45. Administer Drugs for which you have Calculated Equiva- lent Dosage from Apothecaries to Metric Visa Versa						1											2	5	40	58.6

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)					
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18					
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA
Functions	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f
46. Administer Drugs without an Order												1			5	1	4							
47. Administer Medications Prepared by another Person															3		2							
48. Assume Responsibility for Administering Stat Medications Given by Verbal Orders															5	6	10	4	13	8				
49. Administer C.N.S. or A.N.S. Stimulants															2			1	5	2				
50. Administer Pitocin																			3	2				

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

	Region I (n=7)							Region II (n=3)							Region III (n=60)							Total Sample (n=70)
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18			
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	f	%		
Functions	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	%	
51. Administer Gamma Globulin														1	1					2	4	5.7
52. Prepare and Administer Anticoagulants																						
53. Prepare and Administer Intravenous Infusions																						
54. Prepare and Administer Intravenous Medications																						
55. Prepare and Administer Infusions by Hypodermoclysis																						

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

	Region I (n=7)							Region II (n=3)							Region III (n=60)							Total Sample (n=70)					
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=18		Total								
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA									
Functions	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	%							
56. Prepare and Administer Blood Transfusions																											
57. Administer Cathartics to Children																	1	5	1	7	10.0						
58. Compute Children's Dosage for Medications without RN Supervision																		1	8	3	14	20.0					
59. Vaccinate																					2	6	4	12	17.1		
60. Read Reactions to Skin Tests	1																									19	27.1

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Table 5 (Continued)
Frequency With Which LPN Performs Functions
By Region and Type of Employment

Functions	Region I (n=7)							Region II (n=3)							Region III (n=60)							Total Sample (n=70)						
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18		n=9		f	%				
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P			Cos	SA		
61. Administer Medications by Inhalation	1										1						1			11	3	17	24.3					
62. Administer Anesthetics																	1						1	1.4				
63. Administer Narcotics or Hypnotics to Children																			2	2	1	4	18	4	31	44.3		
64. Pronounce Patients Dead																			1		2				3	4.3		

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Table 5 (Continued)

Frequency With Which LPN Performs Functions

By Region and Type of Employment

	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)		
	n=3		n=1		n=1		n=2		n=3		n=9		n=10		n=10		n=4		n=18		n=9
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA			
Functions	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	%
c. Teaching																					
65. Initiate Teaching of Home Health Care of Procedure After Discharge	1		1								1		3	8				10	3	28	40.0
66. Conduct Group Educational Programs for Patient															1	1				2	2.8
67. Conduct In-Service Programs for Employees	1								1	1										5	7.1
68. Explain Diagnosis to Patient and Family	2										1		3	4	6			9	1	27	38.6

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Table 5 (Continued)
Frequency With Which LPN Performs Functions
By Region and Type of Employment

	Region I (n=7)						Region II (n=3)						Region III (n=60)						Total Sample (n=70)					
Functions	n=3		n=1	n=1	n=1	n=2						n=3				n=9	n=10	n=10	n=4	n=18	n=9			
	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA	M	S	G	P	Cos	SA
	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	f	%
d. Administrative Functions																								
69. Assign Personnel		1									2					1	2	5	1	8				20 28.6
70. Participate in Employee Performance Evaluation with Professional Staff																1	1	7	4	6	1			22 31.4
71. Participate on Institution Policy Making Committees			1								1					1		3	1	2				9 12.8
72. Participate on Procedure Revisions Committees			1									1								3				8 11.4

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intravenous solutions; 12) Administer narcotics to adults; and 13) Explain the hospital routine to the patient and family. Although the questionnaire requested the routes for giving narcotics or hypnotics to adults as to oral, intramuscular and rectal, the reporting was inconsistent. These three methods were deleted from the table.

In response the 13 selected activities, three were performed by over 75 per cent of the graduates in all employment situations. These tasks were 1) Record your observations and care given on the patient's chart; 2) Report signs and symptoms directly to physician; and 10) Do urinary catheterizations. Although a majority of graduates regularly performed many of the tasks, there were some regional and clinical field differences. One example was 12) Administer narcotics or hypnotics to adults. Three-fourths of the group indicated that they regularly performed this activity. However, when regional employment was taken into account, those working in Region I were least likely to be involved in this activity. Another example which related to the clinical field rather than geographic location was: 13) Explain hospital routine to patient and family. Nearly 78 per cent of the graduates performed this activity in all regions. However, those engaged in psychiatric nursing did not perform this function. Other examples included 18) Do tracheostomy suctioning and 9) Do tracheostomy care. Nearly half of the group indicated that they performed these two specific tasks on a regular basis. When the clinical setting was considered, only one of the 11 graduates engaged in geriatric nursing indicated doing such activities.

With the exception of one activity 4) Assist with somatic therapies, which may have been a problematic item, nearly 40 to 50

per cent of the graduates performed such tasks as 5) Initiate external cardiac massage; 6) Instill or irrigate the ear canal; 7) Instill or irrigate the eye; and 11) Adjust the amount of intravenous solutions in a variety of clinical settings regardless of geographic location.

The second group included the 59 functions that should not be performed by the practical nurse alone. These activities were classified under the major heading of Potential RN and/or LPN Participatory Functions. The group of functions were further subdivided into the four main patient care categories. Eight functions were classified as general patient care, 43 were identified as specific tasks, four were considered teaching functions, and four functions were designated as administrative functions.

When the graduates responded to the list of the functions classified as Potential RN and/or LPN Participatory Functions, only one task listed under the heading of specific tasks seemed to be performed on a regular basis in all employment situations. Approximately 68 per cent indicated that they routinely did (39) Do endotreachal suctioning. The next most common skills performed in all employment situations were identified under the heading of general patient care. Nearly 40 per cent said they performed such skills as 14) Obtain the initial nursing history and (15) Plan the initial nursing care of the patient and record on the Kardex.

Regional and clinical practice did differ regarding certain functions. A large proportion of graduates employed in Region II and Region III carried out functions requested by the physician on a regular basis. For example, nearly three-fourths of the group indicated that they were regularly involved in such activities as

17) Assume responsibility for transcribing written orders, 18) Assume responsibility for verbal orders from the physician and 48) Assume responsibility for administering stat medications by verbal orders. Other common tasks performed by almost half of the graduates in Region II and Region III were such responsibilities as 2) Telephone family as to condition of patient in an emergency situation 21) Give report from one shift of personnel to another 45) Administer drugs for which they had calculated equivalent dosage from Apothcareis' to Metric visa versa and 63) Administer narcotics and hypnotics to children.

Activities confined to clinical specialties included such a task as 24) Defibrillate in cardiac arrest. All of the graduates working in the operating room performed the skill. Another example was 41) Read fetal monitoring devices. Those working in maternity nursing reported that they carried out the function on a routine basis.

