Transformational Learning Experience of RPN to BScN Students in One Program in Ontario.

by

Maurine Parzen

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Department of Leadership, Higher Education and Adult Education
Ontario Institute for Studies in Education
University of Toronto

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Abstract

The purpose of this study was to explore the learning experience of students who are transitioning from the Registered Practical Nurse (RPN) to the Registered Nurse (RN) role in Ontario. Recent changes in the educational system now provide the opportunity for RPNs to pursue their Bachelor of Science in Nursing (BScN) in three years. The challenge is to develop programs that recognize the diversity of the RPNs’ pre-existing knowledge and cultivate those into more advanced critical thinking and leadership skills required of an RN.

To explore their transitioning and transformative learning experiences, a mixed method design was utilized through the use of interviews and King’s (2009) learning activity survey (LAS) that identifies factors that contribute to transformational learning. RPN to BScN students enrolled in the program completed the LAS and participated in interviews. Graduates of the program, and faculty who taught in the program also participated in the interviews. During the interviews, factors that contributed and hindered the RPN learner was explored.

The factors that triggered opportunities to reflect critically upon previously held beliefs were key nursing concepts that added value to their existing knowledge. Faculty, peer support and specific learning activities also contributed to their change in thinking. The challenges revealed by the students and graduates were: balancing multiple responsibilities, disappointment with faculty, overall program challenges, being integrated with the generic students, and role
confusion. The faculty interviews resulted in two major themes that were: respect and admiration for the RPN, and challenges teaching the RPN learner.

This study concluded that the RPN to BScN learner in this study represented the mature students who are older and have greater responsibilities in relationship to family and work than traditional students. Their diverse nursing backgrounds brought a wealth of knowledge to the classroom that needed to be challenged in different ways to facilitate a change in perspective. Exploration of RPN to BScN program curriculum should be reviewed and revised to ensure this learner’s needs are being met. Transformative learning provided a viable theoretical lens that educators can use to create optimal learning experiences for the RPN learner.
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Chapter One: Introduction

The purpose of this study was to explore and describe the learning experience of students who were transitioning from a Registered Practical Nurse (RPN) to the Registered Nurse (RN) qualification in one Bachelor’s of Science in nursing (BScN) program in Ontario. The learning experiences were described by the study participants and interpreted through the lens of Mezirow’s transformational learning theory.

In Ontario there are three levels of certified nursing: Nurse Practitioner (NP), RN and RPN. As of January, 2005, legislated entry to practice requirements for RNs became a four-year baccalaureate degree, and for RPNs, a two year Ontario college diploma (College of Nurses, 2014a). Historically RPNs who sought to further their education in Ontario to become RNs needed to start from the beginning and complete a four-year university program. Changes in the educational system since the entry to practices changes in 2005 provided the opportunity for RPNs to pursue their BScN in a shorter time frame. The challenge that arose from this newer stream of the BScN program, was the development of a curriculum that met their learning needs. The RPN to BScN program needed to be able to recognize the RPNs’ pre-existing knowledge, experience, skills and competencies, and cultivate those characteristics of a more advanced critical thinking, clinical judgment and leadership skills required of an RN. The additional challenge is that most RPN students come from a nontraditional student group who are often older, and have greater personal responsibilities than traditional university students that need to be considered (Claywell, 2003; Cook, Dover, Dickson & Engh, 2010; Melrose & Gordon, 2011).

Since the RPN to BScN programs in Ontario are still newer, compared to BScN programs, I found very little was available in the literature that directly spoke to this group of students to help guide educators in designing programs. To create a better program that fostered
the transition from an RPN role to RN role, an exploration of the RPN to BScN students’ learning experiences was required. As these students predominantly fall under the definition of mature student, Mezirow’s transformative learning theory, which is a theoretical explanation of steps that adult learners go through, provided an excellent framework for understanding the transitioning of RPN to RN (Mezirow, 1991, 2000). Until now, Mezirow’s perspective transformative learning theory had not been utilized to explore the learning experiences for the RPN to BScN learners. King (2009) has developed a quantitative tool that she entitled the Learning Activity Survey (LAS) to measure Mezirow’s perspective transformative learning in students and faculty in a variety of settings. This study utilized the LAS tool in combination with follow up interviews to explore learning experiences of the RPN to BScN students across the curriculum using a mixed method research design.

**Background of the Problem**

In the province of Ontario, there are six universities that offer a BScN degree completion for the RPN. Three universities’ admission requirements include successful completion of a transition year at a partnering college before applying to the University, in which they complete year three and four of the BScN program. One university requires successful completion of a bridging year at their institution before being allowed to enter year three and four of the BScN program. Two universities offer a RPN to BScN program in which they apply directly to the BScN program, with some specific courses offered uniquely to the RPN student in the first year then they are integrated into year three and four courses. I reviewed each of the RPN to BScN programs on the institutes’ official website, which demonstrated a large difference between the programs suggesting a lack of clarity and consistency of what should be in an RPN to BScN curriculum that fosters the transitioning of RPN to RN (Appendix A). In addition, the
impression given by reviewing the website program of study for all the RPN to BScN programs in Ontario, there is little differentiation between the RPN to BScN program of study and the generic BScN program. This suggested that the RPN to BScN programs have not been uniquely designed for this learner but treated as add-on to existing BScN programs.

The BScN program in which I explored the RPN to BScN student learning experience was located within a collaborative nursing program in an urban university setting. The RPN to BScN stream originally began with a very small cohort of students (n=24) at the university site with the first intake in 2005. This stream was created based upon a call from Ministry of Training, Colleges and Universities (MTCU) for pilot studies to be implemented to meet the speculated shortages of RNs that Ontario would be faced with in the future (S. Bullock, personal communication, May 4, 2013). This was followed by the RPN to BScN stream being offered at the two college sites in 2008. This stream allows RPNs to obtain their BScN in three years of full time study, instead of the generic stream which is four years in length, full time. The first year of the RPN to BScN program, considered a transition year, the RPN students are in core courses that are unique to this stream. The first year of university for the RPN is actually considered year two of the BScN program. Year two for the RPN student centers around role socialization to the program, scholarship, enhanced critical thinking and clinical decision making skills. Following year two, the RPN to BScN students are randomly allocated to join the generic BScN stream students in year three and four for their core nursing courses at each site they are enrolled in.

I have been the course planner and coordinator for the RPN to BScN stream for six years at one of the sites which offers the RPN to BScN program at the time of the study implementation. Through my personal experience, I have encountered many challenges and
heard many concerns voiced by the RPN to BScN students I have taught. The required courses and teaching/learning strategies that support the courses for this stream continually evolve as faculty gain a better understanding of the learning needs of this diverse group of students who come with a wide range of experiential knowledge and skills. Students may enter the program immediately after graduating and successfully completing the RPN provincial exam, while others come as RPNs with months to a number of years of experience. Providing appropriate learning experiences to meet the various learning needs of these students to support their transitioning has been exceptionally challenging. In addition, the role differences between the RPN and RN in practice continues to narrow as more RPNs become employed in acute care areas. Through my literature reviewed, I found that this group of learners is essentially disregarded to date.

RPN students already have foundational knowledge, attitudes and beliefs about their nursing role, and learning experiences needed to build upon those current perspectives and develop new ways of understanding their role as they transition to the RN role. As the coordinator and course planner for six years, I struggled with the concerns voiced by many of the RPN students in regards to both their clinical and theoretical courses. In their transition year the intent is to prepare them for the rigor of university expectations and begin to develop their thinking beyond that of the RPN. Based upon course evaluations and voiced opinions from the students over the years, there continued to be a lack of learning opportunities that challenged their thinking and some course content was seen as being repetitious. In addition, some students had voiced their frustration with their clinical placements as they felt they were not challenged and were just practicing their RPN role without monetary gains. Some RPNs also felt that when they were placed in clinical with the generic stream students, their specific learning needs were being neglected in place of the generic students’ needs. Some also voiced that they became
“teachers” to the generic students in clinical as opposed to being the learner. In theoretical courses there has been complaints of redundancy, lack of acknowledgement for past nursing experience and apprehension with how theoretical courses, academic writing and research relate to the “reality” of nursing practice.

Statement of the Problem

As a course planner for the RPN to BScN stream, I have through the years with my site partners, made many changes to the nursing courses in the transition year to try to meet the needs of these nontraditional, mature, and unique learners. However, it had been difficult to accommodate this distinct group as very little is known about their specific learning needs and what teaching learning strategies foster their transition to the RN role. The challenge to transform previous learning and nursing knowledge into a heightened awareness of new ways of viewing their nursing role as an RN, has up until now, been conducted through trial and error. With the significant lack of literature available on this topic, this study sought to address this gap.

Purpose of the Study

As a course planner, coordinator and teacher for the RPN to BScN students for the past six years, I have a professional responsibility to meet the learning needs of this diverse group of learners. In addition, I personally experienced discontent many years ago when I was a post diploma RN student who returned to school to obtain my BScN degree. I felt exceptionally empathetic with the challenges and concerns that the RPN students shared with me and continue to disclose to me. As I have deep respect and admiration for the RPN to BScN group, I felt compelled to explore their learning experiences to better understand what strategies they felt
supported their learning and what needed to change to provide the most favorable learning experiences that encouraged their transition to the RN role.

Unfortunately, based primarily on anecdotal feedback from faculty and students that I work with, their learning experiences have not been optimal. The comments have centered on learning experiences that do not support their intellectual growth or broaden their existing knowledge. Furthermore, in some of the clinical units that they are placed on often had very few RNs compared to RPNs, and the differences between their roles on those units were not obvious. This had presented unclear and vague role modeling examples for them to internalize the differences between their existing RPN role and the RN role that they are transitioning into.

Another criticism voiced by some students was that they felt their previous knowledge and skills had not been challenged and their rich clinical background was not recognized, resulting in some students feeling devalued. Other students expressed that they often spent more time supporting the generic student who still felt very uncomfortable and lacked substantial confidence in the nursing profession, and thus they spent more time as mentors than as learners. They had also voiced their discontent when interacting or taking part in group projects with the generic students as some found the generic students lacked experience around significant issues in nursing practice. They also felt the generic students were immature and difficult to work with as they did not appreciate the RPNs busy schedule with family and work responsibilities.

Supporting the success of the RPN to BScN learner by engaging them in their educational experience also had implications from a wider lens. According to the Canadian Nursing Association ([CNA] 2014a) there is going to be an extreme shortage of RNs by the year 2022 if changes are not implemented to prevent this from happening. One of its recommendations was to increase the number of students enrolled in RN programs, and ensuring the successful
completion of the program. The creation of an academic pathway for RPNs to become RNs in a shorter period of time would help to alleviate the shortage of RNs in the future. However, this will only evolve if RPN to BScN students are successful and complete the program. A goal of this study was to investigate and discover what supported success in terms of learning in the program, and to uncover the barriers which in turn would influence positive changes in the program.

In addition, from a human capital perspective, returning to school to enhance oneself has both monetary and non-monetary gains, but only if one successfully completes the program. According to Osterman (2008) benefits gained by advancing one’s knowledge through post-secondary education are improved quality of life, job satisfaction and promotions. Parzen (2010) conducted a review of the literature on personal investment in higher education from a monetary perspective and found that substantially greater earnings are gained from graduates with a university degree as opposed to a college diploma. Ensuring optimal learning for the RPN to BScN learner that engaged them and inspired them to complete the program would provide opportunity for personal growth and advancement in society.

My role as coordinator and course planner has influenced my passion to advocate for this group of learners who I feel are disregarded as they represent a very small portion of the entire BScN student population. In discussion with faculty who have taught the RPN to BScN student in theoretical courses and clinical courses, I felt as though the faculty were struggling with what they needed to be teaching these students. Often these students get labeled as “complainers” and many faculty had, and still have become apprehensive having RPN to BScN students in their courses. There is a sense that the RPN to BScN student is different than the generic student and this creates a hidden bias on the part of faculty. I felt a strong desire to advocate for the RPN to
BScN student which was the driving factor in designing this study. My goal was to better understand and discover what encouraged their learning and what the barriers are to their learning were so that I can support a more comprehensive program for them, and provide faculty guidance as well. My experience of working closely with similar students for six years is a strength in that it enhanced my understanding of the challenges they often encounter. However, this strong connection to the students could potentially bias the way I interpreted the data through my experiential lens. To lessen this bias as much as possible, I was committed to consciously engaging in ongoing self-checking to ensure that my observations were objective as possible. In addition, my analysis of the qualitative data was reviewed by a non-involved professional colleague to ensure that any unintentional bias on my part was mitigated.

**Theoretical Framework**

This study was grounded in the concepts of Transformative learning. Transformative learning offers a way to understand how adult learners question and reintegrate new perspectives of understanding. According to Snyder (2008), Mezirow’s transformational learning theory provides a useful model to evaluate the existence and effectiveness of adult learning. With this focus, Mezirow’s perspective transformation was utilized as a theoretical lens to guide the research as a foundation to discover how the RPN to BScN student begins to transition to a significantly new place and understanding of their values and beliefs of their future RN role. The goal of the RPN to BScN program is centered on transforming values, attitudes, and skills of the RPN’s nursing perspective into the more advanced ways of knowing as the RN (Sava, et al., 2015). Thus utilizing transformational learning as the underpinning in the analysis of the data was consistent with the goals of the RPN to BScN program.
Included within the transformative journey, the RPNs will go through a psychological process in which they change who they are as they begin to accept their new role of student and eventually transition to the role of the RN. Bridges (2004) role transitioning model that consists of three phases known as “ endings”, “neutral zone” and “new beginnings” provided an applicable framework to understand the RPN to RN transitioning. This model in combination with Mezirow’s perspective transformational learning theory is also consistent with the objectives and intended outcome of the RPN to BScN program.

To discover and explore the process of transitioning and transformation from an RPN diploma to an RN degree level practitioner, I chose a mixed methods research design. According to Creswell (2009), mixed methods research has the potential to combine the strengths of both quantitative and qualitative research approach, and from a pragmatic view allows the researcher to focus on whatever it takes to answer the problem. Tashakkori and Teddlie (2003) advocate the use of mixed methods using a variety of data sources to best understand complex social phenomena to gain greater depth and breadth resulting in a more accurate understanding of complex phenomena. This method was chosen in an attempt to gain a more comprehensive understanding of the multifaceted processes that the RPN to BScN student experiences as they transition to an RN. The quantitative data collection utilized the LAS tool to identify key variables that have been associated with fostering perspective transformational learning. To expand on the quantitative data and gain richer and more in depth understanding of the participants experiences I also collected qualitative data by conducting personal interviews. I believed that in combining both research methods, the conclusions of the study would be strengthened through cross triangulation and convergence of data. This approach provided a more comprehensive understanding of significant events and variables that impacted student
learning in the RPN to BScN program as they transition to the RN role. A fuller discussion of these concepts is included in Chapter two.

**Conceptual Framework**

The world view lens that guided this research was framed within an advocacy approach to creating change. This study has the potential to create changes in the lives of the RPN students. The purpose was to discover optimal learning opportunities that can be incorporated into the RPN to BScN program in an effort to increase the RPNs engagement in learning and facilitate enjoyment in their educational journey. Creswell (2009), describes the worldview of a researcher with an advocacy lens as one who conducts research with the intent to “change the lives of the participants” or “the institution in which individuals work or live” (p. 10). In addition, another key feature of advocacy is the intention of addressing inequities and power issues that exist. From my experience, the majority of the RPN students I have taught come from very diverse cultural backgrounds with very few white students. The study program is located in a large culturally diverse urban community and the students who are drawn to this program are reflective of this diversity. I have witnessed the RPN students being frequently stereotyped as “complainers”, “lack desire to work hard”, “use family and work as an excuse to have assignment dates changes” with no evidence to support these claims. There is a sense that the RPN to BScN students come predominantly from a potentially oppressed social class and are treated differently within because of their RPN background.

From a pragmatic stance, this study utilized a mixed method research design to gain greater insight and expanded understanding of the transformative learning experiences of participating RPN to BScN students. As well, faculty who teach in the BScN program were also consulted to provide insight from their perspective as according to some scholars on
transformational learning, faculty play a significant role in supporting transformation (Cranton, 2006a, 2006b; Taylor, 2009). The LAS questionnaire was utilized to discover if RPN to BScN students are experiencing any of Mezirow’s phases of perspective transformation and what variables contributed or hindered their ability to transition to the new role of RN. According to King (2009), it is through transformative learning that students begin to shift assumptions and understanding of new knowledge and become ready to change. Utilizing this framework to examine how the RPN to BScN students integrate new knowledge and perspectives into their worldview as they begin their transition to the new role of RN was exceptionally relevant. The patterns and recurring themes that emerge out of participants’ reported lived experiences in combination with understanding the process of perspective transformative learning provided valuable insight for course planners and faculty in identifying strategies that will better support their transitioning.

