

# Exploring Reported Practice Habits of Registered Nurses and Licensed Practical Nurses at Illinois Nursing Homes

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**Introduction:** Nurses are expected to understand their states' Nurse Practice Act (NPA) and practice within its scope. Role confusion can occur when nurses who practice with different scopes, such as registered nurses (RNs) and licensed practical nurses (LPNs), work closely together. **Aim:** The purpose of this study is to examine the types of nursing activities performed by licensed nurses, and the extent to which RNs and LPNs in Illinois nursing homes are engaged in these activities. **Methods:** A questionnaire was used to explore the types of nursing activities 140 nurses performed in 13 Illinois nursing homes and extent of their engagement in nursing activities within their scope of practice. **Results:** Activities most frequently performed by all nurses included supervision of unlicensed assistive personnel, advocacy for residents, and collection of data to contribute to resident assessment. Both LPNs and RNs did not engage in the full extent of activities that their Illinois scope allowed, and LPNs completed activities that were not included in their scope. **Conclusion:** Poor understanding exists about the differences between RN and LPN scope. Confusion about licensed nurses' scopes of practice suggests that education about NPAs is needed. RNs indicated that they practice beyond their scope; however, it is not known in what way they practice beyond their scope.

**Keywords:** Delegation, licensed practical nurses, LPN scope of practice, nursing activities, registered nurses, RN scope of practice

The American Nurses Association describes scope of practice as the services an educated health professional is competent to perform (American Nurses Association, n.d.). In the United States, practice acts are typically developed in each state through a two-step process of legislation followed by rule and regulation development and implementation. Both are designed to provide for patient safety and protect the public (American Nurses Association, n.d.). Nurses are expected to understand their state's Nurse Practice Act (NPA) and practice within its scope. The purpose of this study is to examine the types of nursing activities performed by licensed nurses and the extent to which registered nurses (RNs) and licensed practical nurses (LPNs) in Illinois nursing homes are engaged in these activities. We also explore the factors associated with their engagement in their scope of practice.

In Illinois, two converging factors—a revised NPA and implementation of a medication aide pilot program—precipitated this study. The use of a medication aide as part of the staffing mix in pilot program homes could influence the role of the RN and, potentially, the LPN. Thus, we wanted to complete the study before either change occurred. Minnesota and North Carolina permit medication aides in nursing homes; however, Illinois does not (Illinois General Assembly, 2014; Minnesota Administrative Rules, 2007; North Carolina Board of Nursing, 2018). These state-specific differences in the nursing scope of

practice supported the importance of the study before either of these changes.

Data collection for our study was completed by spring 2017, before implementation of the new Illinois NPA (Illinois General Assembly, 2017).

## Literature Review

Role confusion between RNs and LPNs practicing in nursing homes has been studied previously. Among all 50 states and the District of Columbia, variability was found in the direction given to RNs and LPNs in their scopes of practice (Corazzini, Anderson, Mueller, Thorpe, & McConnell, 2013). LPNs working in Minnesota and North Carolina nursing homes were surveyed on their roles, duties, and factors that help and hinder nurses in practicing within their scopes (Mueller, Anderson, McConnell, & Corazzini, 2012). LPNs working in these two states indicated they participated in assessment, care planning, and evaluation (Mueller et al., 2012). More than half of LPNs analyzed assessment data to make nursing diagnoses. In addition, they were involved with delegation and supervision activities. Nearly all LPNs supervised care given by unlicensed nursing personnel, although NPAs, administrative rules, or interpretive documents in both states do not allow LPNs to supervise care (Mueller et al., 2012).

A Canadian study in acute care also showed confusion about roles and the definition of full scope of practice among RNs, registered psychiatric nurses, and LPNs (White et al., 2008). These nurses understood scope as daily task completion, and none indicated practicing within boundaries of legislation, experience, or competence.

Another Canadian study in acute care tested a tool on RN scope of practice (D'Amour et al., 2012) and showed that RNs practice at less than their ideal scope. Patient education was not consistently implemented, perhaps because of poor support in the practice environment. Patient education was also highlighted in an earlier U.S. study as a difficult area to capture data because it may occur along with other nursing activities (Capuano, Bokovoy, Halkins, & Hitchings, 2004).

