TRANSITION TO PRACTICE FOR THE NEW GRADUATE LICENSED PRACTICAL NURSE WORKING IN LONG TERM CARE

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CONFLICT OF INTEREST STATEMENT

• No conflict of interest exists.
The National League of Nursing (NLN, 2014) called for nurse educators to examine the role of the Licensed Practical Nurse (LPN) in the current healthcare system.
INTRODUCTION

• The NLN (2014) recently asserted that the lack of focus on the LPN role could result in a deficit in providers to meet the needs of the aging population.

• New graduate LPNs working in LTC settings care for frail elderly clients with multiple comorbidities.
AIM OF STUDY

• The aim of this study was to understand the lived experience of transition to practice for the new graduate LPN working in LTC.

• The LPN is an important part of the nursing continuum, particularly in providing nursing care to the nation’s elderly population in the LTC setting (NLN, 2011).

• This will start the dialogue among practical nurse educators and nursing administrators about transition to practice experiences for NGLPNs working in LTC settings.
DEFINING THE PROBLEM

National Issues Concerning LPNs and the LTC Setting

National Issues for LPN Practice Regulation

National Issues Concerning LPNS and the LTC Setting

National Issues Influencing the LPN Curriculum
DEFINING THE PROBLEM

• In the new vision, the NLN (2014) called for education and practice experts to address the changing landscape of healthcare to support LPN curriculum changes that reflect the context of the practice environments today in order to “support LPN role transition to professional practice” (p. 4).
RESEARCH QUESTION

- What is the lived experience of transition to practice for the NGLPN practicing in a LTC setting?
- What negative experiences did the NGLPN have during the transition to practice in the LTC setting?
- What positive experiences did the NGLPN have during the transition to practice in the LTC setting?
SIGNIFICANCE FOR NURSING EDUCATION

- States have used the standards to guide the development of their own nursing practice acts and regulations (ANA, 2012).
- This study provides data on transition experiences for one group of NGLPNs transitioning to practice in a LTC setting.
SIGNIFICANCE TO NURSING RESEARCH

• There is sparse research on the subjective practice experiences of the LPN in the LTC setting.

• Marginalization of practice-based knowledge in nursing is an issue, as practicing nurses may not be aware of the theories used to guide practice and these theories may develop in the context of practice (Reed & Lawrence, 2008).
SIGNIFICANCE FOR NURSING PRACTICE

• The newly revised ANA (2015) Code of Ethics for Nurses with Interpretive Statements addressed the nurses’ role concerning scope of practice.

• Provision 4

• Provision n 4.1
LITERATURE REVIEW

• Transition to Practice
• Nursing Theory Practice Gap
• LTC Nursing Practice
• Nursing Scope of Practice in LTC
• Scope of Practice Regulation in LTC
• Cultural Transformation and the LTC Setting
METHOD

• Interpretive phenomenology is the philosophy and method used for the qualitative research study (Van Manen, 1990; Benner, 2000)

• The purpose of phenomenology is to describe the meaning of a concept that several individuals share.
VAN MANEN (1990)

• Turning to the phenomenon which seriously interests us and commits us to the world
• Investigating experience as we live it rather than as we conceptualize it
• Reflecting on the essential themes which characterize the phenomenon
• Describing the phenomenon through the art of writing and rewriting
• Maintaining a strong and oriented pedagogical relation to the phenomenon
• Balancing the research context by considering parts and whole
Benner (2000) addressed the roles of embodiment, emotion, and lifeworld for rationality and agency about nursing practice and illness.

According to Benner (2000), “We do not perceive the world in pieces or meaningless sensations, but as a whole pregiven, prereflective world” (p. 6).
METHOD

• Using Seidman’s (2013) method as a guide for the structure for the interviews, the researcher explored participant experiences of transition to practice in the context of their own life histories, drawing meaning from the experiences.
The director of nursing at the study site granted permission to the researcher to post the study announcement and conduct the study with the NGLPNs in the facility.

Purposeful

Snowball
• The researcher applied for and received Institutional Review Board approval.

• The researcher took steps to disguise the participants' identity by assigning a pseudonym to each person with their assistance.
Van Manen (2009) stated that the researcher can mobilize the participants to engage in reflection on their experiences.

