

A Dual Reality: Nurse Leaders' Perspectives on LPN Integration in New Jersey Acute Care Settings

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In response to the critical United States (U.S.) nursing shortage, hospital leaders are reversing a decades-long trend and redesigning care delivery models to reintegrate Licensed Practical Nurses (LPNs) into acute care teams. This strategy mirrors a trend seen in Canada over a decade ago, where similar pressures of rising healthcare demands and nursing shortages prompted new care delivery models (Dubois et al., 2012). While most New Jersey (NJ) LPNs (63%) are employed in long-term care, data shows that almost 50% of NJ hospitals (n = 36) now use them in acute care units, particularly medical-surgical and emergency departments. This practice creates two significant challenges. First, it threatens to worsen the staffing crisis in the already vulnerable long-term care sector. Second, the specific roles, responsibilities, and ultimate impact of LPNs on nurse and patient outcomes in the high-acuity hospital setting remain largely undefined within the modern U.S. context.

To address this gap, a qualitative descriptive study was conducted to explore nurse leaders' perspectives on the integration of LPNs in NJ acute care settings. Semi-structured interviews were conducted with 18 nurse leaders (directors of nursing and nurse managers) from 16 hospitals, representing a broad geographic distribution across 15 of NJ's 21 counties.

Nurse leaders reported integrating LPNs primarily on medical-surgical and emergency department units, largely in response to the RN shortage and a desire to reduce reliance on agency nurses. Most leaders (72%) hired between 2 and 15 LPNs. Thematic analysis yielded seven

themes. The first most significant theme was *consensus on LPN scope of practice except patient assessment*. This quandary was evident in leaders' conflicting views, with one firmly stating, "LPNs do not do assessments," while another explained, "they can't do the initial assessment, but they can assess after that." Another key theme, anecdotal comments on nurse and patient outcomes, emerged because according to nurse leaders formal outcomes were not tracked. One nurse leader offered a positive anecdotal comment, "I would say most definitely there has been positive outcome... the workload is lessened because they work collaboratively... It lessened the wait time for the patient. For example, if the patient is in pain and need pain medication, then, of course, the LPN can assist the patient with that." The remaining themes were *transition to team-based nursing models; experienced versus new graduate LPNs; growing RN workforce; strategies to mitigate RN resistance; and the future: LPNs are here to stay* (Weaver et al., 2026).

In the changing landscape of U.S. healthcare, this study found that re-integrating LPNs into acute care presents a dual reality. Nurse leaders clearly value LPNs for their contributions to staffing and direct patient care. However, they also identified significant challenges, including role ambiguity, the need to manage RN resistance, and the operational shift to team-based nursing. These findings strongly suggest that successful LPN integration is not automatic but is contingent on deliberate and thorough preparation. This preparation must include the developing clear policies that

align with state scopes of practice for both RNs and LPNs, as well as comprehensive initial and ongoing education for the entire care team to clarify roles and foster collaboration.

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