

# Developing an LPN Transition to Practice Program to Support the Changing Nursing Landscape

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## Abstract

*Due to the registered nurse shortage, acute care hospitals are adjusting and changing care delivery models by incorporating additional licensed practical nurses (LPNs) into care delivery models. As this landscape and care delivery model changes, it is important to ensure there are resources in place to help support nursing teams. Many organizations have programs to help support RNs as they transition into practice or are referred to a nurse residency program. A Pennsylvania hospital recognized the need to add an LPN transition to the practice program to support new nurses as they transition into the acute care setting. A program was created, developed, and piloted to help support new graduate LPNs transitioning into acute care to help support and guide them. The program was piloted for six months with a variety of learning experiences: shadowing experiences, content experts, simulation, and mentorship. The program has proven to be successful, and an avenue was created for new graduate LPNs to feel supported during their initial months in the hospital by providing them with the knowledge required to develop from novice to competent nurses. It is important for hospitals to have support for nursing professional development opportunities for LPNs as they transition to acute care nursing models.*

**Keywords:** licensed practical nurse; transition to practice; nurse residency, retention, recruitment

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## **LPN Transition to Practice Program to Support the Changing Nursing Landscape**

Healthcare organizations strive to provide their communities with safe, convenient, high-quality care regardless of any barriers that may arise. The recent COVID-19 pandemic has decreased retention of nurses, as well as decreased enrollment rates in nursing academia, which have all put a large strain on health care. The mounting nursing shortage has forced organizations to re-evaluate their models of care, education, and licensure scope of practice to bridge the nursing gap. According to the American Association of Colleges of Nursing (2022), the United States is projected to experience a shortage of registered nurses (RNs) that is only expected to intensify as Baby Boomers age and the need for health care grows. Hospitals are searching for innovative methods to recruit and retain nurses and to provide effective professional development opportunities to assist with nursing educational needs. One of these opportunities includes hiring more licensed practical nurses (LPNs) into acute care practice. Prior to the COVID-19 pandemic, many LPNs worked primarily in outpatient settings such as clinics, urgent care, physician offices, and long-term care (LTC) facilities. As these care teams shift, there is a need to understand how best to support new graduate nurses and how to prepare LPNs for the evolving acute care practice arena (Whitmore et al., 2019). The pandemic has demonstrated the need for cross-functional teams and creative staffing models to fulfill the growing needs and increased acuity of patients in our communities. A literature review was completed to evaluate the necessity of LPNs at the bedside as well as additional educational needs.

### **Literature Review**

Reports of an emerging nursing shortage have been reported since the mid-1930s (Flood, 1981). The main reason for this situation has been limited supply and increased demand for decades. As the population of critically ill patients increases, the ability to properly care for them

has become more difficult. Nursing shortages lead to medical errors and higher morbidity and mortality rates.

As per McElroy (2023), nursing academia offers limited admission into this competitive field of study. Universities and colleges are restricting the number of nursing students they can properly educate due to the lack of nursing educators and clinical facilities available. Despite the decrease in enrolled students, nursing schools turned away thousands of qualified applicants last year due largely to a shortage of faculty and clinical training sites (McElroy, 2023). The scarcity of nurses during an increase in demand for care and an aging population can be detrimental to our communities.

According to data released by the American Association of Colleges of Nursing in 2023, the number of students in entry-level baccalaureate nursing programs decreased by 1.4% last year, ending a 20-year period of enrollment growth in programs designed to prepare new registered nurses (McElroy, 2023). Declines were also recorded in master's and PhD programs, which are required to obtain nursing faculty positions (Smiley et al., 2021). Collective action must be taken to strengthen pathways into nursing to ensure the nation's healthcare needs are met.

### **Changing Team Models**

As the landscape and care delivery model change, organizations must provide supportive programs designed for all nurses. A workforce analysis and operational assessment was completed to identify an innovative staffing solution and team model of care. An acute care facility located in northeastern Pennsylvania (comprising three hospitals within the same system, two of which are Magnet® designated) opted to increase the LPN population in their acute care

settings. With the increasing number of LPNs at the bedside, hospitals are transitioning from a primary nursing model to a team nursing model of care. Team nursing involves an integration of caregivers, such as nursing assistants, LPNs, and RNs, under the supervision of an RN team leader. This model decreases the workload of overwhelmed nurses and uses the diverse skills, education, and first-hand experiences of other members of their team.