The three-step interview process as outlined above facilitated this process.

A semi-structured interview schedule guided the interview process.
DATA COLLECTION

• The interviews took place in the location of the participants’ choice.

• The researcher recorded all interviews and transcribed the recorded interviews verbatim and stored the transcripts in the researcher’s password-protected computer.
DATA ANALYSIS

• Interpretation of the data started as the first interview concluded.

• Data were reduced with an open attitude by reading and highlighting interesting passages and including material if there was any doubt, a process that helped shape data into a usable form.
DATA ANALYSIS

• The literature review facilitated the development of the final themes and subthemes.
• The researcher did not start the coding process with categories in mind.
• Initial categories emerged from the data.
• The literature was reviewed, based on the initial categories of data.
TRUSTWORTHINESS

- Detailed thick descriptions
- Member checking
ETHICAL CONSIDERATIONS

• The research did not expose the participants to any unnecessary risks for harm or discomfort.

• The researcher explained to participants during the informed consent process that they were free to withdraw from the study at any time.
ETHICAL CONSIDERATIONS

• The principle of respect for human dignity ensures that participants have a right to self-determination and full disclosure.

• Participants had the right to volunteer to participate in the study.
DATA ANALYSIS
NEGATIVE PRACTICE EXPERIENCES

• What negative experiences did the NGLPN have during transition to practice in the LTC setting?

• Themes that emerged from negative experiences were intimidating, disruptive behaviors, and death and dying.
She [resident’s daughter] told me that she was going to call state and have them take my license. I was not providing good enough care and her mother should be getting better care than this. She just, oh, she just cussed at me and everything and it was no fun. She had been sick. She actually had cancer and she’s now passed, the sponsor [resident’s daughter] has. She was telling me all that and just telling me that I was an awful person in other words. It wasn’t that she was mad at me. She was just mad and I know upset about her mother, because her mother was declining and then passed soon right after that. (Kathleen, 2016
SUBTHEMES: INTEGRITY & HUMAN DIGNITY

• Integrity is defined by the NLN (2010) ECM as “striving consistently to do the right thing at the right time, for the right reasons” (p. 12).

• Integrity encompasses the term human dignity, in that in nursing practice, integrity involves “recognizing with humility, the human dignity, of each individual patient, fellow nurse, and others, whom we encounter in the course of our work” (p. 13).
She was telling me all that and just telling me that I was an awful person in other words. It She was just mad and I know upset about her mother, because her mother was declining and then passed soon right after that. All I needed to do was, I started crying. I didn’t know what to do, so I said, “Ms. So & So, I don’t know how to answer. I don’t know how to help. But, can I pray with you. That’s the only thing I know to do”. So, I prayed with her out loud and (pause) that really helped our relationship. She apologized. I still had to stay on my p’s and q’s and on my tiptoes, when she was around (laughed), but that did fix it, because we did connect on a spiritual level. (Kathleen, 2016)
Self-determination was addressed in the Model of Professional Nursing Practice Regulation (MPNPR), which demonstrated how standards inform the discussions on regulation in nursing practice (Styles, Schuman, Bickford, & White, 2008).
SUB THEME: SELF-DETERMINATION

My parents didn’t know it until a couple of months ago. I cried every morning on the way to work, every morning of orientation, and the first probably month or so afterwards. I cried every morning on the way to work and just praying, praying for strength and praying for guidance and just praying so hard to have a good day. . . That was beforehand, but then after that incident, I definitely found it harder and harder to get up in the morning and go to work and just on the way, just so much anxiety that I would have driving to work. (Kathleen, 2016)
INTIMIDATING AND DISRUPTIVE BEHAVIORS

It was only one person, I mean, I understand everybody doesn’t like to orient, but she was just mean. Like, just mean and had an attitude and it was awful, but as the shift went on, she started to warm up a little bit. It worked out, but she just, I guess she just didn’t like to orient people. No, and I understand, because I don’t like to orient people all of the time, but I am not going to be mean to them, no way. So, that one lady she wasn’t, she wasn’t nice, but it’s just one in one day, but she eventually warmed up to me. (Elizabeth, 2016)
Elizabeth’s comments reflected the fact that she recognized that certain actions would compromise her dignity as a human being and a nurse (NLN, 2010).