Based upon personal experience teaching the RPN to BScN student, I have found that they often begin their journey in the RN program with specific expectations, assumptions, and preconceived images of the RN role. For example, some may believe that they are going to learn more advanced “technical” skills, or they may believe they are already enacting the RN role without the title. These past learning and nursing experiences could make it difficult to change the way they view their nursing role. Mezirow’s theory of transformative learning was relevant to this study since it addresses the challenge of fostering change in one’s worldview. According to Mezirow (1991), transformative learning occurs when a learner is struck by a new concept or way of thinking as a result of an experience, or by questioning assumptions based on prior experience, and then follows through to make a change. Transformative learning is a process that describes how adult learners reconsider their previously held belief and values about their
worldview as a result of integrating new knowledge into their way of thinking. King (2009) describes perspective transformation as the “emotions and efforts that adult learners make to accommodate new information and understanding. It is a time for reflection, change and action” (p. 6).

**Research Questions**

The overall research question that this study sought to explore was what were the learning experiences of participating RPN to BScN students as described by the study participants and interpreted through the lens of Mezirow’s transformational learning theory. The study was guided by the following specific research questions:

1. What is the incidence of the RPN students reporting experiences of perspective transformation and if so is there a relationship with some entry characteristics, gender, primary language, prior education completed, age category, length of RPN experience, and year in program?
2. What is the relationship of “disorienting experiences” in their personal life, and working as an RPN while in the program and the degree of transformative learning as reported by the participating students?
3. What are the perceptions of the RPN to BScN participants regarding factors that facilitated and supported perspective transformation/transition from RPN to RN based on their lived experiences?
4. What are the perceptions of the RPN to BScN participants regarding barriers/challenges that hindered the transition from RPN to RN based on their lived experiences?
5. What are the perceptions on the topic of interest of participating faculty who taught RPN to BScN students in the program?
Scope and Limitations

This study had several limitations. First, the participants, both students and faculty, were selected through purposive sample of convenience of those who voluntarily join the study. This led to a smaller sample size, and only captured the opinions of those who decided to participate. In addition, the participants are from only one of several different RPN to BScN programs in Ontario. This prevents the results from being generalized, however, it was not the goal of this study to be used to affect the outcomes of programs outside the one being studied. In my review of the literature I found little research dedicated to this group of adult learners, particularly in nursing. The rich description of the experiences of these students and faculty have helped to point out new areas to be studied. In the area of program design and implementation, more research will be required to be able to extrapolate findings for different groups, however, the analysis of the learning experiences will be informative and of interest to other educators of similar adult populations. In addition, a better understanding of educational activities that foster transformative learning in the RPN to BScN learner will have a major impact in facilitating and supporting a successful transition to the RN role.

Summary

This chapter presented an overview of this research study which included the background, problem statement and purpose of the study. In addition, an introduction of Mezirow’s perspective transformative learning was presented as the theoretical lens which grounded this study. A triangulated mixed method design was chosen to strengthen and expand my understanding of the students’ learning experience by using a quantitative and qualitative approach for data collection and analysis.
Chapter two is an analysis of the literature on relevant topics which will include; mature learners, Mezirow’s transformational learning theory, understanding the role of the RPN and RN, role transition and role theory, and related nursing literature. Chapter three describes the methodology and procedures that were implemented to answer the research questions posed. Chapter four presents the response rate, demographics and findings for research question number one and two. Chapter five presents the findings for research question number three, four, and five of the study with reflection upon the literature reviewed, followed by the summary and conclusion in Chapter six.

Terms and Definitions

The following are terms and definitions as they are used in this study.

**BScN** refers a Bachelor’s of Science in Nursing, a four year university degree which is the requirement to be eligible to complete the Canadian Registered Nurse Examination (CRNE) and practice as a RN in Ontario ([http://www.cno.org/en/become-a-nurse/](http://www.cno.org/en/become-a-nurse/)).

**BSN** is an acronym that some universities use to refer to a four year Bachelors of Science in Nursing degree as opposed to using the acronym BScN.

**CNO** refers to the College of Nurses of Ontario, the self-regulating body for registered nurses (RNs) and registered practical nurses (RPNs) in Ontario; it is responsible for setting Standards of Practice and monitoring all levels of nursing practice for the protection of the public.

**Disorientating dilemma** refers to “an experience or situation that causes an adult learner to question their usual perspective and view (Mezirow & Associates, 2000).

**Generic student** refers to students who are in the generic stream BScN program.

**LPN** refers to a licensed practical nurse who is a regulated health care professional (Melrose & Gordon, 2008).
LVN refers to a licensed vocational nurse and is comparable to the LPN but hold a different title in some areas in the United States (Seago, Spetz, Chapman, & Dyer, 2006).

**Mature student** refers to a student who is an adult who returns to post-secondary education while maintaining responsibilities such as employment, family and other responsibilities of family (Kasworm, 2008).

**Perspective transformation** refers to the adult learning theory developed by Jack Mezirow that describes the process adults go through as they shift their understanding and adjust to new information gained (Cranton, 2006a; King, 2009; Mezirow, 1991).

**PLAR** refers to prior learning assessment & recognition which is a systematic process that involves evaluating knowledge that has been acquired through formal and or informal study including work and life experience that can be used towards the requirements of educational programs (Day, 2000).

**PN** refers to a student who is enrolled in a practical nursing program.

**RPN** is a registered practical nurse who is a registered regulated health care professional in the province of Ontario exclusively (http://www.cno.org/en/become-a-nurse/new-applicants/ontario1/expectations/).
Chapter Two: Review of the Literature

The intent of this chapter is to review the literature that is significant in broadening the understanding of the Registered Practical Nurse (RPN) to Bachelors’ of Science in Nursing (BScN) student learning. To address this unique group of learners, a literature search was conducted using several databases (e.g., CINAHL, EBSCO, ProQuest, College of Nurses, Registered Nurse Association of Ontario, Canadian Nursing Association websites). The topics of interest for my study was exploring prior learning assessment and recognition, mature learners, and Mezirow’s transformational learning. As well literature that addressed the RPN and Registered Nurse (RN) role, role transition and role theory and nursing literature specific to the RPN.

Prior Learning Assessment and Recognition (PLAR)

In Ontario a number of universities have created RPN to BScN programs for RPNs who wish to upgrade their credentials to that of Registered Nurse (RN). These programs are designed to acknowledge prior learning obtained in the RPNs two-year diploma college program and allows them to complete their BScN degree in approximately three years as opposed to four years. The challenge is that the credit RPNs receive when entering a BScN program is often generalized and does not represent the diversity or length of nursing experience that some RPNs may have. Some students have minimal RPN work experience, while others have extensive nursing experience. The RPNs who have the extensive nursing background working full time for a number of years in very acute care areas, become annoyed with taking courses that cover content they already know, have time taken off work to attend courses that they perceive as being repetitious, and paying high tuition costs for the courses, amplify frustrations and can be viewed as a waste time and money. Therefore, a review of the literature on prior learning assessment
and recognition (PLAR) models with respect to benefits and challenges are warranted to discover if a review of the current model used for RPN to BScN students could be utilized to better individualize credit for their prior learning when they return to school for their BScN.

**PLAR background.** Prior learning assessment and recognition is a mechanism in which adult learners receive acknowledgment and recognition for the experience they have gained through informal learning (Wihak, 2007; 2011). Philosophically, PLAR is built upon the educational theorist such as Dewey, and more recently Kolb who believe that experience itself leads to growth and development (Hoffmann & Michel, 2010; Lamoreaux, 2005). The recognition that adults continually learn in their personal life and work experience has provided the foundation for higher education to acknowledge learning gained through real world learning. The concept of providing credit to adults who have gained substantial knowledge through their work experience has been supported by government as this provides an avenue for mature students to reduce their time and cost in advancing their post-secondary credentials. Some scholars such as Hamer (2010) advocates the strength in acknowledging prior learning in adults to obtain credentialing supports “social justice and empowerment pedagogy” (p. 102).

In Canada, the development of PLAR has been motivated by government funding from a provincial level as the federal government has a limited role in higher education (Canadian Council on Learning [CCL], 2007). However, Wihak (2003) noted that the federal government has taken some interest and has financially supported research in this area with respect to assisting displaced and immigrant workers into the workforce. From a provincial lens, PLAR polices have been focused on increasing access to community college, supporting credit transfers, and educational mobility with much less attention on granting university academic credit (CCL, 2007). In addition, the dramatic change in the demographics of students attending
higher education who are considered nontraditional mature learners has further influenced the
desire to recognize the experience that these students bring to higher education (Aart, et al.,
2003).

Even though the concept of PLAR is supported the actual use across Canada is limited
and depends upon province. Kennedy (2003) and Conrad (2010) noted that Ontario is the only
province in which all community colleges provide PLAR services with some having designated
PLAR facilitators to support the implementation and success of students engaging in the process.
However, information about the use and effectiveness of these programs could not be found in
the literature. The only accessible information found was by accessing the college’s website that
was targeted for students. The lack of peer reviewed literature and lack of dissemination by
PLAR scholars was identified by Wihak (2003; 2007) as a major barrier and hinders the
acknowledgement and utilization of PLAR in Canadian higher education institutions.
Aart et al, (2003), Conrad, (2010), and Wihak (2003) all expressed concern that the use of PLAR
in universities is extremely limited and most universities remain reluctant to engage in offering
PLAR programs. The University of Athabasca in Alberta was the only university that has
embraced the concept and has been identified as champions in PLAR placing it at the forefront in
Canada (Conrad, 2010). The barriers noted in the literature appear to be consistent across the
country. Canadian universities appear to be concerned with the financial costs, lack of incentives,
and lack of reliable and valid research to support the practice (Wihak, 2007). In addition, a
hindrance is also found in the traditional university culture that knowledge is gained only in the
academic realm. Conrad (2010) exemplifies this in noting that universities who have PLAR
programs such as Ryerson University, and the University of Athabasca, have been subjected to
scrutiny of their graduates seeking admission to other institutions demonstrating ignorance in accepting that knowledge can be gained through life and work experience.

These concerns are not limited to Canadian universities as noted by Stenlund (2010) who conducted a review of the literature to address the need to utilize PLAR in European countries. In her review of the research on this topic, she demonstrated that many universities lack commitment and resources to implement PLAR programs. She also noted the lack of empirical research on the evaluation of PLAR in areas such as the effectiveness from both the student and institutional perspective, lack of studies on comparing academic success of students with formal qualification to those awarded credit using PLAR, and lack of research on the validity of the assessment tools used to judge experiential learning. These issues are consistent with Aart et al. (2003), Kennedy, (2003), and Wihak (2003) who all emphasizes the same barriers in Canada. In addition to the challenges noted, the terminology used and intentions of the conceptual models used for acknowledging prior learning is different across countries. Conrad (2010) noted the confusion associated with the language used which is not clearly articulated and the acronyms for assessing experiential knowledge vary depending upon geographical area. In her review of the literature she identified that in Canada and the United States, the terms primarily used are, “PLA” (prior learning assessment), “PLAR” (prior learning assessment and recognition) and more recently RPL (recognition of prior learning) have become increasingly used in the literature (p. 155). Other terms noted around the world are: APEL (accreditation of prior and experiential learning), and APL (assessment of prior learning) (p. 155).

Even though I found limited utilization of PLAR models in Canada - which seems discouraging - there is a variety of literature that demonstrates the advantages gained from learners’ perspectives. From a financial lens, Bloom and Grant in 2001 estimated that an
“additional $4.1 to 5.9 billion in annual income for Canadians” could be gained by supporting PLAR programs (as cited in Wihak, 2003, p.77). These results from the learner being able to save money on tuition costs and the shortened time required to complete a program and begin working. Scholars have also noted that there appears to be a link between persistence in higher education and engaging in PLAR, an increase in self-confidence and self-esteem, suggesting there is more benefits to the learn than just receiving saving money and time (Lamoreaux, 2005).

**PLAR in practice.** The Canadian Council on Learning (2007) reviewed the existence of PLAR practices across Canada and acknowledge that conceptual models in the literature are diverse across all fields of learning. They defined recognition of prior learning into three separate fields to provide clarity in understanding this concept in practice in higher education. One domain is called academic and professional credential assessment, which is recognition awarded to one who has received a credential at another academic institution, like international foreign recognition. The second domain of establishing recognition is by providing credit transfer in which one institution will provide advance standing, or credit for completing education at other institutions. This recognition is the concept used by RPN to BScN programs in Ontario in which RPNs are awarded credit for their completion of their college diploma. This allows them to enter a BScN program with advanced standing in which they will be credited for some of the BScN courses. This shortens the length required for them to complete their BScN degree. The third area is identified as PLAR which is focused on providing acknowledgment for non-formal, informal and experiential learning, and receiving academic credit for knowledge gained in the workplace.

In a review of the literature on the type of assessments utilized for PLAR, there are basically two types. One in which students can be exempt from an academic course if they
believe they have already obtained the knowledge and can meet the learning outcomes of a course. Conrad (2008) describes this type of assessment used at the University of Athabasca as a “challenge-for-credit” (p. 141). In this type of assessment, learners choose a course that they feel they already have knowledge of and want to challenge. Most challenge for credit assessments are typically rigid with pre-determined assessments such as challenge exams. The other type of assessment used is known as a portfolio. This involves the learner demonstrating one’s knowledge and providing evidence of certain competencies through a variety of artifacts that are assessed to gain credit. The portfolio approach to assessment was identified as the most frequently used strategy or tool to evaluate prior knowledge gained through non formal experiential learning (Conrad, 2008; Joosten-ten Brinke, Sluijsmansa, Brand-Gruwel, & Jochemsa, 2007; Lamoreaux, 2005; Sweygers, Soetewey, Meeus, Struyf, & Pieters, 2009; Wihak, 2007).

Engaging in portfolio development has many benefits for the learner far beyond just gaining credit. Klein-Collins and Hain (2009) claim that the portfolio method is the most innovative approach to acknowledging experiential learning, and the value lies not only in providing evidence of learning, but the entire process is a learning experience in itself. Sweygers et al. (2009) substantiate this and note that engaging students in the meticulous task of exploring in depth the learning one has obtained through experiential learning increases self-reflection and critical thinking. Brown (2011) explains further the benefits of the process and said:

portfolio deconstructs barriers between workplace and university learning while maintaining each setting’s unique contribution to lifelong learning. Portfolio development requires adult learners to reflect on, analyze, evaluate and equate their experiential
learning to academic knowledge thus encouraging the connection between practice and theory in the process. (p. 11)

Sweygers et al., (2009) identified that portfolios need to have specific objectives with detailed requirements that provide high quality evidence to enable the examiner to efficiently assess the individual’s experiential knowledge. Portfolios will include information and activities such as curriculum vitae, knowledge tests, interviews and practical demonstrations of skills and knowledge (Conrad, 2008; CLL, 2007; Stenlund, 2010; Sweygers et al., 2009). In addition, according to Conrad, (2008) evidence of learning can be documents such as letters written by external individuals confirming their learning, certificates received for awards, narrative autobiography or personal narrative, chronological learning history, educational and career goals, and learning statements. The portfolio expectations are diverse and are determined by the program in which guidelines are set to ensure the student can explore in depth their learning and provide evidence of that learning to meet certain criteria or competencies.

The process of developing a portfolio has also been described and well defined by some institutions that have implement PLAR portfolios. Conrad (2008) described the steps taken by the student in developing a portfolio which involves “reflect, select, connect” and “project” (p. 143). The process to complete all of these steps takes a substantial amount of critical thought and time. The first stage involves reflecting upon one’s past experience to interpret how one single event can be transformed into more powerful meaningful experience. An example of this is perhaps being a care giver for a sick parent for an extended period of time. Deep reflection upon this could reveal new insight into one’s coping abilities with a stressful situation, organizational skills that were required to deal with physician visits, and take care of one’s own family and work. This becomes knowledge and skills transferable to the academic realm.
The next step involves selection which entails deciphering one’s rich past learning experiences and picking out the events that one can begin to build a learning narrative (Conrad, 2008). The process during the selection phase simultaneously involves the next step of connection. These two stages work concurrently creating and uncovering meaning. The final step is to project evidence of one’s experiential learning in a format identified by the institution receiving it which becomes their portfolio for assessment. The essential emphasis in evaluating a portfolio is ensuring that the evidence is substantial and acceptable to enable the student to receive recognitions to gain credit for a course or receive advanced standing.

The extraneous effort required to engage in and successfully develop a portfolio for knowledge recognition can be very challenging for the student. A number of scholars discuss the challenges of building a portfolio and address the necessary resources and supports required by the institution to ensure the student is successful in the process. Conrad (2010) highlights the PLAR program established at the University of Athabasca which is focused on meeting the needs of distant learners. She describes a central office dedicated solely to the process at every level of the PLAR journey. She claims success involves having a PLAR champion to ensure the PLAR program maintains quality and efficiency. In addition, students engaged in the process need to have a mentor or coach to provide motivation and guidance. Cappella University, also a distant education institution, provides a central office to support a student through the PLAR process (Leiste & Jensen, 2011). They integrate resources at all levels for the student to create and foster a positive PLAR experience. They describe their model which involves the prior learning assessment team, a PLAR lab with facilitators, which has centralized resources to guide the process, and faculty reviewers who are considered experts in assessments of portfolios.
Other institutions in the United States also validate the need to ensure adequate resources are available to support students in their portfolio journey. Most institutions that offer PLAR have central offices and have mandatory seminars or courses in portfolio development which students are required to complete before beginning the process of building their own portfolio (Klein-Collins & Hain, 2009). With the advances in technology, Brown (2011) advocates for the use of e-portfolio claiming this route enriches the expression of experiential knowledge by providing multiple examples through the use of multimedia such as videos, blogs, and digital photos to provide evidence of one’s knowledge. However, again he places emphasis on the support required to help students with mastering the technology in addition to the other pieces to foster success.