Included as activities which accounted for a larger proportion of graduates employed in Region II and III but regularly performed in a variety of employment situations in all three regions were 16) Assume responsibility for informed consents listed as a general function and two teaching functions, 65) Initiate teaching of home health and care and procedure after discharge and 68) Explain diagnosis to patient and family. Nearly 40 per cent of the group reported that they performed these skills. Approximately one-third identified two specific tasks, 29) Change an initial surgical dressing; and 36) Remove packing, particularly vaginal and rectal packing; and one administrative function, 70) Participate in employee performance evaluation with professional staff as being a regular part of their duties. Twenty to 30 per cent

of the graduates accounted for ten activities which ranged from 19) Evaluate the quality of nursing care and adjust to meet the patient's need without consultation from the professional staff, listed as a general function, to specific tasks such as 26) Apply skin traction for a fracture; 33) Remove sutures; or 58) Compute childrens dosage for medications without RN supervision. Almost 29 per cent said they did 69) Assign personnel. Such skills as 34) Cleanse burn areas or areas in which plastic surgery was done; and 40) Insert nasogastric tubes, were performed by 17.1 per cent of the group, in addition to three specific tasks related to the administration of medications, such as 46) Administer drugs without an order; 49) Administer C.N.S. or A.N.S. stimulants; and 59 Vaccinate. Nearly 15 per cent stated that they did such skills as 25 Turn a patient with crutch field tongs without RN supervision; and 70) Participate in employee performance evaluation with professional staff.

Of all the 59 activities on the list, 21 or nearly 35 per cent were designated as being carried out on regular basis by ten per cent or less of the graduates. Of the 21 functions, 19 related to specific tasks such as 22) Perform electrocardiograms; 24) Defibrillate in cardiac arrest; 27) Apply casts; 28) Remove casts; 30) Advance drainage tubes; 32) Suture skin; 37) Assume responsibility for debridement of a wound; and 42) Do vaginal examination during labor. Two involved patient teaching. These two skills were 66) Conduct group educational programs for patient; and 67) Conduct in-service programs for employees. In the entire sample, only two functions were not performed on a regular basis by any of the graduates. The two functions not performed by the graduates were 43) Deliver newborns; and 56) Prepare and administer

blood transfusions.

Educational Activities

Graduates Evaluation of the Blue Mountain Community College (BMCC)

Practical Nursing Program

Four questions were designed to rate performance skills learned at BMCC. The questions concerned how well the program prepared them to routinely administer treatments, oral medications, intramuscular injections and to care for the critically ill. Respondents were asked to rate their preparation on each skill as excellent, good, average, fair and poor.

Approximately 80.0 per cent of the graduates in the study rated the program in the good, and excellent categories regarding their preparation to routinely administer treatments, oral medications, and intramuscular injections. Less than five per cent rated their preparation in these skills as fair or poor. Three persons did not respond. The remaining 12 per cent rated their preparation as average or fair.

As expected, more graduates felt less prepared to care for the critically ill. However, 65.2 per cent rated their educational preparation to give such care in the good and excellent categories. Approximately 25 per cent replied that their preparation was average and 5.7 per cent indicated that it had prepared them fairly well. Slightly less than seven per cent rated their skills to care for the critically ill below average. Three graduates did not rate their preparation in this area.

Companion questions were designed to seek expressed opinions from the graduates of the strengths and weaknesses of the program and changes in program they would like to see made. Another question also requested suggestions for helping potential students adjust to the realities of the program. The questions were all open-ended with space allowed for long answers.

The statements from all the questionnaires were examined carefully to identify the most common responses. See Appendix C for discussion of major issues presented by the graduates in each class. Included in the summaries are unedited comments expressed by the graduates.

Generally, the responses elicited from the total group inferred that the BMCC practical nursing program had prepared them adequately to give basic bedside care. Additionally, the graduates expressed that the program was well organized and that instruction was individualized to the students' needs. Other comments listed as strengths related to their clinical practice such as the "appropriateness of selected clinical experiences" and the "cooperativeness of the physicians and hospital staff with students and faculty".

Potential weaknesses in the program also reflected areas in which students would like to see changes made. For example, many expressed the need for additional instruction in nutrition, pharmacology, the physical and social sciences, and more clinical experience in the special areas of coronary care, intensive care, and emergency room techniques.

In response to the question, "What would you tell your friend about the BMCC program in order to help her adjust her expectations to

the realities of the program?" the general response was "difficult but rewarding".

Main Reason for Choice of the BMCC Practical Nursing Program

From a list of six options, the graduates were asked to state their first reason for choosing the Blue Mountain Community College program. The question may have been confusing since two views were expressed in one question; that is, in terms of the choice of school, and the other, in terms of the program for practical nursing. Many gave more than one answer, wrote comments or listed their preferences numerically. Among the combination of choices, 68 checked preference to the availability of the program. Other common reasons cited by nearly one-third of the group related to financial aspects or that they desired a short program. Responses such as entrance qualifications or preference to do beside nursing were identified by less than 18 per cent of the graduates.

Methods to Finance Practical Nursing Education

The graduates were also asked how they had financed their education for practical nursing. Three methods were listed on the questionnaire with space provided to indicate other means that may have been used. All the graduates responded to the question. Some indicated more than one method of financing their studies. Of the total number of responses, 56 graduates indicated that they had met expenses with their savings. Fifteen graduates said they had to work while attending school, in addition to using their savings. Of the 28 graduates who indicated other methods of support, 16 indicated

they had loans or were paid by a federal grant or welfare and 12 received funding through the Manpower Development Training program. Fourteen graduates had received a scholarship or fellowship. Nine of those 14 also withdrew their savings to meet school expenses.

Job Satisfaction

The graduates were asked to indicate whether each of three specific expectations had been met in their employment situations as an LPN. These expectations concerned the personal satisfaction to be gained in practical nursing, the working conditions encountered, and the salary earned.

A majority of graduates, 88.5 per cent, reported that their expectations had been met regarding personal satisfaction. Of those five graduates who stated that they had not received personal satisfaction in practical nursing, three were employed in Region I and two in Region III. Two graduates in Region III were undecided. Both respondents checked Yes and No and wrote a comment. One graduate did not respond to the question.

In response to working conditions, over 77 per cent of the graduates indicated that their expectations had been met. Of the 12 respondents who were dissatisfied with the working conditions encountered, two worked in Region I, one in Region II and nine in Region III. Three graduates were undecided.

Participation in Continuing Education

The data showed that nearly 95 per cent of the graduates had

taken some type of course to improve their nursing practice. The majority of the group had participated in a combination of workshops through the nursing organizations and in-service programs sponsored by their place of employment. Over half had attended in-service programs, approximately one-fourth indicated that they had enrolled in community college courses, and 15 per cent had attended workshops or Programs through nursing organizations.

