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ABSTRACT

A descriptive study documented entry-level licensed vocational nurse (LVN) tasks representing educational competencies as perceived by vocational nursing educators, LVNs, and nurse supervisors. Data were gathered from three samples by mailed survey and analyzed using nonparametric descriptive statistics. The respondents included 83 educators, 148 employed LVNs, and 170 supervisors. Three interrelated roles were identified: provider of care, communicator, and a member within nursing. The role of provider of care was subdivided into four steps of the nursing process: assessing, planning, implementing, and evaluating. The other two roles were inherent in the tasks of the role as a provider of care. Data analysis demonstrated a difference in the perceptions of vocational nursing educators, LVNs, and nursing supervisors on entry-level expectations for vocational nurses. Nursing educators were teaching more than was expected by nursing supervisors in the first year of vocational nursing practice. Entry-level LVNs reported their actual performance to be at a higher level than was expected by nursing supervisors or taught by nursing educators. In general, study results showed supervisors can differentiate a level of nursing practice consistent with most of the Texas Association of Vocational Nurse Educators' educational competencies for entry-level LVN practice. The LVN was expected to develop a professional level of nursing practice at the staff nurse level. (YLB)

A STUDY OF THE UTILIZATION PATTERNS OF VOCATIONAL NURSES WITH IMPLICATIONS FOR LICENSED VOCATIONAL NURSES CURRICULUM

AUSTIN COMMUNITY COLLEGE

A STUDY OF THE UTILIZATION PATTERNS OF VOCATIONAL NURSES WITH IMPLICATIONS FOR LICENSED VOCATIONAL NURSES CURRICULUM

by

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A STUDY OF THE UTILIZATION PATTERNS OF VOCATIONAL NURSES WITH IMPLICATIONS FOR LICENSED VOCATIONAL NURSES CURRICULUM

CHAPTER I

Introduction

The United States, as well as Texas, is moving toward a more health preventive consciousness in response to social changes. The LVN must function satisfactorily in this changing health care delivery system. Vocational Nursing educators are challenged to prepare Licensed Vocational Nurse (LVN) graduates that are employable.

The LVN employment obligation pattern is being affected by changes in the health care delivery system. A decrease in costly admissions to hospitals has resulted in a corresponding decrease in the number of patient days in hospitals. The hospitalized patient is, on the average, sicker and requires a more advanced level of nursing care. In many metropolitan areas, LVN employment may be limited in acute care settings.

The skills/knowledge and expectations of the LVN need to be identified as a prerequisite for the LVN programs to prepare a marketable product: an LVN that has salable skills and is employable. Educational programs are expected to prepare students for the services demanded by society. To respond to the needs of society, curriculum evaluation becomes increasingly necessary.

An ideal framework for curriculum evaluation is to describe employment opportunities and then develop educational programs which will prepare students to meet the demands of the employment. Vocational Nursing Education should address this framework in order to insure continued marketability of graduates.

Vocational nursing skills and knowledge are being assessed by this project to determine the appropriate response to change in the health care delivery system. If Vocational Nursing programs are to produce LVNs who are to function proficiently in the changing health care delivery system, job-related validity for educational programs becomes an important priority. LVN curriculum and entry-level competencies are being assessed by this research project.

Objectives

The primary purpose of this project is to identify the employment-related tasks performed by LVNs in the State of Texas. It is further expected that the survey information will assist in determining the revelency of the current "Entry Into Practice Competencies" as well as assessing the contributions of the LVN to the health care team.

The research objectives of this study are to:

1. Identify the primary areas of employment for LVNs in Texas,
2. Assess skills/knowledge base needed for those area of employment,
3. Validate current minimum competencies on entry into practice,
4. Determine the basis for future curriculum revision (based on the validity of the minimum competencies for entry level practice.

5. Develop basis for identifying continuing education needs of the LVN (based on the difference between minimum competencies and employment expectations) and

6. Determine what, if any, discrepancies exist between written (stated) policy and practice (role reality) policy as related to tasks performed by LVNs.

A composite identifying the current LVN employment patterns for the State of Texas does not exist. An assessment of skills/knowledge of recent graduates, as well as employer expectations will offer information needed by Vocational Nursing Educators for program evaluation.

CHAPTER II

Methodology

A study of the utilization patterns of Texas' Vocational Nurses was conducted to identify the scope of practice and consensually validate the performance expectations of the entry-level LVN. A review of the literature assisted in identifying tasks or duties of Vocational Nurses. The Texas Association of Vocational Nursing Educators (TAVNE) Competency Statements (Appendix A) served as a conceptual framework within which to define nursing tasks of entry level LVN practice. The formation of an Advisory Committee contributed expertise and broader perspective for the validation of tasks.

This descriptive study documents entry level LVN tasks representing educational competencies as perceived by vocational nursing educators, LVNs, and nurse supervisors. Data were gathered from three samples by mailed survey. The data were analyzed using nonparametric descriptive statistics.

Design of Instrument

The Texas Association of Vocational Nurse Educators (TAVNE) Competency Statements were used as a framework in developing the instrument. A task inventory (a comprehensive list of appropriate task statements) was identified and modified. The basis for the task inventory was an instrument developed by Van Clive (1973) for a job

analysis of Texas nurses. Van Clive had demonstrated that the inventory was valid for distinguishing levels of nurses.

A review of the literature was conducted to obtain data regarding the roles and functions of Licensed Vocational Nurses. Data were obtained from written material on trends in vocational nursing education and competency statements prepared by nursing organizations. Additionally vocational nursing curricula from selected schools in Texas and from the Texas Board of Vocational Nursing were reviewed. In order to capture extremes of functioning levels of Texas LVNs, some tasks which reflect Registered Nurse (RN) educational competencies were incorporated into the instrument.

The data gathered were used as guidelines in developing and organizing the task inventory for this study. The TAVNE competencies were translated into empirically testable tasks. Approximately 600-700 task statements were categorized according to the TAVNE competency statements.

The resultant task inventory was organized around the conceptual framework of the nursing process and the role functions of vocational nurses. The concepts are: Provider of care (assessment, planning, implementation, evaluation), Communicator, and Member within Nursing.

Eliminating task statements that overlapped, were too complex and/or were nonspecific decreased the large number of tasks. The review of task statements resulted in 436 tasks in the final inventory.

Defining levels of nursing care presents a challenge. The roles of the LVN, ADN and BSN are not mutally exclusive. Bloom's Taxonamy of Educational Objectives presents levels in the cognitive, psychomotor, and affective domains. These levels were used as guides for identification of skill level. Using this method the verb in each task helps to differentiate levels of performance.

Three instruments were designed to collect data from vocational nursing educators, LVNs, and nursing supervisors. All three instruments employ the same task inventory. The three instruments are different in the demographic information and the expectations scale for rating the tasks (Appendix B). These instruments are designed to describe the following three concepts.

1. Employer expecations of LVN employees
2. Job functions of LVN's who are recent graduates from a State Board approved LVN program.
3. LVN educators' educational objectives for entry level vocational nurse practice.

Participants were provided specific instructions for rating the tasks on an expectations scale (see Appendix B). A cover letter explained the project to participants.

Instrument Validation

The LVN task inventory was field tested. Criteria for review accompanied the instrument. The responsents were nursing instructors and graduate LVNs who were similar but not a part of the survey

population. The first field test validated the instrument's ability to differentiate levels of nursing. Nurse educators were asked to key their responses on a scale differentiating levels of nursing practice. The tasks were divided into three groups: higher level, mid level, and lower level.

The second field test provided information to refine the directions and format. Nurse educators were asked to evaluate the instruments for formative purposes. Each evaluator had access to a statement of the purpose, objectives of the project, a copy of the instrument, and the criteria for formative evaluation. Feedback from the Project Advisory Committee members was incorporated into the inventory. After revisions were made and validation was completed, each task wad coded and scrambled.

Population

Three statewide populations were sampled. The criteria for selection of the population were:

Entry level Vocational Nurse

-- Graduated from a State Board accredited vocational nursing program in Texas

-- Passed the State Board examination in Texas in 1985

-- Practiced vocational nursing one year or less

Employer

-- Supervisor of any LVN

-- Located in the State of Texas

Educators of Vocational Nurses

-- a teacher in a State Board Accredited Vocational Nursing Program in Texas

A different sampling method was necessary for each population. The population of educators is the program directors from all Texas Board of Vocational Nurse Examiners' approved programs. These one hundred-eleven (111) program directors were requested to identify LVN employers representative of their communities/city. This method produced a stratified sample of 427 Texas employers from across the state and represented employers of LVNs. A computerized list of LVNs who had passed the state board examination in 1985 was purchased from the Texas Board of Vocational Nurse Examiners. A random sample of 1000 LVN graduates was identified for the survey.

Data Collection

The method of data collection was mailed survey questionnaires. A two part follow-up was used with all non-respondents to increase the total return rate. Approximately one week after the initial mailing of the task inventory, a reminder was sent to non-respondents. Three weeks later an additional mailing to non-respondents was completed.

The choice of mailed survey had some limitations. The sample produced by this method was essentially a volunteer sample. However, a reason is not known to expect that the sample may be different from the population. The other limitation is that the task statements were not free from interpretation by the respondents. The next chapter describes the samples.

CHAPTER III

Description of Sample

This chapter presents demographic descriptions of the three study samples. Vocational nursing educators, entry level LVNs, and nursing supervisors were represented by the samples.

Fifteen hundred and thirty-eight questionnaires were mailed. The overall response rate was twenty-nine percent (29%, n=440). The response rates for each sample were: educators 75% (n=83); LVNs 19% (n=187); and supervisors 43% (n=170). Twenty-one percent (21%) of LVNs returning the questionnaire (n=187) indicated that they were not employed as LVNs. Eliminating the unemployed LVN respondents, the analysis was done on a sample representing nineteen percent (19%) of employed LVNs (n=148).

In order to examine rural/urban employment differences, the respondents were coded as metropolitan and nonmetropolitan based on the Bureau of Census' definition of Standard Metropolitan Statistical Areas. Using this definition, approximately 80% of Texas residents live in metropolitan counties. Sixty percent (60%) of the LVN respondents, forty-eight percent (48%) of the educator respondents, and fifty-six percent (56%) of the supervisor respondents were identified as residing in a metropolitan area (Table 1). The supervisors (employers) were most likely from cities having 10 to 50,000 populations (40.9%) or over 1000,000 populations (22%) (Table 2).

The supervisor names were provided by the educators, therefore, the supervisor sample is similar to the educator sample. The statewide LVN sample is more representative of the state metropolitan population. The town size distribution shows that only thirty-four percent (34%) of the supervisors are from towns with a population of fifty thousand or greater (Table 2).

TABLE 1

Response Rates by Metropolitan and Non-Metropolitan Counties

Category	LVN		Supervisors		Educators	
	n	%	n	%	n	%
METRO	89	(60.1)	95	(55.9)	40	(48.2)
NON-METRO	59	(39.9)	75	(44.1)	43	(51.8)
TOTAL	148	100.0	170	100.0	83	100.0

TABLE 2

Frequencies of Supervisors by Town Size

Category	Frequency	Percentage
Less than 5,000	19	11.6
5,000 to 9,999	22	13.4
10,000 to 49,999	67	40.9
50,000 to 99,999	20	12.2
100,000 or greater	36	22.0

The utilization pattern of LVNs could be affected by the size of the employing agency. The size of employing agencies was indicated by number of beds and visits. Larger number of respondents reported 101-500 beds (46.8%) and 0-100 beds (46.7%). Visits reported per year ranged from 100 to 36,000.