A number of scholars also share the challenges for students engaging in portfolio development which is the reasons for ensuring a comprehensive PLAR model is in place to alleviate the stressors. The amount of time required to complete a portfolio was emphasized consistently as a prominent barrier (Brown, 2011; Conrad, 2008; Hamer, 2010; Leiste & Jensen, 2011). This is one of the reasons for providing students with a PLAR mentor as a strategy to inspire and keep students motivated in completing their portfolio. Other scholars have written about the emotional pressures placed upon students engaging in this journey. Hamer (2011) notes specifically that PLAR can provoke feelings of inadequacy, decreased self-esteem, and unpreparedness especially if they are denied credit. Leiste and Jensen, (2011) and Lamoreaux (2005) emphasizes that students choosing the PLAR portfolio option are taking the “high risk” route as emotionally trying to translate life experience into academic language to be evaluated can be viewed as a more strenuous journey than just taking the courses required in the program. Conrad (2008) and Joosten-ten Brinke, Sluijsmansa, and Jochemsa (2010) both advocate that the
role of educational institution is to help learners in becoming competent at presenting their experiential knowledge in a way that is acceptable to that institution. If institutions are not clear on what their expectations are and what is considered acceptable, then learners are being primed for failure.

Another area of contention in the portfolio method of PLAR involves the assessment piece of the portfolio which involves both the role of the assessor, and the reliability and validity of the assessment decision. Hamer (2010; 2011) contends that the assessors needs to be competent and knowledgeable in their role, have experience in the area that they are assessing, be experienced and familiar with the competencies to the extent that they are able to identify performance criteria from a more holistic view in making professional judgments. In addition, the perceived or actual power the assessor holds over the decision of whether or not students’ experiential knowledge should be accepted as credit has been identified by Hammer as having potential oppressive outcomes especially if credit is denied. The question of validity and reliability of assessment and expertise in this practice is also a concern. Many scholars note that it is essential that portfolio assessors receive training and continual upgrading to maintain competence in this role (Hamer, 2010; Hoffman & Michel, 2010; Joosten-ten Brinke et al., 2010). Day (2000) validates this thought in his research on developing PLAR benchmarks. He recommended that PLAR assessor guides should be developed to provide a reference point for all PLAR practitioners, and that assessors need to be provided with a mechanism of validating their decisions through some type of peer review.

While literature reviewed demonstrated the powerful benefits of PLAR programs, it also shares challenges and barriers to implementation. Scholars such as Conrad, 2010, Wihak, 2010, Aart et al. 2003 advocate for the powerful opportunities inherent in PLAR programs in
acknowledging adults’ experiential knowledge. Even in the ambiguity of the literature, there are readily available guidelines that can be utilized to design PLAR programs. Stenlund (2010) for example conducted a literature review of research on PLAR and highlighted the essential principles that are common that support high quality PLAR practices. These principles are:

the policy, procedure and practice of (PLAR) should be clearly defined to (…) [students and academic staff] involved (…) to ensure all involved clearly know what criteria is being judged, needs to measure and evaluate what has been learned without regard to the source of the learning, (…) that the receiving academic institution is responsible for the assessment, (…) the assessment process should be valid and reliable, i.e., measure what it is intended to measure in a system that is consistent over time and between assessors, (…) should be viewed with the same degree of confidence and be treated with the same quality assurance procedures as other traditional assessment, (…) and academic staff or assessors involved should have the appropriate training (…) and the [students] should receive guidance and support throughout the process. (p. 787)

**Use of PLAR in nursing programs.** In reviewing the literature, PLAR models have been implemented in some Nurse Practitioner programs in Canada (Shandro, 2006). There remain a number of barriers and challenges to overcome, however there is literature to support and guide the development of PLAR programs. One of the barriers or hindrance is the concept of identifying and transferring experiential knowledge to predetermined criteria in the academic realm. Nursing programs actually use experiential learning in their curriculum to facilitate the practice of nursing skills and implementation of nursing knowledge thus transferring professional nursing practice to their program would be less complex. In addition, the College of Nurses of Ontario (CNO) who is the regulatory body that governs both the RPNs and RN
recognize and expect practicing nurses to expand their knowledge. They emphasize that once graduated and practicing, RPNs and RNs will broaden their scope of practice based on individual nursing practice experience and professional development activities (CNO, 2009b). Depending upon their own drive for professional development and practice experience, both can advance their foundational knowledge and critical thinking skills. Each nurse may effectively enhance their scope of practice through in-service education, continuing education and practice expertise. Thus, the CNO recognizes and validate experiential learning gained through practice which is compatible with learning theories that guides PLAR programs. This provides foundational evidence that the use of PLAR in an RPN to BScN program is plausible.

In review the literature, PLAR models using portfolio assessments have been implemented with success for internationally educated nurses who wish to practice in Ontario (Santa Mina et al., 2011), and for RNs applying to Nurse Practitioner (NP) programs in some provinces (Shandro, 2006). These PLAR models are based upon the acknowledgment that nurses in practice will gain experiential learning and advance their practice from working in the profession. Shandro (2006) developed a PLAR framework for NP programs based upon guiding principles identified in best practice PLAR literature. They advocate the use of a systems model approach to facilitate commonality yet flexibility for NP programs to utilize in developing a PLAR program. This framework could easily be adapted for the RPN to BScN program especially in respect to recognizing and transferring their clinical nursing knowledge to practicum courses. Portfolio development could also be used and designed to capture the theoretical aspects of nursing courses as well. In their systems approach, they provide detailed steps for planning, designing a process, developing the portfolio, conducting the assessment, and finally monitoring of PLAR. At each step of this framework, careful planning, contemplating
and integrating the literature presented on challenges and barriers, and required essential supports, can be used in the development of a successful high quality PLAR program.

Prior learning recognition from informal experience has shown to provide benefits to the individual from both a financial and psychological perspective. In light of the barriers noted the potential to expand a PLAR model in an RPN to BScN program is plausible and feasible but only if dedicated time and critical thought is put into the process of developing it. The greatest challenge would appear to come from the university culture that traditionally holds the title of creating knowledge. However, with nursing being considered a practice profession in which continual growth is expected to occur on the job, then universities should be more open to using PLAR in their nursing programs. RPNs should not have to invest additional time and money to learn what they have already gained in their practice settings. Enhancement of PLAR programs could be established to support the RPN mature learner in saving time and money to pursue their RN.

**Mature Learners**

The students in the RPN to BScN program come with a wide range of existing knowledge, experience, skills and competencies and according to Kasworm (2005) fall into the category of mature learner as the majority of students are older than 25. While the RPN to BScN share similar challenges as do other mature students, such as work and family responsibilities, what is unique about the RPN as a mature learner is the challenge to their professional nursing role identity that they bring to the program, in addition to questioning their academic abilities which mature learners in general may experience. With this added identity, they have the added stress of considering whether or not their nursing abilities will be questioned in the program. Another challenge that is unique to the RPN to BScN learner compared to other mature students
involves the practical component of their program. The practical courses start at seven in the morning thus the RPNs need childcare starting at six am when they are in clinical which is an added challenge for this group of mature learners. With this distinct and ever-changing profile that they bring to the learning environment, mature students warrant some discussion around their specific learning needs and provides a foundation in understanding the study participants. Mature learners place a great deal of value on their experiences and if they cannot use that experience or if those experiences are rejected it may feel similar to being rejected as an individual (Merriam, Caffarella, & Baumgartner, 2007).

Changing demographics of our society, globalization, and technology have all played a role in shaping the student who attends higher education. The mature adult learner reflects an important and growing number of students who seek higher education. According to the National Center for Education Statistics, sixty percent of students enrolled in higher education in 2004 were older than 25 (cited in Kasworm, 2003). This trend is similar to that reported by the Association for Universities and Colleges of Canada (AUCC) in their evaluation of trends in higher education (2011). Adults come with a wide range of experience, different experiences and levels of knowledge based upon their past. These attributes need to be acknowledged and embraced by faculty who teach in higher education if they are to better serve the learning needs of mature adults. Adults engage in higher education learning for a variety of reasons with one of the main motives being a transition in their live, and because of this they want learning to be purposeful and relevant. Even though mature adult students have been a part of higher education for years, there has been little attention paid to their unique learning differences from traditional students (Kasworm, 2003; Briedenhann, 2007). The unique learning needs that mature students
have to experience powerful learning necessitates a review of the literature to discover a better understanding of what faculty can do to support their learning.

The need to discover what type of educational paradigm fosters learning in mature students is imperative as they are unlike younger adult learners who are typically at a stage in life where they are transitioning into a different chapter in their lives. Mature students may be forced to return or attend higher education because they have had a life altering event such as a job loss, or divorce that requires them to reinvent themselves (Graham & Donaldson, 1999; Kasworm, 2008; King, 2003). This is consistent with the study conducted by Cook, et al., (2010), who discovered that the major reasons for Licensed Practical Nurses (LPN) to return to school to become a Registered Nurse (RN), was to improve their job opportunities, remain in the current job that required increased qualifications to stay, and job advancement. They may also choose to attend higher education for career advancement or for self-improvement. Either way, mature students often continue their very complex lives with the added challenges of now being a student. MacKeracher, Stuart, and Potter (2006) discussed in their research on adult learners that the multiple conflicting roles that adult learners face is often one of the major barriers to their access and success in higher education. The emotional conflict that they endure needs to be acknowledged and supported to ensure successful completion of their program.

Briedenhann, (2007) implemented an interpretive qualitative approach to explore students over the age of 35 experiences in higher education. In her review of the literature, she presented evidence that mature students are different than traditional students who require attention. Overall her findings noted that how timing and details of feedback on assignments had a significant impact on mature students’ anxiety and perceived ability to succeed. Long delays and lack of specific feedback was seen as potential inability to do well or that they would not be able
to make changes to follow up assignments. Often mature students feel disconnected to their institution feeling alone in their journey and “sixty-six percent of respondents cited the behaviours of younger classmates as their most negative experience” (p. 269). Those that engaged in numerous group work seemed to feel more connected and created relationships with younger peers but did so out of necessity for the assignment. In addition, mature students noted that the more they felt valued, and interacted with faculty, the more it contributed to their overall success in the course. The emphasis on how mature students view teachers and their relationship seems to have a large impact on them. Unfortunately, not all teachers in higher education value the mature student and at times view them as problematic taking up time.

Woodson Day, Lovato, Tull and Ross-Gordon (2011) implemented a qualitative study to explore faculty’s perceptions of mature students. They chose this topic as they noted that many faculty in professional programs in higher education are hired for their expertise but lack familiarity with teaching learning pedagogy. They interviewed eight faculty members who had little to no adult educational training, using semi guided questions that focused on their experience teaching mature students. Three major themes were discovered in the analysis that provide insight into mature learners from the faculty’s lens. One of the themes involved the perception that mature students are more dedicated, focused and persistent compared to the traditional students making them more dedicated to studies. The participants voiced that overall they found the mature learners more committed and knew what they liked compared to their younger peers. Consistent with other literature, mature students have multiple responsibilities that they are trying to balance, knowing that they endure struggles with guilt for being selfish in returning to school. The faculty also shared that they felt mature students have higher anxiety from self-doubt and become more easily discouraged, comparing themselves to the younger
students. With respect to teaching strategies used with mature students, they expressed that they try to build on their life experience and try to challenge them more. They felt that having mature students share their life experience in class that it added richness to the discussions. There were some faculty who shared that they needed to be more patient with the mature learners as they continuously asked questions or sought further clarification. In addition, all the faculty identified that the mature learner was different from the traditional student especially in the area of being more apt to challenge the teachers yet respectfully.

The greatest influence on learning successes of mature adults occurs through classroom environments that support their previous knowledge, challenges their thinking, and establishes a trusting relationship with faculty (Graham & Donaldson, 1999; Kasworm, 2005; King, 2003). MacKeracher et al., (2006) also noted that mature learners can feel isolated and lack self confidence in their intellectual abilities which can impact their engagement in learning. They also shared attitudinal barriers which involved stereotypes of adult learners that can impede success. One particular myth that originates from others, such as instructors is that adult learners are not smart enough to succeed. MacKeracher et al., (2006) advocate that this type of barrier can have detrimental effects on the adult learner. They reviewed best practices in teaching and summarized some research reviewed that emphasized the need to ensure active learning, meaningful learning, and faculty support to improve learning opportunities. Similarly, the theoretical concepts of Malcolm Knowles adult learning theory believe that adult learners learn best when they are engaged in the learning, by being involved in planning, implementing and evaluating their learning needs (Merriam et al., 2007). Acknowledging the experiences that mature learners bring to the classroom is an essential role of faculty who design and teach in higher education.
Due to the nature of the mature students’ lives and decision to attend higher education, they present with different learning needs than do traditional younger students. Often educators rely on teaching approaches that have been established for the younger students (King, 2003; Kasworm, 2005). The challenge for faculty is to create learning conditions that reflect the mature students’ current world, yet can inspire them to contemplate alternative perspectives, change their beliefs about their understanding, and then reinforcing their new learning through practical application (Hussey & Smith, 2010; Kasworm, 2003; Mezirow & Associates, 2000). Through the process of transformation, mature students become different people but the facilitating of this transformation requires a skilled teacher who does not rely on traditional teaching approaches.

A number of articles noted that a primary difference between traditional and older students results from the mature students’ time constraints and multiple commitments to other responsibilities (Kenny, Kidd, Nankervis, & Connell, 2011; MacKeracher et al., (2006) Melrose & Gordon, 2008). As a result, they often spend much less time interacting with peers or faculty on campus. This can lead to barriers in learning as according to Kasworm (2008), the most significant learning for mature students transpires in the classroom. Thus there is an even greater need for faculty to ensure meaningful learning occurs in the classroom as this could be the only contact they have with these students. Mature students as well often feel intimidated by returning to school and may doubt their ability to be successful or as smart as traditional students (Kenny et al., 2011). Weiss (cited in Prindle, 2005) also noted that the greatest fear in LPN who returns to school is failure in the program. Faculty need to be aware of this perception as they can alter their interaction in the classroom to build confidence and nurture the rich background experiences that mature students bring with them. Graham and Donaldson (1999) also noted that
mature students take advice from their faculty with a higher degree of seriousness than traditional students which would require faculty to be even more attentive and cautious when interacting with them.

Bradshaw and Nugent (1997) conducted a qualitative research study to discover the perceptions of baccalaureate nursing students who were older than 26 years of age in their clinical course. They found several predominant themes which were; mature students view education more seriously, past personal and academic history provided added strength and drive for success, students were less confident with psychomotor skills and they were highly influenced by faculty and identified faculty as important mentors in their learning. From their research they highly recommended placing mature students in their own cohort as this would better facilitate their socialization into the program and foster a more positive working relationship with faculty. It would seem imperative for educators to have a stronger comprehension of what strategies foster transitioning in mature learners as this group of unique students is different than the younger generic student.

**Mezirow’s Transformational Learning Theory**

I began my journey as a coordinator for the RPN to BScN students six years ago and through reviewing educational literature found Mezirow’s transformative learning theory. Through exploration of the theory, I began to appreciate and connect Mezirow’s work with my understanding of the RPN to BScN learner. Mezirow began the development of his adult learning theory in 1975 when he studied women returning to higher education (Mezirow, 2000). As the RPN student is predominantly women who return to school, Mezirow’s transformative learning theory seemed to be an ideal framework through which to explore their learning.
Through critique and further development, Mezirow has elaborated upon his original theory and defined transformative learning as a process by which we transform our taken-for-granted frames of reference (meaning perspective, habits of mind, mind sets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove truer or justified to guide action. (Mezirow, 2000, p. 7-8)

In his original work he identified a 10 stage process of transformation that adult learners may follow with some variation or in a nonlinear progression. They are:

Experiencing a disorienting dilemma, undergoing self-examination, conducting a critical assessment of internalized assumptions and feeling a sense of alienation from traditional social expectations, relating discontent to the similar experiences of others-recognizing that the problem is shared, exploring options for new ways of acting, building competence and self-confidence in new roles, planning a course of action, acquiring the knowledge and skills for implementing a new course of action, trying out new roles and assessing them, reintegrating into society with the new perspective. (Cranton, 2006a, p. 22)

These stages explain the process adult learners go encounter as they work through examining their past experience and previous knowledge while integrating new knowledge learned. This process of contemplating previous experience and integrating the new is consistent with RPNs who have diverse nursing knowledge as RPNs, and now need to be forced to reexamine their previous nursing knowledge, and integrate the new knowledge learned from the BScN program. The beginning step of perspective transformation is initiated by learners experiencing a disorientating dilemma that force them to ponder their previous perspectives and
views. This is followed by learners seeking new learning and perspectives, eventually reintegrating the new information and changing their frame of reference (Mezirow & Associates, 2000). Once learners begin this disorientation, they begin their journey into transformative learning. According to King (2009), it is at this point that adult learners are ready for change. Since RPN to BScN students must be ready to accept and acknowledge the difference between their role and an RN role, and be open to new learning, discovering if RPNs are experiencing transformative learning in their courses would provide a strong indication that they are ready to change and begin their transition.