In response to the question, "Would you like to have more courses to improve your practical nursing skills?" all but four graduates indicated Yes. To determine the number and nature of courses, the graduates were asked to list the course(s) they would like to have offered through BMCC. From the courses requested 58 graduates indicated subjects related to the special areas such as intensive care, emergency room care and coronary care. Pharmacology, the next most common course listed was stipulated by 22 graduates. Thirteen graduates listed courses in reference to a review of basic nursing skill and eleven wrote comments regarding a type of nursing program for advancement such as the associate degree of nursing. Only two indicated other specific courses, such as mathematics and nutrition. Few specified courses in other areas such as analysis of laboratory results and x-rays, inhalation therapy, physical therapy and neonatal intensive care.

Membership in Nursing and Health Related Organizations and Involvement in Community Activities

In response to participation in nursing and health related organization, 11 graduates reported membership in the Oregon Licensed Practical Nurses' Association; six had joined the National Federation

of Licensed Practical Nursing; and six claimed membership in both organizations. Only one graduate reported membership in a health related organization, the American Association of Inhalation Therapists.

A larger number of graduates were involved in community affairs than national organizations. Those who responded to the question indicated that they had participated in more than one activity during the past year. The health related group, which encompasses such activities as helping with a bloodmobile, pre-natal clinic, emergency disaster drill, first aid course for mothers, blood pressure detection clinic, and mobile unit for cancer detection, was accounted for by 13 graduates. Twenty graduates indicated that they were involved in non-health related activities such as school or church sponsored programs, Police Reserves, scouting and sports.

Enrollment into a Program Leading to RN Licensure

Eight items were designed to determine the graduates educational activities toward RN licensure. From a list of the three basic education programs for the registered nurse, the associate degree, diploma, and baccalaureate, the graduate was asked to identify the type of program they had attended or were attending. In addition, they were asked to give the years of attendance and to write the location of the school. The graduates were also asked to indicate whether or not they had completed the program, and gained an RN license, and if so, the location and type of school.

In the total sample there were 15 graduates who had attended a registered nurse program; 12 had chosen an associate degree of nursing program; one selected a diploma program; one a baccalaureate

program; and one was unidentified. Of all the entrants five were currently enrolled in an associate degree of nursing program; three were attending a community college in eastern Washington; and two a community college in the Willamette Valley. At the time the graduates completed the questionnaire one had graduated from an associate degree nursing program in eastern Washington, although had not as yet taken the State Board Test Pool Licensing Examination.

Methods of Financing Additional Education

The last question attempted to determine how the graduates financed their additional education. Because few responded to this question, it was then assumed only those who answered were those reporting their financial methods for education in an RN program.

Three-fourths of the graduates who continued their education after the basic program in practical nursing, used a combination of methods to finance their education. Identified as the most common sources for meeting expenses were the combining of savings and earnings from work while attending school. Two had received a scholarship or fellowship. Only one graduate had used another source.

CHAPTER V

DISCUSSION

The findings of the study showed that graduates of the Blue Mountain Community College (BMCC) program possessed personal characteristics similar to LPN's studied in other surveys (Knopf & Tate, 1970; Practical Nursing Education Today, 1966; Tate & Knopf, 1968; Tomilinson, 1969; West & Crowther, 1962). They were predominately married females over 25 years of age. More than three-fourths of the group had children. While the graduates of 1974 would appear to be older, the raw data did not substantiate that they were an older group. A greater proportion of graduates were single in the 1974 class when they were graduates one year or more after graduation. Since age and marital status are statistically related in the general population, this finding was expected.

Recent studies (Christenson, 1964; DeColon, 1973; Feinberg, 1960; Marshall & Moses, 1971; Mayer, 1960; National Federation of Licensed Practical Nurses, 1968; Tate & Knopf, 1968; Tomilinson, 1965) describing the employment status of LPN's showed that a substantial number were employed by a general hospital and occupied the position of staff nurse in medical or surgical nursing. Salary earned was comensurate with educational preparation. Unemployment was attributed to responsibilities related to the LPN's personal life. Employment as an LPN was available throughout the country; however, a majority remained relatively stable geographically.

Information supplied by the graduates of BMCC relative to their careers showed the typical practical nurse employment pattern. More than three-fourths of the group were employed as LPN's in a general hospital, engaged in medical or surgical nursing or combined services and held the position of staff nurse. Of the 70 graduates employed as LPN's 58 or 82.8 per cent, worked in Region III (Eastern Oregon and Washington) which attests to their stability. They cited their major reason for unemployment as "family responsibilities". One graduate stated positions as an LPN were unavailable. This graduate lived approximately 20 miles from the nearest health care facility. Job availability actually concerns two issues, is the job available and is the person available for the job? The data from the present study showed the job unavailability was related to personal reasons. In general, graduates in Region I (Willamette Valley) reported higher salaries. The modal salary for full time employees in Region I was over \$600 while full time Region III graduates reported a modal salary of \$501 to \$600. Previous studies (Knopf, 1970; Tate & Knopf, 1968; Tomilinson, 1969) did indicate that there was a considerably higher salary paid in the metropolitan areas than that in the more remote districts. Although the sample in Region I was small, regional differences may warrant further investigation since the educational preparation of the employees was the same.

Because opinions have varied widely as to the responsibilities and specific duties the LPN should perform, the role of practical nursing is constantly being revised and redefined. An important document that clarified the duties of the licensed practical nurse

was the Statement of Functions of the Licensed Practical Nurse which was issued by the National Federation of Licensed Practical Nurses', Inc. (NFLPN) in April, 1972 (Licensed Practical Nurses in Nursery Services, 1972). Although the practical nurses' functions described in the Statement of Functions can be interpreted very broadly, they involve fewer prerogatives than those established for the registered nurse. According to the guidelines, practical nurses are prepared primarily to give nursing care under the direct supervision of an RN and/or physician to patients in circumstances relatively uncomplicated by subtle or serious physiological or psychological potentialities. This statement indicates that where any specific portions of the registered nurse's functions are involved, the practical nurse may be exceeding her authority and by implication, her educational preparation. It has been cited in the literature, however, that practical nurses are being asked to perform duties beyond the scope of practice (Austin, 1966; Bertrand & Souza, 1956; Division of Vocational Education, 1959; Hanson and Steklein, 1955; Woerdehoff, 1957; Young, 1958).

