

ORIGINAL RESEARCH

Preceptor and learner perspectives on LPN-BN transition to practice: A pilot study

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Received: September 27, 2024

Accepted: February 5, 2025

Online Published: February 25, 2025

DOI: 10.5430/jnep.v15n4p61

URL: <https://doi.org/10.5430/jnep.v15n4p61>

ABSTRACT

Background and purpose: The regulated nursing profession in Canada includes Licensed Practical Nurses (LPNs) with diploma qualifications and Registered Nurses (RNs) with baccalaureate degrees. Nursing programs, such as the LPN to Bachelor of Nursing (BN) post-program, prepare LPNs for RN qualifications after successful licensure. RN preceptors mentor these learners for the RN role during the final consolidation practicum (CP). This pilot study examined what constitutes a successful transition for LPN to BN learners and explored key markers of this transition from the perspectives of both learners and preceptors. The study also provides insights into factors influencing the transitional experiences of learners during their final CP.

Methods: A qualitative interpretive descriptive approach with a two-phase research design was employed. In phase one, preceptors (n = 12) and learners (n = 10) completed an online survey comprised of open-ended and closed-ended questions. Phase two included semi-structured interviews with survey participants. De-identified survey data and interview transcripts were analysed using Braun and Clarke's thematic analysis.

Results: Participants identified markers of role transition, including altered thought processes, increased confidence in the new role, and the development of skills and competencies. Both positive and negative influences on the transition process were also reported.

Conclusions: The insights gained from this pilot study can inform improvements in nursing education, particularly in LPN to BN post programs. Understanding the factors affecting transition can guide curricula development to enhance the successful transition of LPNs to RNs, thus empowering educators and policymakers to make effective changes in nursing education.

Key Words: Preceptorship, LPN to BN Post Programs, Preceptors, Role Transition, Qualitative Research, Thematic Analysis, RN Qualifications, Learner Experiences

1. INTRODUCTION

Canada recognizes different regulated nursing professions, including Registered Nurses (RN) and Licensed Practical Nurses (LPN).^[1,2] Traditionally, LPNs complete a post-secondary diploma, whereas RN educational preparation is a baccalaureate degree.^[3-5] After graduation, both professions complete a separate licensing exam to become regulated professionals. As a result of differing educational

pathways, the extent of nursing knowledge, competencies, and scope of practice, the RN role and LPN role differ, with the former having greater responsibilities and the latter being limited.^[2,5,6]

The traditional Bachelor of Nursing (BN) educational pathway admits applicants with no expected healthcare background, and if they possess nursing experience often no

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credit is given. This is different from the non-traditional models used in the BN bridging program educational pathway that allows for LPNs to bridge or complete post BN programs that account for their prior education and nursing experiences.^[1,2,7] Once BN graduates from traditional and non-traditional routes successfully demonstrate nursing knowledge and entry-to-practice competencies, licensing occurs separately from the university learning experience through respective licensing bodies.^[6] The licensing exam for BN graduates is the NCLEX-RN.^[2,4,6] In the post BN program, learners complete their educational journey with a final consolidation practicum (CP).^[8] In this practicum, learners are paired with an RN preceptor who mentors and evaluates them in meeting entry-level RN competency requirements.^[8,9] Little is known about how bridging and post LPN learners experience transition and how their preceptors facilitate the transition from the LPN to BN graduate and the newly expanded RN role. Hence, the purpose of this study, to explore what constitutes a successful transition for LPN to BN learners and key markers of this transition from the perspectives of both learners and preceptors during the final CP.

Literature review

Collectively, the nursing profession is the largest employment group and represents about half of the healthcare workforce.^[10,11] RNs are critical to leading healthcare systems through challenges and minimizing adverse patient outcomes.^[12] RN staffing in Canada is at an all-time low, with an 85.8% increase in vacancy rate compounding strain on the healthcare system.^[13] Additionally, with the ongoing retirement of baby boomers, this shortage is expected to increase.^[14]

Successful transition to the RN role in bridging and post programs provides critical access to an experienced and educated nursing workforce to combat RN healthcare staffing challenges. Furthermore, within the current complex healthcare context, nursing learners must be ready to practice competently and safely upon workforce entry.^[15] Thus, LPN’s successful transition to the role of the RN is paramount.

A small body of literature was found that studied the scope

transition of nurses. Transition is defined as the passage from one state to another, the associated experiences, and consequential development.^[16] LPN to BN learners experience a unique transitional passage compared to traditional BN learners as post LPN learners need to differentiate LPN and RN roles and scope of practice.^[1,17,18] LPN to BN learners typically develop a strong awareness of LPN to RN scope differentiation during their final CP.^[2,7,19–23] Along with understanding role differentiation, learners demonstrate transition to the RN role by meeting higher-level RN competencies, including increased leadership skills, critical thinking, role autonomy, and confidence.^[2,9,16,18,21,22,24] Research suggests the value of preceptors who encourage scaffolding from previous experience making for engaging and meaningful adaptation to the RN role.^[2,7,9,16,17,22,24–28]

This pilot study aims to contribute to mitigating significant gaps in knowledge and answering questions of what constitutes a successful transition and what markers determine a successful transition. Furthermore, this study contributes to determining support measures that promote a successful transition for LPN to BN learners into the RN role during the final CP. Identifying markers of a successful transition for the LPN to BN-prepared graduate provides the opportunity to explore teaching and learning strategies to facilitate the process. With this pilot study, we intend to provide tailored direction and guidance to preceptors and educators based on learners’ and preceptors’ experiences, perceptions, and expectations. Furthermore, LPN to BN learners can use these findings for self-directed support to achieve a successful transition to the RN role.