Mezirow proposes that we develop personal meaning or habits of mind from our experiences. This includes integrating ways of knowing without conscious thought, in which one’s unquestioned beliefs and assumptions transpire such as prejudices and stereotypes (Cranton, 2006a). Learning transpires when individuals question their perspective and prior assumptions or habits of mind. This process can occur with a single event or occur as a gradual development. Once people alter their habits of mind as a result of this event it becomes transformative. Reflection is a key concept to this process and Mezirow stresses that critical reflection is central to transformative learning (Mezirow, 1990). Whether sudden or a process over time, the ultimate result of transformative learning and perspective transformation are individuals who reflect, get past old assumptions, and conceive new meanings thus forming new perspectives. The emphasis becomes a psychological view of change but as well is about the need to act out that change (Taylor, 2007). RPN to BScN students returning to school to become RNs need to experience transformative learning to change their views and perspectives. They need to engage in critical reflection upon previous nursing knowledge as an RPN, and life experience, to think about possibilities and alternatives to their beliefs and either confirm their
habits of mind, and or develop new meanings to foster change as they transition to their new professional role.

There are generally six habits of mind that are described by Mezirow as broad assumptions that are unconsciously assimilated into our perspective and are the basis for our frames of reference (2000). He defines frames of reference as “…a “meaning perspective” the structure of assumptions and expectations through which we see the world, and are the results of ways of interpreting experience” (p. 16). A habit of mind is presented through individual points of view, based upon our background and learning occurs when prior habits are questioned. According to Cranton (2006a), Mezirow views these habits of mind as a collection of interrelated beliefs and values that are determined by our personal lives. These six habits that define who we become impact how individuals perceive the world in which they live. Mezirow labelled them as Epistemic, Sociolinguistic, Moral –Ethical, Philosophical, Psychological, and Aesthetic (Cranton, 2006a). Understanding these six habits are significant for an educator who is teaching adults as these are the beliefs that need to be brought into the consciousness and questioned to foster transformative learning.

Epistemic habits of mind are developed through our interactions with the world and present themselves as the way we learn. Some individuals are more analytical, concrete or intuitive thinkers. These preferences define who we are and are very difficult to change (Cranton, 2006a). Based upon themes that arose in the literature and personal experience working with RPN to BScNs for seven years, I believe that epistemic habits of mind are influenced by their past traditional practical nursing program, and their generally restricted professional role. They often are in positions that require approval or direction by the RN, seeking approval for decision making. I feel that these past experiences influence and define
their epistemic habits of mind and can be barriers for them to approach new ways of thinking as they transition to the RN role.

Sociolinguistic habits of mind are founded on social and cultural norms, and are the way in which we use language (Cranton, 2006a). Our lived experience in a culture can shape how we behave and how we view power or use power. The faces of the RPN to BScN students are very different than the generic student in University. According to Melrose and Gordon (2008), most LPNs returning to school are women and from a minority group. These differences in who the RPN to BScNs are, potentially influences their ability to accept a new understanding of their role as RN. Being more assertive at advocating for clients, taking on leadership roles and fostering change are all part of an RN’s role that may be very difficult for an RPN to BScN to transition to if they come from a background whereby women are expected to behave in a certain way.

Psychological habits of mind define our self-concept (Cranton, 2006a). The images of ourselves are shaped by our upbringing and personalities. Cranton uses the example of “someone whose parents had very high expectations of achievement may develop a perspective that includes great motivation…or sense of guilt about never being able to achieve enough” (p. 26). Melrose and Gordon (2011) noted that some LPN to RN students already see themselves functioning as an RN and return to school expecting to learn little. Others may not have confidence or belief in their abilities to succeed in university. They may question their “self-concept”, their nursing skills, and knowledge as an RPN which results in anxiety and fear of failure.

Our worldview that arises from our religious, political and philosophical principles is the basis for our philosophical habits of mind (Cranton, 2006a). These habits assimilated through our life experience provides the foundation for our beliefs and values around complex issues.
such as social, political and economic views of how we see the world in which we live. The demographic background of the RPN to BScN student that I have taught over the past six years is very diverse. The majority are women and there seems to be a greater number of non-white students. This is consistent with Cornett (1995) and Cook et al. (2010) who both noted that generally the LPN to RN students comes from a minority group. Even though the population of students that they explored were from the United States, based on my experience of teaching similar students for six years, the diverse cultural backgrounds of the RPN to BScN students I have taught, are also similar. Their unique background will influence their philosophical habits of mind, which could be very different than the traditional generic nursing students. As well, the faculty’s beliefs and understanding of the RPN as a learner will be multifarious because of their backgrounds. Some faculty maybe familiar with the current RPN role where others will not be. I recognize that the student profile in RPN programs in other colleges may be very different because of the population profile of the diverse communities that these colleges are located in across this large province. However, this study involved only the one program that I am familiar with and as such no claims of representativeness or generalization are made.

Moral-ethical habits of mind are displayed in our interpretation and how we act based upon what we view as good or bad in our world (Cranton, 2006a). What we chose to advocate or reject, donate our time or money too, are all based upon our moral ethical habits of mind which with increased experience to the world becomes more deeply assimilated. Nursing as a profession is faced with many moral ethical issues that arise from the complexity of the health care system. Harrington and Terry (2009) emphasize the importance of the evolutionary role of RN in being proactive in advocating for social and political reform to address the complex ethical dilemmas encountered in the health care system. The RPN to BScN student comes with
varying years of life experience that will have an impact on the degree to which their moral ethical habits of mind are unconsciously or consciously ingrained into who they are. Their perspectives may be deeply rooted and hinder their ability or willingness to be involve and create change from a systems viewpoint.

The last habit of mind is known as aesthetics. These beliefs and values are mostly determined by our social and cultural norms that are expressed in our standards of beauty (Cranton, 2006a). Our tastes and standards based upon aesthetic habits of minds will differ greatly depending upon past experiences and upbringing. All of these habits of minds make up who we are and how we see the world. Cranton (2006a) sums up these habits by saying “Each perspective is made up of interwoven beliefs, values, feelings and assumptions that together create the lens through which we see the world…(p. 28).” Habits of minds are deeply embedded in who we are and create barriers in our perspectives that we must bring into question to allow for transformative learning to occur. In order for the RPN to BScN transition to their new role of RN they will need to reflect upon their habits of mind to facilitate the process.

**Research on transformational learning.** Over the past 25 years, Mezirow’s transformative learning has been increasingly researched because of its uniqueness in understanding adult learning (Taylor, 2007). Taylor conducted an extensive critical review of current research from 1999 to 2005 in an effort to understand trends and what new understandings have been discovered over the years. In his effort, he reviewed 41 studies overall that address transformative learning. The majority of articles found involved qualitative methodology that focussed primarily on single retrospective learning experiences and covered a variety of area such as professional development, learning online, group learning experiences, and English as a second language. In his review he did conclude that transformative learning
theory is a useful framework to utilize as a foundation for designing courses that have the end purpose of changing beliefs, or shifting how one thinks.

Transformative learning has increasingly become of interest in the field of higher education as the theory specifically focuses on the adult learner. According to Taylor (2007), the increased interest and popularity has resulted in a rise in research, publication, and dissemination of findings on transformative learning. His review and critique of the literature revealed some significant understanding of the application of transformative learning in the classroom. He noted that one of the most powerful strategies for encouraging transformative learning is providing students with experiences that are direct, engaging, and stimulates both written and personal reflection. According to some researchers, such as King and Cohen (as cited in Taylor, 2007), the process of writing one’s thoughts and feelings about educational experiences strengthens the analytical ability of transformative learning. Some tools that are commonly used for this purpose are diaries, reflective and critical incident journals. In addition, there was a variety of disciplines that found transformative learning as an excellent framework for practice to foster change in perspectives among adult learners. Despite the expansion of research on transformative learning, Taylor notes that there has still been little investigation into understanding the application of transformative learning in practice. These findings suggest that transformative learning as an underpinning to the RPN to BScN program can foster transition from RPN to RN. This will add further research in expanding curriculum designers understanding of what educational strategies are beneficial in an RPN to BScN program that is transformational.

Taylor (2007) endorses transformative learning theory as a vehicle in understanding the meaning making process of adult learners, especially the learning process of change in
perspective. He referred to a number of research studies that substantiate critical reflection and a disorientating dilemma, as a catalyst for change in perspective. The educator plays a significant role in fostering transformation in students by what Taylor (2009) calls “communicative learning” (p. 3), through teaching for change. He describes this as educators needing to strive to challenge students’ value systems and worldviews. However, Taylor does describe transformative learning in praxis as “…illusive and an ever-shifting approach to teaching…” (p. 3), thus researching this educational approach has been difficult, and little has been done in the area of solidifying what it looks like in the classroom.

**Transformational learning in practice.** Taylor (2009) has identified six core elements that through his review of transformative literature are essential in fostering transformative learning in praxis. They are individual experience, critical reflection, dialogue, holistic orientation, awareness of context, and authentic practice. These elements that engage students in transformative learning are not stand alone elements, but are all connected in playing a role in the theoretical framework of teaching transformative learning. Taylor provides an example of the interconnectedness of the elements by saying “without individual experience, there is little or nothing to engage in critical reflection…” (p. 4), and developing an authentic relationship is the stimulus to provide a safe environment for students to actively reflect upon their values and perspectives. To become an educator who wishes to practice transformative learning, their beliefs and values must be consistent with the teaching philosophy that is rooted in the theoretical lens of transformative learning.

Taylor (2009) described two theoretical orientations to transformative learning. One based upon scholars such as Mezirow, Cranton and Kegan who emphasizes transformation for personal growth through self-awareness, while others such as, Freire and Tisdell, see
transformation involving both personal growth and the drive to promote societal change. Taylor advocates that the educator theoretical lens will influence how the core elements are integrated and put into practice in the classroom. Based upon this, the theoretical transformative orientation that complements the nursing profession is the one supported by Freire and Tisdell. The nursing profession has imbedded within their nursing role the values and beliefs to care from a holistic view, which includes fostering change and promoting health from a societal perspective (Canadian Nurses Association [CNA], 1993; 2004). The intentions of the RPN to BScN program is to transition the students to a nursing role that entails greater responsibility in fostering change at a higher level and broader scope than the RPN role.

Individual experience was one of the core elements that Taylor (2009) identified which he describes as the learner’s prior experience. This past experience for both the learner and the teacher is the basis for examination of assumptions that underpin individual perspectives and provide the foundation for transformation to occur. This element is very significant to the RPN to BScN learner as they enter the program with a wealth of diverse prior knowledge in nursing. This prior knowledge is an asset to the students but can also be barriers to their ability to reflect and examine their perspectives, as they may be deeply rooted in their belief system. However, according to Taylor, having a greater degree of life experience allows for deeper dialogue using personal experience which could have greater influence on internalization of new perspectives. From this view, the RPN students could benefit more fully from a curriculum that is underpinned by transformative learning because of the diversity of nursing experience they bring to the classroom. The strategies he shared that foster self-reflection and insight are value laden course content and influential experiential activities as they provide a forum for initiating disorienting dilemmas.
A second essential component of applying transformative learning in practice is engaging in critical reflection. According to Taylor (2009) this type of reflection is often prompted by situations that create internal conflicting feelings about one’s original perspective on a topic. Mezirow (1991) provides further detail of reflection by placing reflective thinking into three levels and distinguishes between non reflective action (habitual, thoughtful, and introspection) and reflective action (process, content, premise). Habitual action involves engaging in activities that do not prompt reflectivity as the action has been previously learnt and through repetition is performed automatically. Examples of this type of habitual action for the RPN learner would be the administration of medications. If an RPN has worked in a long term care area for 10 years administering the same medication to the same clients becomes repetitive and habitual. Thoughtful action involves using prior knowledge to guide current action. There is no questioning of assumptions about one’s prior knowledge, one is just using it to act. For the RPN this type of thinking would be using prior knowledge of a similar patient situation, and using the same nursing action that was implemented on the current patient situation, without any evaluation of the nursing intervention. The final non reflective thinking is introspection. Introspection involves one’s feelings but only to the point of recognizing that feelings about an event or person exists.

Reflective action according to Mezirow (1991) involves process, content and premise thinking. As a transformative teacher, Cranton (2006a) provides examples of how an educator can foster each of the levels of reflection. She describes content reflection as an examination of the content by encouraging students to reflect upon questions such as; “What do others say about this? and “What are my assumptions?” (p. 37). Process reflection involves prompting students to ask questions such as; “How did I integrate others point of view?” and “How do I know my
assumptions are valid?” (p. 37). Premise reflection is seen as the highest level of reflection as it results in a transformation of one’s belief system. To stimulate premise reflection which questions why one believes in something can be prompted by asking students to reflect upon “Why should I believe in this conclusion?” and “Why should I revise or not my perspective?” (p. 37). Utilizing the different types of reflective thinking suggested by Cranton as a foundation to teaching strategies within the RPN to BScN program could be effective in stimulating the RPN to question their previously constructed beliefs and perspectives to foster transition from RPN to RN.

Kember, et al., (1999) recognized the importance of fostering reflective practice in health care professions and utilized Mezirow’s definition for the six levels of reflective thinking and created an assessment tool to evaluate students thinking. They implemented the study in various undergraduate health care professional programs that implemented reflective journaling throughout a number of courses. They used the journals in their analysis to determine if, and at what level, reflective thinking occurred in the students. They had several researchers review the journals and code the themes according to the six levels of reflection. They noted an inter-rater reliability of 0.74 using Cronbach alpha measurement which they concluded to be an acceptable value. In conclusion, they endorsed the tool as a viable measurement to evaluate students’ reflective practice in courses with this as the aim. It also provides an avenue to evaluate whether or not teaching strategies are effective at increasing reflective thinking.

Another core element to foster transformative learning according to Taylor (2009) is substantial dialogue with self and others. He emphasizes that it is through dialogue that critical reflection is initiated and the educator plays a significant role in providing a safe environment for students to engage in reflective conversation. It is during this reflective conversation that the
potential for transformation in perspectives can occur. Taylor (2007) reviewed two studies by Berger (2004) and Lange (2004). They supported the importance of being able to identify the point at which a student is ready to begin their change in perspective. Berger explained it as identify the “edge of our meaning…. a transitional zone…” (p. 338), in which students are ready to challenge their assumptions and understanding of knowledge which allows them to begin to expand their thinking. Lange (as cited in Taylor, 2007), described this crucial time as “pedagogical entry points” (p. 183) in which students are engaged in the disorientating dilemma. Both articles stressed the important role of the educator in being sensitive and conscientious of students’ emotional distress that reflective thinking can evoke during this crucial time as changing one’s perspective can be an uncomfortable place for some. The ability to guide the students and support them to sustain the courage to change is fostered through substantial dialogue.

Holistic orientation is another core element and involves engaging in multiple ways of knowing. Taylor (2009) claims that too much emphasis has been placed on rational discourse and little emphasis on affective and relational knowing. Transformative learning involves developing an awareness of feelings and emotions that are better encouraged through affective knowing. Engaging in emotional dialogue through use of aesthetic, affective and relational ways of knowing allows for the whole person to be engaged in the learning. Davis-Manigaulte, Yorks, and Kasl (2006) described the use of imagery, artistry, music, and poetry as avenues in creating a more holistic learning context to support expressive ways of knowing which can bring the affective into consciousness. They advocate that to allow for a holistic orientation to occur, the educator must themselves engage in their own holistic awareness. Educators must model empathetic relationships with students, be willing to take part in co learning with the students
stimulating the emotional perspective to transformative learning. The nursing profession has long advocated and practiced holistic patient care thus nursing programs that model and support holistic learning environments for nursing students, would be well matched to foster transferability of learning to professional practice.

Awareness of context is another core element in framing transformation learning into practice. Taylor (2009) describes this as developing an appreciation of other influencing factors such as personal and sociocultural aspects that have an impact on students learning. In addition, time appears to play a strong role in whether or not an environment conducive to transformative learning can occur. Taylor noted that transformation takes time. Often traditional short class periods do not allow for the time required to support substantial dialogue amongst self, and others to initiate critical reflection on perspectives. To frame a curriculum within transformative orientation, courses need to build upon and be intertwined to allow for continuation of reflective thinking in students in all courses in their program. Most nursing programs have clinical practicum course that extend over the traditional short class time, and theoretical courses that link theory to practice. This provides an opportune environment to engage in transformative learning for the RPN to BScN learner.

The final core element is what Taylor (2009) terms authentic relationships. Many scholars have noted the importance of being an authentic teacher and building authentic relationships with students as vital to fostering transformative learning (Cranton, 2006a, 2006b; King, 2009; Mezirow & Associates, 2000; Taylor, 2009). Jarvis (as cited in Cranton, 2006a) defined being authentic as one who tries to “foster the growth and development of each other’s being” (p. 114). Cranton (2006b) uses terms such as “establishing meaningful, genuine relationships with students” (p. 8), to describe the role of an authentic teacher. Developing
authentic relationships with students creates a trusting environment where students can feel safe to critically contemplate their perspectives openly. According to Taylor (2009), without genuine relationships, critical reflection and dialogue is not possible and are essential for transformative learning to occur in practice.