The BMCC graduates were asked to report only those activities from a list of 72 items that they performed on a regular basis. While not providing a definitive list of all the functions for nursing practice, the study did sample multiple aspects of licensed practical nursing and registered professional nursing. The data supplied by the BMCC graduates were similar to those presented in other studies conducted throughout the United States. Of the 72 items listed, all activities with the exception of two were performed regularly by at least one graduate. No graduate delivered newborns or transfused blood. Only ten per cent or less regularly performed 35 per cent of the tasks

considered to be in the domain of registered professional nursing practice.

From the list of 13 items included as nursing activities within the scope of licensed practical nursing, two skills were performed by at least 90 per cent of the graduates in all employment situations. These activities were charting and urinary catheterization. Over three-fourths of the total group reported signs and symptoms directly to the physician and explained hospital routine to the patient and family. Although the administration of narcotics or hypnotics to adults were performed by 74.3 per cent of the group, only three of the seven graduates employed in Region I performed this skill. Only three items were routinely carried out by less than half of the group. Those items were 4) Assist with somatic therapies, 6) Instill or irrigate the ear canal and 9) Tracheostomy care.

For those functions classified as outside the scope of practical nursing one item, endotracheal suctioning, was regularly performed in all employment situations by 67.1 per cent of the group. Graduates employed in Region II and Region III routinely carried out physicians' orders, whether written or verbal and gave stat medicines by verbal orders. In fact, all of the graduates working a combination of services in Region III (n=18) did these skills including the giving of narcotics or hypnotics to children.

Differences in activities did emerge when the data were looked at in terms of various aspects of the employment situations. For instance, the specialty area or the clinical field of employment had an effect on the type of activities regularly performed. This fact was reflected in the data for patient care functions under the heading

of specific tasks. It was found that all four graduates engaged in operating room nursing regularly performed the function "defibrillate in cardiac arrest." For all graduates covered by the scope of the study, the activity of defibrillating in a cardiac arrest was a regular part of the functions of only this group which represented 5.7 per cent.

Geographic location within the state showed graduates employed in Region I tended to be less involved in carrying out many of those activities classified as outside the LPN's scope of practice, whereas in the rural areas, over 25 per cent of the activities were being performed on a regular basis by one-third of the graduates. For instance, in Region I graduates were not giving medications that were listed as Potential RN and/or LPN Participatory Functions. This could have occurred since health personnel such as physicians, students of medical or nursing students of medical or nursing practice, registered nurses and technicians are working larger proportions in the institutions located in the metropolitan areas. Also data collected from the small sample working in Region I may not be representative of the practices in that area. In Region III one-third of the 60 respondents indicated that they regularly performed skills considered beyond the scope of practical nursing. While not a large proportion of the graduates did function outside the realm of practical nursing, employment situations such as geographic location and the special care units had some effect on the functions carried out.

The study did ascertain whether the graduates had taken classes, although the type of instruction was not requested. About 89 per cent of the graduates had participated in some type of continuing education. The most frequently indicated types of classes were in-service

education programs at their place of employment and workshops offered through the nursing organization. Such programs offered through the graduates place of employment might well speak to the fact that they were prepared to carry out the expanded functions. A large number desired further education to improve their practical nursing skills and listed such courses related to the special care units and pharmacology.

A third section of the questionnaire required the graduates to rate how well the BMCC practical nursing program prepared them to routinely do treatments, give oral or intramuscular injections and to take care of critically ill patients. Responses were requested using the categories excellent, good, average, fair or poor. Combinations of excellent and good ratings compared to fair and poor ratings indicated the areas for consideration in curriculum improvements or for suggestions in continuing education. Since 80.0 per cent of the graduates rated the program in the good and excellent categories regarding their preparation to routinely do treatments and give oral or intramuscular medicines, no curriculum changes were planned for these areas of study. Approximately 65 per cent rated their preparation to give care to the critically ill in the good and excellent categories. The lower rating may reflect the fact that such skills are not emphasized in the basic curriculum for practical nursing, but may in light of the recent Statement of Functions be an area for consideration in continuing education offerings.

Although practical nurses have limited opportunity for advancement, literature reveals that they are satisfied with their jobs (Christenson, 1964; Klein, 1963, Knopf & Tate, 1970; Nash, 1975; Tate & Knopf, 1968, Tomilinson, 1965; Treece, 1965). Of interest

were the graduates' reactions to the three items regarding certain expectations having been met. In terms of their role as LPN's nearly 89 per cent were personally satisfied with the position. Over 75 per cent of the group were satisfied with the working conditions encountered as well as with the salary earned. Of those few graduates who indicated personal dissatisfaction more were working in Region I. Because of regional differences in activities performed, the question should be asked if personal rewards gained in practical nursing are greater in the rural areas where an individual's contribution is more significant in the health work force?

Graduates who desire advancement must do so through education. One common program selected by practical nurses is the registered nurse programs. Those who did continue their education withdrew their savings and worked while attending school. The number attending the associate degree nursing programs was too small to determine reliability whether the respondents chose to change their career goals because of job dissatisfaction or whether the LPN program was the first rung of a career ladder. Studies (Nash, 1975; Smith, 1961; Tate & Knopf, 1968) have cited that choice of school and subsequently the occupation of practical nursing was related to the availability of the program. The graduates chose the Blue Mountain Community College (BMCC) practical nursing program because it was conveniently located. Over 60 per cent financed their education with personal or family savings. Nearly a third received support through federal grants or welfare programs.

Finally, it is the responsibility of each individual to join those organizations that advance the interests of the occupation.

However, the degree of involvement is usually small (Tate & Knopf, 1968). In the entire group, 11 had joined the Oregon Licensed Practical Nursing Association (OLPNA). Six had memberships in the NFLPN and six belonged to both organizations. More graduates seemed to be involved in community activities that were both health or non-health related.

CHAPTER VI

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of the study was to provide data about the utilization of the Blue Mountain Community College (BMCC) graduates of practical nursing from 1969 through 1974. From the data recommendations for the BMCC program were obtained as well as a description of the employment of the LPN.

A questionnaire was sent to 123 graduates. There were 89 replies. The study described the graduates' personal characteristics; employment status, including salary; geographic location; type of employment; roles and responsibilities assume in the employment situation; evaluation of the BMCC practical nursing program; job satisfaction; participation in continuing education; memberships in nursing and health related organizations and involvement in community activities; and educational activities leading to eligibility for RN licensure.

Data of the study showed that the practical nursing program provided an essential educational service for the students. The curriculum design, which includes the combination of practice and the study of nursing enabled graduates to pursue positions in a variety of clinical and geographical settings. The study also demonstrated that the graduates contributed significantly to the health work force in their local community. Only a few of the graduates were pursuing a registered nurse program.

The role and responsibilities of the licensed practical nurse (LPN) did differ geographically and by area of clinical practice. Approximately one-third of those employed in the rural areas, were performing many nursing activities considered beyond the scope of practical nursing. In each special care areas, LPN's performed activities beyond the Statement of Functions that were related to the special clinical area.