2. METHODS

We employed a qualitative interpretive descriptive research design to define the elements of a successful transition for LPN to BN learners within the context of the final CP (see Figure 1). Interpretive descriptive research design facilitates the understanding and interpretation of participants’ views on the phenomenon of interest.^[29,30] Furthermore, by focusing on participants’ perspectives and experiences,^[31] it aligns with understanding the experience and identifying markers of successful transition from the preceptor and learner viewpoints.

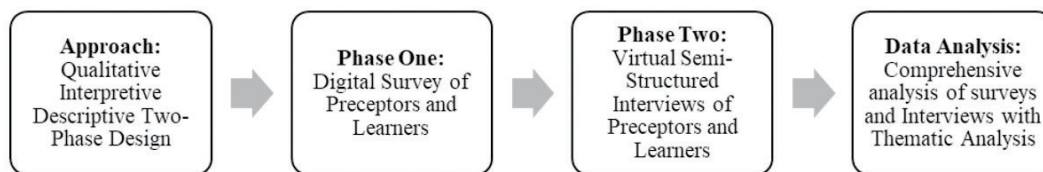


Figure 1. Research study plan

2.1 Setting

The study occurred at an Alberta, Canadian online university offering a Post-LPN to BN program. LPN to BN learners complete a final CP whereby they work towards meeting provincially set entry-level competencies for the practice of RNs. The RN preceptors provide guidance and coaching to facilitate learners successfully demonstrating the skills, abilities and attitudes embedded within the RN scope of practice.^[24] This pilot study also facilitated a preliminary exploratory examination of the research questions and research design. Results from this pilot study facilitated the restructuring of the conceptual framework prior to moving towards a larger-scale study.

The research team consisted of two doctoral-prepared faculty members teaching in the Post-LPN to BN program under study and two external graduate research assistants (GRA) completing their master's degree. All research team members are healthcare professionals, three are RNs and one is a retired regulated healthcare professional. The research team holds varied levels of experience in qualitative research.

2.2 Sample

Learner and preceptor participants were recruited via email upon final CP completion across two terms in 2022. Participants were learners and their respective RN preceptors. Participants were from across Canada, with the highest concentration in the university's home province of Alberta. The CP Spring term in 2022 had two classes of 16 learners, and the Fall term had three classes of 16 learners. A GRA emailed potential participants a recruitment information letter. Phase one consisted of a digital online survey whereby purposive and snowball sampling was utilized to recruit LPN to BN learners (n = 10) and preceptors (n = 12). Within the survey, participants could consent to phase two, leading to the recruitment of three learners and one preceptor for interviews (see Table 1).

Table 1. Pilot study participants

Data Type	Spring 2022		Fall 2022	
	Learners	Preceptors	Learners	Preceptors
Surveys	4	5	6	7
Interviews	0	0	3	1

2.3 Ethical considerations

Ethical approval was obtained from the researchers' institutional research ethics board. To mitigate potential conflicts of interest, given that members of the research team were instructors within the LPN to BN program, GRAs external to the program were hired to recruit participants, collect consent, and de-identify the data, thus ensuring participant

anonymity. Recruitment materials and consent forms explicitly stated that participation in this study would remain anonymous and not impact learner grades, thereby safeguarding participant interests.^[32] The informed consent process outlined the purpose of the study and the participants' roles, ensuring explicit and voluntary agreement.^[33] Implied consent was assumed for the survey questionnaire as participants voluntarily accessed the survey link and responded anonymously. Written consent was obtained from participants prior to the interview, and verbal consent was confirmed before recording the interview. To maintain confidentiality, all survey responses, interview recordings, and transcripts were stored on password-protected and encrypted computers.

2.4 Data collection

This pilot study was conducted in two phases. In the first phase, a digital survey within Microsoft Forms allowed researchers to explore transition of LPN to BN graduates. Surveys consisted of seven open-ended and three close-ended questions and required approximately 30 minutes to complete. Recruitment notifications were emailed to learners and their preceptors at three separate intervals towards the end of their term.

In the second phase, follow-up virtual semi-structured interviews were used to further explore the LPN to BN graduate transition.^[34] Interviews lasted approximately 60 minutes each and were conducted, recorded, and transcribed using Microsoft Teams software. Two interview guides were developed to tailor questions for learners and preceptors during the interviews (see Figure 2). Both guides concluded with five additional questions, inquiring about the appropriateness and usefulness of the survey questions and study design. These responses were used to revise the study design including the survey questions for the subsequent main study. Data from the survey responses and interview transcripts were then compiled and anonymized for data analysis. To ensure anonymity, participant interviews were labelled with letters and the surveys with numbers.