**Role of educator in transformational learning.** Cranton and Carusetta (2004) conducted a grounded theory research design to establish key elements of becoming an authentic teacher. They followed 22 faculty members in higher education over three years which resulted in identifying central categories to define authenticity in which they developed a model. The circular fluid model has four elements which are; Critical Reflection on Self, Critical Reflection on Relationship, Critical Reflection on Context and Environment, and Critical Reflection on Others. The authors further expand on each of the elements in relation to transformative learning theory. They explain that through these four elements, authenticity is developed by engaging in reflective practice, dialogue with others, and becoming more open about the role of educator. Authenticity also involves being aware of the larger social context and social responsibility that one has as an educator. They emphasized Jung’s description of the purpose of human life about becoming conscious as the foundation to becoming an authentic educator. Jung explains that human life “is a lifelong, continuous process of understanding who we are and why we do what we do” (as cited in Cranton & Carusetta, 2004, p. 290). To become authentic educators one must reflect upon their role holistically and must work to become conscious to prevent falling into mindless social expectations.

Morris and Faulk (2012) speak specifically to nurse educators and their role in being authentic educators. They explain that just as students can become set in their ways and need to have their assumptions challenged, so do educators. They claim that nurse educators can be
exceptional experts in nursing content but can become stagnant and comfortable in their role of educator preventing innovation and creativity in education. The support Cranton and Carusetta’s (2004) need for being a reflective practitioner. Through self-reflection, nurse educators can enhance their awareness of their strengths and areas that need development. Self-reflection needs to be shared explicitly amongst trusted colleagues and fostered by administrators to facilitate transformation into an authentic teacher.

Berger (2004) also explored the role of a transformative educator through a reanalysis of several qualitative studies she implemented with a diverse population of higher education students in a variety of professions. Through the reanalysis she focussed on what she called “the edge of knowing” (p. 339), or a time of uncertainty experienced by the participants as they experienced the journey of transformation. She claims that “the most fertile” (p. 342) ground for transformation can either be extremely unpleasant or lead to excitement. She advocates that to be a transformative educator who strives to push students to the edge of knowing to foster transformation, must be fully aware that this critical time can be a frightening place for some. Morris and Faulk (2012) also share similar beliefs that pushing students to a place in which they are asked to critically questioning their values and assumptions can be a very anxiety producing place. Being supportive and empathetic to students during this time is essential to facilitate the student’s courage to transform their thinking. Berger’s description of a transformative educator’s role echoes Cranton and Carusetta’s (2004) model of an authentic educator. One who continually reflects upon and is conscientious of the impact they can have on students’ emotional and cognitive wellbeing. If an educator seeks to push students out of their comfort zone, then they need to take the responsibility to support and guide students through the transformation.
Berger (2004) also emphasized that to be a transformative educator one must become aware of the diversity of students. In her reanalysis, she discussed in detail how extremely opposite reactions of students at the edge of knowing can occur. She noted how one student saw the experience as exciting and new, while another was challenged by new perspectives and struggled with wanting to return back to her familiar way of thinking. This corresponds with Taylor’s (2009) core element of individual experience and recognizing the diversity of learners needs. Cranton (2000) also emphasizes that “people, due to their psychological makeup, vary in how they experience the [transformational] process” (p. 190). Berger claims that the educators’ role in transformative learning is to help students identify the edge, to support and help students sustain the courage to stay on the edge, and to help students become more comfortable with the process of transformation.

Lin and Cranton (2005) also emphasized the significant role of the educator in fostering transformation of students’ perspective. They utilized narratives of three students’ educational journey and interpreted the narratives using transformative learning as a framework to develop themes. In their analysis they noted that all three students “uncritically assimilated the persona of the good student who pleased teachers at the expense of their own self-development” (p. 453). In essence, great students are only great because they are mimicking the behaviour that has been positively reinforced in their past. This emphasizes the important role of a transformative educator in being authentic and providing an environment in which students are encouraged to challenge themselves “...to take risks, to invent and reinvent, and to take on active and lifelong inquiries” (p. 449). To support this philosophical view, students need to be allowed to challenge the traditional expectation of a “good student” which can only occur in the presence of an authentic educator.
One implication for transformative learning in practice noted by Lin and Cranton (2005) is that educators need to continually examine their own values and beliefs to be capable of supporting a transformative learning environment. They emphasize that educators are encouraged to support diverse points of view, and share their own confusions or misunderstanding to build authentic relationships with the students. In addition, they noted that the position of power that educators hold can create barriers to fully allowing students to explore openly their perspectives. Creating an environment that limits the power structure and supports trusting relationship is more conducive to fostering transformational learning. If students fear reprisal for speaking up and sharing their opinions, then they will mindlessly continue to maintain their previously held assumptions. The authors recommend that educators need to be respectful and attentively listen to their students. They provided strategies such as developing ground rules for dialogue, involve students in self-evaluation, seek ongoing feedback regarding the course, and allow students to have choices in learning activities when possible.

**Challenges of transformational learning.** The literature reviewed has shown insight into transformative learning in practice, however, other scholars have identified the challenges in determining if transformational learning is occurring in students. Fetherston and Kelly (2007) have examined transformation in diverse adult student populations but have noted difficulties in the ability to accurately measure the level of transformation in their participants. Fetherston and Kelly conducted a study using grounded theory methodology to understand students learning experiences in a new conflict resolution course that was designed utilizing transformative learning methodology. The researchers also wanted to discover what makes transformational learning possible from an educator’s perspective. The teaching methods they used in the course were cooperative learning strategies and reflective portfolios as the catalyst for transformation.
Their belief was that creating this type of learning environment using non-traditional paradigm would provide the proper context in which transformation could occur.

The study occurred at the University of Bradford in the United Kingdom. The researchers revised the methodology of a course entitled “Introduction to Conflict Resolution” in which transformative learning theory was utilized as the foundation for the teaching and learning strategies. The study took place over the term and the researchers collected data through pre and post interviews, surveys and analyzed the reflective portfolio. They also used data collected through field notes, researcher’s journal and meeting records. They noted that the richest source of information for analysis was found in the students’ reflective journals as they provided the most comprehensive picture of students examining their own learning journey. The results of the study strongly suggested that the use of teaching strategies that engage students in critical reflection can foster transformational learning. These strategies involve providing students with ample opportunity to take part in substantial dialogue with peers within group work to encounter diversity of opinions. In conclusion, they felt that some elements of transformation learning occurred, such as disorientating dilemma and critical reflection, however, were unconvinced by their results that complete transformation transpired in their students as they shared that measuring the level of transformation among students was very difficult.

Whitelaw, Sears, and Campbell (2004) also found similar challenges as Fetherston and Kelly (2007) in identifying transformation in their participants. They examined faculty who took part in a professional development program to explore the meaning of transformative learning for faculty and their teaching practice. They collected data through interviews and surveys that were conducted pre and post program utilizing mix methodology. The researchers concluded conservatively that two of the nine participants experienced some level of transformation, but the
other seven participants did not demonstrate a change in perspective. The authors felt that the context of learning did not support transformation in practice as the professional development course was held off site, and removed from their classroom preventing them from acting upon the new learning as it occurred. Internalization and critical reflection in action was not supported. As well, the researchers noted that a number of participants had preconceived expectations for the program which were not met leading them to speculate that the impact of preconceived expectations of learning has an influence on the readiness of one to transform their perspective.

Snyder’s (2008) review of the literature on transformational learning highlighted Whitelaw et al., (2004) speculation of preconceived expectations of learning and concluded that curriculums that are designed with the intent to be transformative may not yield transformation in students are not ready to change. This has strong implications for my study as the intent of the RPN to BScN program is to foster transition and change in perspective, but if the RPN student is not ready to accept this transition and transformation then potentially no change will occur. Snyder continued to discuss this concept and added that curriculum designers cannot assume that every participant that enters a program is primed for transformation. She proceeded with concurring with Taylor’s (2007) critique of transformational learning as lacking attention on emotional and behavioral characteristics of learning. If an adult learner such as the RPN student enters the program without emotional buy in, or believing that the program will enhance their knowledge, then it is possible that the likelihood of them changing their perspectives on their future RN role will not occur.

Success in implementing transformational learning. While scholars have been challenged in measuring and assessing transformational learning in students King (2009) has
achieved success in measuring perspective transformation by developing the first quantitative tool to measure the 10 precursor step of transformative learning. She developed the tool through her research in 1997, which she called the Learning Activity Survey (LAS), and has since then conducted several large studies utilizing the tool to validate her original work.

King (2009) developed the LAS tool as a means to identify more specifically what fostered and contributed to transformative learning. She has continued to implement mixed method design to explore perspective transformation in learners in different context such as; learners in English as a Second Language, Adult literacy courses, and Higher Education Faculty development courses (King, 1999, 2000; 2004; King & Wright, 2003). Utilization of the LAS tool with follow up surveys have provided further understanding of strategies that support personal change in perspectives and a framework within which adult educators can assess transformational learning in their classroom. One of her recommendations for future research is to continue to use the LAS across multiple context and populations. She has not yet utilized the tool in the health education arena so using this tool in my study will add valuable insight from a different population of learners.

Brock (2010) utilized King’s LAS tool in a study to examine undergraduate business students in one school. The intent of her study was to quantify perspective transformative learning in business students across years of a program. She used a web based online survey of the LAS tool with a response of 256 participants who completed the survey. According to Brock, the overall findings provided corroboration of Mezirow’s ten phases of perspective transformation in students learning experiences. She advocated that the LAS provided a successful tool in measuring perspective transformation and in identifying strategies that support
a change in students’ perspective, however she supported King in advocating that a longitudinal study utilizing the LAS tool should be conducted to substantiate previous research done.

Two studies were found that specifically examined nursing education and transformative learning. One of the studies done by Cragg, Plotnikoff, Hugo and Casey, (2001) utilized a professional values scale to identify significant change in perspectives for RN’s who participated in an online Bachelors of Science in Nursing (BSN) program. The purpose was to examine if the RN to BSN student experienced any type of change in their professional attitude post-graduation compared to onsite students and generic nursing students. The researcher’s chose Mezirow’s perspective transformation as their underpinning to guide the study as they note that RN to BSN students already have pre-existing perspectives of their professional role and it is the expansion of this professional identity that is the focus of the program. They claim that it is the process of perspective transformation that is required to facilitate the growth of their professional identity.

The results noted that RN to BSN students did experience perspective transformation in their educational experience both in the onsite and on line groups. Actively working as an RN demonstrated a positive influence on experiencing perspective transformation compared to those who were not working while in the program. Another significant finding was that those students who had more years of experience as an RN appeared to internalize new perspectives more readily than others with less experience. In conclusion, the authors identify that the “readiness” of the RN to BSN student for a different view of nursing needs to be considered in designing curriculum for this group of learners. The “readiness” to change one’s perspective is consistent with other scholars such as Berger (2004) and Lange (2004) (as cited in Taylor, 2007) who noted the importance of identifying a student’s openness and ability to begin to challenge and change
their perspectives. They also highly recommend a longitudinal study to substantiate their findings.

Morris and Faulk (2007) implemented a qualitative study to discover if RN to BSN students experience behavioural changes in professionalism and if so what educational strategies foster perspective transformation. The themes that arose demonstrated that certain educational strategies did foster a change in professional behaviour and enhance professional roles. Through the voices of the students who participated, the researchers determined that the students did experience perspective transformation in professional behaviour. Unfortunately, they only explained the title of the teaching activities that foster a change in perspective such as “family assessment” assignment, but did not disclose what was involved in the assignment so that others could replicate the strategies. They did however publish a text in 2012 that included more specific teaching activities that they believe support transformative learning (Morris & Faulk, 2012). Mathew-Maich, Ploeg, Jack, and Dobbins, (2010) also advocated for transformative learning as the underpinning to support nurses to utilize evidence based practice. They recommended a number of strategies such as case based, questioning, and critical dialogue as some examples that could facilitate critical reflection and change in nursing practice. However, this article was theoretically based with no research exploring if these strategies do in fact support their claims.

The literature reviewed on Mezirow’s transformative learning remains ambiguous. It’s accuracy in measuring transformation according to some scholars is very challenging. It requires further research. While others such as King (2009) and Brock (2010) advocate that the LAS tool is a reliable tool to measure perspective transformation but requires longitudinal studies to substantiate its validity. Only two studies were found that address transformational learning in
nursing education which indicates that more research is required in this population to better understand their learning needs. The core elements described by Taylor (2009) do provide a framework for future exploration of transformative learning in practice and the literature which reviewed emanated a consistent theme around the significant role an educator has in fostering transformation. With the consistent emphasis on the role of the educator in transformative learning, the inclusion of faculty as participants in my study was essential. Their role in fostering transformation in the RPN to BScN students is a critical element in a comprehensive exploration of transformational learning. Their philosophical teaching lens will influence their perception of their educator role, which will affect the RPN to BScN transition to RN substantially. The discovery of their thoughts and perceptions with respect to the RPN learner added substantial value in providing a more comprehensive understanding of the RPN learner.

In summary, over the last 20 years, adult education has evolved to embrace transformative learning as a foundational understanding of how adults learn. It has also been utilized to design educational strategies that attempt to change the way learners see themselves and the world in which they live, and as a guide to promote intellectual evolution. Transformational learning shapes people and they become different individuals in ways both they and others can recognize (Cranton, 2006a; King, 2009). Mezirow’s transformative learning theory emerges as a significant foundation for examining the RPN to BScN mature learner in understanding how they transition and change their point of view from a RPN to RN.

**Understanding the RPN and RN Roles**

To add further depth to the understanding of the RPN to BScN learner, it is essential to also appreciate the RPN role compared to the RN role to comprehend their journey in becoming an RN. The literature addressing the role differences is very limited as the entry to practice for
both categories of nurses, the RN and RPN, has more recently changed, and the effects of this change have not been explicitly lived yet. Degree entry to practice for the RN began to occur at different times in each of the provinces since 1990, and since that time all provinces, except for Quebec, have converted their RN programs to the baccalaureate entry to practice level (CNA, 2012). The entry to practice requirements for the practical nurse has also expanded over the years, but at a much slower rate in response to the changes in RN entry to practice (Pringle, Green, & Johnson, 2004). Almost all the provinces, have converted the entry to practice for the practical nurse to the level of a two-year diploma. This section will review the literature that is available to address the differences between the roles of the two categories of nursing, and will substantiate the overlap in their roles which has led to role confusion, and ambiguity.

In Canada, there are three regulated professional groups with two general classes of nurses (CNA, 2014b). The RN, the RPN in Alberta, which is the title for a Registered Psychiatric Nurse, and the Licensed Practical Nurse (LPN). The LPN is the term utilized in most provinces however, Ontario uses the title of Registered Practical Nurse. Each province and territory has their own regulatory bodies for nurses that determine the standard of practice, and scope of practice based upon legislation, as there is no national license in Canada. The reason being is that provinces have exclusive jurisdiction over key areas such as health care which enables each province to have their own unique regulatory bodies for nurses. In Ontario, there is only one regulatory body which governs both the RN and RPN, while the other provinces have two separate regulatory bodies, one for the RN and one for the LPN. To ensure clarity, the term LPN or RPN will be used interchangeably when addressing the licensed/registered practical nurse. As well, only the College of Nurses of Ontario (CNO) entry to practice guidelines will be explored as the participants in the study are governed by this regulatory body.
The CNO acts as the governing body in Ontario and determines the educational requirements required to be eligible to write the provincial exam. They also provide entry to practice guidelines, enforce standards of practice, and manage quality assurance programs for both the RN and RPN (CNO, 2012). Entry to practice competency standards put forth by the CNO provides a framework for academic institutions to utilize in curriculum development. How an educational institution ensures students are prepared to meet the entry to practice guidelines will vary from program to program.

The explicit differences between the competency guidelines for the RN compared to the RPN in Ontario are very difficult to define. According to CNO (2009a) both the RN and RPN study from the same body of nursing knowledge however, the depth and breadth of foundational knowledge obtained through the educational programs is essentially what provides the difference. Both the RN and RPN entry to practice guidelines address the same foundational nursing themes which are: Professional Responsibility and Accountability, Self-Regulation, Service to the Public, Knowledge-Based Practice and Ethical Practice (CNO, 2014a, 2014b). The RN guidelines have descriptions under each of the main nursing themes, while the RPN guidelines have four of the main themes with the knowledge-based practice theme integrated within the four themes. The differences between the standards present themselves loosely in the choice of terminology used to describe the nurses’ responsibility in each category. To further blur the lines between the RPN and the RN role, both categories of nurses, once graduated and practicing, will broaden their scope of knowledge based on individual nursing practice experience and professional development activities (CNO, 2009b). Depending upon their own drive for professional development and practice experience, both the RPN and RN can advance their foundational knowledge and critical thinking skills. Each nurse may effectively enhance
their scope of practice through in-service education, continuing education and practice expertise. As a result, both entry to practice guidelines for the RN and the RPN highlight that each nurse is professionally and legal responsibility to determine and identify when they are in a situation that is beyond their capabilities.