Because of these findings, it is recommended:

1. that regional practices of the LPN be investigated by the National Federation of Licensed Practical Nurses' Association, Inc. (NFLPN) to determine if the current Statement of Functions adequately describe and control current practices.
2. that further studies conducted to determine the nursing activities routinely assumed by the practical nurse ascertain where the respondents learned skills considered to be beyond the current Statement of Functions.
3. that as a result of the study of current practice, the Oregon Licensed Practical Nurses' Association (OLPNA) make recommendations to practical nursing programs with relation to:
 - a) potential curriculum change, and b) continuing education offerings.
4. that LPN programs offer orientation sessions to potential students for the purpose of defining the differences in role and responsibilities of the registered and practical nurse.
5. that BMCC conduct a study to determine manpower needs in its region to ascertain the possibility of the initiation of a program leading to RN licensure.

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APPENDICES

APPENDIX A

COVER LETTER AND QUESTIONNAIRE

2014 S.E. 54th
Portland, Oregon 97215
June 19, 1975

Dear Graduate:

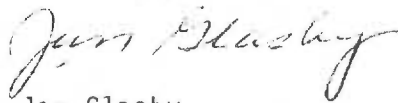
The Blue Mountain Community College Practical Nursing Program seeks to maintain a high degree of relevancy for its students. In conjunction with graduate studies at the School of Nursing, University of Oregon Health Sciences Center, and to help us evaluate the B.M.C.C. program, I am undertaking a study of the graduates from the years 1969 through 1974. Feedback from former students regarding professional activities will be of utmost value to us in determining the strengths and weaknesses in our curriculum.

A questionnaire which you are asked to complete is enclosed along with a self-addressed envelope for its return. Names will not be included in the study and all comments will remain confidential.

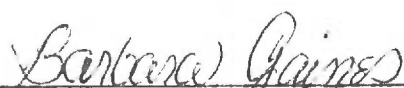
If you wish a copy of the results of this study, please so note on the back of the questionnaire with your name and address. The report will also be available in the library at the University of Oregon Health Sciences Center in Portland, Oregon and Blue Mountain Community College.

Thank you very much for your assistance.

Sincerely yours,


Jan Glasby

Jan Glasby is a regularly enrolled graduate nursing student at the University of Oregon Health Sciences Center, Portland, Oregon. Your participation will be appreciated.


Barbara Gaines, D.Ed.
Associate Professor of Nursing

ALUMNI SURVEY

Directions:

Please answer each of the following questions by putting a check (✓) in the space provided.

1. Year of graduation: ___1969 ___1971 ___1973
 ___1970 ___1972 ___1974
2. Sex: ___Male
 ___Female
3. Age at last birthday: ___
4. Ethnic Origin: ___Caucasian ___American Indian
 ___Other (specify) _____
5. Marital Status: ___Single, never married
 ___Married
 ___Widowed
 ___Divorced
 ___Separated
6. Number of children: ___
7. Are you currently working as an L.P.N.?
 ___Yes
 ___No
8. If you are at present not employed as an L.P.N., what is your primary reason for not working? Check one.
 ___No longer interested in working as an L.P.N.
 ___Not financially necessary
 ___Economically not feasible, earnings are not enough
 ___Cannot obtain desired position or hours

___To remain home until family responsibilities become less pressing

___Attending school

___Other (specify) _____

9. Has employment as an L.P.N. been available to you whenever you desired since graduation?

___Yes

___No

10. Have you been unemployed at anytime?

___Yes

___No

11. If yes, check the total length of time you were not working.

___Less than 6 months

___6 months - 1 year

___Over 1 year - less than 2

___Over 2 years - less than 3

___Over 3 years - less than 4

___Over 4 years - less than 5

___Over 5 years

12. If you have worked as an L.P.N. during the past year, what was your approximate monthly salary before deductions?

13. If you are presently employed as an L.P.N., how many hours per week?

14. In what city and state are you now employed as an L.P.N.?

City State

15. Check the type of employer for whom you are now working as an L.P.N.:

☐ General hospital
☐ State Psychiatric hospital
☐ Nursing Home or Convalescent Center
☐ Public Health Agency
☐ School - public or private
☐ Doctor, Dentist, etc.
☐ Industry
☐ Home Care Agency
☐ Private patient (private duty)
☐ School of Nursing
☐ Day Care Center
☐ Clinic
☐ Other (specify) _____

16. Check the field in which you are now working:

☐ Medical Nursing
☐ Surgical Nursing
☐ Maternity Nursing
☐ Child Nursing
☐ Psychiatric Nursing
☐ Geriatric Nursing
☐ Staff Nursing (float)
☐ Special Units (e.g., I.C.U., O.R., R.R., E.R.)
(specify) _____
☐ Health field but not nursing (specify) _____
☐ Other (specify) _____

17. What type of position do you now hold?

____ Staff L.P.N.

____ Private duty nurse

____ Charge nurse

____ Supervisor

____ Teacher

____ Administrator

____ Consultant

____ Research Assistant

____ Other (specify) _____

18. Listed are functions that an L.P.N. may be asked to perform.

Check the items that you routinely carry out.

____ Assume responsibility for transcribing written orders by the physician

____ Assume responsibility for verbal orders from the physician

____ Obtain the initial nursing history

____ Plan the initial nursing care of the patient and record on the Kardex

____ Evaluate the quality of nursing care and adjust to meet the patient's need without consultation from the professional staff

____ Explain hospital routine to patient or family

____ Report signs and symptoms directly to physician

____ Record your observations and care given on the patient's chart

____ Assume responsibility for informed consents (e.g., surgery, post-mortems, abortions, etc.)

____ Give report from one shift of personnel to another

____ Telephone family as to condition of patient in an emergency situation

- ___ Assign personnel
- ___ Explain diagnosis to patient or family
- ___ Participate in employee performance evaluation with professional staff
- ___ Participate on institution policy making committees
- ___ Participate on procedure revision committees
- ___ Initiate teaching of home health care and procedures after discharge (e.g., type of diet, amount of exercise, ostomy care, dressing changes, insulin injections, prescribed medications, etc.)
- ___ Conduct group educational programs for patient
- ___ Conduct in-service programs for employees
- ___ Assist the physician with diagnostic procedures (e.g., lumbar puncture, paracentesis, sigmoidoscopy, etc.)
- ___ Assist with somatic therapies (e.g., electric and insulin shock)
- ___ Read cardiac monitoring devices
- ___ Defibrillate in cardiac arrest
- ___ Perform electrocardiograms
- ___ Initiate external cardiac massage
- ___ Turn a patient with Crutchfield tongs without R.N. supervision
- ___ Apply skin traction for a fracture (other than First Aid)
- ___ Apply casts
- ___ Remove casts
- ___ Change an initial surgical dressing
- ___ Advance drainage tubes
- ___ Suture skin
- ___ Remove sutures
- ___ Change burn dressings