The ratio of RNs to LVNs employed by the agency of the supervisors was computed to determine if that ratio was greater in metropolitan areas. The hypothesis was that were more RNs were employed, the utilization pattern of LVNs would be different. Where the ratio of RNs to LVNs was one-to-one or less, the agency location was more likely to be nonmetropolitan. Where the ratio was greater than one-to-one the agency was more likely to be metropolitan. A Chi square test was significant at the .001 level. This difference in RN to LVN ratio could be expected to produce metropolitan/nonmetropolitan differences in the utilization of LVNs.

Forty-three percent (43%) of the LVNs and fifty-four percent of supervisors were employed in hospitals. Thirty percent (30.4%) of LVNs and twenty-three percent (23.5%) of supervisors reported being employed in nursing homes. The supervisor sample demonstrates a similar pattern of agency classification. Therefore, the supervisor sample probably represents agencies that employ LVNs in Texas. LVNs wrote in responses that indicated a variety of psychiatric and/or mental health employment which included state MHMR (mental health and mental retardation) facilities (Table 3).

Vocational nurses are employed in general hospitals, psychiatric, mental health facilities, institutions for mentally retarded, doctor's offices, blood banks, clinics, private duty, extended care and skilled care centers. The employing agency is most likely a hospital (43%) or nursing home (30.4%). Clinics and HMO's were identified less frequently.

TABLE 3

Frequencies of Employing Agency by Supervisors

Category	Supervisors		LVNs	
	n	(%)	n	(%)
Hospital	90	(54.2)	64	(43.2)
Nursing Home	39	(23.5)	45	(30.4)
Psychiatric/Mental Health	14	(8.4)	15	(10.2)
Clinic	6	(3.6)	8	(5.4)
Home Health Agency	6	(3.6)	6	(4.1)
Other	14	(8.1)	10	(6.7)

LVNs are employed in a variety of areas. General Medicine and General Surgery ranked highest as work areas where LVNs currently spend most of their time (Table 4). Supervisors concur with these two areas (Table 4). Even though small percentages of LVNs reported working in other specialty areas, the responses of the supervisors indicate that the potential exists for LVNs to be employed in many specialty areas.

TABLE 4

Frequencies of Employment Areas by Supervisors and LVNs

Area	Supervisors		LVNs	
	n	(%)	n	(%)
General Medicine	115	(69.7)	33	(69.7)
General Surgery	93	(56.4)	21	(56.4)
Post Partum	75	(45.5)	3	(2.0)
Emergency Medicine	71	(43.0)	5	(3.4)
Pediatrics	71	(43.0)	1	(0.7)
Gynecology	58	(35.2)	5	(3.4)
Intensive Care	56	(33.9)	6	(4.1)
Orthopedics	55	(33.3)	8	(5.4)
Labor and Delivery	55	(33.3)	3	(2.0)
Ear, Eye, Nose, Throat	50	(30.3)	6	(4.1)
Recovery Room	48	(29.1)	2	(4.1)
Cardiology	34	(20.6)	10	(6.8)
Neurology/Neurosurgery	23	(13.9)	4	(2.7)
Community Health	21	(12.7)	5	(3.4)
Nursing Administration	20	(12.1)	2	(1.4)
Psychiatry	19	(11.5)	3	(2.0)
Neonatal	8	(4.8)	3	(2.0)

A number of LVNs reported that they were not employed as LVNs (21%). Various reasons were stated for not being employed as an LVN. Among the reasons reported were: seeking employment, hospital census too low, not hiring, continuing education, enrolled in college, and employed other than in nursing.

The LVN not only functions in multiple settings, but assumes multiple roles within the settings. More than 55% of LVNs are employed as staff nurses. However, others are employed in leadership roles (Table 5).

TABLE 5

Frequencies of Current LVN Job Titles

Category	Frequency	Percentage
Staff Nurse	81	55.1
Team Leader	4	2.7
7-3 Charge Nurse	18	12.2
3-11 Charge Nurse	7	4.8
11-7 Charge Nurse	12	8.2
Other	26	17.0
Total	148	100.0

Many LVNs reported being employed in the health care fields prior to becoming an LVN. Previous work patterns do not differ significantly when compared to current working agencies. Table 6 depicts the work history of the sample of LNVs as primarily in hospitals and nursing homes.

TABLE 6

Frequencies of LVN's Work History by Type of Agency

Category	Frequency	Percentage
Hospital	83	56.1
Nursing Home	66	44.6
Home Health Agency	17	11.5
Private Medical Practice	11	7.4
Clinic	6	4.1
Minor Emergency Clinic	3	2.0
Health Maintenance Organization	1	.7
Public Health Agency	1	.7
Public Psychiatric Hospital	1	.7
Private Psychiatric Hospital	1	.7
School Nurse	1	.7

The educator respondents are qualified to address nursing education. Thirty-five percent (35%) have practiced nursing in the last five years. Seventy percent (70%) of the respondents have five years or more of teaching experience. Twenty-three percent (23%)

have received a bachelors degree, twenty-one percent (21%) a master's degree in nursing and five percent (5%) have a doctorate. Thirty-two percent (32%) have a diploma in nursing.

The sample of educators represents vocational nursing programs which are structurally similar. Ninety percent (90%) identified both classroom and clinical areas of teaching responsibility. Seventy percent (70%) admit one class per year and twenty-seven percent (27%) admit two classes per year. Eighty-nine percent (89%) do not have a full-time evening program (Table 7). Vocational nursing programs annually enroll 8-15 students in full-time day programs; 16-30 students was a second mode. Ninety-eight percent (98%) do not have part-time evening programs. Enrollment is usually 8-15 students for part-time classes. Average class size and student/teacher ratio appears in Tables 8 and 9.

TABLE 7

Frequencies of Annual Student Enrollment by Educator

Category	Full-Time A.M.	Full-Time P.M.	Part-Time A.M.	Part-Time P.M.
0-8	18%	22.2%		
8-15	35%	22.2%	17%	27%
16-30	24%	22.2%		
31-45	10%	11.1%		
46-60	12%	22.2%	17%	

TABLE 8

Frequencies of Average Class Size by Educators

Category	Percentage
< 5	1.2
5 - 10	22.9
11 -20	38.6
> 20	37.3

TABLE 9

Frequencies of Teacher-Student Ratio by Educators

Ratio	Percentage
<1:10	45.8
=1:10	15.7
>1:10	38.6

Based on the samples of LVNs and nursing supervisors' responses, LVNs are employed with greater frequency in nonmetropolitan Texas. General medical and surgical nursing units in hospitals are the primary areas of employment. Nursing homes are also a major employer. LVNs function in leadership roles in these job settings. The sample of vocational nursing educators were from structurally similar schools. Therefore, the school would not be expected to affect their responses.

CHAPTER IV

Validation of Current Minimum Competencies for Entry Into Practice

Educational competencies are broad general statements that reflect the abilities of the beginning level practitioner. Competencies are derived from the real world of practice. The validity of competencies lies in the extent to which the interpretation of the competency reflects the actual practice of persons with similar job descriptions. The major focus of this study was to compare the perceptions of Vocational Nursing Educators, entry level Licensed Vocational Nurses, and Supervisors of Vocational Nurses concerning the tasks that make up the job description of the Vocational Nurse.

The comparison of the perceptions of the three populations about the job description of Vocational Nurses is discussed in this section. Data is examined which indicates whether a task is considered entry level, exceeds entry level, or is outside the scope of practice.

The data are organized into competencies as written by the Texas Association of Vocational Nurse Educators (TAVNE) and are further divided into high and low response rates on the entry level category as defined by supervisors. A task is discussed as a high response rate (entry level) task where 30% or more of the supervisors of LVNs identified the task as entry level. The choice of a 30% response rate

as a division point is an arbitrary one. It is the point where higher level tasks separated from lower level tasks with some accuracy.

Supervisors are responsible for job descriptions of LVNs and for determining the employability of graduates of LVN programs, therefore, response rates of supervisors were used to divide the tasks into high and low response rates. That 30% of employers expect the task to be entry may be a sufficient representation to justify inclusion of the skill in vocational nursing education.

In general, the LVNs who said a task was part of their job were most likely to define the task as entry level. LVNs were responding to the task as entry level if the task was part of their job during the first year of employment. The educators were the second most likely to define the task as entry level. However, educators were asked to define entry level as a task being taught in their program; they may teach some tasks that they would not define as entry level. The supervisors were the most conservative group in defining the task as entry level. Supervisors define the task as entry level if they expected the task of the LVN during the first year of employment. Supervisors may be the most realistic in deciding on the tasks for which a beginning level practitioner should assume responsibility.

The design of the instrument deliberately eliminated many basic nursing skills that were expected to constitute a large part of the entry level practice of the vocational nurse. Almost no tasks were consistently defined as beyond entry level or outside the scope of practice by any group.

The data are reported as the percent of persons responding to three dimensions on each task. The three dimensions were entry level tasks, exceeds entry level, and out of the scope of practice. The number of persons responding to each task is not necessarily one hundred percent (100%) of the sample because some of the tasks were not applicable to a given work situation. The sample of LVNs have the lowest response rates to individual tasks because they were reporting on their individual job description. The sample of supervisors were reporting on the total work setting and have higher response rates to individual tasks. The educators were expected to have one hundred percent (100%) response rates to all tasks because they were asked to respond to the categories as taught or not taught in their programs. It was not the case that the response rates for educators was always one hundred percent (100%).

The three samples of educators, LVNs, and supervisors, were compared on their perceptions of entry level tasks using task by task Chi square test of significant difference. A .01 level of significance was used as the criterion of significance because of the relatively small sample sizes. Significant Chi squares are reported in the final column of all tables. Almost all tasks had a significant Chi square for the entry level response indicating a difference in perceptions across the three groups.

The competencies were written by TAVNE for vocational nursing graduates from State Board accredited programs in Texas (Appendix A).

The competencies are valid within the limiting framework of stated assumptions considered to be basic to the scope of vocational nursing practice. Three interrelated roles were identified: provider of care, communicator, and a member within nursing. The role of provider of care is subdivided into four steps of the nursing process: assessing, planning, implementing, and evaluating. The roles of communicator and member within nursing are inherent in the tasks of the role as a provider of care. The results are discussed by categories based on competency statements.

Competencies

Role as a Provider of Care - In this role the vocational nurse graduate uses the nursing process to contribute to the formulation and maintenance of individualized nursing care by:

Assessing

Collects and contributes to a data base in areas of overt or expressed physiological, emotional, cultural, and spiritual needs utilizing available resources.

In order to define tasks that reflect the above competency the researchers operationalized this competency with two assumptions. The first assumption is that the LVN is able to collect patient data and contribute to the data base to be used by themselves and other members of the health care team. The second assumption is that LVN practice encompasses a holistic view of patient needs including physiological, emotional, cultural, and spiritual. This competency limits the behavioral level required for the collection of data by the use of the term "overt".

The identified tasks specifically address physiological and emotional needs of patients. The cultural and spiritual needs may be implied in some tasks, but are not addressed specifically. Table 10 presents tasks that are defined as entry level by 30% or more of the supervisors who responded to the task as applicable to their job setting. Table 11 presents tasks that are defined as entry level by less than 30% of supervisors who responded to the task as applicable to their job setting.

Using the response rate of thirty percent (30%) of supervisors identifying the task as entry level, the supervisor group discriminated between tasks requiring higher and lower cognitive levels. The example for levels of physical assessment tasks was heart/lung assessment. The lower level of identifying the presence of abnormal sound appears in the high response rate table (Table 10). Making a clinical judgement using the nurses' assessment appears in the low response rate table (Table 2).