Both the RN and the RPN work autonomously within their scope of practice but are responsible and accountable to consult and collaborate with the health care team appropriately to provide the safest care for the client. The CNO (2009b) describes one of the key differences between the RPN and the RN under the concept of “autonomous practice”. The autonomy of the RPN is influenced by the complexity of the client’s condition, whereas the RN can “autonomously meet the needs of clients regardless of the complexity of their conditions” as they have more in depth knowledge in areas of health sciences compared to the RPN (p. 3). However, both the RPN and RN are held accountable for identifying their limitations of practice so even the RN must recognize when the complexity of a client’s condition is beyond their knowledge base (CNO, 2014a, 2014b). This suggests that the “autonomy” to practice is more dependent upon the individual nurse’s competence and experience, not on the complexity of the client’s condition. In addition, both categories of nurses also have identical authorized acts in the Regulated Health Professions Act, with the only difference being that the RPN cannot delegate a controlled act to another nurse to perform, but can delegate to an unregulated health care professional (Baumann, Blythe, Baxter, Alvarado, & Martin, 2009).

Literature addressing role overlap and scope of practice is very limited as the issues are just coming to light. Past research on the nursing role and scope of practice has primarily focused on the RN role, neglecting the role of the RPN (Baumann et al., 2009; Pringle et al., 2004; White, et al., 2008). One would assume that the additional two years of university
education required by the RN would result in clear differences in depth of knowledge and abilities in decision making compared to the RPN. The enactment of the RN role and RPN role however, continues to be ambiguous. White et al. (2008) conducted a mix method design utilizing qualitative and quantitative data to discover the perceptions of RNs and LPNs around scope of practice. The study was implemented in three acute care hospitals, two in Alberta and one in Saskatchewan. The participants consisted of 85 RNs and 31 LPNs who varied in length and types of nursing experience. The qualitative analysis revealed two key elements under scope of practice that both the RNs and LPNs identified as central to their roles, assessment and coordination of care.

The researchers noted that under the two main elements of assessment and coordination of care that there were some differences noted between the RNs and LPNs perceptions of enacting these elements (White et al., 2008). They noted that RNs used different terminology to describe their “assessments” of a client compared to terminology used by LPNs. However, both categories of nurses believed that assessment was central to providing care and identified their role in consulting other health care providers to meet client’s needs. LPNs often spoke of consulting the RN, while the RN identified consulting other members of the health care team. Both the RN and LPN also perceived their primary role involved being the key individual in coordinating care. Again the words used by the RN to illustrate this role were more comprehensive than the LPN, but both enacted the role.

The only clear differences noted by the researchers between the RN and the LPN role were around the ability to work to full scope of practice. Most RNs reported working to full scope of practice or requiring more clinical experience, if a novice RN, to proceed to full scope of practice. The LPNs however, felt they were not working to full scope of practice. They
voiced great frustration around resistance and limitations placed upon them in their work preventing them from practicing to their full potential. Both the RNs and LPNs in the study voiced concerns over the overlap of roles leading to role confusion and ambiguity. The researchers emphasized that even though there is a difference between educational requirements, which should explicitly lead to differences in role expectation, this is not the case. The differences were not clearly articulated by the participants and substantial work still needs to be done to clarify the role of the RN and LPN.

The expansion in scope of practice for the RPN has occurred in response to meet the complex demands of health care today and the ever increasing shortage of resources (Baumann et al., 2009; Huynh, Alderson, Nadon, & Kershaw-Rousseau, 2011). The changing complexity of health care and scarcity of resources that have facilitated change in the RPN role has occurred internationally as well. Eagar, Cowin, Gregory, and Firtko (2010) noted that in Australia, as a result of economic changes the more cost effective option has been to expand the scope of practice of the Enrolled Nurse (EN), and utilized them in nursing areas that they previously were not considered competent to work in. The EN in Australia holds a similar role to the LPN in Canada. The researchers noted that even though the EN scope of practice has increased, there is a lack of consistency in utilizing the ENs’ nursing capabilities and skills, even within the same organization which has created confusion and conflict amongst the RNs and ENs. In their qualitative study a major theme that arose from the EN and RN participants was the confusion in understanding the EN scope of practice, and the overlapping responsibilities between the two categories of nurses.

There is little documentation of role ambiguity and role overlap between the RPN and RN in Ontario, based upon personal experience and reports by the RPN to BScN students I have
taught, the ambiguity and conflict between the RNs and RPNs has transpired in organizations in Ontario. Defining the RPN and RN scope of practice has been one of the greatest challenges and could be the reason why role confusion and ambiguity is so evident. Huynh et al., (2011) explored the collaboration between RNs and LPNs in the province of Quebec utilizing a survey that collected both qualitative and quantitative data that they developed. Even though the intent of the study was not to explore role ambiguity, they did note that this remains an issue for the LPNs. Melrose and Wishart (2013) also noted in their research on LPN to RN transitioning that role confusion does add a unique challenge for LPNs as visual similarities do exist between the RN and LPN role. According to the CNA (1993) the scope of practice for nursing has intentionally remained broad to allow for greater flexibility and diversity in nursing practice. They noted that the flexibility in the scope of practice is essential to avoid limiting nursing practice and allowing nurses to adapt their practice to meet the needs of a rapidly changing health care environment. In an effort to provide clarity between the roles, professional nursing bodies across Canada are adopting descriptions of nursing practice that encompass decision making guidelines to foster greater transparency between the roles.

A more recent project was undertaking by the Registered Practical Nurse Association of Ontario ([RPNAO], 2014) in an effort to gain a better understand of what may contribute to the RPNs role confusion, ambiguity and conflict that has appeared since the entry to practice competencies of the RPN changed in 2005. In their review of the literature for the project they express that there is very little literature that describes the RPN role even though the role has existed since the 1940s. This lack of role clarity for the RPN has led to the belief that the role is limited in comparison to the RN role, that the RPN must function under the guise of the RN, and the role only entails task orientated duties. The authors claim that this history and stereotype has
led to a lack of awareness and understanding of the knowledge and critical thinking that the RPN holds. In addition, they noted that the RPN role has expanded since the inception and now RPNs are practicing skills that previously was the “sole domain of the RN” (p. 9).

The research design used by the RPNAO (2014) was a mixed method involving a questionnaire online that was developed, focus groups, and general forums that involved RPNs, RNs, faculty from both RPN and RN programs, and nursing leaders in Ontario. A total of 1,101 participants from the various designations (RPN & RN) and various employment areas (Acute Care, Long term care, public health, direct patient care and administration) took part. In addition, 48 nursing faculty (41 RNs and 2 RPNs) took part in the study. The findings were divided into four major areas; 1.) knowledge of RPN role and scope of practice, 2.) teamwork and respect, 3.) role of leadership and 4.) organizational factors and impacts (p. 16). Within the knowledge of RPN role, the majority of the participants across the designations overall felt confident in understanding the RPN role. However, this tended to be described in terms of tasks and what RPNs are allowed to do and not do. Interestingly, the nursing faculty group overall identified that the RPN role was not clear. One particular quote by a nursing faculty that adds validation to conducting my study is “There is some resistance by the BScN faculty to understanding and accepting the new role of the RPN” (p. 18). Another finding that supports the claim of ambiguity and confusion of the RPN, is that the RNs in this study were more likely to be unfamiliar with the knowledge and scope of practice that the RPN possessed but the RPN was very familiar with the RN knowledge and scope of practice. Another finding that adds insight to the educational realm is that the clinical faculty in the study identified that they lacked the ability to describe the difference between the RPN and RN role. There were several recommendations as a result of this study. The one that has the most significant for the RPN to BScN programs is
the suggestions that basic educational curriculum for both the RPN and BScN should include Intraprofessional opportunities to educate and inform the future RPNs and RNs on the collaborative practice they need to embrace.

There has been some research conducted to discover the decision making abilities of the RN compared to the LPN. One study investigated the clinical decision making process between the two categories of nurses in Canada. Boblin, Baxter, Alvarado, Baumann, and Akhtar-Danesh, (2008) utilized a quantitative questionnaire and a follow up qualitative focus group to explore the decisions, frequency, and difficulty of making decisions as perceived by RNs and LPNs. The authors utilized a survey instrument that was previously designed to identify decision making elements of nurses and conducted follow up focus groups to explore further the questions on the survey. A total of 1108 surveys were returned with 689 belonging to RNs and 419 to LPNs.

The overall key results noted in the study suggested that the RN more often identified being involved in the decision-making process, had less difficulty in identifying outcomes, and selected interventions more easily compared to the LPN. The self-perception of the RN being more confident in identifying interventions and outcomes could be linked to the extended educational preparation they have compared to the LPN. However, there is danger in making this assumption. The decision making questionnaire utilized terminology that could just have been more familiar to the RN as their educational preparation would allow for more time to be spent in the program labeling the elements of the decision making process. This does not necessarily mean that RNs in this study were involved more in decision making or that they were more confident in identifying interventions and outcomes. The RPN may just not have
understood the terminology as well or may have been enacting the decision making process in practice just as competently and as frequently as the RN.

The researchers conducted their study in 2005, which means that the majority of the LPN participants would have graduated from the older LPN programs that had limited entry to practice standards and decreased educational requirements. With the new entry to practice standards and extended length of education for the LPN across the provinces, the same study could yield very different results with respect to the LPNs perception of being involved in decision making, identifying interventions and outcomes. In addition, the study participants were from a very diverse range of nursing experience, from two years to 28 years with the mean of 17 years. The researchers did not identify years of experience within each of the category of nurses. This makes it difficult to know if the differences found in decision making were related to years of experience as a nurse, or related to the category. If all the LPNs in the study only had a few years of nursing experience compared to the RNs, then the ability to determine clinical decision making could be more related to years of experience as a nurse and not related to the designation of RN. Thus this study provided very little insight into why a difference was noted in decision making skills between the RN and LPN, which further supported my observation of a gap in the literature on this topic

Royle, DiCenso, Baumann, Boblin-Cummings, Blythe, and Mallette (2000) also explored the differences between RN and RPNs decision making across a variety of nursing areas in Ontario. They used a similar question as Boblin et al (2008) and found similar results in that RNs reported being more involved in the frequency of decision making. Again the issue with this study involves the timing as it was conducted in 1998, which was before the changes in the educational requirements and entry to practice standards for both the RPN and RN. The RPN at
that time would have completed a 12 to 18-month certificate, and the majority of RNs would have completed a three-year diploma. The results noted in the study would be more consistent with the practice of RPNs at that time. Before the changes to the RPN scope of practice, the guidelines clearly stated that the RPN could only care for clients with stable outcomes. Stable clients would not require a tremendous amount of clinical decision making on the part of the RPN. The researchers did conclude that there is a difference between the RPN and RN role, but could not explain why or what the implications would be with respect to patient outcomes.

The scope of practice standards for the RPN in Ontario has only recently been revised with the increase in practice expectations (CNO, 2014b). These revisions will further add to the role confusion and ambiguity between the RN and RPN. As the RPN gains experiential learning in practice and individually increases their knowledge through continuing education, their clinical decision making and confidence could very well be comparative to that of a new graduate RN. In the past there was a clear distinction in the type of client an RPN could care for but that distinction no longer exists and the RPNs are increasingly working in clinical areas that were previously not open to them. The only clear difference is that the RPN requires a two-year College diploma and the RN requires a four-year University degree which in theory should contribute and provide a more comprehensive knowledge base for the RN. The CNO (2009b) do provide some insight into the differences by stating:

Both RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater depth and breadth of knowledge in clinical practice, decision-making, critical thinking, leadership, research and resource management. RPNs study for a shorter period of time, resulting in a more focused body of knowledge in the same areas. (p. 3)
At this time there is no literature available that demonstrates a salient difference between the RN and RPN role. CNO (2009b) claim that “the evidence supports that practice differences between nurses exist in the areas of knowledge and application of knowledge in leadership and decision-making.” (p. 7). However, they do not provide the references to validate their claim nor have the two studies that explored decision making between the two categories of nurses provide clear evidence of this claim. Certainly the added two years of education for the RN would provide added foundational knowledge and critical thinking skills compared to the RPN. However, a new RN graduate and an experienced RPN who has enhanced their knowledge through continuing education and clinical practice could likely have better leadership and decision making skills than the novice RN.

In the rapidly changing health care field there will inevitably be continuation of crossing of boundaries between the RPN and RN role. It is difficult to differentiate the role of RN from that of RPN as the complexity and extent of critical thinking and judgment skills are not visible and can expand based upon experience in nursing practice. With the expansion of scope of practice for the RPN, role overlap and role confusion between the RN and RPN has escalated. The changes have also placed greater challenges upon educational curriculum for the RPN to BScN program. If there are no explicit differences between the RPN and RN, then designing a program to facilitate the transition from RPN to RN also becomes ambiguous. Deciding on what content should be salient in the program becomes difficult to pinpoint. The literature reviewed identified that nurses’ perception of their scope of practice is often described in terms of functional tasks (White et al., 2008). With the new scope of practice for the RPN, there are no clear functional task differences between the RN and RPN placing a need for a greater emphasis on the cognitive differences in the RPN to BScN educational programs.
Mezirow’s transformational learning theory as the theoretical underpinning in designing a curriculum maybe the most effective means in facilitating the RPNs transition to RN, as the difference between the category of nurses is not visible but involves expanding one’s ability to critically think. The intent of transformational learning is to build upon one’s existing knowledge by challenging one’s assumptions and transforming values and beliefs through critical reflecting upon previous assumptions (Mezirow, 2000). Utilizing transformational learning as an andragogical underpinning in the RPN to BScN program provides a framework to engage the RPN as an adult learner to integrate new knowledge and develop new ways of understanding nursing as they journey and transition to the RN role.

To understand the nature of the learning experience for the RPN to RN learner, concepts and ideas related to transitioning need to be addressed. This section includes an analysis and critique of scholarly literature related to role transition, role theory, role conflict, and role ambiguity, and how these might be applied within the context of the educational process experienced by the RPN transitioning to the RN role.

**Role Transition**

The RPN returning to school must transition to the role of a student and throughout this educational journey ultimately take on the new role of RN. The definition of transition has been defined by a number of scholars but according to Schumacher and Meleis (1994), there is commonality amongst all the properties of transition. They define transition from Chick and Meleis early work on transition as a process that takes place over time and encompasses movement from one state to another. Bridges (2004) further clarifies transition by emphasizing that transition is a psychological internal process that individuals go through that transpires because of a change. I believe that a review of the literature on transition is fundamental in
building an appreciation for the RPN learner as they transition to a new identity. William Bridges’ transition model, Beach’s consequential transitions and Schlossberg transition framework will be explored in relationship to the mature learner.

**Bridges’ transition theory.** In reviewing the literature on role transition, Bridges’ (2004) model was easily found and the most frequently cited model when referring to individual role transition. Bridges began his journey in understanding transitions 25 years ago and published his first book on making sense of life’s transition. Through reflecting upon changes that were occurring in his own life at the time, he was inspired to understand what individuals go through internally as they experience role transition. The complexity he explains in understanding transition is the uniqueness of each individual’s response to change. Some individuals may be impacted substantially by the transition, while others may take the transition in stride, or they will experience something in-between. Regardless of the impact, all individuals will experience to some extent three phases of transition which he labeled endings, neutral zone and new beginnings. The underpinning of his work comes from van Gennep’s theory “rites of passage”, which also consists of three phases that van Gennep called separation, transition and incorporation. According to van Gennep (as cited in Bridges, 2004) traditional societies evolve as they transition through life events such as birth, marriage, and death. The insights from van Gennep’s work has influenced Bridges model of transition which he has been utilizing to guide both individuals and organizations through change.

Bridges (2004) discovered these three phases when he was holding a seminar group that attracted individuals experiencing diverse changes in their lives from loss of job, diagnosis of illness, promotion, returning to school and having a baby. During this seminar session, no matter whether the event was a positive or negative one, he noted three common reoccurring themes
that everyone experienced that created distressing psychological feelings associated with their change. As a result, he asserts that change is situational while transition is psychological, “…it is a three-phase process that people go through as they internalize and come to terms with the details of the new situation that the change brings about” (p. 3).

The first phase of transition in his model is endings. Bridges (2004) described this time of transition as the challenges that individuals go through when trying to adapt to their new place. He explains that it is simple to move from a physical perspective but psychologically the change is much more complex. If individuals do not achieve this "ending" then they will never fully transition to their new role. According to Bridges, the reason why "endings" is required is because psychologically one becomes attached to one’s identity through the people and places with which we interact. When these places and people are no longer there it is difficult for us to wrap our heads around the new environment. “We have to let go of the old things before we can pick up the new one - not just outwardly, but inwardly, where we keep our connections to people and places that act as definitions of who we are” (p.11).

The endings phase is an emotionally conflicting time as one’s internal thoughts struggle with conflicting feelings of sadness or anger around the new role, but one is unable to understand why. Feelings of embarrassment or confusion can arise because one does not understand why they are having difficulty managing the transition easily. Bridges (2004) explains that this conflict occurs because of the difficulty in letting go of one’s past or detaching oneself from what one has consistently known as their identity. It's challenging to "...clear the mind of old memories and information" (p. 11), but the endings phase must be addressed before new beginnings can occur.
During the ending phase, individuals must reflect upon their feelings that underpin their change (Bridges, 2004). They need to appreciate their feelings to understand the confusion around their new lives, as it’s the ending of their old lives that are creating conflict. Within the ending phase, there are “...five aspects of the natural ending experience: disengagement, dismantling, disidentification, disenchantment, and disorientation” (p. 109). Bridges explains that there is no order for each of these aspects, or any explicit set patterns of behavior experienced by individuals in transition.