- ☐ Remove packing, particularly vaginal or rectal packing
- ☐ Assume responsibility for debridement of a wound
- ☐ Cleanse burn areas or areas in which plastic surgery was done
- ☐ Instill or irrigate T-tubes and other drainage tubes that go into such organs as the kidney or gall bladder
- ☐ Instill or irrigate the ear canal
- ☐ Instill or irrigate the eye
- ☐ Insert endotracheal tubes
- ☐ Do endotracheal suctioning
- ☐ Do tracheostomy suctioning
- ☐ Do tracheostomy care
- ☐ Do urinary catheterizations (☐ male ☐ female)
- ☐ Insert nasogastric tubes
- ☐ Deliver newborns
- ☐ Read fetal monitoring devices
- ☐ Administer drugs for which you have calculated equivalent dosage from Apothecaries' to Metric or visa versa
- ☐ Administer drugs without an order (e.g., aspirin, antacid, cathartics, etc.)
- ☐ Administer C.N.S. or A.N.S. stimulants (e.g., Epinephrine, Levophed, etc.)
- ☐ Assume responsibility for administering stat medications given by verbal orders
- ☐ Administer medications prepared by another person
- ☐ Do vaginal examinations during labor (digital)
- ☐ Draw blood
- ☐ Compute children's dosage for medication without R.N. supervision

- ☐ Adjust the amount of intravenous solutions
- ☐ Prepare and administer intravenous infusions
- ☐ Prepare and administer intravenous medications
- ☐ Prepare and administer infusions by hypodermoclysis
- ☐ Prepare and administer blood transfusions
- ☐ Prepare and administer anticoagulants (oral or parenteral)
- ☐ Administer Pitocin (buccal or parenteral)
- ☐ Administer cathartics to children
- ☐ Administer narcotics or hypnotics to children
(☐ oral ☐ intramuscular ☐ rectal)
- ☐ Administer narcotics or hypnotics to adults
(☐ oral ☐ intramuscular ☐ rectal)
- ☐ Vaccinate
- ☐ Administer Gamma Globulin
- ☐ Read reactions to skin tests
- ☐ Administer medications by inhalation (excluding oxygen)
- ☐ Pronounce patients dead
- ☐ Administer anesthetics
- ☐ Other (specify) _____

Check the one response which is appropriate for the following four questions.

19. How well did the Blue Mountain Community College Practical Nursing Program prepare you for doing routine treatments?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Fair
- ☐ Poor

20. How well did the program prepare you to routinely administer oral medications?

___Excellent

___Good

___Average

___Fair

___Poor

21. How well did the program prepare you to routinely administer intramuscular medications?

___Excellent

___Good

___Average

___Fair

___Poor

22. How well did the program prepare you to give care to the critically ill patient?

___Excellent

___Good

___Average

___Fair

___Poor

23. What do you regard as the main strengths of the B.M.C.C. program?

24. What do you regard as the main weaknesses of the program?

25. What changes would you like to see made in the program?

26. What would you tell your friend about the B.M.C.C. program in order to help her adjust her expectations to the realities of the program?

27. What was your first reason for choosing the B.M.C.C. program?

☐ Prefer to give bedside nursing care

☐ Location

☐ Financial

☐ Length of program

☐ Entrance qualifications

☐ Other (specify) _____

28. How did you finance your education in practical nursing at B.M.C.C.?

☐ Scholarship or fellowship

☐ From personal or family savings

☐ Working while going to school

☐ Savings

☐ Other (specify) _____

29. Has your work in practical nursing met your expectations in terms of

Personal Satisfaction? ☐ Yes ☐ No

Salary? ☐ Yes ☐ No

Working Conditions? ☐ Yes ☐ No

or

☐ I cannot answer these questions because I have never worked as a practical nurse.

30. What organization (s) related to the health field do you belong to?

☐ None

☐ National Federation of Licensed Practical Nurses

☐ Practical Nurse School Alumnae

☐ American Nurses' Association

☐ National League for Nursing

☐ Other (specify) _____

31. What community activities have you been engaged in during the past year?

☐ None

☐ Nursing oriented (describe) _____

☐ Health oriented (describe) _____

☐ Political (describe) _____

☐ Other (specify) _____

32. Since graduation from B.M.C.C. have you attended any courses to improve your practical nursing skills?

☐ None

☐ Classes offered through a community college

☐ Workshops or programs through O.N.A. or L.P.N. Association

☐ In-service programs at place of employment

33. Would you like to have more courses to improve your practical nursing skills?

☐ Yes

☐ No

34. If yes, list the courses you would like offered at B.M.C.C.

35. Are you attending or have you attended an educational program leading to eligibility for R.N. licensure?

____ Yes

____ No

36. If yes, in what years? 19____ 19____
 19____ 19____

37. Indicate where you attended school:

Name of School	City	State
----------------	------	-------

38. What type of program?

____ Associate Degree

____ Diploma

____ Baccalaureate

39. Did you graduate?

____ Yes

____ No

40. If yes, where did you complete your program?

Name of School	City	State
----------------	------	-------

41. What type of program?

____ Associate Degree

____ Diploma

____ Baccalaureate

42. Are you licensed as an R.N.?

____ Yes

____ No

43. How did you finance the education reported in questions 32, 35, and 40? Check more than one if necessary.

____ Scholarship or fellowship

____ From personal or family savings

____ Working while going to school

____ Savings

____ No charge

____ Other (specify) _____

Thank you very much,

Jan Glasby

Jan Glasby

APPENDIX B

RAW DATA

Age of Respondents
by Year and Sex of Graduation

	1969 (n=7)	1970 (n=10)	1971 (n=15)	1972 (n=15)	1973 (n=20)	1974 (n=22)	Total Sample (n=89)	
Age in Years	f	f	f	f	f	f	f	%
18-19						1	1	1.1
20-24		1	5	5(1)*	11	8(1)*	30(1)*	33.8
25-29	4	3	4(1)*	2	3(1)*	5	22(3)*	24.4
30-34				2		1(1)*	3(1)*	3.4
35-44	1	5	3	3	4	2	17	19.2
45 and Over	2	1	3		1	4	14	15.8
No Answer					1	1	2	2.3

* The number in parentheses represents the male sample. They are included in the large number.