Scope of nursing practice is based on NPAs, rules, and regulations applicable to the practice of nursing. Regulatory bodies are entrusted with protection of the public; therefore, public protection and public trust are the heart of nursing scope of practice. Public trust is essential for a positive nurse-resident relationship and is the foundation for quality nursing care (Griffith, 2015). To ensure quality nursing, nurses must be licensed; follow the NPA, rules, and regulations of their state; and be accountable for their actions under the law. The inconsistent definitions of accountability in the literature (Krautscheid, 2014) may contribute to the difficulty staff nurses face when defining their own accountability and scope of practice.

A nurse's personal accountability for one's own nursing care has been associated with less missed nursing care (Srulovici & Drach-Zahavy, 2017). Missed or omitted nursing care is a common occurrence with potentially detrimental consequences for patients, nurses, and organizations. These consequences may include decreased nurse-reported quality of care, decreased patient satisfaction, increased adverse patient events, and other organizational care quality issues (Jones, Hamilton, & Murry, 2015). A Canadian study of missed resident care in nursing homes demonstrated that rushed or missed care was associated with adverse resident outcomes, such as falls (Knopp-Sihota, Niehaus, Squires, Norton, & Estabrooks, 2015). Identification of factors that influence nurses' understanding of their scope of practice may provide insight for the development of future organizational and individual nurse approaches to support licensed nurses in implementing their scope of practice.

In this study, the research questions were as follows:

- To what extent are RNs and LPNs who work in nursing homes engaged in nursing activities within their full scopes of practice?
- Are nurses' self-assessments concerning scope of practice consistent with their self-reported practice within nursing homes?
- What factors are associated with RNs' and LPNs' engagement in their practice within nursing homes?

## Methods

### Design and Sample

The Illinois State University Institutional Review Board (IRB) approved this study. Using a cross-sectional design to explore the practice of nursing within nursing homes, a convenience sample of licensed nurses working in nursing homes across four Illinois counties were invited to participate in our study. Nursing homes were defined as skilled nursing facilities. A skilled nursing facility provides medically necessary care 24 hours per day by nurses and other health care professionals under the guidance of federal regulations from the Centers for Medicare and Medicaid Services (Investopedia, 2018). The sample consisted of Illinois-licensed nurses currently employed at a nursing home and able to read, write, and speak English.

All nursing homes within the catchment area listed on the Nursing Home Compare website (<https://www.medicare.gov/nursinghomecompare/search.html>) were identified. The catchment area was defined as the four counties around Bloomington/Normal, Illinois; they were McLean, Woodford, Tazewell, and Livingston. First, a description of the study was mailed to the administrator and director of nursing (DON) of each nursing home to gain permission to contact and invite employed nurses in the 34 homes to participate. Next, a member of the research team attempted to contact the administrator or DON via telephone up to three times to discuss the study using an IRB-approved script. The team member met with the DON or administrator at sites willing to participate and scheduled a time to invite nurses to participate. During the face-to-face meetings with nurses at the nursing homes, the team member followed an IRB-approved script to explain the study.

### Data Collection

Separate data collection events were held for administrative and staff nurses to minimize the likelihood of administrators knowing which staff nurses participated. Data collection occurred over a year, ending in July 2016.

Data were collected using a questionnaire based on the *Nursing in Illinois Nursing Homes: Understanding Current Practice* tool, which was developed by Mueller et al. (2012) to examine practices of LPNs. The format from this tool was used with permission (personal communication, Christine Mueller, February 24, 2015). In addition, some RN-specific activities as described by D'Amour et al. (2012) were included. Personal demographic, educational, and position-specific items were included at the end of the questionnaire.

### Measures

#### Performance of Nursing Activities

Items in the first section of the *Nursing in Illinois Nursing Homes* questionnaire, identified as Nursing Activities, captured how often the respondent performed 38 activities in nursing practice. Frequency was categorized as "no opportunity," "never,"

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