The two types of tasks appear in the high response rate table that were expected to be beyond the competency of the entry level LVN. The first is in the area of making nursing diagnosis. Nursing diagnosis is a developing concept in the field of nursing which is operationalized in divergent ways. Only thirty-four (34%) of supervisors identified the task as entry level and thirty-seven (37%) expected the new graduate to choose an appropriate nursing diagnosis from a list. Over 30% of supervisors defined these tasks as outside the scope of practice. Educators did not discriminate between the two

Table 10

Collects and Contributes to a Available Resources

Response Rates of Educators, L

Table 10(continued)

Tasks
11. Makes nursing rounds with nurses, or supervisor for

Table 10(continued)

Tasks
21. Assists in medical or den school children

Table 11

Collects and Contributes to a Da
Available Resources

Response Rates of Educators; LVI

Table 11(continued)

Tasks
11. Evaluates suitability of
12. Evaluates growth and deve

Table 11 (continued)

Tasks
24. Assesses patients' degree
25. Distinguishes group proce

tasks and were more definitive that both tasks were entry level. Agreement does not exist in the nursing profession about who is responsible for nursing diagnosis.

The second unexpected finding is in the area of taking medical and nursing history. The lower cognitive level is to take a history using a standard list of questions; the higher level involves using a list or protocol as a guide and modifying the approach based on the patient's description of problems. The response rates of educators and supervisors discriminated between these activities. Over thirty percent (30%) of supervisors expected the entry level LVN to perform at the higher level; another thirty percent of supervisors defined these tasks as outside of the scope of practice.

In the area of psychosocial assessment, most of the tasks were psychiatric nursing tasks and were not identified as entry level tasks by supervisors (Table 11). Three tasks should be mentioned which are generally taught by vocational nursing educators. Identifying deviant patterns of behavior, defense mechanizms, and major diagnostic categories of psychiatric illness are taught by over forty percent (40%) of educators. The supervisors who reported psychiatry as a service at their facility, had low rates of perceiving these tasks as entry level (Table 11). Some supervisors defined these tasks as outside the scope of practice. The use of defense mechanism seems basic to understanding any patient's emotional needs.

Identifies and documents changes in health status which interfere with the patient's ability to meet basic needs.

The assumption used to operationalize this competency is that the LVN must have not only the psychomotor skills to collect data, but the cognitive skill to recognize and document changes in health status. Many tasks chosen to represent this competency are not clearly distinguishable from the previous competency. Tasks were chosen intuitively as containing more of an element of documentation of change.

Table 12 presents the response rates on tasks identified as entry level by 30% or more of the supervisors who responded to the task as present in their job setting. Table 13 presents the response rates on tasks identified as entry level by less than 30% of supervisors who responded to the task as present in their job setting. About 50% of the task in the high response rate table were expected to be higher level tasks. None of these tasks were defined as outside the scope of practice by a number of supervisors.

The most notable finding is that all three groups clearly agreed that the entry level vocational nurse must be able to observe and report changes in the patient's condition. Three areas of tasks are noteworthy. In Table 12 tasks 1 and 2 call for judgment based on nursing assessment; while this type of task had appeared as exceeding entry level previously (Table 11), it now appears as entry level. The entry level vocational nurse is expected to monitor intravenous fluid and blood transfusions by a substantial number of supervisors

Table 12

Identifies and Documents Changes

Response Rates of Educators, LVI

Table 12(continued)

Tasks
10. Observes and reports change condition

Table 13

Identifies and Documents Chang

Response Rates of Educators, L

Table 13(continued)

Tasks
12. Evaluates labor and del for medication

and even more educators. Identification of signs of complications was expected to be a higher level task. Additional tasks are situations of high risk and/or rapid change for the patient, eg., monitoring labor, recovery, post electroconvulsive therapy, newborn. Most of these tasks appear in the exceeds entry level table (Table 13). The tasks concerning the fetus, the newborn, and the psychiatric patient were not seen as entry level. Almost all tasks that appear in Table 13 were expected to be considered beyond entry level. The exceeds entry level response rates show that large numbers of supervisors expect these tasks as a part of vocational nursing practice, but not as entry level expectations.

Identifies and documents positive and negative responses to care.

This competency was viewed as data collection which is a part of the process of evaluation of nursing care. The LVN is said to be able to collect data that is pertinent to the evaluative process. Data collection that is for the purpose of evaluating does not seem to be cognitively different from any data collection especially for those tasks labeled "documentation of change". The tasks for evaluation will be discussed under the competencies for evaluation.

Assesses situations where patients need basic information or support to maintain health.

There are three assumptions that were used in operationalizing this competency. One is that LVNs can assess the need for information. The second is that LVNs would be functioning as teachers in situations where "basic" information or support is needed. The third assumption

is that use of the term "basic" seems to limit the role of the LVN in the area of teaching.

The area of teaching (Table 14) is an interesting one from the stand point of the educator. The competency is written to specifically limit the role of the vocational nurse to providing basic information which is viewed as different from teaching. This activity seems to occur in straight forward situations or situations where the patient is not likely to misunderstand or have many questions.

The identified tasks do not qualify the situations in which the assessment of learning needs takes place (Table 14). All three groups report a high rate of expectation for the entry level LVN. The tasks are listed in the table from the least complex to the most complex. Response rates for all three groups increases as the complexity decreases. Further information to differentiate levels of teaching can be found under the competency on teaching as an implementation.

Planning

Contributes to the development of individual nursing care plans.

Two assumptions are used to operationalize this competency. The first is that the LVN is limited to planning for individual patients and would need guidance in planning for groups of patients; she would probably not be planning for the functioning of a nursing unit or floor. The second assumption is that the selection of the verb "contributes" further limits the role of the LVN in planning nursing care.

Table 14

Assesses Situations Where Patie

Response Rates of Educators, LV

Tasks

Tasks were selected that involved planning for individual patients, planning for a group, and planning for a nursing unit. Table 15 presents tasks that are defined as entry level by 30% or more of the supervisors who responded to the task as applicable to their job setting. Table 16 presents tasks that are defined as entry level by less than 30% of supervisors who responded to the task as applicable to their job setting.

The LVN is expected to plan for individuals and groups including writing the care plan, setting priorities, and writing nursing orders. Furthermore the LVN is expected to participate in activities that can be construed as a broader scope of planning, such as, assigning non-licensed personnel to duties. Nursing orders are assumed to be written for three shifts of nurses. The expectations of the LVN include activities suggesting that the entry level LVN functions in a limited leadership role. The low response category (Table 16) contains mainly tasks that would be present in the job description of the head nurse.

Plans nursing interventions that follow established nursing protocols and are congruent with the ordered medical regimen.

Two assumptions were used in operationalizing this competency: that the LVN follows established nursing protocols limits the role of the LVN; the LVN has the cognitive ability to determine that the protocol is congruent with the ordered medical regimen.

Table 17 shows that all three groups made a distinction between planning with protocols and without protocols. Fifty-four percent (54%) of the supervisors cited planning without protocols as outside

Table 15

Contributes to the Development

Response Rates of Educators, t

Table 15(continued)

Tasks

13. Prioritizes work based on routines and policy

Table 16

Contributes to the Developmen

Response Rates of Educators,

Table 16(continued)

Tasks	
12. Directs preparation, distr	

Table 16 (continued)

Tasks
21. Plans and maintains a cas community or home care cl

Table 17

Plans Nursing Interventions That

the scope of practice. This finding is important to the validity of the statement that the technical nurse works only in a structured health care setting. Planning with protocols is often cited as a means of separating technical from professional nursing.

Plans interventions that take into account the common needs of patients in various developmental stages of the life cycle as well as the patient's relationship within a family or significant group.

Three assumptions were made in operationalzing this competency: the use of the term "common needs" limits the scope of LVN practice; the LVN is able to modify care based on the patient's developmental stage of the life cycle; the LVN is able to understand the patient's relationship within a family or significant group and to modify care that is appropriate to that relationship. However, a number of supervisors defined these tasks as outside the scope of practice.

Table 18 presents the response rates for all tasks for this competency. The entry level LVN is expected to plan recognizing developmental stages and to provide emotional support to families. Planning with the patient's family suggests an ability to plan in a highly individualized manner that may not be covered by protocols. The role of working with families is interesting in terms of current educational competencies for nursing. Professional nursing programs claim care of families as a professional nursing task. The LVN is expected to plan with the family for care both in the hospital and after discharge. Task 8 is the only task, concerned with families, considered to have a low response rate. A reason for the distinction

Table 18

Plans Interventions That Take Patient's Relationship Within

Response Rates of Educators,

Tasks

would be speculative. The entry level LVN is not expected to plan for psychiatric patients.

Implementation

Carries out individualized plans of care according to priority of needs and established nursing protocols.

Three assumptions were used to operationalize this competency. The LVN has the cognitive, psychomotor, and affective skills necessary to give individualized nursing care. The LVN is able to prioritize patients needs and give care based on those priorities. Again the LVN is limited to established nursing protocols.

In previously discussed competencies the expectations for the LVN have been shown to include setting priorities. The tasks presented here involve varying levels of cognitive, affective and psychomotor skills. Table 19 presents the tasks that are defined as entry level by 30% or less of supervisors who responded to the task as applicable to their job setting. Table 11 presents the tasks that are defined as entry level by less than 30% of supervisors who responded to the task as applicable to their job setting.

The most obvious difference in the high response rate category (Table 19) and the low response category (Table 20) is that psychiatric tasks appear in the low response rate table and all other specialty areas appear in the high response rate table. Another way to describe this difference is that the LVN is expected to be proficient in psychomotor skill except in highly complex or critical care situations, but not in psychosocial skills. However, many of these psychosocial

Table 19

Carries Out Individualized P

Response Rates of Educators

Table 19 (continued)

Tasks
13. Gives umbilical cord ca dress, remove clamp

Table 20

Carries [illegible] Individualized [illegible]

Responses [illegible] Rates of Educato[illegible]

Table 20 (continued)

Tasks
13. Confronts patient with
14. Counsels/instructs patie

Table 20 (continued)

Tasks
24. Involves patients in therap with one another

Table 20 (continued)

Tasks

36. Conducts community healt

37. Conducts pediatric outpat

skills may require a master's degree in nursing; we see elsewhere that the LVN is expected to have some psychosocial skills. Many of the psychiatric nursing skills were defined as vocational nursing tasks that exceed entry level expectations. Again many basic nursing skills were not included in this inventory. More than one supervisor respondent reported, as an addition to the inventory, concern that these basic skills were absent. Apparently basic skills were viewed as the most important expectation of the entry level LVN.

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

Two assumptions were used in operationalizing this competency: the LVN has the skill to prepare, assist, and provide follow-up care; the scope of practice expectation is limited to common procedures. The tasks for this competency are concerned with carrying out the physician's treatment plan.

Table 21 presents the response rates for the tasks defined as entry level by thirty percent (30%) or more of the supervisors who defined the tasks as present in their job setting. Table 22 presents the response rates for the tasks defined as entry level by less than thirty percent (30%) who defined the tasks as present in their job setting. The entry level LVN is expected to implement a set of complex tasks (Table 21). The entry level LVN is not expected to perform tasks that are generally considered specialist tasks (Table 22).

Table 21

Participates in the F ribed And/Or Therapeutic Proc res.