She reflected on the fact that she would never be mean to other nurses, even if she did not want to orient them.

This reflects her integrity in that she had respect for the “dignity” of the nurses that she oriented (NLN, 2007, p. 13).
• Elizabeth recognized that these intimidating behaviors reflected that the nurses did not “do well with new people.”

• Lisa determined the ethics of the situation, stating that she would never be mean to new nurses, even if she does not like to orient them.

• She recognized that new nurses deserved respect as humans and that is how she would treat them.
Supervising the CNAs, I got yelled and cussed, and asked to get out of the room at one point . . . As an LPN, I want this to get done, but I cannot do your job. I won’t be able to do my job within the shift. I mean, it is just not fair if you are here to be working on the nursing station, and I got some medicines to pass. You don’t want to answer the call light and then I am going to tell you to answer the call light, and you don’t want to answer the call light. Then, that’s not right. You got to do it. We are on a team here. (Lisa, 2016)
INTIMIDATING AND DISRUPTIVE BEHAVIORS

That’s something you cannot let go. Just don’t bother to fight all of the battles, because it is not worth it. You are always going to have other employees who don’t have the attitude that you have. There are always going to have employees who don’t have the passion that you have and sometimes, they might really be doing their best today. They are not doing their best tomorrow. There is something going on in their life and they get easily, kind of influenced by it or basically, you are gonna have to understand things. There are some points, boundaries, where you are going to have to say no, I am not gonna let this go. So, that is when you talk to the RN supervisor, chain of command. (Lisa, 2016)
• Lisa had the self-determination to work to handle this negative experience.

• She addressed the situation by going to her supervisor.

• She also stated that if that did not work, she took the situation up the chain of authority until she got a resolution.

• She followed her chain of command to address the situation.
I remember telling my parents “I was so stressed,” after I started working. I was like, I just needed somebody put on the bedpan and they were like heavy, and I couldn’t put them on there by myself. I had to ask for help and nobody would come to help. I had to learn how to ask. I’m not one to say, “Go put somebody on the bedpan,” [I say], “Will you help me put so and so on the bedpan? Will you help me do this or can you help me get so and so on the bedside commode?” (Kathleen, 2016)
I’m not one to say, “Go put somebody on the bedpan”. [I say] “Will you help me put so and so on the bedpan? Will you help me do this or can you help me get so and so on the bedside commode?” Slowly, they started gaining my trust and realizing that I am nice (laughing) and so, it worked out good. It worked out fine and so now, we are friends. I love all my CNAs and they all love me and we have bonded together. The first little while it was really hard. They didn’t know my name and I didn’t know their names. They weren’t too sure about me and . . . but, now we are good. So, that was definitely really hard. (Kathleen, 2016)
• Kathleen’s comments reflected her integrity in that she “recognized with humility the human dignity” of the CNAs (NLN, 2010, p. 12-13).

• She found a way to work with the CNAs and gained their trust and stated, “they all love me and we have bonded.”
SUBTHEME: SELF-DETERMINATION

• Kathleen shared about how she learned to work more effectively with the CNAs.

• She struggled with communicating effectively in the beginning of her transition to the LTC setting.

• She said that it took her a while and that she had to approach them with a similar “sarcastic” attitude in order to “find a happy medium” in order to work more effectively with the CNAs.

• She used effective communication and team building skills, both competencies of the NLN (2010) ECM Relationship-Centered Care.
AMERICAN NURSES ASSOCIATION

• According to the American Nurses Association (2015), incivility can take the form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker. All of those are an affront to the dignity of a coworker and violate professional standards of respect. (p. 2)

• In their position statement, Incivility, Bullying, and Workplace Violence, the ANA (2015) asserted that nursing will no longer tolerate these behaviors in nursing practice.
The ANA (2015) Code of Ethics speaks to the issue of incivility, indicating that the RN is to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015a, p. 4).