2.5 Data analysis

De-identified survey responses and transcripts were uploaded, organized, and coded using NVivo 14 software. Two research team members separately analysed the preceptor and learner data to avoid assumptions that there would be similarities across the perspectives. Intercoder consistency and reliability techniques were employed to assess coding consensus in NVivo. Intercoder consistency is the collaborative process of ensuring a degree of agreement is attained within the data without obtaining numerical value, whereas inter-

coder reliability provides a numerical quantification between the coders.^[35] Intercoder consistency was achieved through weekly team meeting discussions of the interpretations of

the data, and intercoder reliability was frequently verified throughout the coding process.

Learner interview guide

1. Congratulations completing your final preceptorship and your BN program. Did you feel different at the end of the (course name) (the final preceptorship) from the beginning of the term? Yes/No
 - a) Please describe how you felt upon completing the practicum.
2. So, on the survey you wrote how your practice changed since the beginning of the preceptorship. Please could you elaborate further on at least 2 of the practice changes you recognized as you progressed through the preceptorship.
3. What does success look like in (course name)?
4. Would you say you successfully transitioned from an LPN-BN graduate, as per your standards and expectations? How so?
 - a) How would you describe those standards and expectations you made for yourself?
5. In what ways has the preceptorship practicum contributed to your successful transition from LPN to BN graduate?
 - a) What do you think your preceptor did that contributed to your LPN-BN grad transition (or not)?
 - b) What do you think your program did that contributed to your LPN-BN grad transition (or not)? By program, please consider elements such as your course instructor and the course design.
6. If the preceptor does not have same or more years of experience as the learner, how does this affect the teaching learning dynamics? For learner? For preceptor?
7. What strategies did you utilize to enable or facilitate successful LPN-BN transition?
8. Any suggestions or recommendations to future learners to help them experience successful transition?

Preceptor interview guide

1. Is there is a difference between learners at the beginning and at the end of term? Yes/No
 - a) How would you describe the differences you see in learners' practice when they start preceptorship compared to the end of preceptorship? Or
 - b) If you did not see a difference, what difference were you expecting to observe in comparison to what was seen displayed by the learner at the end of the term?
 - c) Do they need to successfully transition from the LPN to RN to pass? How so?
2. In the precepting experience, what ways has the preceptorship practicum contributed to successful transition from LPN to BN graduate?
3. In what ways has the preceptorship practicum not contributed to successful transition from LPN to BN graduate?
4. Please describe the processes you engage in to help learner transition from LPN to BN grad compared to a learner that has no prior nursing experience.
5. Describe what tangibles or deliverables you look for to determine successful transition from an LPN-BN grad (RN) role?
6. Have you ever had a LPN-BN learner who came with previous knowledge and experiences that acted as a barrier to their success in the preceptorship experience? Can you tell me more about this experience?
7. Knowing the LPN-BN learner might be coming to the preceptorship with prior nursing knowledge and experience, what recommendation would you share with preceptors to prepare for this role?
 - a) How can the preceptor build on the learner's LPN experience to contribute to successful LPN-BN transition?

Figure 2. Learner and preceptor interview guides

Data analysis was conducted separately for learner and preceptor data using deductive and inductive coding processes. Deductive techniques involve generating codes before analysing the data, while inductive techniques involve creating codes through immersion in the data.^[36] We began our analysis with a broad codebook created by scanning the data. The codebook was then refined throughout the coding process. Themes, subthemes, and thematic frameworks were developed from these established codes.^[37] After completing the thematic frameworks for learners and preceptors, we compared them to identify similarities and differences. Due

to significant thematic similarities, we merged the findings into a single framework (see Figure 3).

2.6 Rigour

Ensuring trustworthiness in qualitative research requires credibility, transferability, dependability, and confirmability.^[38] To achieve these, we scheduled and recorded regular meetings with the research team throughout the study to ensure credibility and dependability. Recordings and meeting minutes were used to trace group decisions and research progress. An analysis journal and step-by-step guide were implemented to provide a detailed descriptive guide of the

analysis process, enhancing the transferability and credibility of the research project. Additionally, a reflexive journal was maintained by team members to promote transparency throughout the project, allowing for reflection on personal and professional biases, assumptions, and suspicions.^[39]

3. RESULTS

Thematic analysis from the survey and interview data revealed three overarching themes: 1) indicators of the LPN to BN learner’s evolution and transition, 2) positive transition influences, and 3) barriers to transition (see Figure 3).