Team nursing allows for collaboration and shared responsibility for patient care (Dickerson & Latina, 2017). This model of care allows each staff member to provide care based on their scope of practice, such as a nursing assistant obtaining vital signs, providing personal care, toileting, and bathing. Each team member is assigned specific tasks or roles to complete based on their scope of practice. Including LPNs as part of the care team alleviates some staffing concerns related to the RN shortage while maximizing opportunities to provide comprehensive essential patient care, ensuring healthcare professionals are performing to their full scope of practice. Literature has illustrated that team nursing models have allowed RNs to feel that their assignments are more manageable, and LPNs have been excited about being part of an integral team in the acute care hospital setting (Robinson et al., 2023).

Healthcare organizations are taking action to help their communities. Recruiting, retaining, and educating practical nurses is opening a pathway for greater diversity in the nursing profession, improving patient care and advancing the nursing team model (Garner & Boese, 2017). As organizations fill the staffing gap with LPNs, they also need to work to retain them. A valuable resource that organizations use to retain their nurses as well as increase overall satisfaction is through residency programs or transition-to-practice (TTP) programs. These programs are designed to support new nurses (or those with less than one year of acute care experience) within their first year of employment in an acute care facility. The inability for new

nurses, despite their level of education, to properly transition into a new practice has major consequences for organizations, including safety concerns, stress, burnout, turnover, and decreased quality of care. Although information is dated, in a TTP study conducted by the National Council of State Boards of Nursing (2014), new graduates in an established TTP program indicated they made fewer errors and had fewer negative safety practices, higher ratings of competence, less stress, increased job satisfaction, and a lower rate of turnover when compared to the other programs. Nurse residency programs have been shown to decrease stress, increase confidence, and assist in the effective transition of newly licensed RNs (Williams et al., 2007). Currently, these programs are aimed at registered nurses, but with the increase of LPNs at the bedside, opportunities to support and retain LPNs exist.

Although the literature review supports a changing care model with the increase of LPNs at the bedside, limited research is available to support the addition of a transition-to-practice program for the licensed practical nurse scope of practice. More research is needed to validate the effectiveness of this program.

### **Supporting Newly Graduated LPNs in Practice**

Although many healthcare systems currently support RN residency programs to support newly graduated RNs transitioning from academia into their professional acute care career, formal educational programs for licensed practical nurses in an acute care setting are limited. This gap has introduced the need for a variety of educational opportunities in health care.

### **Creation of a Licensed Practical Nurse Transition-to-Practice Program (LPN TTP)**

Upon implementation of the team model, a needs assessment identified the necessity of a program designed to support LPNs throughout their first year as acute care nurses. A homegrown program was developed and piloted for a system region within a larger healthcare network that

mirrors an already successful RN residency program. Content was created based on feedback obtained from various meetings involving the director of nursing professional development, nurse residency coordinator, and local LPN academic faculty. Knowledge obtained included imperative information related to gaps in LPN curriculum and opportunities for continuing education. A six-month pilot program was developed based on current research and feedback was obtained from not only academic facilities, but also current LPNs.

### **Overview of Curriculum**

Based on Patricia Benner's nursing theory Novice to Expert Model (1984), the curriculum was designed to foster a supportive relationship with the new graduates while providing and exceeding continuous educational needs. A variety of different learning tools were used in the monthly four-hour sessions, which included content experts, shadowing experience, clinical reflections, and simulation.

Various content experts participated each month to discuss relevant topics such as ethics, legal issues in nursing, end of life, LPN scope of practice, and wound care. Presenters included chaplains, nurse ethicists, litigation attorneys, and nurse navigators within the organization. Prior to their topic presentation they met with the residency coordinator to review topic content. All presenters were asked to use interactive activities, games, and/or simulation to ensure participation and engagement.

The curriculum was designed to allow the new LPNs the opportunity to shadow distinct areas of the acute care setting to gain a critical understanding of patient flow and care within a multidisciplinary team. Shadowing experiences included areas such as the Emergency Department, Surgical Services, Speech Therapy, and Respiratory Therapy. Each shadowing

experience was conducted for two hours during each monthly session. This shadowing experience afforded the new LPNs the opportunity to network, learn, and build relationships with other areas of the patient care team.