Disengagement involves the process of individual’s inner transition as they separate from familiar places and or roles that were significant to them. Bridges (2004) explains that events such as divorces, deaths, job changes, disengage one from the context in which one has known themselves externally. During this time, it is important to recognize that confused feelings come from being separated from the familiar ways of knowing oneself. As the RPN begins their journey of transitioning, they will need to disengage themselves from their RPN role to be able to successfully transition to their new RN role which will create difficult feelings. Literature reviewed on LPNs transitioning to RN described challenges they encountered such as moving and or quitting jobs, lack of clarity in their role of LPN as they gained new knowledge in their RN program, and a disconnect from people they previously interacted with socially and professionally (Claywell, 2003; Cook et al., 2010; Melrose, & Gordon, 2008, 2011; Prindle, 2005; Schultz, 1992).

A second aspect of endings, Bridges (2004) called dismantling. He claims that one can disengage in old ways however they will still continue to enact old habits. These old behaviours and habits need to be dismantled one at a time. The process of dismantling involves letting go of the ways in which one identifies oneself either internally, externally or both. This generally is a
slow process as one replaces old ways with new ones. He uses the metaphor of remodeling a house. You first tear down old walls and as the contractor begins to rebuild, you live in a house you don't recognize. Even once the remodeling is complete it still takes time before your house feels like home again. As the RPN begins their transition they may find themselves acting and thinking differently but are unable to identify why. Even after they graduate and begin working as an RN it may take some time before they internalize deeply their new identity. This experience is exemplified in a study done by Melrose and Wishart (2013). In their work on LPNs transitioning to RN they developed a ground theory. In the transitioning process, they shared that the LPN participants were originally resistant to leaving their LPN role identity behind. What is interestingly is that in Ontario, the RPNs can continue to register and work as RPN and as RN keeping both registrations with CNO (CNO, 2009a)

Schultz (1992) explored the experiences of LPN who returned to school to become RNs and a number of the participants disclosed that it took almost a year of working as an RN before really absorbing the new role. Heitz, Steiner, and Burman (2004), also noted similar results from their exploratory study on RNs who returned to school to become Nurse Practitioners (NP). All of the participants in their study expressed that it took time post-graduation working as NP before they really became comfortable with their new identity. These feelings are consistent with Bridges explanation of dismantling as a process that takes time.

Another aspect that occurs during endings is disidentification. Bridges (2004) describes this element as the internal process involved in having to let go of the role or roles you knew yourself as. Additionally, during endings one also experiences disenchantment, which Bridges explains "...begins with the discovery that if you want to change...you must realize that some significant part of your old reality was in your head, not out there" (p.120). It is the signal that
things are moving into transition as a person recognizes their past perspective was sufficient in its time, but insufficient now. Disenchantment for the RPN probably occurs while they are working as a RPN and beginning to feel disappointment in their professional life. This may be the initial prompts to return to school to become an RN.

All the elements described by Bridges (2004) in the ending phase create feelings of uncertainty, anxiety, doubt, and confusion about one’s identity. Melrose and Gordon, (2008, 2011) explored the experiences of LPNs transitioning to RN, and the participants all expressed to some extent the feelings described in Bridges endings phase, as they tried to figure out their new identity. These feelings are consistent with others who have explored LPN to RN transitioning as well (Claywell, 2003; Cook, et al., 2010; Melrose & Wishart, 2013; Prindle, 2005; Schultz, 1992). The RPNs transition through these elements of endings will experience unexpected feelings of discomfort. There may be times when they experience confusion and struggle as they try to understand their new role of a student RN. Their old identity as an RPN can easily emerge, especially in a clinical practice course, where they may instinctively fall into their confident RPN identity as opposed to the unclear new role of student RN.

Other nursing scholars have explored role transitioning of RN’s who returned to school to advance to a degree in nursing, become a Nurse Educator or Nurse Practitioner. Their findings are also consistent with Bridges ending phase such as students expressing feelings of frustration, anger and anxiety as they transitioned to their new role (Heitz et al., 2004; Manning & Neville, 2009; Spoelstra & Robbins, 2010; Steiner, McLaughlin, Hyde, Brown, & Burman, 2008). Heitz et al, (2004) identified how RN students advancing to NP often focused initially on their previous RN role and RN knowledge because they felt more confident in that role. The ability to let go of the RN role was very difficult for them causing uncomfortable feelings. Kilstoff and
Rochester, (2004) noted RNs who returned to get their degree were disillusioned by their inability to just take on the new RN role easily resulting in conflicting feeling. The diverse emotional upset illustrated in these studies resonates with Bridges phase of endings. Accepting new learning and letting go of past identity will be necessary for the RPN to transform into the new RN role.

The neutral zone is the next stage in Bridges (2009) transition model and explains that an individual will experience “...an in-between time when the old is gone but the new isn’t fully operational...” (p. 5). He emphasizes that this is a time of emptiness and individuals often feel frightened, disoriented, and self-doubting. He explains that the emptiness comes from the process of death and rebirth as individuals shift from the old to the new way of doing, yet has not figured out what the new way of doing is. This gap that exists between the old and new life is a process of disintegration and then a creation of a new identity.

The feelings experienced by an individual in the neutral phase as described by Bridges (2004) again can be found in literature addressing role transition in nursing. Melrose and Gordon, (2008, 2011) and Melrose and Wishart (2013) noted LPN to RNs feelings of being undervalued and shocked by the rigor of their program. These participants also disclosed that they experienced conflict with peers at work and sabotage by colleagues which lead to disheartening feelings of uncertainty and confusion. Manning and Neville, (2009) discovered that RNs transitioning from staff nurse to Nurse Educator distanced themselves from daily normal conversations with previous colleagues, because they felt friction in these relationships now that they were in a new role. Literature on RNs transitioning to NP also provides evidence of Bridges neutral phase. Heitz et al, (2004) and Steiner et al, (2008) described participants transition as a time of isolation, role conflict, and role confusion. Barton, (2007) explored NP
role transition utilizing van Gennep’s “rites of passage” as a framework noting that NP students enter a time of “limbo” in which they felt isolated from others. These challenging emotions are consistent with Bridges explanation of the internal psychological state experienced by individuals in the neutral phase of transition. He argues that this phase is often the most difficult to move through and is a time that individuals need to reflect upon self and build self-awareness to evolve and genuinely transform to one’s new identity.

The final phase of Bridges transition model is new beginnings. This phase involves new relationship, new places, new state of mind, and a new feeling of self-image (Bridges, 2004). This last phase of transitioning occurs

When the endings and the time of fallow neutrality are finished that we can launch ourselves anew, changed and renewed by the deconstruction of the structures and outlooks of the old life phase and the subsequent journey through the neutral zone.

(Bridges, 2004, p. 157)

Bridges explains that new beginnings are not explicit. During this time there are subtle internal signs telling one that something is different. Hints of new beginnings may come in forms of an idea or impression with no explicit way to describe it, but involves feelings of positivity. Themes that were consistent across the literature reviewed on nursing role transition described times when eventually the participants arrived at a point where they began to feel positive and optimistic, with a sense of knowing who they were again (Ham, 2002; Heitz et al, 2004; Prindle, 2005; Schultz, 1992; Spoelstra & Robbins, 2010). In Melrose and Wishart’s (2013) transitioning theory, Bridges new beginnings would be consistent with their re-imagining phase in which LPNs to RNs discussed their change in thinking once they began practicing as RNs. One
participant explains this as “...you don’t really know until you get there.” (Melrose & Wishart, 2013, p. 5).

The length of time and the point in which an individual enters each of the phases of Bridges transition model varies tremendously. His three phases are not explicitly distinct but appear to be interconnected to one another and represent either short or long periods of time involved in each phase. Bridges (2004) points out that transition is a complex process that becomes even more difficult as one matures because our identity becomes more integrated with who we are. The feelings discovered by the scholars who explored role transitioning of nurses represent the essence of Bridges three phases of transitioning. Every individual in these studies entered and progressed through the three phases experiencing similar feelings overall, but transitioned in their own unique way. I believe that the RPN to BScN students will also experience their own unique transitioning as they move to the new role of RN.

**Beach’s consequential transition.** Beach’s (2003) developed a typology of transitions that he termed consequential transitions. His theoretical lens in creating this view is his effort to describe how individuals learn and develop through interaction with the world around them. He defines consequential transition as “the conscious reflective struggle to reconstruct knowledge, skills, and identity in ways that are consequential to the individual becoming someone or something new” (Crafter, & Maunder, 2012, p. 11). Thus consequential transitioning is linked with growth and development and should be viewed as a developmental paradigm. Beach called the four consequential transitions; lateral, collateral, encompassing, and meditational. Lateral and collateral transitions involve a person moving between pre-existing social activities and encompassing and meditational transitions involve people moving within the boundaries of a
single activity, or into the creation of new activity. He does not define them as stages like Bridge’s model however, he does assert that one transition can lead into another.

Beach (1999) describes lateral transitions occurring “when an individual moves between two related activities in a single direction” (p. 114). Examples they use are moving from school to work. Participation in one activity is required before moving on and replacing it with another. This involves the notion of progressing and moving forward, advancing developmentally. Lateral transitions leading to growth inherently means that individuals cannot move back to where they once were. An individual attending higher education will evolve into someone different based upon their lived experience and new knowledge gained. They will not be able to return to the past to who they were before beginning this journey. This particular transition is very similar to Bridge’s model in which he highlights that transitions are a “natural process of development” (p. 5) and in the end one becomes someone new.

Collateral transition as described by Beach (2003) occurs when individuals’ are involved with relatively parallel “participation in two or more historically related activities” (p. 43). Beach provides examples of collateral transition and argues that these transitions occur more often and are more difficult to comprehend because they are multidirectional. Examples of consequential transitions are movement between home and school, moving from being a parent to a student, and moving from work to home. He claims that the difficulty in understanding these types of transition is because progress is not explicit and may not occur. For example, mature students’ ability to increase their time management skills, organizational skills, and stress management skills supporting their success in higher education could be viewed as inexplicit growth of individuals. This type of growth may not be identifiable to individuals as any form of tangible knowledge acquisition. The challenge within this transition is that developmentally
there may be no perceived advancement in an upward direction. Bridges’ work on transitioning could be viewed here when he talks about individuals’ distress and feelings of emptiness in the neutral zone. Mature students attending school may not acknowledge at first that they are learning anything new but have just created more stress in their lives. Briedenhann (2007) and Davis and Williams (2001) both shared mature students’ experiences in higher education and how they could not explicitly see what they were gaining so feel confused and wondered if they had made the right decision in attending.

Crafter and Maunder (2012) further clarify collateral transition and emphasize the conflict can occur. They explain that when the ways of doing something in one context is different than in another context which represents collateral transitioning, conflict can occur. Mature students who have gained substantial experience in life can struggle with theoretical content they are learning as they do not see the practical use (O’Donnell & Tobbell, 2007). Mature students entering higher education, have voiced their concerns that their younger peers do not take higher education seriously and are disillusioned by their lack of commitment to their academic studies. However, they do not say anything because at the same time they want to fit in with their younger peers creating internal personal conflict (Briedenhann, 2007; Kenny et al., 2011). Mature students who are competent in other roles can become very anxious and lack self-esteem once they enter the classroom, questioning if they have what it takes to succeed. Hussey and Smith (2010) noted in their work that transformation in mature students’ self-esteem and confidence can occur by simply having their teachers take their ideas seriously, representing tacit knowledge gained through the experience.

Encompassing transitions is described by Beach (2003) as a transition that “occurs within the boundaries of a single social activity that is itself changing” (p. 45) and is often where an
individual is adapting to the existing or changing circumstance in order to continue to participate in the activity. This transitioning does lead to an advancement and progress forward as a result of the changing demands of the activity. Mature learners, as noted by Schaefer (2010) and Association of Universities and Colleges of Canada (2011), both identified that one of the major reasons for mature adults to return to higher education is because of the rapidly changing work force, in which they need additional knowledge to maintain competence for. Beach also explains that encompassing transition occurs as learners inevitably participate in communities of practitioners. Newcomers to a community of practice, like mature students returning to higher education, need to fully engage in the practices of that community to successfully transition. If mature student wish to be successful and remain in higher education, they will need to participate in the sociocultural context of the university. O’Donnell and Tobbell (2007) described encompassing transitioning that the mature students went through engaging in higher education. They noted that mature students who felt a sense of belonging in higher education experienced identity change which supported their retention and completion of the program. Flaga (2006) reiterates this notion based upon her study findings with students transitioning into higher education as well. She concluded that the sooner an individual transitions into and feels comfortable with their student role, the more energy they will have to focus on their academic goals.

The final consequential transition of Beach’s typology is meditational transitions. This transition “occur(s) within educational activities that project or simulate involvement in a yet-to-be-fully experienced activity” (p. 46) and again suggests a notion of progress developmentally. Individuals partake in this transition when they are involved in some form of classroom activity that mediates or simulates practice that will be used in future real practice activities. An example
of this would be in nursing programs in which students learn certain skills and knowledge acquisition theoretically, and then apply those in clinical courses. Eventually this transition will be transformed to their future nursing practice.

Beach (1999) claims that all of these consequential transition leads to potential “construction of knowledge, identities, and skills, or transformation” (p. 119). He claims engaging in these transitions involve developmental progress, and a change in identity for the learner. Crafter and Maunder (2012) emphasize that viewing transitioning as consequential to changing one’s identity or sense of self, has uncertainties and challenges attached to them. They argue that viewing transition through the lens of Beach’s consequential definitions provides a foundation to better understand the complexity involved in transitions. For example, a mature student returning to school in an unfamiliar community of practice involves more than just physically going to class. “it involves social interaction and active participation with other members” (Crafter & Maunder, 2012, p. 15). Beach’s lateral, encompassing and meditational transitions emulate Bridge’s model in which evolution to new identify occurs. Collateral transition more closely aligns with Bridges neutral zone in which ambiguity and discounted time of growth.

Schlossberg’s transition framework. Schlossberg’s transition framework was originally created for counsellors to use to guide adults through a transition and claim this framework is the most valuable guide in understanding the change adults experience during change (Anderson, Goodman, & Schlossberg, 2012). Even though the framework was intended for counsellors, it provides a deeper appreciation of the mature students’ experience when they attend higher education. They define transition broadly as “any event, or non-event, which results in changed relationship, routines, assumptions, and roles (p. 39). An array of inherent feelings associated
with a change in self-identity is fear, confusion, anxiety, excitement and or sadness. They explain that even though each adult individually experiences transition uniquely, their model is effective at providing the foundation to help individuals work through the transition. The framework consists of three major components which are “1. Approaching Transitions: Transition Identification and Transition Process, 2. Taking Stock of Coping Resources: The 4S System, and 3. Taking Charge Strengthening Resources” (p.38).

**Approaching transitions.** Approaching transition involves understanding the nature of the transition that the individual is experiencing (Anderson et al., 2012). This entails discovering how the transition will change roles, relationships, routine, and assumptions. They describe approaching transition as unsettling, yet it could also stimulate feelings of excitement as transitioning involves letting go of some part of self and former role, and taking on a new identity. The mature student entering higher education will be faced with many changes from disruption of relationships, questioning self-identity, and changes in finances. In the process, they will gain a new identity but at the same time they will experience a loss of who they used to be. This concept is very similar to Bridge’s endings phase in which individuals in transition need to let go and disengage from previously held beliefs and assumptions about self to begin anew.

Transition identification is divided into three distinct types of transitions, anticipated, unanticipated or non-eventful (Anderson et al., 2012). Anticipated transitions are those that are expected as part of life journey such as marriage, attending school, or retiring. Unanticipated transitions are events that are not planned such as being fired, divorced, or leaving a job for a better one. The reasons for mature students attending higher education varies tremendously from planned to unanticipated events in life that have motivated them to attend higher education. The
individuals who had planned to attend higher education often reflect upon their decision deeply and begin to put plans into place to support their success (Kenny et al., 2011; Willans & Seary, 2011). Cushman (2004) argues that mature students more often than traditional aged students, experience dramatic events while in school such as a sick child, loss of job because employer is not supportive of providing time off work for school, and some women have experienced abuse and divorce from partners who cannot handle the change. Thus even in the anticipated event of going to school, the mature student may also experience unanticipated transitions as well. The last type of transition is termed a non-event. These transitions are ones in which one expected to occur but never happened.

In addition to the three types of transitioning Anderson et al. (2012) further specify concepts of personal perspective, context and impact that influence one in transition. Whether the transition is anticipated, unanticipated or a non-event, how the persons perceives that event will impact how they receive it. Bridge’s (2004) argues that transitions are inevitable because they are part of the nature progress in life. He claims that the challenge is that some people have “lost faith that the transitions they are going through are really getting them somewhere” (p. 3) and this perspective is distressing. Adjusting to change affects many roles in one’s life. What starts out as a personal change or transition ultimately entails involvement of family, friends, work, health and economics (Anderson et al., 2012). This is especially emphasized in the literature on mature students in higher education. Kenney et al. (2011), Willans and Seary, (2011) and MacKeracher et al. (2011) all talk about the bombardment of challenges faced by mature learners in juggling multiple conflicting responsibilities for home, family, children and work. Mature students can begin to lack self confidence in their ability to succeed as they
become overwhelmed with multiple stressors which can result in them dropping the program (Hussey & Smith, 2010).