Response Rates of Educato

Table 21 (continued)

Tasks
12. Massages fundus of postp
13. Sets up and regulates is

Table 22

Participates in the Prescrib
Diagnostic And/Or Therapeuti

Response Rates of Educators

Table 22 (continued)

Tasks	
12. Draws blood for laborat	
13. Performs allergy tests	

Table 22 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
26. Removes vaginal packings	35(43)	21(48)	20(23)	35(43)	7(16)	37(43)	12(15)	16(36)	30(35)	*
27. Tests hearing acuity with a tuning fork	4(5)	9(24)	4(7)	53(68)	3(8)	15(25)	21(27)	25(68)	42(69)	*
28. Delivers baby	7(9)	6(15)	1(1)	15(19)	4(10)	19(25)	56(72)	30(75)	55(73)	
29. Gives emergency treatment for fetal bradycardia/tachycardia	13(17)	9(24)	2(3)	38(48)	5(13)	29(36)	28(35)	24(63)	50(62)	*
30. Performs digital exam to determine cervical dilation and effacement	14(17)	10(29)	7(9)	49(60)	6(18)	49(60)	19(23)	18(53)	26(32)	
31. Assists with electro-convulsive therapy	21(28)	4(14)	5(16)	41(54)	1(4)	19(61)	14(18)	23(82)	7(23)	

+ E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

Uses nursing knowledge, skill and protocols to create an environment conductive to optimum restoration and maintenance of the patient's normal abilities to meet basic needs.

Maintains and promotes respiratory function.

Maintains and promotes nutritional status.

Maintains and promotes elimination.

Maintains and promotes a balance of activity, rest and sleep.

Maintains an environment which supports physiological functioning, comfort, and relief of pain.

Maintains and promotes all aspects of hygiene.

Maintains and promotes physical safety.

Promotes emotional comfort through consideration of each individual's worth and dignity and applies nursing measures which assist in reducing situational stress.

Measures basic physiological functioning.

Administers prescribed medications by the common routes of p.o., I.M., sub Q, topical, rectally, vaginally, buccal, sublingual.

Four assumptions were used to operationally define the above set competencies. The first competency in this set addresses the LVN's role in meeting basic needs; the remainder delineate basic needs. Therefore, these competencies will be considered as a set. The second assumption is that the LVN has nursing knowledge and skill to restore and maintain the patient's ability to meet basic needs. The competency identifies the LVN as providing the services of restoration and maintenance, noticeably not speaking to the services of prevention. The term "environment" is used in a global sense that includes the physical and the psychological environment, and is both internal and external.

The tasks operationalizing this competency may be ordered as part of the medical regimen, but require implementation of nursing skills that may be unique to the patient's situation. Again the entry level LVN is expected to perform a set of complex tasks. The protocols for carrying out these tasks are under the control of nursing. It is assumed from previous discussion that the LVN would be carrying out these tasks using established protocols.

Table 23 presents tasks that are defined as entry level by 30% or more of the supervisors who responded to the task as applicable to their job setting. Table 23 displays that entry level LVNs are expected to perform some tasks that would be part of complex nursing situations. An example of the distinction of levels of tasks is present in the tasks for tracheostomy care. There is a lower response rate of expectation of caring for a stablized tracheostomy patient than for a new tracheostomy patient. High response rates appear in administration of all medications except intravenous medications.

Table 24 presents tasks that are defined as entry level by less than 30% of the supervisors who responded to the task as applicable to their job setting. The low response rate category (Table 24) shows that the entry level LVN would not be expected to perform all procedures on children or infants, assume roles of other health team members, intrepret complex physiological measurements, administer intravenous medications, start intravenous therapy, or assume complex roles in obstetrical care.

Table 23

Uses Nursing Knowledge, Skills and Protocols to Create an Environment Conductive to Optimum Restoration and Maintenance of the Patient's Normal Abilities to Meet Basic Needs

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by 30% or More Supervisors

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	+ E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Administers PRN oxygen	78(96)	106(81)	111(71)	2(3)	23(18)	39(25)	1(1)	2(2)	7(5)	*
2. Assists patient with postural drainage	72(92)	67(95)	18(53)	7(9)	12(14)	54(42)	0(0)	10(11)	6(5)	*
3. Administers IPPB (intermittent positive breathing)	18(23)	37(44)	35(32)	38(49)	19(23)	37(34)	22(29)	28(33)	37(34)	
4. Performs tracheostomy care for stable patient	75(92)	71(82)	65(52)	7(9)	9(10)	56(44)	0(0)	7(8)	5(4)	*
5. Cares for new tracheostomy patient	42(52)	52(69)	39(32)	38(47)	16(21)	65(55)	1(1)	7(9)	15(13)	*
6. Performs nasotracheal suctioning	63(77)	83(81)	80(58)	17(21)	12(12)	49(36)	2(2)	8(8)	9(7)	*
7. Administers colostomy irrigations	75(93)	82(83)	81(61)	4(5)	12(12)	52(39)	2(2)	5(5)	0(0)	*
8. Performs room disinfection procedures on discharge of isolation patient	47(69)	48(79)	44(47)	13(19)	6(10)	25(27)	8(12)	7(12)	25(27)	*
9. Prepares dressing trays	60(77)	71(72)	78(62)	16(21)	19(19)	40(32)	2(3)	8(8)	7(6)	
10. Applies mechanical restraints to patients	73(90)	92(84)	97(71)	7(9)	10(9)	37(27)	1(1)	7(6)	2(2)	*
11. Ensures electric performance or electrical hazard check	42(57)	38(70)	25(30)	23(31)	3(6)	40(48)	9(12)	13(24)	19(23)	
12. Supports and coaches the patient during labor	65(79)	40(87)	34(43)	14(17)	2(4)	33(42)	3(4)	4(9)	12(15)	*

Table 23 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
13. Tests visual acuity using Snellen Chart	35(45)	23(55)	26(31)	34(44)	7(17)	42(49)	9(12)	12(29)	17(20)	
14. Takes infant's vital signs	81(98)	57(95)	71(76)	2(2)	3(5)	22(23)	0(0)	0(0)	1(1)	*
15. Checks fetal heart beat/rhythm/volume	79(96)	52(87)	44(49)	4(5)	6(10)	36(40)	0(0)	2(3)	9(10)	*
16. Detects fetal heart rate with ultrasound	45(58)	26(57)	28(38)	16(21)	8(17)	24(33)	17(22)	12(26)	21(29)	
17. Directs drug administration	34(45)	88(76)	73(49)	24(32)	15(13)	43(29)	18(24)	13(11)	32(22)	*
18. Administers parenteral medications other than IV	69(85)	82(70)	66(48)	10(12)	21(18)	56(40)	2(3)	15(13)	18(12)	*
19. Administers ear, eye, nose or throat irrigations	77(94)	91(83)	90(61)	5(6)	14(13)	53(36)	0(0)	5(5)	4(3)	*
20. Administers inhalation medications	66(82)	91(77)	91(63)	10(12)	20(17)	46(32)	5(6)	7(6)	6(4)	*
21. Administers skin tests	54(67)	51(65)	46(38)	23(28)	12(15)	59(48)	4(5)	16(20)	17(14)	*
22. Administers wound irrigations	70(85)	87(74)	78(57)	11(13)	25(21)	52(38)	1(1)	5(4)	8(6)	*
23. Administers immunizations	66(81)	55(76)	67(63)	15(81)	15(21)	38(36)	1(1)	2(3)	2(2)	*
24. Performs cardiopulmonary resuscitation	77(96)	97(84)	116(74)	3(4)	14(12)	33(21)	0(0)	4(4)	7(5)	*
25. Prevents or treats shock	63(77)	93(84)	73(49)	17(21)	15(14)	57(39)	2(2)	3(3)	18(12)	*
26. Prevents or cares for postpartum hemorrhage	62(75)	39(81)	30(37)	20(24)	6(13)	38(46)	1(1)	3(6)	14(17)	*
27. Administers bladder irrigations	72(87)	75(72)	69(50)	9(11)	18(17)	63(46)	2(2)	11(11)	6(4)	*

+ E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

Table 24

Uses Nursing Knowledge, Skills and Protocols to Create an Environment Conductive to Optimum Restoration and Maintenance of the Patient's Normal Abilities to Meet Basic Needs

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by Less than 30% Supervisors

Tasks	Entry			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Formulates prescribed diets in the absence of dietician	5(7)	37(50)	20(19)	35(47)	10(14)	31(29)	34(46)	27(37)	57(53)	*
2. Performs gastric lavage or gavage on premature infant	7(9)	10(28)	3(4)	50(62)	6(17)	31(4)	24(30)	20(56)	43(56)	*
3. Performs gastric lavage or gavage on children	19(24)	13(35)	5(6)	47(58)	6(16)	38(45)	15(19)	18(49)	42(49)	*
4. Performs occupational therapy procedures	10(14)	20(35)	16(20)	36(49)	5(9)	24(30)	28(38)	32(56)	41(51)	*
5. Supervises physical conditioning programs	4(6)	22(37)	14(17)	30(42)	9(15)	19(23)	37(52)	29(48)	49(60)	*
6. Counts vaginal pads for estimating blood loss	72(88)	43(84)	44(51)	9(11)	5(10)	21(47)	1(1)	3(6)	2(2)	*
7. Interprets electrocardiograph tracings	8(10)	7(11)	4(4)	31(39)	22(33)	40(38)	40(51)	37(56)	61(58)	
8. Reads and records central venous pressure	19(24)	26(36)	12(11)	47(60)	17(23)	53(51)	12(15)	30(41)	40(38)	*
9. Plots findings on Denver Developmental Score Sheet	25(33)	19(53)	13(20)	37(49)	1(3)	26(39)	14(18)	16(44)	27(41)	*
10. Plots child's growth curve, e.g., Boston Curve	21(28)	23(59)	15(22)	41(55)	0(0)	29(42)	12(16)	16(41)	25(36)	*
11. Palpates uterus to determine position/ presentation of fetus	34(42)	19(49)	13(16)	39(48)	7(18)	37(46)	9(11)	13(33)	30(38)	*

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Table 24 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
12. Palpates uterus to evaluate contractions	66(81)	30(68)	18(22)	15(18)	5(11)	43(53)	1(1)	9(21)	20(25)	*
13. Mixes allergy extracts	0(0)	6(12)	6(10)	36(49)	4(8)	12(20)	38(51)	39(80)	43(71)	*
14. Adds medications to intravenous infusions	28(35)	36(40)	20(16)	39(48)	34(37)	63(50)	14(17)	21(23)	42(34)	*
15. Administers intravenous medications	28(35)	37(39)	18(14)	43(54)	31(33)	64(50)	9(11)	26(28)	47(36)	*
16. Administers IV chemo-therapeutic drugs	4(5)	7(9)	4(4)	38(48)	11(14)	21(19)	37(47)	60(77)	84(77)	
17. Administers nasal/buccal oxytocin	22(29)	10(29)	8(13)	37(49)	6(18)	23(36)	16(21)	18(53)	33(52)	
18. Collects cord blood samples	16(21)	14(36)	12(15)	39(51)	4(10)	39(49)	22(29)	21(54)	28(35)	
19. Is a member of cardiopulmonary resuscitation team	30(39)	62(68)	37(29)	34(44)	20(22)	74(58)	14(18)	10(11)	17(13)	*
20. Defibrillates patients	5(6)	8(11)	2(2)	37(46)	10(14)	37(33)	38(48)	52(74)	73(65)	
21. Monitors patients via ambulance transfers	14(18)	30(51)	26(24)	42(54)	14(24)	61(56)	22(28)	15(25)	23(20)	*
22. Initiates treatment as a result of interpreting monitoring devices	8(10)	24(30)	13(11)	42(53)	25(32)	43(36)	30(38)	30(38)	65(54)	*
23. Performs endotracheal suction	39(47)	60(64)	35(27)	33(40)	24(26)	74(57)	11(13)	10(11)	21(16)	*
24. Sets up or applies electronic monitoring devices to patients	38(47)	41(53)	23(20)	39(48)	28(36)	77(66)	4(5)	9(12)	17(15)	*

Table 24 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
25. Trains personnel in emergency first aid procedures	8(10)	23(35)	10(8)	41(53)	10(15)	48(39)	28(36)	32(49)	64(53)	*
26. Delivers baby in absence of physician	13(16)	20(40)	4(5)	31(38)	7(14)	29(33)	37(46)	23(46)	53(61)	*
27. Inserts intravenous placement units, such as inter-caths or jelco	12(15)	16(22)	9(8)	48(61)	20(27)	60(53)	19(24)	37(51)	44(39)	
28. Supervises the facility's disaster control program	1(2)	10(19)	7(6)	17(26)	13(24)	22(19)	48(73)	31(57)	84(75)	*
29. Manages arterial lines	2(3)	14(21)	2(2)	38(48)	16(24)	32(33)	39(49)	38(56)	64(65)	*
30. Cares for patient on aortic balloon pump	1(1)	7(13)	0(0)	34(44)	7(13)	12(19)	42(55)	40(74)	53(82)	*
31. Manages patient with Swan-Ganz catheter	8(10)	19(36)	0(0)	35(45)	12(22)	27(32)	35(45)	24(44)	58(68)	*

†E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

The next three competencies will be discussed collectively.