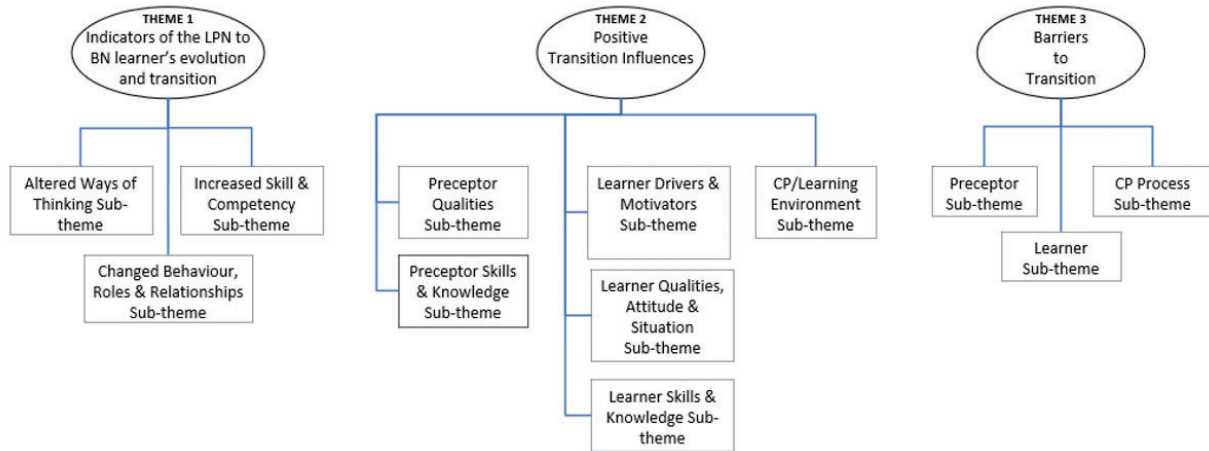


Figure 3. LPN to BN transition thematic map (Figure 3 shows 3 main themes and 12 sub-themes)

3.1 Theme 1: Indicators of LPN to BN transition

We identified thirty-eight indicators of a successful LPN to BN transition, reflecting a shift into the RN scope of practice. These indicators were categorized into three sub-themes: 1)

altered ways of thinking, 2) changed behaviour, roles, and relationships, and 3) increased skill and competency. Of the 38 markers, 19 were mentioned by both learners and preceptors (see Table 2).

Table 2. Theme 1: Indicators of successful LPN to BN transition identified by learners and preceptors

Sub-themes	Codes
1A. Altered Ways of thinking	Increased critical thinking
	Development of a holistic view
	Bridging theory to practice
1B. Changed Behaviour, Roles, and Relationships	Increased confidence
	Ability to take on a full patient load/RN duties
	Increased integration with unit culture and processes
	Increased comfort
	Seeks help and assistance as needed
	Increased assertiveness
	Increased leadership
	Increased flexibility and adaptability
1C. Increased Skill and Competency	Understand and demonstration expanded scope
	Increased knowledge and understanding
	Recognize and anticipate client needs
	Enhanced decision-making
	Improved client communications
	Increased safety focus
	Improved time management
	Increase problem-solving ability

3.1.1 Sub-theme 1A: Altered ways of thinking

The most frequently coded markers of successful LPN to BN transition were increased critical thinking (54) (Note. Bracketed number following each code indicates the code frequency.), and development of a holistic view (31), both falling under the sub-theme of altered ways of thinking. Within this subtheme, 27% of the codes were mentioned by both preceptors and learners. Both preceptors and learners believed that learners who transition successfully demonstrate a significant mindset shift. The RN's thought processes used to form ideas, decisions, and actions reflect a more holistic perspective of the patient and their life situation, including their environment, family support, level of understanding, and ability to comply with care. This holistic approach involves gathering information and applying judgment, which represents a departure from the task-based practice of the LPN. Participants spoke about how the learner's ways of thinking changed as,

"Having them really wrap their mind around and understand the importance of critical thinking in the RN role." [Preceptor #03, Fall 2022, Survey]

"I saw this transition happening in my learner as she began to recognize patients' acuity and start to understand how to act on that acuity. Watching the critical thinking increase and expand." [Preceptor #04, Fall 2022, Survey]

"The highest marker of success in preceptorship is how to act as a leader and ability to use in-depth critical assessment and decision-making." [Learner #01, Fall 2022, Survey]

"Consider the whole picture of the patient." [Preceptor #01, Spring 2022, Survey]

"... they also need to separate their prior clinical practice of task-based duties and delve more into the patient, anticipation of needs, discharge planning and connecting labs and treatments to the entire clinical picture." [Preceptor #01, Spring 2022, Survey]

"I approach nursing more holistically, less task focused" [Learner #05, Fall 2022, Survey]

3.1.2 Sub-theme 1B: Changed behaviour, roles, and relationships

The way in which the learner acts or conducts oneself to complete RN duties during the final clinical placement is reflected in new, enhanced, and demonstrated relationships with colleagues, patients, and families. Both preceptors and learners recognized 67% of the behaviour codes. Increased confidence (50) and the ability to take on full RN duties (27) were the most frequently coded behaviours. Participants discussed the impact of increased confidence and how it contributed to taking on a full workload.

"... the confidence level in time was probably the biggest thing that I noticed, and the other thing is just sort of taking

initiative to seek out learning opportunities and the confidence to do that was also noticeably different from beginning to end." [Preceptor #A, Fall 2022, Interview]

"Successful transition is marked by feeling confident in my new role as an RN." [Learner #04, Spring 2022, Survey]

"Being able to take on the caseload and complete the work." [Preceptor #03, Fall 2022, Survey] *"Gaining confidence and comfort in an RN role, feeling as though I can grasp a full patient load and make clinical decisions on my own."* [Learner #02, Fall 2022, Survey]