Although the ANA (2015) Code of Ethics applies to RNs, the ANA asserted that this issue is applicable to all healthcare workers and stakeholders, stating that “stakeholders who have a relationship with the worksite also have a responsibility to address incivility, bullying, and workplace violence” (p. 1).
I wasn’t anticipating the screaming, the hollering, the crying, the shouting, the shaking. I was not anticipating that at all. They had told me, when I took report that afternoon, you know, she doesn’t look good. She’s probably going to pass tonight. I was like “ok” and I was preparing myself, but seeing how the family reacted, that really, was just very difficult. I’ve learned now that people react differently, some people very differently. I wish that our instructors would have given us more of their experiences. I don’t know if any of them ever worked in a nursing home or long term care facility, but, kind of hearing other peoples would have been good. (Kathleen, 2016)
Just any experiences in general, when it comes to long-term care, or when it comes to your first resident who passes. I had one of my best friends in nursing school that was well she texted me the night that her first resident passed and she was just so upset. I had my first one pass with me, a couple weeks or a couple of days afterward. It was pretty soon afterward. I was able to call her and we comforted each other. I don’t think I was really prepared for that, mentally or anything like that. I wasn’t prepared to see someone pass. So, that would have been good, if we were kind of prepped on that more. (Kathleen, 2016)
It’s like a protocol there, like (for) comfort. For comfort, like just give them Morphine and I gave it. I told this to my RN Supervisor. I told her a few hours later and I told her, “I felt something in me. It’s not comfortable. I felt like I gave her, her Morphine to die.” I felt like I was an instrument for her to die faster. Something like that. I felt uncomfortable with it and that whole day, I was just not into anything. I felt just horrible. (Lisa, 2016)
Death, death, somebody dying, we didn’t get prepared for that in school. Now I have only had one person to actually die on my shift or that I took care of... He was only there for maybe that one day and I came back on my shift. I hadn’t even been in the room yet to check on everybody and they called the code. I had to go in there and do CPR. Now, I knew how to do CPR, of course, but I think it was the emotional part. Yeah, I guess you don’t know until you experience that for yourself, but it was a little difficult for me. It was hard, but the nurses around me, if it wasn’t for them, they helped a lot. (Elizabeth, 2016)
DEATH AND DYING

• Dobbins (2011) found that an End of Life Nursing Education Consortium (ELNEC) curriculum-based elective course, which included lecture/discussion, field trips, and the viewing of Wit, a film about a 48-year-old female professor, diagnosed with terminal cancer, significantly decreased aspects of death anxiety and improved the attitudes of nursing students toward caring for dying patients.
POSITIVE PRACTICE EXPERIENCES

• Relationships and feeling supported emerged as themes of positive experiences for NGLPNs.

• The subtheme of relationships was caring.

• Each NGLPN spoke of how they promoted health, healing, and hope for their residents and how this caring process enabled them to cope with work related stress of dealing with dying residents.

• Relationships formed with residents dealing with aging bodies and chronic health conditions motivated NGLPNs to continue working in LTC despite negative experiences encountered.
Every day something happens that just makes me smile and makes me happy. I don’t know, When a resident says, “You are my favorite nurse.” That’s really special or the first time I worked, I picked up a double and worked 3 to 11. On 3 to 11 [shift], you kind of tuck people into bed. “Night, love you” is what they say to you, “Oh love you too”. The first time a resident told me, they loved me, I was like, oh, I just feel so special. I would come in and [hear], “I am so glad you have me today.” That kind of stuff is always positive. I hear that every day, and it just makes me happy. so much fun. It was just so rewarding. (Kathleen, 2016)
RELATIONSHIPS
SUBTHEME: CARING

• Relationships emerged as a theme related to the NGLPNs positive experiences.

• All three of the NGLPNs spoke about positive experiences involving relationships with residents during their transition from student to nurse.

• The NLN (2010) ECM spoke of Relationship-Centered Care as it “positions caring [and] therapeutic relationships with patients, families, and communities” (p. 27).

