



Barriers and facilitators for the LPN-to-RN transition: Perspectives from practicing LPNs

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I. Introduction/Background

A 2015 Institute of Medicine report indicated that there is much work needed to both build educational capacity and increase diversity in the registered nurse (RN) workforce. There are also reports suggesting that approximately 33% of RNs will exit the workforce by 2022, as Baby Boomer nurses retire. Approximately 730,000 LPNs are currently working in the United States (US), with a larger proportion of them from underrepresented minorities compared to RNs, promoting educational transitions for licensed practical nurses (LPN) to become registered nurses (RN) is one approach that can both increase the education of nurses, expand the supply of RNs, and enhance the diversity to the workforce.

Little is known about why LPNs transition to become an RN. Do they face personal barriers that support or prohibit transitions? Do academic programs and employers foster LPN-to-RN transitions? This transition could be a natural pathway for LPNs to gain greater autonomy and income; yet, data are not available to help us understand why LPNs might choose to advance their education or not, and whether support is needed from academic programs and health care systems to foster such a transition. Evidence is also needed to aid policymakers in developing and targeting incentives that support LPN-to-RN transitions to ensure an adequate overall supply of nurses in the future.

II. Methods

A qualitative, secondary analysis of existing data gathered in 2015 by the NC Foundation for Nursing Excellence (NCFNE) was used to identify barriers and facilitators to LPN-to-RN transitions. Over 3,400 LPNs (19% of all LPNs in practice in NC in 2015) responded to a NCFNE survey, and about 500 LPNs responded to questions about:

- Interest in and obstacles to pursuing further education;
- Perceptions of barriers that prevent them from pursuing further nursing education; and
- Educational goals and how opportunities for LPN-to-RN transitions (especially at the BSN level) might be improved.

Barriers were characterized based on the nature of the transition and LPNs' perceptions of transition barriers, while facilitators were characterized as strategies that LPNs viewed as fostering a transition.

III. Findings

Almost 70% of survey respondents were over the age of 40, 82% held an LPN diploma as the highest degree, and 42% worked in home health, hospice, or long-term care/assisted living. About 90% were not currently enrolled in an RN program, but 75% were interested in pursuing a LPN-to-RN transition.

Conclusions and Policy Implications

- 1) LPNs provide a “ready source” of experienced individuals with human capital gained from previous nursing work experience; they are prepared to handle the unique pressures that accompany patient care.
- 2) LPNs are a more racially and ethnically diverse group, and could bring diversity to the RN workforce.
- 3) Barriers and facilitators of LPN-to-RN transition can be characterized based on the nature of the transition, and LPNs' views of programs, their employer, and personal experiences.
- 4) Interventions are needed to promote and assist LPN-to-RN transitions.
- 5) Barriers to RN transitions that are “modifiable” or amenable to intervention include program costs, structure, and access; employer financial and tuition supports, and ensuring appropriate salaries for LPNs who make transition to RN.
- 6) Both academic institutions and employing institutions must strive to recognize LPNs' roles on the care team, and equitably with other care team members.

Nature of Transitions. Barriers to LPN-to-RN transitions were characterized based on the types, patterns, and properties of the transition. Two related themes emerged in our analysis:

- **Life stage** (28%): LPNs identified the stage in their lives as a barrier to an LPN-to-RN transition, some reporting that they felt “too old”, or that they were considering retirement or had already retired. Others were reluctant to be viewed as a “new nurse” at their point in life/career, especially after working in the field for decades.
- **Health concerns** (1%): A few LPNs identified personal health issues as a barrier to LPN-to-RN transition, describing that illness and injuries prevented them from performing physical nursing labor.

Transition barriers. LPNs’ perceptions of program structure, their prior academic and work experiences, as well as their employer perspectives also characterized LPN-to-RN transitions:

- **Program**
 - **Structure** (25%): LPNs expressed a need for diverse and flexible program modalities and schedules, including online, weekend, and evening programs. Credit for past work experience was also important to avoid missing work (and foregoing income), and to shorten the perceived long length of programs.
 - **Costs** (16%): LPNs viewed tuition costs as too high and financial aid too scarce to make the transition; family educational support was also a barrier. Some LPNs reported that significant past spending in for-profit programs and clinical exam failures defeated the desire to transition.
 - **Access** (13%): LPNs noted a lack of available local programs and limited admission slots. The admissions process was also viewed as too long, too complicated, and involving too much “red tape”.
- **Employer/employment** (16%): LPNs expressed a lack of job flexibility and financial/tuition support from employers as transition barriers; and loss of salary after RN transition was a barrier due to LPNs’ time in the role.
- **Personal perspectives**
 - **Prior academic experiences/challenges** (24%): LPNs viewed completing pre-requisite or program coursework as too difficult or unnecessary; repeating “expired” coursework as frustrating; transferring course credits as difficult; inexperience with technology as a disadvantage; and meeting RN program entrance exam requirements as challenging and demoralizing.
 - **Outlook on nursing/career** (14%): LPNs were satisfied with their current job and education, while others were doubtful of RN employment prospects, disliked the role and tasks of RNs, were dissatisfied with nursing altogether, or were pursuing opportunities outside of nursing.

Transition facilitators. The following “modifiable” facilitators were suggested to foster LPN-to-RN transitions:

- **Programs supports:** LPNs need tutoring and course assistance, greater access to programs, more hybrid course offerings, shorter programs, more evening/weekend options, and challenge exams for courses previously taken.
- **Employer supports:** LPNs need financial assistance/tuition reimbursement, and more flexible schedules. LPNs desire incentives for making the transition, including an improved employment and financial position.
- **Valuing LPNs:** LPNs express a desire to be valued for their experience and accumulated knowledge by both academic programs and employers. Strategies in this area would acknowledge LPNs’ experience and skills, foster progression on a pathway to RN, help address dissatisfaction with nursing, and aversion to become an RN.

IV. Conclusions and Policy Implications

LPNs make ideal candidates to transition to become RNs because they have established human capital from previous work experience and are positioned to handle the unique pressures that accompany patient care delivery. LPNs understand the context of nursing care, and may be less prone to leave nursing relative to other groups (e.g., new graduate or experienced RNs without LPN backgrounds), if their transition experience is improved. LPNs also represent a more racially and ethnically diverse workforce and can bring diversity to the RN workforce. Promoting and facilitating LPN-to-RN transitions could thus be a “win-win” solution for both LPNs, health care systems, and patients. The academic institutions that wish to educate LPNs to become RNs, and the employing institutions who wish to hire them must strive to recognize the important role that LPNs play on the care team, and to express their value more like other team members. LPNs also viewed the RN role as unappealing, which suggests that efforts to improve and value the work of both LPNs and RNs will actually foster LPN-to-RN transitions.