Number of Children of Married or
Formerly Married Graduates by
Year of Graduation

	1969 (n=7)	1970 (n=9)	1971 (n=14)	1972 (n=13)	1973 (n=17)	1974 (n=16)	Total Sample n=76	
Number of Children	f	f	f	f	f	f	f	%
No Children			1	4	10(1)	3	18	23.6
One Child	4	1	3	2(1)	4	2	16	21.1
Two Children	1	3	6(1)	2		4(1)	16	21.1
Three Children	2	1	3	2	1	4(1)	13	17.1
Four Children		2		2	1	1	7	9.2
Five or More Children		2	1	1	1	1	6	7.9

* The number in parentheses represents the male sample. They are included in the large number.

**Position of Graduates as LPN's
by Region of Employment**

Position	I (n=7)	II (n=3)	III (n=60)	Total Sample (n=70)	
	f	f	f	f	%
Staff Nurse	7	3	46	56	80.0
Charge Nurse			7	8	10.0
Other Position			7	7	10.0

Graduates Rating of the BMCC Program
to Routinely Prepare Them to Give Treatments
and Care for the Critically Ill

	1969 (n=7)	1970 (n=10)	1971 (n=15)	1972 (n=15)	1973 (n=20)	1974 (n=22)	Total Sample (n=89)	
	f	f	f	f	f	f	f	%
Treatments								
Excellent	3	4	3	4	7	8	30	33.7
Good	4	5	10	11	8	9	47	52.8
Average					4	2	6	6.7
Fair			1			2	3	3.4
Poor								
No Answer			1		1	1	3	3.4
To Care for the Critically Ill								
Excellent	1	1	1	2		7	12	13.5
Good	4	7	6	11	9	9	46	51.7
Average	2	1	4	2	10	3	22	24.7
Fair		1	3			1	5	5.6
Poor						1	1	1.1
No Answer			1		1	1	3	3.4

Graduates' Rating of the BMCC Program
to Routinely Prepare Them to Give
Oral and Intramuscular Medications

	1969 (n=7)	1970 (n=10)	1971 (n=15)	1972 (n=15)	1973 (n=20)	1974 (n=22)	Total Sample (n=89)	
	f	f	f	f	f	f	f	%
Oral Medications								
Excellent	3	3	2	4	10	10	31	34.8
Good	4	6	7	10	6	8	41	46.1
Average		1	3	1	3	2	10	11.2
Fair			2			2	4	4.5
Poor								
No Answer			1		1	1	3	3.4
Intramuscular Injections								
Excellent	3	4	3	4	7	8	30	33.7
Good	4	5	5	9	9	9	41	46.1
Average			6	2	2	1	11	12.3
Fair		1				2	3	3.4
Poor						1	1	1.1
No Answer			1			1	2	2.9

Extent to Which Expectations of Graduates as
LPN's Were Met, by Region of Employment

Meeting of Expectation Regarding	I (n=7)	II (n=3)	III (n=60)	Total Sample (n=70)	
	f	f	f	f	%
Personal Satisfaction					
Yes	4	3	55	62	88.5
No	3		2	5	7.1
Undecided			2	2	2.9
No Answer			1	1	1.5
Working Conditions					
Yes	4	2	48	54	77.1
No	2	1	9	12	17.1
Undecided	1		1	3	4.3
No Answer			1	1	1.5
Salary					
Yes	6	3	45	54	77.1
No	1		14	15	21.4
Undecided					
No Answer			1	1	1.5

APPENDIX C

GRADUATE'S EXPRESSED OPINIONS

REGARDING THEIR EDUCATIONAL PREPARATION

Graduates Expressed Opinions Regarding the Strengths and Weaknesses and Recommendations for Curriculum Improvement

Discussion of Major Issues

Class of 1969

More of the items stated by the graduates in 1969 referred to curriculum content. Outstanding features seemed to be related to the physical sciences and social sciences. Although some indicated that they "had a solid background in anatomy and physiology and nursing theory", there was less emphasis on the role of the practical nurse, her responsibilities and knowledge regarding the legal aspects of practical nursing. Some expressed concern about the "lack of course objectives for nutrition." Few also indicated that pharmacology should be "expanded" to include "more mathematics and an in depth discussion regarding the action of drugs". In general, comments inferred that the program was "well done", but some desired more experience in special areas, such as emergency room, coronary care units and intensive care units and stated that such experiences should be included in the program.

Class of 1970

Graduates of 1970 seemed to place more emphasis on their clinical experience. More than half of the graduates stated that they had received close supervision and individualized instruction during the clinical phase of the program, but felt they had been "sheltered with responsibilities". They also expressed limited experience in areas of mental health, emergency room and care of the critically ill.

Many responses indicated that the fundamental skills of nursing were taught well, although they desired "more opportunities to observe or assist with diagnostic or therapeutic measures". A few statements clearly emphasized the need to increase content in pharmacology and nutrition. The overall number concluded that the program was "well organized" and prepared them "to give good bedside nursing care".

Class of 1971

In 1971, the graduates expressed opinions toward their experiences encountered during the clinical phase of the program. They stated a need for more practical experience in the special areas of emergency room care, coronary care and the critically ill. Other weaknesses included such statements as "too few instructors for clinical experience" and "not enough experience in procedures and treatments." Comments regarding the strengths of the program inferred a "solid background in nursing" with emphasis on "ethics and professionalism." Some also wrote "pharmacology" and "nutrition" without further comment in the space regarding the weaknesses of the program. In summary, a large proportion of the graduates said that their education prepared them to give quality care. In response to curriculum improvement, the graduates stated that "there should be more teachers for the hospital", in addition to, "more skills and giving medicines."

Class of 1972

Statements that appeared in this group were broad ones referring to the quality of the program in terms of instruction. Included were such statements as, "the thoroughness of class preparation", "we received

solid basic teaching", as opposed to "too few teachers to give close supervision". "the program is too short with too many subject and not enough time". Also, comments reflected on the interpersonal relationships, such as the "willingness of instructors to help students", "the good rapport with physicians", and "the cooperativeness of the hospitals". Some graduates comments inferred that their clinical experiences had been carefully selected, although others stated that they desired more experience in the speciality areas. Nutrition seemed to be an area of concern as to content in diet therapy. Regardless, the group, in general expressed that they had received adequate preparation to give good bedside care. Additionally, some regarded their instruction of observational skills encompassing all phases of nursing as a strength of the program.

Class of 1973

Responses elicited from the 1973 graduates emphasized the strengths regarding the instructional area. The quality of the program was inferred by comments such as, "It was an excellent program", "we had individualized instruction" or "the program was too idealistic". Some regarded the teachers as an asset to the program with such comments as "emphasis on the wholeness of a person", and "well organized both in class and the clinical area". Many expressed, too, that "the class was too large to get enough clinical experience" and "that there was a lack of close supervision".