• Caring emerged as a subtheme of relationships. According to the NLN (2010), “Caring means promoting health, healing, and hope in response to the human condition” (p. 11).
RELATIONSHIPS
SUBTHEME: CARING

You think, “I’m not making a difference.” Just going through and trying to get stuff done and trying to keep a smile on your face and stay positive, which I try to do every single day. Be bubbly, be a bubbly person in kind of a gloomy atmosphere, because they don’t want to have to live there. They want to be home, and so when they say and they appreciate that and you see that you are trying to make a difference and you do! That’s really, really positive. (Kathleen, 2016)
I don’t let a lot of things get to me. I just kind of brush some things off and continue to go through my day. When the patients, like I can be, like I can be on my way to work and not want to go. Once I get there, it is totally different, because you realize that you are taking care of these people and these people, for me make me want to work. I don’t know what it is, but I can be like aww, I don’t want to go to work today, but when I get there, I am fine. (Elizabeth, 2016)
I think you have to be really special to be a nurse. I think you can be a really bad nurse, really easily, because, it’s, it’s just not for everybody. I don’t think that everybody has it in their heart to be a good nurse. I mean we can all be a nurse, we can give out pills, we can give out shots, but you got to have that special place in your heart to be a good nurse. (Elizabeth, 2016)
RELATIONSHIPS

A lot like loving more of my job, like the rewarding experience, when people doesn’t feel good and you like have to use all of you nursing skills (clapped) and your critical thinking skills and all the right tools and all the right communication skills that you can think of that you can use. You use this and you are pretty much kind of in charge of it, and then you make these people feel better afterwards and it’s a very, very positive experience. The family members appreciate you for that and the residents themselves appreciate you for that. Being appreciated for what you do to them is very rewarding. (Lisa, 2016)
RELATIONSHIPS
SUBTHEME: CARING

I love it. So for me it’s like, I think it’s so corny to say “I am gonna make a difference in this world.” It is so corny, but this doing so, yea you are making a difference, maybe not in the world, [but] someone’s life today and you are getting paid for it. You are getting paid for it. You are making a difference and you are getting paid for it. I mean why would I not love this job. It is very positive experience (laughing)! So, that’s what made me like every day, I want to go back to work. (Lisa, 2016)
FEELING SUPPORTED

I look up to my RN supervisor so much. She’s on her feet all day running. I can ask her a question when there is any problem. She somehow always knows how to fix it. There are sometimes when she has to go above herself and ask the DON or someone else, whoever it relates to, but a lot of times, she can figure it out. She knows the medication. She knows how to fix it. Knows the tricks and trades and the secrets of the computer system that none of us know and just things like that. She knows, she’s so professional on the phone, and so well spoken. (Kathleen, 2016)
FEELING SUPPORTED

I have worked with all the other supervisors, and a lot of them leave you out in the cold, and don’t help and that kind of thing. She has definitely been there to help me along and now that I do know. I am not saying that I know everything, but, a lot of things I do know, and now she can delegate more tasks to me. If she’s not here, people come to me to ask questions now, which is crazy to think about now, but they do. (Kathleen, 2016)
I guess my supervisor. She made it a little bit easier for me. She would kind of comfort me if I had a question or maybe if that worker made me upset or something. She would kind of simmer, simmer the problem, I guess. (Elizabeth, 2016)
FEELING SUPPORTED

The first time I had that [trouble with a CNA not doing their job], I did not know the right way. I was scared that if I spoke out, this person gonna get in trouble. I don’t want them to get fired. That was the first in my mind. I don’t want anybody to get fired; but then the second time, I had to like well it’s gonna happen to me over and over again, if I don’t put my foot forward. So, the second time, yea, I did the right thing. It’s just tell the RN supervisor and I am glad I did, because I found that the people, my supervisors, were supportive of that. (Lisa, 2016)
LIVED EXPERIENCE OF TRANSITION TO PRACTICE

• What was the lived experience of transition to practice for NGLPNs working in the LTC setting?

• The NLN (2010) ECM outcome of HF for the LPN is “to promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the healthcare team” (p. 33).

• Although the NGLPNs encountered negative and positive situations in the LTC setting that had an impact on their transition to practice, the NGLPNS achieved HF in the setting.

• This occurred over time, during the transition and was facilitated by NGLPN’s caring, self-determination, human dignity, integrity.