Recognizes and assists in situations where basic life support systems are threatened.

Recognizes and assists in situations where untoward common physiological or psychological reactions are probable.

Participates in established institutional emergency plans.

Two assumptions were used in operationalizing the role of LVN. One is the use of the words "assists" and "participates" as limiting the scope of practice of the LVN. The other assumption is that the LVN has skills in the areas of these competencies.

Because these tasks overlap with the previous competency they appear in Tables 23 and 24. The entry level LVN is expected to perform a number of tasks that would operationalize these competencies. This nurse is expected to perform CPR (74% of supervisors), but would not be expected to be part of a CPR team (29% supervisors said entry level) or to defibrillate a patient (2% supervisors said entry level). Tasks that are likely to appear in intensive care units had low response rates as entry level expectations. The exceeds entry level response rates show these tasks are not considered outside the scope of LVN practice.

Participates in incidental patient teaching regarding aspects of care of common health needs.

Supports and reinforces the teaching plans of other health professionals.

These two competencies are concerned with the role of teaching and will be considered together. The assumption is that the LVN has

a role in teaching. The teaching role is defined as incidental to day-to-day nursing practice, participatory (rather than responsible for), limited to common health needs, and includes support and reinforcement of the teaching plans of others.

Levels of teaching were differentiated using the verbs "counsel", "conducts classes", "instructs/teach", "explains/answers questions", and "explains (informs)". Table 25 presents response rates for those tasks where 30% or more supervisors defined the task as entry level. Table 26 presents response rates for tasks where less than 30% of supervisors defined the task as entry level. The entry level LVN is not expected to counsel or conduct classes (Table 26). This nurse is expected to instruct patients on general medical-surgical care procedures, but not on most pediatric or obstetrical tasks; and should be able to explain/answer questions in those areas.

Supervisors are able to differentiate a limited role in patient or family teaching for the entry level LVN. Educators have higher rates or expectation for the LVN in the teaching role.

Evaluation

Participates in evaluating the effectiveness of the patient's learning.

Uses established criteria for evaluation of individualized nursing care.

Participates with patients, significant others, and member of the health care team in the evaluation of established long- and short range patient goals.

Table 25

TEACHING

Participates in Incidental Patient Teaching Regarding Aspects of Care and Common Health Needs

Supports and Reinforces the Teaching Plans of Other Health Professionals

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by 30% or More Supervisors

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	+ E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Instructs postoperative tonsillectomy regimen	59(74)	40(65)	37(41)	18(23)	12(19)	37(41)	3(4)	10(16)	16(18)	*
2. Explains general surgical procedures and probable postoperative conditions to patients	51(61)	65(73)	55(50)	23(28)	19(21)	35(32)	9(11)	5(6)	21(19)	*
3. Informs patients and relatives of community health resources	60(74)	78(75)	62(44)	19(24)	14(14)	57(40)	2(3)	11(11)	22(16)	*
4. Instructs patients in crutch walking	53(67)	77(82)	52(43)	23(29)	12(13)	40(33)	4(5)	5(5)	29(24)	*
5. Instructs patients on limitations following surgery	62(75)	88(82)	78(60)	17(21)	17(16)	40(31)	4(5)	2(2)	12(9)	*
6. Instructs patients in use of incentive spirometer	50(63)	49(60)	40(41)	24(30)	19(23)	36(37)	6(8)	14(17)	22(22)	*
7. Teaches self-care to chronically ill patients	56(69)	76(75)	77(54)	22(27)	19(19)	50(35)	3(4)	6(6)	16(11)	*
8. Teaches patient postural drainage	39(48)	47(61)	38(33)	36(44)	10(13)	45(39)	7(9)	20(26)	33(28)	*
9. Instructs parents on care of child with communicable disease	57(70)	40(83)	33(34)	22(27)	4(8)	42(43)	2(3)	4(8)	23(24)	*

Table 25 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
10. Instructs patient in postoperative regimen for gynecological surgery	57(69)	31(68)	30(35)	18(22)	6(13)	32(38)	8(10)	9(20)	23(27)	*
11. Explains/answers mother's questions regarding post partum care	73(88)	47(87)	39(42)	8(10)	5(9)	48(51)	2(2)	2(4)	7(7)	*
12. Explains/answers parent's questions regarding infant care	69(83)	48(86)	40(41)	12(15)	6(11)	47(49)	2(2)	2(4)	10(10)	*
13. Instructs parents about well baby care, e.g., immunization, nutritional needs	58(70)	40(78)	33(42)	21(25)	6(12)	37(47)	4(5)	5(10)	8(10)	*
14. Supervises parents in infant care	44(54)	30(73)	29(41)	31(38)	2(5)	31(44)	6(7)	9(22)	11(16)	*
15. Reinforces the teaching plans of other health professions	64(81)	84(82)	89(61)	14(18)	13(13)	53(36)	1(1)	6(6)	4(3)	*
16. Reviews physician's instructions with patient	68(64)	111(84)	113(72)	11(14)	21(16)	40(25)	2(3)	1(1)	5(3)	
17. Instructs mother on breast feeding of infant	74(89)	49(96)	40(45)	8(10)	2(4)	45(51)	1(1)	0(0)	4(5)	*

+ E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

Table 26

TEACHING

Participates in Incidental Patient Teaching Regarding Aspects of Care and Common Health Needs

Supports and Reinforces the Teaching Plans of Other Health Professionals

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by Less than 30% Supervisors

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	+ E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Conducts classes about postoperative recovery procedures	17(22)	10(21)	11(13)	42(53)	9(19)	25(30)	20(25)	28(60)	47(57)	
2. Teaches sex education	5(6)	6(23)	7(14)	43(54)	3(12)	17(34)	31(39)	17(65)	26(52)	
3. Counsels in the treatment regimen for colic, thrush, cradle cap, or mild dehydration	36(44)	32(67)	24(26)	40(49)	7(15)	40(43)	5(6)	9(19)	30(32)	*
4. Instructs in treatment of umbilical hernia	21(26)	14(35)	14(16)	41(51)	8(20)	29(34)	18(23)	18(45)	43(50)	
5. Counsels parents on dietary regimen for infants	40(49)	28(65)	18(20)	28(35)	7(16)	47(51)	13(16)	8(19)	27(29)	*
6. Counsels parents on behavioral changes in children	18(23)	25(56)	8(9)	37(47)	7(16)	36(40)	24(30)	13(29)	45(51)	*
7. Instructs on normal child growth and development	47(59)	34(74)	26(28)	23(29)	2(4)	36(39)	10(13)	10(22)	31(33)	*
8. Instructs on treatment regimen for blood dyscrasias	11(14)	12(31)	1(1)	39(49)	2(5)	15(19)	29(37)	25(64)	62(80)	*
9. Provides group counseling to parents on treatment regimens	2(3)	10(29)	2(3)	33(42)	2(6)	13(19)	43(55)	23(66)	54(78)	*

6 (continued)

	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p <.01
tructs on treatment regimen for febrile tching and convulsions	19(24)	17(43)	8(9)	40(50)	4(10)	26(30)	21(26)	19(48)	52(61)	*
ncels parents regarding infant abnormalities	8(10)	15(40)	3(4)	31(39)	4(11)	19(23)	40(51)	19(50)	62(74)	*
nsels parents on adjustment of family infant	29(36)	26(58)	17(19)	33(41)	[illegible]4)	35(39)	18(23)	13(29)	37(42)	*
tructs parents about activities that mote child development	45(56)	32(80)	28(29)	28(34)	3(8)	42(44)	8(10)	5(13)	26(27)	*
ches parents recognition and prevention food allergies in children	36(44)	31(71)	21(23)	37(46)	6(14)	30(33)	8(10)	7(16)	39(43)	*
ches prenatal or postpartum classes, e.g., n demonstrations, feeding	32(41)	17([illegible])	13(17)	36(36)	4(11)	42(53)	11(14)	15(41)	24(30)	*
ches parents about the physiology of gnancy	29(34)	18(49)	13(16)	29(37)	5(14)	30(37)	21(27)	14(38)	38(47)	*
ructs parents in treatment regimen for clampsia/eclampsia	25(31)	23(58)	12(14)	36(45)	6(15)	34(39)	19(24)	11(28)	42(48)	*
ructs patient/spouse in the use of traceptive measures	23(29)	29(58)	13(16)	34(43)	7(14)	29(36)	23(29)	14(28)	39(48)	*
sels and supports parents of child intellectual deficits	16(20)	16(39)	11(13)	34(43)	2(5)	26(32)	29(37)	23(56)	45(55)	*
sels and supports parents of child with enetic congenital disorders	18(23)	19(50)	8(10)	30(38)	2(5)	30(37)	32(40)	17(45)	44(54)	*
sels parents on sex education with dren	11(14)	11(37)	6(8)	42(53)	3(10)	29(37)	27(34)	16(53)	44(56)	*

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Table 20 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
22. Explains/answers parents' questions on developmental problems	36(44)	34(72)	22(24)	29(36)	6(13)	41(45)	16(20)	7(15)	29(32)	*
23. Conducts inservice education classes for nurses	5(7)	4(11)	11(11)	38(49)	7(19)	33(32)	34(44)	25(69)	58(57)	
24. Counsels patients regarding drug use and abuse	18(23)	37(65)	25(26)	43(54)	12(21)	34(36)	19(24)	8(14)	36(38)	*
25. Counsels unwed mothers	11(14)	13(41)	9(16)	42(53)	6(19)	16(28)	26(33)	13(41)	32(56)	*
26. Teaches family planning classes and makes referrals	4(5)	10(40)	3(7)	42(53)	1(4)	20(46)	33(42)	14(56)	21(48)	*
27. Teaches pre or postnatal classes to parents	10(13)	8(32)	6(11)	44(56)	3(12)	22(39)	24(31)	14(56)	28(50)	*

+ E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

The LVN's role in evaluating nursing care includes evaluating the effectiveness of patient's learning and individualized nursing care. These evaluations are based on long-and short-range patient goals. Evaluation is a higher level cognitive skill; it was expected that the LVN would have a limited role in evaluation.

Generally speaking the entry level LVN is expected to evaluate nursing care given by herself/himself and sometimes by others. LVNs are not expected to establish standards or evaluate the performance of others.

The first three tasks in Table 18 provide three levels of evaluating patient teaching. All three levels ranked in the entry level group. Determining recall is the lowest level, followed by comprehension, then by degree of behavioral change. No tasks for evaluation of teaching ranked into the exceeds entry level group. The role of teacher is sometimes identified as a function of the professional level nurse.