Clinical reflections included smaller subgroups of the LPN TTP program participants. Each small group of LPNs are assigned to an unbiased mentor for the clinical reflections session. Each unbiased mentor was personally chosen and interviewed by the nurse residency coordinator and director of nursing education to ensure that they had no direct involvement in the assigned nurse's unit or any connection to the new nurse. Each mentor was a leader throughout the system willing and had to be able to meet with the LPNs for one hour, once a month during the scheduled transition-to-practice session. Each mentor was trained by the nurse residency coordinator, highlighting areas of coaching, managing crucial conversations, and facilitating a therapeutic confidential discussion. Mentors were provided with a worksheet from the coordinator that included icebreakers and topics to help facilitate engagement each month. Icebreakers include discussing vacation plans and open-ended conversational questions such as "If you could live anywhere in the world, where would you live and why?" These icebreakers were designed to facilitate open discussion and social interaction. Icebreaker questions helped create a warm, welcoming environment where everyone felt comfortable sharing, which then segued into deeper topics. These topics included first code experiences, team nursing, and difficult patient situations, which encouraged the nurses to share stories of strengths, weakness, and opportunities in a confidential, safe environment. Moreover, this open dialogue allowed nurses to speak freely while learning from peer experiences. All the information was confidential within the group unless there was concern for harm to the nurse or anyone else.

Additionally, simulation with high-fidelity equipment was incorporated into each session to give hands-on learning experiences to promote and increase confidence in nursing skills. These hands-on simulations included intravenous pump and feeding tube training, as well as chest tubes and tracheostomy care. One skill was chosen every month based on the feedback gained from the prior months' evaluation.

### **Launch of the LPN TTP Program**

The first official LPN transition-to-practice (LPN TTP) pilot program started in June 2022 in the 700-bed combined total regional hospitals. Eighteen new graduate LPNs were enrolled into the first program. This transition-to-practice program afforded all the LPNs in the program the opportunity to connect with other LPNs throughout the region with a similar knowledge base, skill set, and uncertainty in the acute care setting. The transition-to-practice program was developed in addition to their classroom and unit orientation to help guide and support them as they transitioned into bedside practice.

While developing the program's expectations, the RN residency program was used as a guide to mirror some priorities, such as attendance. Both programs promoted mandatory attendance for each session. The goals of the program included nurse retention, improved working relationships, improved confidence in nursing skills, and distinguishing the LPN scope of practice while supporting a nurse's transition from novice to competent.

## **Methods**

### **Participant Population and Criteria**

Upon initiation of the program in June 2022, the 18 new LPNs hired between January 2022 and June 2022 were automatically enrolled. Requirements for the program included all LPNs with less than one year of acute care experience and with an unrestricted nursing licence or scheduled to test within three months.

After the initial session, two participants were unsuccessful in passing their board examinations, while two other participants decided that the acute care environment was not the right fit for them. Likewise, one of the enrolled LPNs asked to be excused from the program based on personal and/or family reasons that made it difficult for her to attend. Due to the pilot program's nature, an exemption was approved. The remaining 13 LPNs completed the program in November 2022. Since the launch of the initial program, there have been three additional cohorts, with cohort two completed in fall 2023 with 17 total graduates.

### **Data Collection**

Using Microsoft Forms, a monthly survey was created to evaluate the effectiveness of the coordinator, content experts, assigned mentors in clinical reflections, shadowing experiences, topics, and suggestions for future sessions.

As part of the pilot LPN TTP program, participants completed the following surveys: the Casey Fink Survey, monthly session evaluations, and overall program evaluation. The Casey Fink Survey is a tool used to evaluate new nurse stressors, transition experience, and the efficacy of transition to practice or residency programs. An initial Casey Fink Survey was conducted during the first session in June 2022 and at the program's conclusion in November 2022. Monthly session evaluations were completed to identify strengths and opportunities throughout

the program. Based on the feedback, real-time adjustments were made to the program to enhance the participants' learning needs and development. The program evaluation was a tool used to identify overall effectiveness in increasing self-confidence levels, session content, session timing, learning outcomes, and coordinator efficiency.