3.1.3 Sub-theme 1C: Increased skill and competency

According to the Canadian Council of Registered Nurse Regulators the ability of the learner to perform a task or activity demonstrates their skill, while the application of measurable "knowledge, skills, abilities, judgment, and attitudes to practice safely and ethically" demonstrates competency.^[40] Both preceptors and learners identified 60% of the codes with the two most frequent markers being: 1) the ability to understand and demonstrate the RN's expanded scope (40), and 2) increased knowledge and understanding (30). Participants discussed how increased knowledge and understanding contributed to demonstrating the expanded RN scope of practice. *"To be able to determine why we are doing something, and what we hope to accomplish by doing it, rather than just doing something because it was ordered."* [Preceptor #01, Fall 2022, Survey]

"Having the learner recognize the difference in their practice." [Preceptor #01, Spring 2022, Survey] *"My practice has changed by increasing my knowledge, scope of practice, while advancing my critical thinking in this placement site atmosphere."* [Learner #01, Spring 2022, Survey]

"I am more aware of the responsibility of my role as an RN since completing the preceptorship." [Learner #03, Spring 2022, Survey]

3.2 Theme 2: Positive transition influences

Theme 2 focuses on those factors that were perceived to facilitate a successful transition. Positive influences included: 1) preceptor qualities and their skill/knowledge, 2) learner qualities/attitudes/situation, learner skill/knowledge, and learner drivers/motivators, and 3) the clinical practicum/learning environment. Theme 2 codes had much less overlap between preceptors and learners, unlike theme 1, where there was a significant overlap.

3.2.1 Sub-theme 2A: Preceptor qualities

Preceptors identified several key traits that positively influence the successful LPN to BN transition. These included intrinsic feelings of finding the CP process rewarding (12), being engaged (17), showing interest in the learner's needs and well-being (9), and being proactive or motivated (5).

Similarly, learners recognized effective preceptors through codes such as being supportive (8), understanding the learner (6), being collaborative (7), flexible (5), and welcoming (2). Participants highlighted the following preceptor characteristics that encourage successful transition:

"...enjoy mentoring/teaching." [Preceptor #03, Spring 2022, Survey],

"...being a part of the growth of the nurse." [Preceptor #04, Spring 2022, Survey],

"... just feeling welcomed and feeling, supported." [Learner #B, Fall 2022, Interview], and

"my preceptor, she first solidified my independent role by not getting into my way, by not saying too much, but she was just there to provide guidance as needed." [Learner #C, Fall 2022, Interview]

3.2.2 Sub-theme 2B: Preceptor skills & knowledge

Both preceptors and learners identified preceptor experience (18) as the most important preceptor quality, followed by the ability to provide constructive feedback (7). Preceptor codes highlighted the importance of acknowledging learners' previous knowledge (16), being adaptable (5), and providing varied experiences (4). While learners valued preceptors who were organized (5), knowledgeable (4), and had a guiding/mentoring precepting style (6). Participants spoke about preceptors being able to provide a high-quality CP experience as,

"... tried to give them a very broad experience. . ." [Preceptor #A, Fall 2022, Interview], and

"... she had this completely different like background which was a huge strength." [Learner #A, Fall 2022, Interview]

3.2.3 Sub-theme 2C: Learner qualities, attitude & situation

Learners contributed significantly to this sub-theme by highlighting that determination (10), advance preparation (5), level of effort (3), and support (3) were key factors in enabling a successful transition. Both preceptors and learners identified one shared code: learners embracing the learner role (34). Participants discussed these learner characteristics as crucial for encouraging a successful transition. For example,

"This can include bad habits as well, so exploring those in learners who have already been nursing for a long time but are then expected to go back into a learner mindset where protocols/policies need to be strictly followed." [Preceptor #04, Fall 2022, Survey]

"I stayed open to the learner role. . . I'm not an LPN, I'm a learner and I know our instructor sort of hammered that into us a couple of times, just like "you are a learner", you're not an LPN, you know. Don't pretend you are working there, you're there to learn. So just really embracing that. . ."

[Learner #B, Fall 2022, Interview]

3.2.4 Sub-theme 2D: Learner skills & knowledge

Both learners and preceptors recognized that the learner's prior abilities as an LPN (22), knowledge (20), experience (17), and skill (11), were positive influences on the transition. Participants noted that LPN to BN learners had an advantage over traditional BN learners due to these prior attributes.

"I have enjoyed this placement because the learner arrived with solid nursing knowledge and a certain level of confidence that new nurses do not have." [Preceptor #05, Fall 2022, Survey]

"These learners come with skills to build upon and an understanding of the healthcare system." [Preceptor #01, Spring 2022, Survey]

"I think having done 7 years now, [of] community mental health, I would have been so uncomfortable stepping into a hospital environment expecting to be a registered nurse. . . for me I already had a really good base knowledge. . ." [Learner #A, Fall 2022, Interview]

"But I think my experience counts for something, even though it's like as an LPN." [Learner #B, Fall 2022, Interview]

3.2.5 Sub-theme 2E: Learner drivers & motivators

Learners identified several factors contributing to a successful transition from LPN to BN. They viewed the CP and overall LPN to BN program as crucial for professional growth. Learner participants were motivated by the increased future career opportunities (11), wage increase (4), and future academic prospects (3). They were also motivated by a sense of accomplishment (9). Learners' data focused more on internal drivers and the learning environment, while both groups highlighted the qualities of attitude, skills, and knowledge in facilitating successful transition. Participants spoke about their reasons for achieving a successful transition in the following participant quotes.