The competency concerned with using established criteria was better differentiated as a technical nurse role. The entry level LVN was not expected to establish standards for care. Auditing and serving on an auditing committee may include establishing standards while performing a bedside audit (Table 27) involves application of standards. Interestingly the task of evaluation of care using objectives ranked in the exceeds entry level group; however, this task (28%) was close to the chosen cut off.

The competency on evaluation of long range goals with others was addressed by a set of tasks concerned with patient's families and with

Table 27

EVALUATION

Participates in Evaluating the Effectiveness of the Patient's Learning

Uses Established Criteria for Evaluation of Individualized Nursing Care

Participates with Patients, Significant Others, and Members of the Health Care Team in the Evaluation of Established Long- and Short-Range Patient

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by 30% or More Supervisors [1]

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p <.01
1. Evaluates the degree of behavior change produces by patient learning	41(51)	77(72)	58(40)	28(35)	21(20)	52(36)	12(15)	9(8)	34(24)	*
2. Determines patient's recall of instructions given	65(78)	115(87)	96(61)	16(19)	18(14)	51(32)	2(2)	0(0)	11(7)	*
3. Evaluates patient's comprehension of teaching	60(72)	108(87)	88(56)	20(24)	14(11)	49(31)	3(4)	2(2)	19(12)	*
4. Evaluates the quality of patient care	57(70)	80(68)	64(40)	19(23)	20(17)	51(32)	6(7)	18(15)	45(28)	*
5. Performs bedside nursing audit	22(29)	59(68)	55(46)	46(61)	12(14)	47(39)	8(11)	16(18)	19(16)	*
6. Elicits information from patients and families to determine if patient goals are met	59(73)	79(73)	71(49)	19(24)	20(18)	52(36)	3(4)	10(9)	22(15)	*
7. Documents progress toward long-range goals prior to hospital discharge	59(73)	56(70)	59(54)	20(25)	15(19)	30(28)	2(3)	9(11)	20(18)	*
8. Evaluates patient's readiness for discharge	33(41)	54(63)	39(33)	33(41)	16(19)	40(34)	15(19)	16(19)	38(33)	*

[1] E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

discharge planning. These tasks appear in the "entry level" table. Additionally, we have seen in Table 27 that the entry level LVN is expected to work with the patient's family and in a collaborative relationship with the physician (Table 27). The tasks that imply a leadership role with other nurses appear in the "exceeds entry level" category (Table 28).

Role as a Communicator- As a communicator the vocational nurse graduate:

Uses lines of authority and communication within the work setting.

This competency statement does not seem to define how the LVN functions within the lines of authority. Tasks were identified which reflected the use of lines of authority from various positions in the organizational structure.

Table 29 presents the communication tasks defined as entry level by 30% or more of the supervisors who responded to the task as present in their job setting. Table 30 presents the communication tasks defined as entry level by less than 30% of supervisors who responded to the task as present in their job setting.

The entry level LVN is expected to work directly with the physician, the patient, and the family and to do so with enough expertise to resolve complaints, interpret policy, and communicate sometimes complex medical information about the patient to other professionals (Table 29). These nurses are not expected to function with professionals outside the employment situation (Table 30).

Table 28

EVALUATION

Participates in Evaluating the Effectiveness of the Patient's Learning

Uses Established Criteria for Evaluation of Individualized Nursing Care

Participates with Patients, Significant Others, and Members of the Health Care Team in the Evaluation of Established Long- and Short-Range Patient

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by Less Than 30% Supervisors

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice		Chi Sq
	E	L	S	E	L	S	E	L	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Evaluates skill level of assigned nursing personnel	7(10)	17(23)	16(12)	26(37)	16(22)	31(23)	37(53)	40(55)	89(55)	
2. Establishes or evaluates performance standards for patient care	22(28)	48(51)	27(19)	24(30)	22(23)	40(27)	33(42)	24(26)	79(54)	*
3. Evaluates performance of nursing service personnel	8(11)	25(31)	22(15)	27(38)	16(20)	29(20)	36(51)	40(49)	92(64)	*
4. Evaluates progress to determine if nursing care objectives are met	60(74)	68(63)	43(28)	19(24)	20(19)	67(43)	2(3)	20(19)	46(30)	*
5. Audits nursing records	12(16)	21(32)	32(23)	40(54)	12(18)	63(46)	22(30)	33(50)	43(31)	
6. Is a member of nursing audit committee	9(13)	10(20)	23(20)	50(70)	6(12)	60(52)	12(17)	33(67)	33(28)	
7. Participates in critique of patient therapy group	10(13)	6(23)	1(3)	48(64)	1(4)	21(53)	17(23)	19(73)	18(45)	
8. Conducts follow-up evaluation of patient's work therapy	4(5)	7(26)	1(3)	36(48)	1(4)	12(34)	35(47)	19(70)	22(63)	*

Table 28 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	$p < .01$
9. Conducts nursing unit conferences	25(33)	16(24)	20(16)	37(49)	17(26)	52(41)	14(18)	33(50)	55(43)	
10. Develops or maintains plans for patients to evaluate nursing care	37(48)	40(53)	33(25)	27(35)	11(15)	42(32)	13(17)	25(33)	55(42)	*
11. Conducts nurses mettings to plan for total patient care	9(12)	25(35)	24(19)	48(62)	7(10)	39(30)	21(27)	39(55)	66(51)	*
12. Writes outcome criteria for evaluation of patient care	23(29)	44(55)	24(22)	32(40)	10(13)	35(32)	25(31)	26(33)	52(47)	*

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†E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

Tabl. 29

ROLE AS A COMMUNICATOR

Uses Lines of Authority and Communication Within the Work Setting

Uses Communication Skills in Assessment, Planning, Nursing Intervention, and Evaluation of Care

Communicates Patient's Needs Through the Appropriate Use of Referrals

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by 30% or More Supervisors

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Notifies physicians of patients' arrivals and status	42(52)	77(65)	95(64)	33(41)	31(26)	31(21)	6(7)	10(9)	22(15)	
2. Notifies physicians of outdated orders	47(58)	74(63)	97(68)	29(36)	35(30)	29(20)	5(6)	9(8)	17(12)	
3. Resolves complaints of patients, visitors or personnel	22(28)	66(59)	52(34)	39(50)	36(33)	49(33)	17(22)	17(14)	50(33)	*
4. Gives or receives nursing change-of-shift reports	61(74)	106(84)	92(64)	19(23)	18(14)	40(28)	2(2)	3(2)	11(8)	*
5. Interprets nursing policies or procedures for patients, visitors, or nursing service personnel	48(60)	84(69)	66(43)	26(33)	31(26)	60(40)	6(8)	6(5)	26(17)	*
6. Uses interpersonal communication techniques to enhance communications	71(87)	89(77)	92(59)	11(13)	19(26)	52(33)	0(0)	8(7)	13(8)	*
7. Assesses verbal and non-verbal communication	73(88)	125(90)	107(67)	10(12)	12(9)	37(23)	0(0)	2(1)	15(9)	*
8. Briefs family on patient's condition	42(53)	106(79)	89(59)	30(38)	24(18)	38(25)	7(9)	4(3)	23(15)	*

Table 29 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p <.01
9. Mediates interpersonal relationship between patients and physicians	19(24)	75(68)	53(37)	39(48)	20(18)	44(30)	25(28)	15(14)	48(33)	*
10. Promotes quality nursing care in cooperation with public agencies	32(41)	28(68)	33(40)	29(37)	4(10)	27(33)	18(23)	9(22)	23(38)	*

+ E = EDUCATOR, n = 83; L = LVN, n = 148; S = SUPERVISOR, n = 170.

Table 30

ROLE AS A COMMUNICATOR

Uses Lines of Authority and Communication Within the Work Setting

Uses Communication Skills in Assessment, Planning, Nursing Intervention, and Evaluation of Care

Communicates Patient's Needs Through the Appropriate Use of Referrals

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by Less Than 30% Supervisors

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Establishes nursing service committees	1(1)	4(8)	6(5)	18(25)	4(8)	18(16)	53(74)	41(84)	88(79)	
2. Initiates disciplinary or corrective personnel procedures	5(7)	18(23)	17(13)	15(21)	16(21)	17(13)	51(72)	44(56)	97(74)	*
3. Supervises clerical support personnel	13(18)	19(33)	22(18)	41(57)	11(19)	43(35)	18(25)	28(48)	59(48)	
4. Supervises nurse aides or LVN's	19(25)	48(46)	43(29)	47(63)	39(38)	54(37)	9(12)	17(16)	50(34)	*
5. Is a nursing team leader	20(25)	49(57)	40(28)	52(66)	17(20)	68(48)	7(9)	20(23)	33(23)	*
6. Coordinates nursing service with community groups	6(8)	11(23)	10(9)	28(38)	5(10)	33(31)	40(54)	32(67)	65(60)	*
7. Maintains liaison with outside agencies on nursing matters	6(8)	19(31)	18(16)	28(37)	15(24)	31(27)	41(55)	28(45)	67(58)	*
8. Acts a health nurse advisor to school personnel	5(7)	4(20)	4(9)	32(42)	2(10)	12(28)	39(51)	14(70)	27(63)	
9. Makes follow-up referrals to local health agencies	17(22)	22(55)	24(29)	39(50)	6(15)	35(43)	22(28)	12(30)	23(28)	*

+ E= EDUCATOR, n = 83. L = LVN, n = 148. S= SUPERVISOR, n = 170.

Uses communication skills in assessment, planning, nursing intervention, and evaluation of care.

This competency does not seem to address the level of use of communication skills. Communication skill does imply that the LVN has some ability to plan and use communication techniques in a goal directed manner.

The entry level LVN is expected to use communication techniques in utilizing the nursing process. Mediation of interpersonal relations requires a sophisticated level of communication (Table 29).

Communicates patient's needs through the appropriate use of referrals.

"Making referrals" implies knowledge of persons, agencies, and services that can meet identified needs of patients. The ability to identify those needs is also implied. The competency does not speak to the degree of expertise that would be expected of the entry level LVN.

Tasks that involve making referrals or working with professionals outside the employment agency generally ranked in the exceeds entry level category.

Role as a Member Within Nursing

Is accountable for his/her nursing practice.

Practices within the ethical and legal framework of vocational nursing.

Assumes responsibility for self-development and uses resources for continued learning.

Consults with registered nurse or other qualified health team members when a patient's problems are not within the scope of vocational nursing practice.

Works within the policies and nursing protocols that may impede patient care and works within the organizational framework to initiate changes.

The competencies related to role as a member of nursing will be discussed as a group. The only limitation stated is that the LVN function within the scope of vocational nursing practice. That practice is defined in part by agency policy and may be reflected in the response of the supervisors.

Table 31 presents the response rates on the tasks defined as entry level by 30% or more supervisors who responded to the tasks as present in their job setting. Table 32 presents the response rates on tasks defined as entry level by less than 30% supervisors who responded to the task as present in their job setting. Table 31 clearly demonstrates that the entry level LVN is expected to be professionally accountable. Employers expect that these nurses to continue personal and educational growth, assume responsibility for practicing within the scope of vocational nursing practice, and provide input into nursing practice in the employment setting. Table 32 shows tasks that involve a leadership role in defining nursing practice; this role is not expected of the entry level LVN.