A number of comments referred to weaknesses in the clinical phase of the program. Although they said that good rapport existed

between the hospitals and the school, many commented that they wanted more experience with therapeutic measures and diagnostic tests. Emphasis was directed toward added experience in the special areas of emergency room, intensive care and mental health. Some regarded the fundamental skills of nursing and medical surgical nursing a main strength of the program, however, the class stressed that more courses should be "transferable" and consider it a weakness of the program. They, also indicated a need for "more science courses", "mental health" and further education in nursing at BMCC". "Nutrition" was listed on many of the questionnaires in response to program weaknesses. In general, the group stated the program had prepared them to give basic bedside care in all aspects of hospital care, however, recommended that more courses should be transferable.

Class of 1974

The largest distribution of comments referred to various strengths in the area of instruction. The responses were broad referring to the teachers and the quality of the program. The group stressed that the "teachers supported the students well". Also, comments denoted that more emphasis was placed on "ethical conduct, professionalism, and the legal aspects of practical nursing", as well as the concept of total patient care. Other statements inferred that the graduates felt competent to "assess the patient's condition and to report such observations" adequately to the R.N. Comments regarding the clinical phase clearly referred to expectations of the LPN on the job. For instance, one statement simply said, "more orientation to the expectations of the LPN in working situation", and "not enough

confrontations and experiences working with the R.N. or physician."

They expressed a need for continuing education. Generally, they expressed that the basic program for practical nursing prepared them well.


AN ABSTRACT OF THE CLINICAL INVESTIGATION OF

JAN GLASBY

FOR THE MASTER OF NURSING

Date of receiving this degree: June 11, 1976

Title: A STUDY TO DETERMINE EMPLOYMENT PATTERNS OF LICENSED PRACTICAL
NURSES

Approved: 

Barbara Gaines, *B.Ed.*, Associate Professor of Nursing,
Advisor

ABSTRACT

As the demand for health care services has intensified and the functions within health care delivery systems have become more complex, there has been a corresponding increase in nursing requirements. One of the major issues facing practical nursing today, is that the practical nurse is asked to make judgments and assume responsibilities for which the basic educational program does not prepare her. The latest Statement of Functions and Qualifications of the Licensed Practical Nurse has added, however, that with continuing education the practical nurse may assume greater responsibility in patient care management and in areas of special care. With this continual expansion and development of new techniques in health care, the definition of the practical nurses' role has become increasingly difficult.

The purposes of the present study were to identify how graduates of one practical nursing program were utilized on the job and if their educational preparation was adequate for the type of responsibilities they assume in their work situations. The study included 123 practical nurse graduates from Blue Mountain Community College (BMCC), Pendleton, Oregon. The members of the group had graduated between the years of 1969 and 1974. Information about each graduate was obtained by a mailed questionnaire. An extensive review of the literature assisted in the development of the questionnaire. Questions regarding the graduates' personal, professional, and educational activities were asked by the data gathering instrument. Of the total number of graduates, 89 or 72 per cent, responded to the questionnaire.

The findings of the survey showed that the graduates were predominately married females over 25 years of age and had one or two children. Of the 89 graduates, 70 or 78.9 per cent, were employed as licensed practical nurses (LPN). Sixty of those who were employed as LPN's lived in Region III (Eastern Oregon and Washington) and earned a monthly salary between \$501 and \$600. Although "family responsibilities" were cited as their main reason for unemployment, all but one of the graduates found employment as an LPN readily available. Over 70 per cent of those employed reported working in a general hospital and occupied the position of staff nurse. Approximately 30 per cent were engaged in medical or surgical nursing and another 30 per cent specified more than one service.

To determine how the graduates were utilized in their employment situations, they were asked to report only those activities they performed on a regular basis from a list of 72 functions. Of the 72 functions, 13 were identified as part of the practical nurse's responsibilities and the remaining 59 were designated as functions considered outside the realm of practical nursing. From the list of 13 items included as nursing activities within the scope of practical nursing, five were performed by more than 75 per cent of the graduates in all employment situations. Such skills included charting, urinary catheterizations, reporting signs and symptoms to the physician, explaining hospital routine to patient and family, and administering narcotics and hypnotics to adults. Of the 59 activities considered beyond the scope of practical nursing, 21 or 35 per cent, were designated as being performed on a regular basis by only ten per cent or less of

the total number of graduates. These activities ranged from performing electrocardiograms, applying or removing casts, doing vaginal examinations during labor and suturing skin.

Regional and clinical practice did differ regarding the type of functions carried out. Approximately one-third of those employed in the rural areas were performing skills considered outside the realm of practical nursing, whereas, graduates in Region I (Willamette Valley) were less involved with these activities. For example, nearly three-fourths of the group employed in Region III compared to two of the seven graduates employed in Region I, indicated that they performed functions requested by the physician and at least one-half telephone the family as to condition of patient in emergency situation, gave report from one shift of personnel to another or administered medications. Activities confined to clinical specialties included such a task as defibrillate in cardiac arrest. It was reported that only those graduates working in the Operating room performed this skill.

The survey showed that all of the functions with the exception of two were performed regularly by at least one graduate. Those two functions not performed by the graduates were deliver newborns and transfuse blood.

About 89 per cent of the graduates had participated in some type of continuing education. A large number desired further education to improve their skills in practical nursing and listed such courses related to the special care areas and pharmacology. However, the number of graduates continuing their nursing education was small as with membership in the professional organizations.

Eighty per cent of the graduates rated the BMCC practical nursing program above average regarding their preparation to routinely do treatments, give oral and intramuscular injections. A smaller proportion of the group, 65 per cent, rates their preparation to give care to the critically ill patient above average.

The reasons stated for the graduates choice of practical nursing was by the specific location of the school or the fact that it was the only nursing program available in the area. Over 60 per cent stated that they financed their education with their savings. For the entire sample, 89 per cent felt practical nursing had met their expectations regarding personal satisfaction and about 75 per cent were satisfied with the working conditions as with the salary earned.

On the basis of the findings it was concluded the BMCC practical nursing program provided an essential educational service for the students. The curriculum design enables the graduates to pursue positions in a variety of clinical and geographic settings. The study also demonstrated that graduates contributed significantly to the health work force in their local community. While not a large proportion of the graduates did function outside the realm of practical nursing, the findings did substantiate that employment situations such as geographic location and clinical specialties had some effect on the functions carried out. Because of these findings it was recommended that regional practices of the LPN be investigated by the professional organizations to determine if the current Statement of Functions adequately describe and control current practices; that the Oregon Licensed Practical Nurses' Association make recommendations to programs with relation to potential curriculum change and continuing education;

that LPN programs offer orientation sessions to potential students for the purpose of defining the differences in the role and responsibilities of the professional and practical nurse; and that BMCC conduct a study to determine manpower needs in its region to ascertain the possibility of the initiation of a program leading to registered nurse licensure.