"It means more job opportunities, it means an advancement in education, it means wage increases, and it means I can continue on with my studies in the future." [Learner #03, Fall 2022, Survey]

"It will allow me to better serve my community and offer me opportunities for advanced studies and career development." [Learner #06, Fall 2022, Survey]

"To me, personally, becoming a registered nurse testifies [to] my commitment to hard work, lifelong learning, and quality healthcare." [Learner #06, Fall 2022, Survey]

"I just feel like a sense of achievement because I'm the first one in my family, my own family, my parents, my brother, so I'm the first one to complete a degree. . ." [Learner #C, Fall 2022, Interview]

3.2.6 Sub-theme 2F: CP/learning environment

Learners identified specific conditions and settings within the CP/learning environment that support a successful LPN to BN transition. Key factors included having multiple preceptors (6), exposure to new and varied clinical settings with different client demographics from their LPN workplace (4), learners' choice of CP (7) with access to unique CP learning opportunities and patient types (6). Additionally, learners acknowledged that the CP is just one component of the overall LPN to BN transition process. Learners spoke about the setting or conditions surrounding the final CP:

“So, I had a lot of exposure to different preceptors, which actually was a benefit because again, I learned so many different ways that nurses do things and learned about the good habits I want to integrate and the bad habits I don't want to integrate. . . I think it's more helpful to be with more nurses to learn so many different styles. . . ” [Learner #A, Fall 2022, Interview]

“You have to constantly work with different people, and the patients are way more acute than where I worked before.” [Learner #C, Fall 2022, Interview]

“[The CP] consolidated what I learned throughout the program and also was the key part of realizing I moved from being an LPN and began to think of myself as an RN.” [Learner #05, Fall 2022, Survey]

3.3 Theme 3: Barriers to transition

Codes in barriers to transition had notable overlap between learners and preceptors. While there are fewer negative influences (21) compared to positive ones (40), the negative factors are categorized into three sub-themes specific to: 1) preceptor 2) learner, and 3) the CP process.

3.3.1 Sub-theme 3A: Preceptor negative transition influences

When preceptors were required to provide supervision, coaching, mentoring, and instruction without having a choice this lack of choice was seen as a negative influence and non-positive experience to the successful LPN to BN transition (4). Additionally, preceptors who were unwilling or displayed shortcomings (3) hindered applying theory to practice effectively. Participants spoke about the challenge of non-volunteer preceptors in the following quotes.

“We have no preference here. . . My first experience was a disaster.” [Preceptor #03, Fall 2022, Survey]

“But I do think if there was any way to have the preceptor have a bit more expectation into like provoking questions and trying to help dig deeper, would just be beneficial.” [Learner #A, Fall 2022, Interview]

“I mean, I'm glad they weren't my regular preceptor because I just felt like if they were my regular preceptor, it would be

a real hindrance because they just weren't able to teach as well as I needed.” [Learner #B, Fall 2022, Interview]

“I do not feel I got everything I could have out of this placement as I was limited by my preceptor's experience.” [Learner #04, Spring 2022, Survey]

3.3.2 Sub-theme 3B: Learner negative transition influences

Most negative learner-related factors affecting the transition were identified by preceptors, with 80% relating to either the learner's past nursing experience or attitude. Factors included prior LPN knowledge (12) or lack of knowledge (3), bad habits (6), lack of learner engagement (8), overconfidence (8), arrogance (3), learner makes assumptions (3), and unrealistic expectations (3). Preceptors shared:

“Because they are not starting ‘from scratch,’ learners may have an inflated sense of what they should be able to accomplish during their preceptorship.” [Preceptor #01, Fall 2022, Survey]

“Some learners come in overconfident saying “I'm already a nurse” and act like they already know everything.” [Preceptor #06, Fall 2022, Survey]

“They may come with certain habits they have already formed in their practice.” [Preceptor #02, Spring 2022, Survey]

3.3.3 Sub-theme 3C: CP process negative transition influences

Negative influences of the learning environment were identified by learners (75%) to have prevented the goal of achieving a successful transition. Learners desired being placed in clinical areas that challenged them to grow from their LPN role with a focus on critical thinking. Learners expressed a desire for learner-centred CP experiences to meet personal learning needs and situations. Curriculum issues such as onerous and repetitive classroom documentation of goals, learning plan documentation, rules around academic requirements for specialty placements and outdated information were identified as barriers to transition. For example, learners shared,

“So, for someone like me that had 800 hours of experience working in this hospital on stable units, I would have liked the opportunity to have been able to do ER.” [Learner #A, Fall 2022, Interview]

“. . . there should be way more flexibility in how you document your learning, and it could be so many different varieties, and I wish they would allow more freedom for that so that you could really focus on what you needed to learn.” [Learner #A, Fall 2022, Interview]

4. DISCUSSION

Preceptorship and clinical teaching are essential for competency development in the LPN to BN transition.^[8,40] The literature provides a limited view of preceptors' and learners'

expectations and needs within LPN to BN programs, specifically within the context of the final CP. This study provides a detailed examination of these expectations and needs. The findings highlight indicators of successful transition from the LPN to the RN role, identify both positive and negative influences on the transition process, and offer valuable insights for improving nursing education.