## **Results**

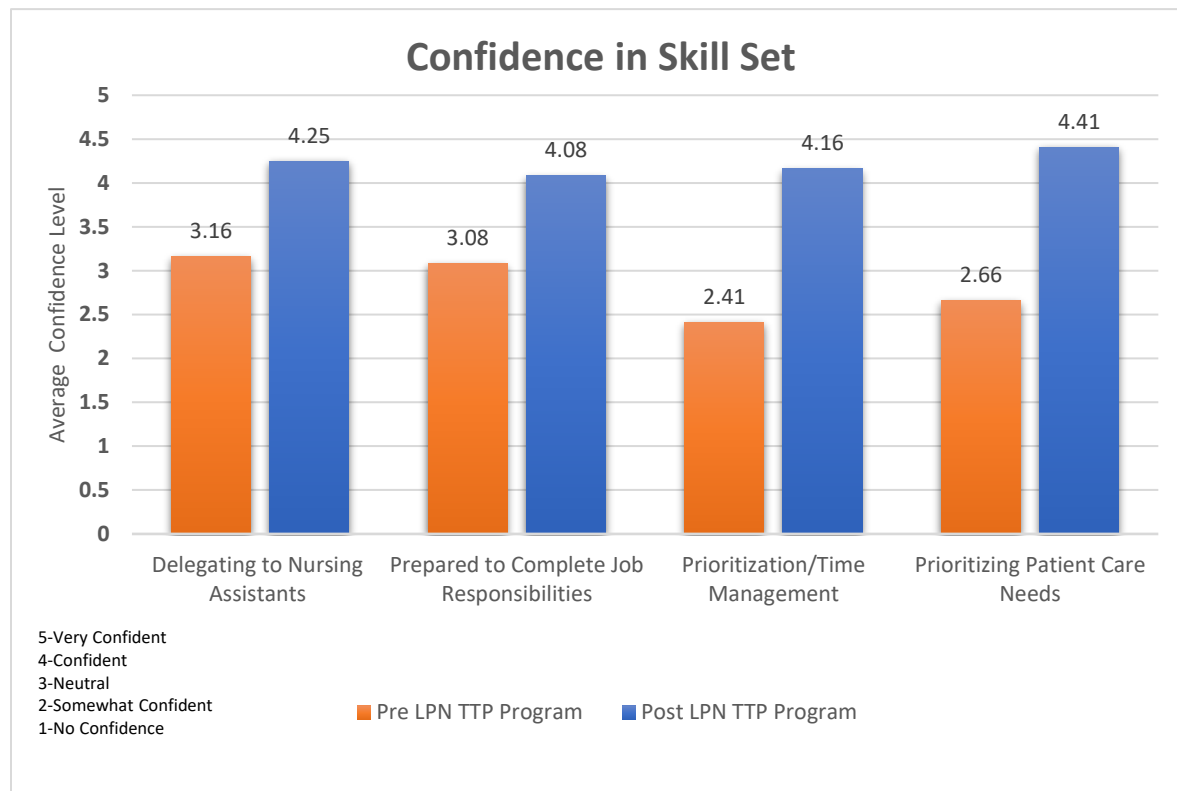
### **Program Evaluation**

Of the participating LPNs, 67% responded to the overall program evaluation. Ninety percent of participants responded that the program assisted with their transition into acute care practice. Similarly, 90% identified that the program afforded them the opportunity to gain valuable experience from other departments or units and learn about patient flow throughout the hospital and assisted them in building relationships with other departments or units.

Pre- and post-LPN TTP, Casey Fink Survey comparison showed an overall increase in the following skills and categories: self-confidence, autonomy, and time management. From pre-survey to post-survey, there was an improvement in various inquiries, including: "I feel I may harm a patient due to my lack of knowledge and experience," "I am having difficulty organizing patient care needs," and "I feel overwhelmed by my patient care responsibilities and workload." Participants identified the strong commitment the program coordinator has for helping new nurses succeed by answering "Strongly" to the following questions: "I feel the program coordinator provides encouragement and feedback about my work," and "My program coordinator is helping me to develop confidence in my practice." Table 1 showcases pre and post comparison in confidence in skill set for delegation to nursing assistants, prepared to complete job responsibilities, prioritization and time management, and prioritizing patient care needs.