• Feeling supported and relationships also contributed to personal growth and HF.
PERSONAL GROWTH

It's definitely positive. I mean there are days that you get down on yourself and you think, “Oh gosh, I need to be a better nurse.” I need to do this or whatever it is, but it’s been such a positive experience. There is nothing that has been so overwhelming that has made me doubt my decision of going to the nursing home or going to a LTC facility or anything of that sort. . . . It definitely makes me want to get more, further my education. I love what I do right now, but then, I see my RN supervisor [and] I think, maybe I would like to do that. (Kathleen, 2016)
PERSONAL GROWTH

After I graduated and got my job, I learned a lot. I do know that . . . I’m more confident in my giving medications, more confident in my treatments, more confident in my nursing decisions, and nursing thought process and when the doctor needs called; when they don’t need to be called; when the supervisor needs to be involved; when they don’t. (Kathleen, 2016)
PERSONAL GROWTH

It made me want to go back to RN program, like that’s why I am going back to RN program this May. I know this is what I want to do. That positive experience I have from my job, from nursing job, it made me like maybe in the future, I am gonna go to BSN program. (Lisa, 2016)

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I feel good about it. I mean I have had some good experiences. I think I made the right decision. I think it is for me. I have had a lot of good experiences and bad experiences, but I have learned from a lot of things within a year of working from now. From last year, I feel like I am a great nurse compared to where I was when I first started. You just learn how to do things. You learn your way of doing things. You just make sense of a lot of stuff throughout the time of working. This experience is definitely going to make me continue my education to get my RN and to get my BSN and MSN. (Elizabeth, 2016)
PERSONAL GROWTH

• Despite negative experiences NGLPNs faced through intimidating, disruptive behaviors, and feeling unprepared for death and dying, the NGLPNs’ meaning drawn from the experiences reflected personal growth.

• Personal growth was embodied in the meaning of the transition to practice experiences.

• Each NGLPN had plans to start an associate degree nursing program to become an RN.
DISCUSSION

• Bauer and Erdogan (2011) defined organizational onboarding, a process through which new employees move from being organizational outsiders to becoming organizational insiders.

• Phillips et al. (2015) found that effective socialization occurred for new graduate nurses through a continuous and enduring transition program that continued for 1 year.
DISCUSSION

• Ortiz (2016) found that new graduate RNs, both associate and bachelor’s degree prepared, had issues with communicating in the acute care setting.

• These nurses spoke of instances of communication difficulty with the patients, physicians, and preceptors.

• Ortiz found that this takes time and the new graduate nurses needed to make mistakes in order to develop this skill.
DISCUSSION

• Anderson, Salickiene, and Rosengren (2016) studied the experiences of bachelor’s prepared nurses with 6 months to 2 years of experience in the setting.

• The aim was to describe the experiences of the nurses caring for dying clients.

• Similar to the current study, they found that these nurses were “personally affected by caring for a dying client and they did not feel prepared for this experience” (Anderson et al., 2016, p. 146).
DISCUSSION

- Knecht et al. (2015) that studied LPN job satisfaction and dissatisfaction in the LTC setting.
  - Value
  - Real Connection
CONCLUSION

• Although NGLPNs each experienced negative experiences, personal growth was the overall theme of the lived experience of transition to practice in the LTC setting.

• Human flourishing was an outcome of personal growth.
LIMITATIONS

• The limitations of the study relate to the method. Phenomenology does not allow the researcher to generalize as is done in empirical research.

• The value of the phenomenology is to be able to obtain rich data to understand the unique experiences of the participants.

• The small sample size was also a limitation.
IMPLICATIONS FOR EDUCATION

• These findings also support the need for practical nursing educators to incorporate the NLN (2010) ECM apprenticeships of Teamwork and Relationship-Centered care into the curriculum.

• Incorporate ELNEC curriculum into LPN transition to practice programs.

• More time is needed in clinical in LTC settings.
IMPLICATIONS FOR PRACTICE

• According to The Joint Commission (2008), “Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments” (p. 1).
IMPLICATIONS FOR PRACTICE

• Practice environments should use the ANA position statement to address these behaviors in practice.

• The ANA's Incivility Toolkit is available use by nurse managers and leaders of healthcare organizations to facilitate changes.

• The toolkit, developed with Robert Wood Johnson funding, includes videos for discussion. The toolkit can be accessed by ANA members on the ANA website.
IMPLICATIONS FOR FUTURE RESEARCH

• Future research should also focus on the experiences of those new graduate LPNs that did not flourish in the LTC setting in order to understand their transition to practice experiences.

• Further studies with larger sample sizes need to be conducted to further the subjective understanding of transition to practice experiences for NGLPNs.
REFERENCES

• Available upon request.