4.1 Indicators of the LPN to BN learner's transition

In our study, LPN to BN learners and preceptors identified several key indicators of a successful transition to the RN role. These included altered thinking, changed behaviours, new roles and relationships, and increased skill and competency. This aligns with previous research that links transition success to professional socialization, new ways of thinking, and enhanced nursing skills.^[16,22] Both learners and preceptors observed a shift in critical thinking and clinical decision-making during the final CP, consistent with existing literature.^[2,7,20-23] Learners noted this shift as an enhancement in their ability to provide patient care and advocacy, while preceptors observed it as improved recognition and response to patient acuity. This dual perspective highlights the evolving understanding of critical thinking, integrating theory with practice, and adopting a holistic approach to patient care.^[7,21] Our findings reflect a shift from procedural and occupation-specific training towards conceptual knowledge, reflective practice, and theoretical understanding, which improves clinical capabilities and technical skills.^[7,21,41]

Participants in the study highlighted that changes in learners' behaviours, roles, and relationships were crucial for a successful transition to the RN role. Both learners and preceptors observed notable improvements in self-awareness, adaptability, and leadership skills. Learners developed new competencies, such as task delegation, which are crucial for the RN role.^[42] Additionally, there was a marked increase in learners' confidence, comfort, and ability to independently assume RN roles and responsibilities during their final CP. This aligns with existing literature, which identifies enhanced confidence and effective integration into healthcare teams as key indicators of a successful RN role transition.^[19,23]

Finally, both preceptors and learners noted that increased skill and knowledge acquisition were crucial for understanding patient needs and achieving a successful transition. This aligns with existing literature, which identifies enhanced technical skills and an expanded clinical scope of practice as key indicators of a successful transition.^[7,21,41] For example, as learners consolidate their practice, the knowledge gleaned from their LPN to BN program results in improved clinical practice, such as assessment skills.^[21,41] Preceptors and learners identified increased technical skills and knowledge

as pivotal for transition. Improved clinical decision-making and problem-solving abilities were also highlighted, reflecting a shift from a task-oriented approach to a more holistic approach to patient care.^[24,41]

4.2 Positive and negative transitional influences

The study identified both negative and positive factors influencing the LPN to BN transition. Engaged and supportive preceptors were found to be essential for a successful transition, while disorganization and ineffective teaching techniques were detrimental. Positive preceptor qualities such as adaptability, supportiveness, and proactive engagement were consistent with findings from other studies.^[27,28,43] In contrast, negative influences included preceptors who were unprepared or disinterested, underscoring the importance of effective mentorship.^[27] To improve the transition process, preceptor selection and training should focus on those who are engaged, supportive and experienced. Institutions should support preceptors in providing constructive feedback and mentorship, and ensure they are motivated and voluntarily participating in the final CP. Additionally, implementing policies to recognize and reward exceptional preceptors can enhance their effectiveness and contribute to positive learner experiences.

Our study found that learners who were well-prepared, determined, and open to the learner role were more likely to transition successfully. Interestingly, learners desired recognition for their past clinical experience but also wanted to conceal it to avoid added expectations and stress.^[17,19] However, some preceptors perceived this prior experience as leading to arrogance, overconfidence, bad habits, poor reception of feedback, and unrealistic expectations, which negatively affected the preceptorship experience during the final CP. Additionally, the lack of recognition and effective scaffolding of learners' prior nursing knowledge was noted as a negative influence. Not assessing for and acknowledging prior nursing knowledge can lead to learner demoralization and disengagement, thus hindering transition.^[20,23,25,44-46] Properly facilitating the scaffolding process is crucial to prevent these issues and support a successful transition.

The study highlighted that the clinical practice environment significantly affects the LPN learner's transition to the RN role. A positive influence was noted when preceptors effectively scaffold learning through appropriately challenging experiences, which helped learners stretch and learn new skills.^[46] These learners benefit from clinical placements that offer diverse and new learning opportunities tailored to their previous clinical experience.^[16,22] Diverse and challenging clinical environments are crucial for preparing learners for the complexities of the RN role. Allowing learners to choose

or rotate through various clinical settings with different preceptors can enhance their learning experience and prevent skill stagnation. This perspective contrasts with the general literature, which suggests that having a single, consistent preceptor is ideal for ensuring a successful transition.^[16,24] However, the general literature primarily focused on traditional direct-entry BN learners rather than the unique LPN to BN learner cohort. The distinct needs and prior experiences of LPN to BN learners may explain why a varied clinical experience with multiple preceptors can be more beneficial for them.

4.3 Recommendations

Given these findings, we propose several recommendations to enhance LPN to BN transition. Clinical placements should address the challenges of a post-pandemic environment, including the ongoing nursing shortage and the complexities of an evolving healthcare system.^[47-49] Engaging in frank and honest discussions with learners allows for acknowledging these frustrations, setting realistic expectations, and collaboratively identifying enhancements to their CP experience. Many preceptors are accustomed to working with traditional learners and may not be familiar with the specific needs of LPN to BN learners. Therefore, nursing education programs should orientate preceptors to the needs of this unique cohort early on and offer just-in-time teaching and learning strategies to support them.^[26-28]

Additionally, since few undergraduate or graduate nursing programs offer formal pedagogical education, most nurse educators teach from what they know as clinical nurses.^[50] We recommend encouraging preceptors to self-reflect and draw from their nursing ethical principles to develop their educator practice. For example, they can translate client-centred practice principles to their educational approach, focusing on learner-centred practices as highlighted in our findings.^[50] Some learners reported no significant differences in their nursing practice by the end of their final CP. This underscores the importance of early, learner-centred engagement and scaffolding with LPN to BN learners to mitigate such outcomes.^[9, 18, 20, 46] We make the following suggestions to increase engagement:

- Value and recognize prior nursing experience.
- Complete a pre-CP competency assessment.
- Balance new and diverse experiences with building confidence and autonomy in areas of strength.
- Collaborate with learners in assessment processes.
- Coach learners through critical thinking and clinical decision-making.