Comparison of Hospital/Nursing Home Supervisors

Traditionally the vocational nurse functions as a higher level in a nursing home setting. The supervisor group was further analyzed to

Table 31

ROLE AS A MEMBER WITHIN NURSING

Is Accountable for His/Her Nursing Practice

Practices Within the Ethical and Legal Framework of Vocational Nursing

Assumes Responsibility for Self-Development and Uses Resources for Continued Learning

Consults with Registered Nurse or Other Qualified Health Team Members When a Patient's Problems are not Within the Scope of Vocational Nursing Practice

Works Within the Policies of the Employing Institution or Employer

Recognizes Policies and Nursing Protocols that may Impede Patient Care and Works Within the Organizational Framework to Initiate Changes

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by 30% or More Supervisors

	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	†E	L	S	E	L	S	E	L	S	
Tasks	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Recognizes own errors and initiates appropriate action	78(95)	130(90)	128(76)	4(5)	15(10)	39(23)	0(0)	0(0)	2(1)	*
2. Identifies areas of nursing service responsibility	59(74)	106(82)	88(55)	9(11)	15(12)	44(27)	12(15)	8(6)	29(18)	*
3. Is a member of nursing service or hospital committee	31(40)	43(62)	49(39)	37(48)	12(17)	59(47)	9(12)	14(20)	18(14)	*
4. Participates in nursing organizations	69(82)	55(78)	94(68)	11(14)	12(17)	34(25)	0(0)	4(6)	10(7)	*
5. Recommends corrective action in case of recurring problems	37(47)	67(58)	69(43)	26(33)	35(30)	65(40)	15(19)	14(12)	27(17)	
6. Transcribes physician's orders	56(69)	95(70)	103(63)	24(30)	32(24)	53(33)	1(1)	8(6)	7(4)	

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Table 31 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
7. Refuses task assignments outside the scope of nursing practice	71(91)	83(84)	107(81)	2(3)	6(6)	17(13)	5(6)	10(10)	9(7)	
8. Questions task assignments when in doubt	80(99)	134(94)	145(88)	0(0)	8(6)	16(10)	1(1)	1(1)	4(2)	*
9. Participates in workshops or conferences	79(96)	102(82)	143(86)	3(4)	23(18)	22(13)	0(0)	0(0)	1(1)	*
10. Reads professional nursing journal and publications	79(96)	124(87)	152(92)	3(4)	18(13)	13(8)	0(0)	0(0)	1(6)	
11. Takes advantage of learning opportunities	81(99)	127(86)	151(90)	0(0)	20(14)	15(9)	1(1)	0(0)	1(6)	*
12. Initiates request for personnel replacements	10(14)	31(35)	47(33)	32(45)	21(24)	22(16)	29(41)	37(42)	73(51)	*
13. Prepares or maintains patient records	77(94)	113(82)	126(77)	5(6)	18(13)	32(20)	0(0)	7(5)	5(3)	*
14. Witnesses patient, parent or guardian signatures on legal documents	52(65)	86(67)	110(71)	22(28)	33(26)	31(20)	6(8)	9(7)	15(10)	
15. Obtains patient's or families' consent for treatment	44(54)	99(82)	87(59)	30(37)	17(14)	39(26)	7(9)	5(4)	22(15)	*
16. Develops or improves work methods or procedures	24(31)	63(56)	54(34)	38(49)	37(33)	79(50)	16(21)	13(12)	26(16)	*

Table 31 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	$p < .01$
17. Proposes revisions for nursing procedures	17(22)	39(43)	49(33)	46(60)	19(21)	78(53)	14(18)	33(37)	21(14)	*
18. Obtains medical history modifying printed format based on described problems	21(27)	78(74)	51(37)	37(47)	17(16)	42(30)	20(26)	11(10)	45(33)	*
19. Assists patients in performing procedures taught by other health professionals	68(83)	86(80)	83(56)	13(16)	16(15)	63(42)	1(1)	5(5)	3(2)	*

+ E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

Table 32

ROLE AS A MEMBER WITHIN NURSING

Is Accountable for His/Her Nursing Practice

Practices Within the Ethical and Legal Framework of Vocational Nursing

Assumes Responsibility for Self-Development and Uses Resources for Continued Learning

Consults with Registered Nurse or Other Qualified Health Team Members When a Patient's Problems are not Within the Scope of Vocational Nursing Practice

Works Within the Policies of the Employing Institution or Employer

Recognizes Policies and Nursing Protocols that may Impede Patient Care and Works Within the Organizational Framework to Initiate Changes

Response Rates of Educators, LVN's, and Supervisors on Tasks Defined as Entry Level by Less than 30% Supervisors

	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
Tasks	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
1. Drafts or revises job descriptions	5(7)	11(18)	8(6)	32(44)	9(15)	29(23)	36(49)	42(68)	89(71)	
2. Dispenses drugs from pharmacy in the absence of a pharmacist	6(8)	14(23)	9(9)	10(14)	7(12)	14(14)	58(78)	39(65)	75(77)	*
3. Interviews job applicants	3(4)	3(6)	10(8)	20(29)	5(9)	14(12)	46(67)	47(86)	97(80)	
4. Prepares nursing activity reports	15(20)	23(30)	27(22)	39(51)	17(22)	33(27)	22(29)	36(47)	64(52)	
5. Writes prescriptions for physician's signature	6(9)	39(39)	31(26)	25(35)	26(26)	20(17)	40(56)	36(36)	69(58)	*
6. Develops organizational charts	3(4)	25(35)	13(11)	17(24)	14(20)	19(17)	51(72)	32(45)	83(72)	*
7. Writes or revises nursing philosophy or objectives	3(4)	23(31)	8(6)	25(33)	9(12)	29(23)	47(63)	42(57)	88(70)	*

Table 32 (continued)

Tasks	Entry Level			Exceeds Entry Level			Outside Scope of Practice			Chi Sq
	E	L	S	E	L	S	E	L	S	
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	p < .01
8. Interprets nursing philosophy or program objectives for nursing service personnel	16(22)	22(32)	15(12)	30(41)	8(12)	45(35)	27(37)	38(56)	69(54)	*

+ E = EDUCATOR, n = 83. L = LVN, n = 148. S = SUPERVISOR, n = 170.

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determine if the entry level LVN was expected to be ready to assume a different role in the nursing home than the entry level LVN in the hospital setting.

The results show that there is indeed a different rate of expectation for the entry level LVN for five types of tasks. The entry level LVN in some nursing home settings is expected to function well beyond the entry level educational competencies that form the conceptual framework for this study.

One group of tasks demonstrates that the entry level LVN is more often expected to assume some leadership responsibilities. Expectations include supervising others as well as decision making for the over all operation of the nursing unit. (Table 33).

A second group of tasks shows that the entry level LVN is expected to have skills in recognizing and handling deviant patterns of behavior (psychiatric nursing tasks). This finding is not surprising since mental status is a common reason for admission to a nursing home. Some of the tasks require a high level of expertise in communication skills and psychiatric concepts. (Table 33).

The nursing home entry level LVN is more likely than the hospital LVN to be expected to perform certain complex technical skills that occur in the nursing home setting. LVNs are also expected to respond to fractures, shock, and other types of first aid situations more often than the LVN counterpart in the hospital.

The entry level LVN in the nursing home is more likely to be expected to perform tasks that require more independent function and are identified as professional nursing competencies (Table 33).

TABLE 33

Tasks Identified as Entry Level More Frequently by Nursing Home Supervisors Than by Hospital Supervisors

Tasks with Chi Square Significant at .05 Level

Leadership

1. Assesses need of staff and co-workers for patient care conferences
2. Assigns non-licensed nursing service personnel to duties
3. Determines personnel requirements
4. Determines nursing unit work priorities
5. Develops nurse staffing plans
6. Directs the utilization of supplies and equipment
7. Identifies and resolves bed census problems
8. Orientates newly assigned personnel
9. Resolves emergency staffing problems
10. Counsels personnel on personal problems
11. Counsels personnel on evaluations
12. Directs drug administration
13. Trains personnel in emergency first aid procedures
14. Supervises the facilities disaster control program
15. Evaluates skill level of assigned nursing personnel
16. Evaluates performance of nursing service personnel
17. Conducts nurses meetings to plan for total patient care
18. Initiates disciplinary or corrective personnel procedures
19. Supervises clerical support personnel
20. Supervises nurses aides or LVNs
21. Is a nursing team leader
22. Identifies areas of nursing service responsibilities
23. Recommends corrective action in case of recurring problems
24. Drafts or revises job descriptions
25. Initiates request for personnel replacements
26. Interviews job applicants
27. Prepares nursing activity reports
28. Writes or revises nursing philosophy

TABLE 33 (continued)

29. Designs organizational charts
30. Interprets nursing philosophy or program objectives for nursing service personnel
31. Transcribes physicians orders

Psychiatric/Communication

1. Identifies patient whose personality indicates a potential behavioral problem
2. Intervenes in conflicts between patients and staff
3. Schedules daily activities for psychiatric patients
4. Counsels/instructs patients with sexual problems
5. Counsels patient with psychosomatic complaints
6. Co-leads group therapy
7. Co-leads patient-family therapy
8. Prevents suicidal attempts
9. Rechannels inappropriate/deviant behavior
10. Sets acceptable limits for patient's behavior
11. Briefs family on patient's condition
12. Mediates interpersonal relationship between patients and physicians

Higher Technical Skills

1. Evaluates symptoms of patients with minor discomfort/complaints to determine need for medical referral
2. Examines for hernias (inguinal, femoral, or ventral)
3. Identifies and manages fractures or dislocations
4. Performs peritoneal dialysis
5. Draws blood for laboratory tests
6. Cares for patient with temporary pacemaker
7. Cares for patient with ureteral catheter
8. Removes sutures
9. Administers intermittent positive pressure breathing treatment
10. Mixes allergy extracts

TABLE 33 (continued)

11. Administers ear, eye, nose or throat irrigations
12. Administers inhalation medications
13. Administers wound irrigations
14. Administers immunizations
15. Monitors patients via ambulance transfers
16. Prevents or treats shock

Independent Function
1. Identifies rehabilitation problems or needs of patients
2. Makes nursing diagnoses
3. Makes independent nursing rounds to evaluate nursing care needs
4. Plans physical therapy regimen for patients in the absence of a therapist
5. Writes nursing orders
6. Formulates prescribed diet in the absence of dietician
7. Supervises physical conditioning program
8. Establishes or evaluates performance standards for patient care
9. Evaluates progress to determine if nursing care objectives are met
10. Evaluates the Quality of patient care
11. Audits nursing records

Collaboration
1. Reviews and reports laboratory findings to physicians
2. Makes rounds with physician for collaborative patient care planning
3. Coordinates work-activities with other sections
4. Meets with non-nurse health team members to plan nursing care
5. Acts as a consultant to members of other nursing specialties
6. Coordinates patient care with physician
7. Establishes nursing service committees
8. Maintains liaison with outside agencies on nursing matter.
9. Notifies physician of patient's arrival and status
10. Gives or receives nursing change-of-shift report
11. Resolves complaints of patients, visitors, or personnel

An entry level LVN is also more likely to be expected to assume roles of other health team members in their absence.

The last group of tasks demonstrates that the entry level LVN in the nursing home is more likely to work in collaboration with other health team members both in the employment setting and as a liaison with other agencies or persons (Table 33). This collaborative role is often identified as a professional nursing competency.

Comparison of Metropolitan/Nonmetropolitan Supervisors

A task by task Chi square comparison was performed on the responses of supervisors from metropolitan agencies and from nonmetropolitan agencies. The entry level and exceeds entry level categories were collapsed to incorporate the total job description of any LVN. There were no metropolitan/nonmetropolitan differences. Because RNs were found to be used in a higher ratio in metropolitan Texas, it is concluded that neither the use of RNs or the geographical location determines the utilization of LVNs.