**Table 1**

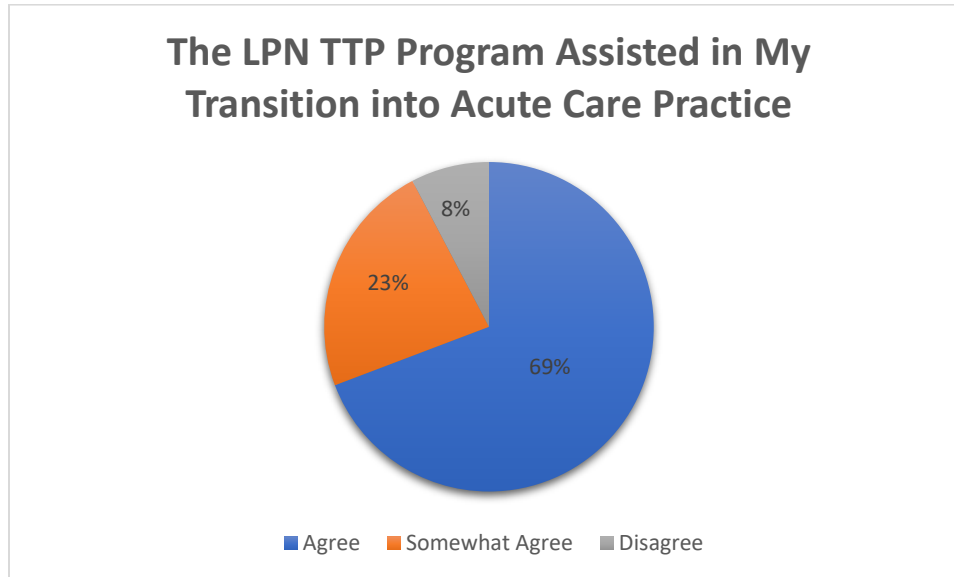
*Pre and Post Confidence in Skill Set*



At the conclusion of the pilot program, a graduation was held to celebrate the 13 LPNs who completed the program. During this celebration, the nurses were recognized and awarded a certificate and stethoscope. Some LPN residents also shared first-hand experiences, learning outcomes and gratitude for the support they received during the program, stating their excitement to continue their career and professional growth within the organization. As part of the overall evaluation of the program, one of the questions asked if the LPN TTP assisted them in the transition to acute care practice (Figure), 69% responded agree.

**Figure 1**

*Perceived Relevance of the LPN TTP*



### **Strengths and Opportunities Identified**

Post-LPN TTP graduation, one-on-one interviews were conducted to gain qualitative feedback concerning the program and to warrant proper development and success of future cohorts. Overall, the participants concluded that the six-session program duration was sufficient, and they expressed more self-confidence in their skills and career choice at the conclusion. Participants indicated that the shadowing experiences were an integral and valuable contribution to the program, expressing that the continuum and evolution of patient care was informative.

The participating LPNs identified the need to extend the shadowing time from two hours to four hours. They also suggested that shadowing experiences would be more beneficial in the morning rather than the afternoon (the pilot time was 1 p.m. to 2 p.m.), thus allowing peak care hour experiences and interdisciplinary meetings. Morning participation would also afford the opportunity to participate in interdisciplinary meetings surrounding patient care with a variety of

care team members. LPNs participating in the pilot program worked both day and night shifts. Nurses working the night shift were suggested to not self-schedule work the night prior to an LPN TTP session to encourage engagement and active participation.

Many participating LPNs expressed that all aspects of the program were beneficial, including the topics covered by content experts, simulations experiences, and clinical reflections. The LPN TTP participants identified the need for more mock code simulations, expressing anxiety related to real-time code situations, which require skill repetition to build confidence. The success of this program proved a valuable resource in transitioning LPNs into practice while providing the necessary support, education, and experiences to be successful in a team model. Although the sample size was not optimal, further evaluation is needed as LPNs continue to be hired in the acute care setting.

### **Post-Pilot**

After completion of the pilot, an additional three LPN TTP cohorts were established using the feedback obtained from the pilot program. Alterations to the program included extending the session timeframe from four hours to eight hours to allot additional essential time to the shadowing experience as well as to adequate content delivery. The length of the program was also extended to be completed over one full year, with the cohort meeting every other month. The program has also been launched in additional regions within the healthcare system to offer support for those new to practice LPNs. Overall, TTP LPN retention has been 94% based on all three cohorts with a total of 38 participants.

### **Conclusion**

With the ongoing nursing shortage, it is essential that healthcare organizations bridge the education gap with changes in the patient care model. Organizations can retain, recruit, and

increase both patient and nursing satisfaction by moving to a new model of care that uses LPNs in the acute care practice area. The LPN transition to practice program included education regarding scope of practice, effective communication techniques, and delegation to help support the team model in delivering nursing care. In addition, organizations must identify innovative methods for supporting LPNs as they transition into acute care practice. Various educational opportunities exist to facilitate programs designed to support healthcare providers such as LPNs amid current staffing limitations.

Current RN residency programs have paved the way to improving retention and providing support to new graduate nurses, with proven positive results. Transition-to-practice programs are designed to enhance knowledge base, confidence, and critical-thinking skills. The need for a similar educational platform to support and guide new LPNs during the initial crucial months in acute care is definitely needed. Combating the nursing shortage has not been easy, but with innovative programs, organizations can support their new LPNs by offering a transition-to-practice program with mentors, shadowing experiences, and content designed to increase self-confidence and skill sets, and support their transition into practice.

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