Finally, learners can benefit from reflective practice to evaluate their clinical performance. First, they should acknowl-

edge that being in a learner role differs from being in autonomous practice. Second, learners should remain open to feedback and continuous self-assessment to deepen their understanding and enhance critical thinking. Lastly, learners should seek opportunities to balance gaining confidence and independence in areas of strength with the challenges presented by new and diverse learning experiences. This reflective approach can significantly contribute to successfully transitioning from the LPN to the RN role.

4.4 Limitations

This pilot qualitative study, conducted over two terms at a single Canadian university's LPN to BN program, had a small but adequate sample size. The focus on one program may introduce local program design bias, limiting the transferability of findings to other programs. Local constraints on placement environments and preceptors may have impacted the quality and perceptions of the final CP. Despite these limitations, participants generally found the survey and interview questions effective in identifying markers and strategies for successful transition. However, they preferred discussing their experiences over writing about them due to the labour-intensive nature of surveys. Participants suggested additional questions to understand better the transitional process, such as how preceptors felt about learners accepting constructive criticism and which new competencies learners could now perform within the final CP. We incorporated these suggestions in the subsequent main study.

4.5 Implications for future research

The findings highlight the need for broader studies across multiple programs to enhance the generalizability of the results. Local constraints affecting CP quality suggest two concepts that seem to contradict one another, standardization and flexibility in placement opportunities. More is needed to be known about these concepts in the final CP. Interview participants shared a preference for verbal feedback, and perhaps future studies should incorporate more interviews and focus groups to capture richer, more detailed data. Areas that could also be studied include exploring additional aspects of the transitional process, such as how preceptors perceive learners' acceptance of constructive criticism, and which new competencies learners can achieve in the final CP. These insights can inform curriculum development and preceptor training programs to support the transition from LPN to BN better, ultimately improving educational outcomes and workforce readiness.

4.6 Implications for an international audience

This study focuses on the educational aspect of the transition from LPN to BN-prepared nurses in Canada, emphasizing

the educational preparation process of future RNs. In Canada, RN licensing occurs after educational program completion with successful writing of the National Council Licensure Examination for Registered Nurses (NCLEX-RN).^[41] Thus, our research explores how the BN education, specifically the final CP facilitates the transition to the competency profile of the RN but not the actual license.

For an international audience, this study underscores the importance of understanding the transition experience of nurses beyond mere exam readiness. It highlights the necessity for proactive educational strategies to ensure practice-ready BN graduates, a worldwide concept applicable to nursing programs. The findings offer insights into the final CP and the factors influencing successful LPN to BN graduate transitions, which can be relevant to any nursing program where nurses advance to more complex roles as their careers progress.

The study's insights into how the final CP implementation impacts learners' ability to bridge theory with practice are valuable internationally. These findings illustrate how conditions and environments affect learners' transition, including changes in thinking, roles, and behaviours. Further research into the interplay between these factors and their impact on both positive and negative transition influences can enhance clinical education, preceptor training, nursing practice, and licensure exam success globally.

5. CONCLUSION

This pilot study deepens understanding of what a successful transition of the LPN to the RN role looks like and reaffirms established markers of a successful transition. Furthermore, it addresses gaps in the literature concerning preceptors' perceptions of what constitutes a successful transition. By aligning final CP expectations and learning activities with these indicators, nursing education programs can develop curricula and final CPs that are consistently structured to provide meaningful learning outcomes.

We identified two novel themes related to the final CP transition factors not previously documented in the literature: 1) positive transition influences and 2) barriers to transition. These findings offer valuable insights for educators and preceptors, suggesting improvements in the design and delivery of the final CP and overall learning programs. This qualitative study confirms that many findings on markers for transition success apply equally to preceptors and learners in the final CP. By exploring the transitional experience during the final CP, this research provides direction for refining clinical nursing curricula and teaching methods to enhance

preceptorship experiences and support a successful LPN to RN role transition.

ACKNOWLEDGEMENTS

Not applicable.

AUTHORS CONTRIBUTIONS

Dr. Bryan and Dr. Petrovic were responsible for designing and revising the study. Danica Nolette and Deborah Exelby were responsible for data collection and analysis. All authors contributed equally to the study. They drafted, revised, read, and approved the final manuscript.

FUNDING

This work was supported by the Athabasca University [project number 140090] Research Incentive Grant.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT

Obtained.

ETHICS APPROVAL

The Publication Ethics Committee of the Sciedu Press. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

PROVENANCE AND PEER REVIEW

Not commissioned; externally double-blind peer reviewed.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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