Continuing Education Needs

Examination of the response rates to the exceeds entry level on almost all tasks demonstrates that continuing education is important for the vocational nurse. The experienced vocational nurse is expected to develop a practice that involves a high level of technical and professional expertise in nursing.

Continuing education that provides a route for career advancement would idealistically provide a route to becoming a registered nurse. The present education for vocational nursing hinders that goal.

While many programs are operated by community colleges, few if any credits are granted that could be applied toward a college degree. Continuing education credits are generally not college credits. The few college credits granted do not apply toward the requirements for a degree in nursing.

CHAPTER V

Conclusions

In a broad range of geographic and demographic diversity that characterizes the activities of those who teach and those who hire LVNs, this project set out to collect data concerning the practice of the LVN from an unbiased perspective. The results are facts useful in understanding entry level practice issues.

The analysis of data demonstrated a difference in the perceptions of vocational nursing educators, LVNs, and nursing supervisors on entry level expectations for vocational nurses. Nursing educators are teaching more than is expected by nursing supervisors in the first year of vocational nursing practice. Entry level LVNs report their actual performance to be at a higher level than is expected by nursing supervisors or taught by nursing educators.

In the area of assessment the expectations for the first year LVN are consistant with the competencies as stated by TAVNE. The entry level LVN is not expected to perform activities requiring higher levels of judgment. The data demonstrates disagreement about the expectation that the entry level LVN can synthesis assessment data into a nursing diagnosis. This task was considered outside the scope of practice as often as it was considered entry level.

The entry level LVN is expected to use assessment skills to identify and document changes in the patient's condition. The tasks which validate this competency portray the entry level LVN as

functioning with sophisticated assessment skills in an acute care setting. The LVN participates in monitoring the more seriously ill patient requiring blood and/or intravenous fluids. Apparently the entry level LVN is expected to collect the data, but not make nursing care decisions based on the data.

In the area of planning the entry level LVN is expected to plan for individual patients and small groups of patients. Planning with the family is also expected. Planning includes writing the nursing care plan, setting priorities and writing nursing orders. Low expectation rates were present for the tasks related to planning for a nursing unit.

The role of the entry level LVN in planning appears to be beyond the competencies. However, this LVN is expected to work under the guidelines of established protocols for nursing practice. Assuming that the expected role of the entry level LVN in planning is directly based on protocols, the expected role in planning is very close to the competency statements.

The entry level LVN is expected to perform most psychomotor nursing skills. Exceptions include starting intravenous infusions and administering intravenous medications, and tasks that are generally considered within a complex specialty area. However, a number of entry level LVNs reported doing these tasks. The exceeds entry level responses indicate that the LVN is expected to develop a sophisticated nursing practice.

The expectations for the entry level LVN are more limited in the affective or psychosocial area. Low rates of expectation were reported for psychiatric nursing tasks. However the entry level LVN is expected to have psychosocial skills to work with patients, families, doctors, and other health care professionals. Appropriate response to emotional needs is expected. The LVN is also expected to arbitrate and/or negotiate in some situations.

The entry level LVN is expected to function in performance of tasks that are more likely to be implemented under the control of nursing. However, the limitation of the use of protocols is apparent.

The area of teaching is an important one in differentiating levels of nursing. The entry level LVN is expected to participate in patient and family teaching. This nurse is not expected to function as an instructor for classes or to teach in situations that imply the need for counseling. Situations that involve the potential of emotional complexity are likely to be viewed as beyond the expectations for the entry level LVN. While supervisors were able to define a limited role in teaching for the entry level LVN, the role expectations as a teacher exceed the competency statements.

In order to accomplish the tasks expected of the entry level LVN, this nurse must have good communication skills. The communication tasks show that the entry level LVN must function with a high level of communication skills even though most psychiatric nursing tasks are not expected.

Entry level LVNs are expected to be accountable practitioners of nursing. They are expected to continue to develop their nursing practice and to participate in the ongoing improvement of nursing care in their job setting.

In the nursing home the entry level LVN is more likely to be expected to assume a leadership role in the provision of nursing care. The role of the LVN in the nursing home exceeds the competency statements.

The most unexpected finding of this study was the absence of metropolitan/nonmetropolitan differences in expectations of supervisors. It was expected that LVNs functioned at higher levels in nonmetropolitan areas because of a shortage of registered nurses. The findings indicate that the practice of vocational nursing is uniform across metropolitan and nonmetropolitan Texas.

In general, the results of this study show that supervisors can differentiate a level of nursing practice that is consistent with most of TAVNE's educational competencies for entry level LVN practice. However, the tasks that are defined as "exceeds entry level", but are considered to be within the scope of LVN practice, demonstrate that the LVN is expected to develop a professional level of nursing practice at the staff nurse level. The experienced LVN is often expected to function in a leadership role.

Implications

The populations who will potentially benefit from the results of the study are all persons and groups who are concerned with Vocational Nursing education in Texas. Primarily these groups are Texas

Educational Agency, Texas Board of Vocational Nursing, LVN educators, and Vocational Nursing students.

The results of this study indicate that role in the health care delivery system for a vocational level of technical nursing practice can be defined. LVN programs should prepare the graduate to be proficient in the psychomotor tasks and provide an introduction to nursing knowledge that will help the disadvantaged learner compete in higher educational programs leading to professional and advanced technical nursing practice.

Education which leads to becoming a Licensed Vocational Nurse is helpful to any student who cannot study at a rate consistent with a two year or a four year college education. Vocational Nursing Education provides a relatively quick route to becoming a nurse, for the student with limited financial resources. The Vocational Nurse than has earning power which can influence further education. Many types of students take advantage of this opportunity.

For the educationally disadvantaged learner the Vocational Nursing Curriculum involves learning at the level of practical application. The student can get a beginning foundation in nursing, and then consider trying the registered nurse program. Educationally disadvantaged persons groups may take advantage of this route to nursing.

This project will benefit students through its potential for improving LVN education in the State of Texas. Using data which will specifically identify skills/knowlege base needed by practicing LVN's, educators will be better prepared to counsel prospective students about

the physical and mental requirements for vocational nursing. Students can make informed career decisions. The courses will be more specific to LVN practice and will give specific direction to all types of students.

The results further indicate that the practice of nursing is difficult to limit to a purely technical role. LVNs consistently saw higher level tasks as part of their job even in the first year of practice. That the educators had introduced them to higher level tasks in their educational programs probably helps account for this phenomonon. That higher level tasks are universally required in nursing situations further accounts for LVN identification of higher level tasks. Students of vocational nursing should be encouraged to see vocational nursing education as a beginning step in their nursing education.

The nursing educational system in Texas should be modified to provide easy access for vocational nurses seeking higher education. Program designs should consider the need of students who will be self supporting while seeking these degrees. Credit for work experience learning and continuing education should be an inherent part of these programs.

Start up funding should be available to schools of nursing who are willing to implement demonstation projects designed to improve the accessibility of higher education for the LVN.

In each field there is a tendency it seems to create a "not quite professional" group, which is made responsible for tasks that are

considered routine. It is reasoned that it is more economical to have some tasks performed by persons with less extensive and less expensive education and with lower salary rates. An over riding factor of interest is that all care will be planned, implemented and evaluated by a professional nurse. In some agencies this has been altered to include the LVN's acting as associate nurses. Larger numbers of facilities are changing to primary nursing. There are some areas, especially rural areas, where the number of professional nurses are so limited that this is unrealistic.

After reviewing this information, TAVNE, BVNE, nurse educators and supervisors can readily identify conflicting expectations which had been suspected. Employers of entry level LVNs should be able to expect a consistent level of performance from graduates of Vocational Nursing programs in Texas.

LVNs face a complex and demanding profession. It is unlikely that they will be successful without systematic preparation and experience relevant to todays health care delivery system. Responsibility for preparing future generations of technical nurses to become competent and employable must be assumed by educators and administrators. Health care technology is complex, nursing care is fundamental, and patients are too important to accept anything less.

APPENDIX A

COMPETENCIES

TEXAS ASSOCIATION OF VOCATIONAL NURSE EDUCATORS

Statement of Minimum Competencies

For entry into practice of vocational nursing graduates from State accredited programs in Texas.

Assumptions Basic to the Scope of Vocational Nursing Practice

Vocational nurses are prepared to function under the legal framework specified by the Texas Board of Vocational Nurse Examiners. They are qualified to function in structured settings as accountable members of the health care team. Vocational nurses function in areas of care related to basic therapeutic, rehabilitative, and preventative measures for patients of all ages, cultural backgrounds and various stages of dependency.

The practice of new graduates of vocational nursing programs, therefore:

1. Occurs in non-complex areas where dependent nursing actions predominate with leadership and guidance for nursing actions provided by appropriately qualified health team members.
2. Is directed toward patients who are in need of medical diagnostic evalaution and/or are experiencing acute or chronic illness.
3. Is directed toward patients who are undergoing changes related to growth, development of life-style.
4. Is directed toward patient's responses to common, well-defined health problems/needs.
5. Consists of nursing interventions where outcomes are most often predictable.
6. Is concerned with individual patients and is given with consideration of the patient's relationship within a family or significant group.
7. Includes the safe performance of basic nursing skills that require cognitive, psychomotor, and affective capabilities that are based on commonly known scientific principles.

8. May be in any structured setting but primarily occurs in acute and extended care facilities.

9. Involves a beginning understanding of the roles and responsibilities of self and other workers within the employment setting.

Roles of Practice

Three interrelated roles, based on the above assumptions, have been identified: provider of care, communicator, and a member within nursing. The following is a statement of competencies for each role at the entry level to vocational nursing practice.

(Competency statements are listed within the body of the report).

APPENDIX B

EXPECTATION SCALES

EXPECTATION SCALES

Vocational Nursing Educators

EXPECTATIONS SCALE

1. ENTRY LEVEL:

   Taught in my Vocational Nursing Program. May improve with practice over first year of employment, but I consider it an entry level task.

2. EXCEEDS ENTRY LEVEL:

   Not taught in my LVN program. LVN may legally perform the task, but it requires on-the-job training or continuing education.

3. OUTSIDE THE SCOPE OF EXPECTATION:

   Outside the scope of Vocational Nursing Practice. Not taught in my LVN program.

Entry Level Vocational Nurse

EXPECTATIONS SCALE

1. ENTRY LEVEL:

   I can perform this task. I may have improved with practice, but the task was taught in my nursing program.

2. EXCEEDS ENTRY LEVEL:

   I perform the task, but it required on-the-job training and/or continuing education. The task was not taught in my LVN program.

EXPECTATION SCALES (continued]

3. OUTSIDE THE SCOPE OF EXPECATATION:

I do not perform the task because it requires skill beyond the preparation of an LVN or it is not within the scope of LVN practice. The task was not taught in my LVN program.

4. NOT APPLICABLE:

Not applicable to my present practice setting. LVN's may or may not perform task in another setting.

Example: You are employed on an oncology unit. The following items would be not applicable.

- Prepares perineal area for infant delivery.
- Schedules daily activities for psychiatric patients.

Nursing Supervisors

EXPECTATIONS SCALE (of LVN's who have practiced one year or less)

1. ENTRY LEVEL:

LVN's are expected to perform this task. Practice may improve with time, but it is not expected that on-the-job taining or in-service education would be necessary to teach the task to LVN's.

2. EXCEEDS ENTRY LEVEL:

LVN's may legally perform the task, but on-the-job training or continuing education is provided prior to expecting an LVN to perform the task.

3. OUTSIDE THE SCOPE OF EXPECTATION:

LVN's are not expected to perform the task because it requires skill beyond the preparation of an LVN or is not within the scope of LVN practice.

4. NOT APPLICABLE:

This task is not present in this job setting.