The impact of the transition is the degree to which the transition impacts or alters one’s life with respect to relationships, routines, and assumptions about self and roles (Anderson et al., 2012). For example, Anderson et al notes that a loss of a job profoundly affects a person and can lead to devastating results such as depression, substance abuse and spousal abuse. This is similar to Bridges (2004) who explains how disruptive a transition is depends upon the developmental shift occurring in oneself. He explains this further and says that if you experience a loss of your job at a time when you are internally seeking change, then this transition will not have a devastating impact. The impact of a mature student attending higher education also varies greatly. Davis and Williams (2001) identified the financial risks that mature students take in transition to higher education and describe this as a balancing act which often provides no room for error. Willans and Seary’s (2011) qualitative study emulates the impact of attending school as a mother and the guilt felt by women missing time with their children. Mature student experiencing transition will be impacted differently depending upon their perspectives and how this transition affects their identity, and their relationships.

The transition process according to Anderson et al. (2012) encompasses stages that occur over time and involve moving in, moving through, and moving out. This is very similar to Bridge’s transition model and they refer to his notion of endings, neutral zone, and new beginnings in their model. During the moving in phase, the person tends to be fixated upon their new role, and then slowly begin to disconnect from their previous role and gradually assimilate their new role. However, during this time they may move back and forth between old and new. Anderson et al., (2012) explains that during this time, “people need to reconcile the paradox of
holding onto both the comfortable and uncomfortable” (p. 49) feelings of the transitions if they are too truly to accept and integrate the change. If the person is experiencing self-doubt during this phase this will be a barrier to complete the transition. Bridges (2004) also describes this phenomenon and explains how it is difficult to let go of one’s identity and it is always tempting to return to that comfortable place. Davis and Williams (2001) explain this concept in mature learners as they move from identifying themselves in a social network and now attending school hinders this identity that they once knew. O’Donnell and Tobbell (2007) also describe this concept in mature students who often feel isolated being a minority in university. The unfamiliar situation that they are now experiencing often leads them to question if they made the right choice as they reflect upon their comfortable life they had before they started school.

Anderson et al. (2012) further explains that reactions to transitions in the transition process differ depending upon whether one is moving in, through, or out of transition. They will move in and go through each phase uniquely. This is similar to Bridge’s who also emphasized that each person will uniquely experiences transitions. Hussey and Smith (2010) convey this uniqueness with transitioning in students and noted that “the greater diversity in today’s’ expanded pool of students means that there will inevitably be greater diversity in the way they make these transition (p. 155).

**Taking stock of coping resources.** Taking stock of coping resources involves four aspects or what Anderson et al. (2012) calls the 4 S system and make a difference in how one copes with the transition and refers to situation, self, support, and strategies. No matter where in the transition each individual is, they will have unique 4S’s and these factors influence one’s ability to cope with change. Every situation varies amongst individuals experiencing transition and Anderson et al emphasizes that people cope very differently with a transition from
displaying feelings of anger, anxiety, guilt or excitement. How they cope depends upon multiple factors such as their past experience with change, if they have multiple stressors while experiencing transition, and whether or not they view the transition as positive or negative. Bridges (2004) also alludes to the diversity in individuals coping abilities in dealing with transitions. It all depends upon whether they have experienced transitions before and whether they view the transition as positive or negative.

Exploring the “self” is essential in understanding how one copes with transitions. Anderson et al. (2012) explain that “individual’s social class, gender, age, life stage, and health” (p. 77) all influence both a person’s strengths and weaknesses in dealing with transitions. Bridges does not specify the detail of self in this manner in his model. He claims that one should reflect upon past transitions and how one had dealt with those in the past, as this is often how one continues to handle transitions in the future. Anderson et al. (2012) further emphasizes the need for social supports in transitions whereas Bridges does not go into depth on this. Anderson et al (2012) claims that these supports help to mobilize the psychological resources to cope with any transition. In relationship to the mature student in transition, Willans and Seary (2011) identified in their qualitative study that family, peers, and relationships with teachers all support resiliency and perseverance to complete their program of study. Students who lack these supports are at higher risk of leaving.

**Taking charge: strengthening resources.** Taking charge and strengthening resources is the final piece in Anderson’s et al. (2012) transition framework which involves use of new strategies to manage the stressors associated with transitions. Again this is an area in which Bridges does not provide explicit detail. For mature students in transition to higher education, Briedenham (2007) identified that mature students need to feel more connected to their new
identity and to the institution. They need to experience a more “positive human connection” (p. 266). Higher education institutions can facilitate strengthening mature students’ resources by establishing innovative programs that consider their time constraints, but increase social engagement of mature students. MacKeracher et al (2006) also noted in their review of the literature that higher education institutions are “biased against or ignorant of the needs of adult learners” (p. 3). Recognizing and building supports for mature students transitioning to higher education would be essential from an institutional perspective to facilitate successful retention and completion of their programs.

The mature age learner who re-engages with formal education can elicit feelings of excitement, yet may also have feeling of confusion, anxiety and question their self-esteem as they struggle through their learning journey. They are motivated to return for various reasons but will experience multiple role conflicts and are potentially more vulnerable in their transition to higher education (O’Donnell & Tobbell, 2007). Educators in higher education will in their everyday interaction with these students have the potential to help guide these students through their transitions more effectively. All three transition models presented provide different perspective on the concept of transition that encompasses the evolution of self, and are insightful in appreciating the complexities involved in the mature students’ transition to higher education. Bridge’s model of endings, neutral zone, and new beginnings, emphasized the psychological distress one may experience as they move through each phase of transitioning. Beach’s typology highlights the consequence of transitioning in the realm of developmental evolution, providing the theoretical lens in which transitions lead to growth and development, and Schlossberg’s model provides a framework focussed on the details involved in the process and on helping individuals cope with a transition.
These three models are unique yet similar providing a more inclusive understanding of the transition mature students will contend with when engaging in higher education. Willans and Seary (2011) describe the diversity and complexity of mature students’ feelings around attending higher education. They have “feelings of anxiety, stress, disorientation, fear...to great excitement and personal empowerment” (p. 120). Their transition is more difficult that traditional students as they potentially risk obtaining a huge debt with no future reward, scrutinize their self-esteem and confidence, and experience disruption in self-identity. The transition models described in this review provides a foundation in which educators and institutions can use in planning and delivery educational experience that provides beneficial effects and retention of mature students.

**Role Theory**

Role theory is associated with social positions and an identity that exhibits characteristic role behavior. According to Biddle (1986), role theory has had decades of study presented in the literature and most scholars define role as the expectation and behaviours that are learned through experience and are integrated within an individual’s value and beliefs, that become displayed in their role. Roles also carry certain behavioral expectations from the larger social system within which the role is embedded, and perceived expectations by the role occupant. The role occupant constructs their role identity through social interaction and consists of peripheral and core features. According to Ashforth, Kereiner and Fugate (2000), core features of role identity are significant characteristics of that identity that become expected behaviours of a role. Role identity becomes relevant to role transition because the ability to switch from the RPN role to student role requires disengagement from the RPN identity. The switching of role identity has potential to instigate role conflict and role ambiguity.
Role conflict results when the expectations of one role inhibit the ability to meet the expectations of another (Biddle, 1979; Brookes, Davidson, Daly & Halcomb, 2007). Role conflict can occur for the RPN to BScN student from a number of perspectives. The RPN to BScN student has now added onto their repertoire of roles, the role of student. They may experience role conflict trying to balance their time and energy efficiently between that of parent, student and employee. The ability to disengage from their student role while they are writing an assignment at home and also attending to their child’s needs can become psychologically challenging. Biddle (1979) describes this as role overload while Greenhaus and Beutell, (1985) describes this as time based conflict. This type of conflict occurs when an individual is faced with too many roles in which there is limited time and energy to meet all the expectations of each role. Greenhaus and Beutell further differentiate role conflict into strain-based conflict which occurs as a result of work stress that produces symptoms of tension, anxiety and fatigue. These symptoms will permeate and affect the performance in other roles.

Role conflict as a result of taking on multiple roles has been identified in the literature with similar findings of participants voicing their experience with role conflict as they tried to find a balance between their perceived and or expected role of parent, partner and employee. Cook et al. (2010) conducted a quantitative survey of LPNs returning to a mid-Atlantic community college in the United States (US) which they noted that the greatest undertaking was trying to maintain previous roles and adding on the new role of student. Claywell, 2003; Heitz, et al., 2004; Prindle, 2005; and Schultz, 1992, all conducted qualitative studies in various higher education institutions across the US with similar participant responses with respect to the challenge of engaging in multiple roles will returning to school. Melrose and Gordon (2008), also conducted a qualitative study of LPNs returning to school in a Canadian University with
similar themes arising. Porter-Wenzlaff and Froman (2008) highlighted from an educator’s experience teaching LPN to RN in a college program in the US. Again they expressed that students struggled with managing multiple roles.

These studies also noted that the participants voiced symptoms of anxiety, fatigue and stress associated with returning to school. Greenhaus and Beutell (1985) reviewed the literature on sources of work-family conflict and noted a number of studies that identified strain based conflict with symptoms of anxiety, depression, fatigue and apathy. The RPN to BScN student may find that returning to school requires more time than they expected placing stress on their ability to continue to enact other roles effectively creating role conflict.

Role conflict may also arise because of the difference between the actual and perceived role differences between the RPN and RN role. One’s own expectations, beliefs and values of what a role entails can conflict with what others perceive as expectations of that role. For the RPN who may perceive that they are already functioning as an RN, role conflict may arise. A number of authors have identified that often LPNs view themselves as already functioning as an RN at work and going to school is just a formality to get the recognition for what they are already doing (Cook et al., 2010; Claywell, 2003; Melrose & Wishart, 2013; Prindle, 2005). Believing that one is already functioning in the RN role can create conflict when returning to school and discovering that the demands of the RN program exceed what the expectation was. Kilstoff, and Rochester (2004) noted in their qualitative exploratory study that Enrolled Nurses in the RN program felt dissonance in their ability to easily adapt to the RN student expectations. This feeling that they thought they should easily succeed in the RN program because they were basically practicing as an RN at work, gave rise to conflict and stress as they were challenged by the rigorous expectations of the program.
Another concept that is relevant to this study is role ambiguity. Biddle (1979) defines role ambiguity as “an expected role is ambiguous when expectations within it are incomplete or insufficient to guide behaviour” (p. 393). The RPN may experience ambiguity in their role both at work and as a student. At work the expectations of the RPN varies depending upon the organizations in which they work. Some RPNs are able to perform skills they learned in their PN program while others may be limited. The expectation of the RPN role and scope of practice has become more complex and the overlapping functions between the RN and RPN has increased in some areas. This source of uncertainty has been raised in the literature by Melrose and Gordon (2008) who advocate that there is still confusion regarding the exact role of the LPN and RN in practice, making it very difficult to design educational curriculum for the LPN to RN student. Gordon, Melrose, Janzen and Miller (2013) found similar challenges in their qualitative research exploring LPNs transition to RN. In their discussion they talk about how transitioning from one professional status to another can create internal conflict as one tries to determine what the new role is. Eagar et al., (2010) also noted that a major theme that arose from their qualitative study was role conflict. The EN and RN participants in the study collectively identified the EN scope of practice and overlapping responsibilities with the RN as the primary source of conflict between them. Many of the RPN to BScN students that I have taught have voiced their feelings of ambiguity around their role expectations at work, and some see very little difference between their role and the RN role.

Impending role confusion is also likely as the RPN moves into their role of student as the role of nursing student verses role of nurse is not salient. Ashforth et al., (2000) work on role transition supports this phenomenon. They argue that ease of role transition involves identifying role boundaries. Highly segmented roles reduce the chances of blending of roles because each
role that one takes on is well defined and very different. This allows the person to move from one role to another without experiencing internal conflict. With clarity between roles, they claim that the nature of transition is less confusing. According to Ashforth et al., (2000) the RPN to BScN student is experiencing highly integrated roles. They describe this as roles that “...tend to have similar identities, be embedded in similar context, and overlap in the physical location and the membership of role sets” (p. 479). The RPN returning to school to become an RN will be placed in many learning situations whereby they are still enacting their nursing identity, placed in clinical setting that is similar to nursing areas they work in as a RPNs, and still be interacting with other nurses. The benefit of having highly integrated roles is that the crossing or transitioning over to the other role is simplified but the challenge is that there is more confusion and anxiety about which role identity should be more evident. The RPN to BScN students that I have taught have voiced their feelings of role confusion especially in relationship to their clinical courses. Examples voiced are that some have had clinical instructors who watch over their shoulders when performing skills such as medication administration, which they have been competently practicing as an RPN for years. Some students have also disclosed to me that as they have gained new knowledge in the program, when they are at work as an RPN they are unsure as to whether or not to use their new knowledge in practice. Heitz et al., (2004) and Steiner et al., (2008) both noted similar experiences voiced by RNs who returned for their NP or ANP degrees. The RNs in the qualitative studies found it very challenging to separate their RN role from the NP role.

Role transition is a concept that was relevant to this study as the RPN will need to change their identity to that of an RN. Bridges role transition theory provides a framework for understanding the psychological challenges that the RPNs will experience as they transition to
their new role. According to Bridges (2004) to successfully transition to a new identity, a person must let go of their old identity, experience a time of ambiguity before they can truly transform to their new identity. The process of transition from RPN to RN may not be as difficult compared to the role conflict and role ambiguity that students will experience within the educational program. Based upon Ashforth et al., (2000) work, since the RPN is transitioning to a new role that encompasses many similarities to their existing nursing role, the transitioning may not be as challenging.

The stressful experiences that may be more significant to the RPN within the context of role transition are role conflict and role ambiguity. Role ambiguity, which can result from unclear role expectations in the workforce, may have been the instigator for the RPN to return to school. However, once in school role ambiguity and role confusion may transpire from the blurring of role boundaries, between nurse and nursing student which are not explicit. The ambiguity in knowing when, where, and to what extent the RPN should display their nursing role verses their nursing student role is not well defined. This can lead to anxiety, frustration, and dissatisfaction in their learning experience. Role conflict or role strain becomes an issue as the RPN takes on an additional role in their life which places more demands on balancing their time and energy. The ability to coordinate and balance multiple role identities can become overwhelming and frustrating. Consideration and support for issues that evolve as students’ transition from the RPN to RN role need to be considered as the symptoms of anxiety, tension, dissatisfaction can impact their learning, and potentially lead to withdrawal from the program.

**RPN to BScN Learner**

The vast majority of literature addressing this group of learners has been conducted mostly in the United States. One of the issues arising from utilizing American literature is the
difference in the educational systems and the varying levels of nurses. In the United States, the comparable nursing credential to the RPN is the Licensed Practical Nurse (LPN) or the Licensed Vocational Nurse (LVN). The educational preparation for the LPN or the LVN can range from 12 to 18 months and the education can occur in a college, hospital-based or private institution (Cook et al., 2010). This differs from the Ontario RPN who is required to complete a two-year college diploma from an accredited institution to be eligible to write the RPN provincial exam, which they must pass to practice (CNO, 2014c). Unfortunately, very few scholarly articles could be found when searching databases that address the RPN to BScN student. The literature that was found and reviewed generally provides an overview of RPN to BScN programs or exploratory descriptive studies. The one consistent concern voiced by scholars who have written about this group of learners is that there still remains a lack of research available.

Learning about other institutions that have shared their experiences with the development of LPN to RN programs sheds some insight into what has worked well and possibly discover strategies that will support this group of mature learners. Cornett (1995) described an overview of the LPN to BSN mobility program that was created to support LPN’s who wish to advance their credentials in nursing. Recommendations and strategies from the educator’s experiences in the program were shared such as faculty preparation, challenge exams, financial and academic assistance provided, and support groups for LPN to BSN students. One of the main points stressed was the importance of ensuring that programs have faculty with a strong understanding and ability to meet the needs of this unique learner and consistently assign these faculty to teach in the program. This helps to ensure that the LPN student is acknowledged for their previous experience, supported for their lack of confidence in being successful, and increased ability to identify issues quickly. The program at the time of sharing their experience only had five LPN
to BSN students so provides some insight however is not substantial enough to guide decisions in other programs.

Ramsey, Merriman, Blowers, Grooms and Sullivan (2004) also shared experiences of faculty teaching LPN to BSN students in the clinical setting and noted that the most difficult transition for the LPN student is to move from the task orientated role to deeper theoretical thinking of the RN role. The challenge of LPN’s to move beyond their role places emphasis on the importance of examining if this occurs as well in the RPN to BScN students in my program. Gaining further insight into their learning experiences could provide an extremely beneficial direction for future changes. The authors also highly recommend that LPN students receive strong mentorship to support student transitioning. This recommendation is consistent with Taylor’s (2007) review of the literature on transformative learning. One of his conclusions was stressing the importance of building trusting relationships between faculty and student to allow students to freely discuss concerns, share information and openly achieve consensual understanding of new knowledge.

Brown, Falkingham, Fischbach, Nerud and Schmidt (2005) describe their articulation program from LPN to Associate Degree (AD) nurse offered in South Dakota. Their program requires LPN’s to complete an entrance exam that measures a nurse’s basic skill using principles of safe care. Once completed with a passing score they are granted 15 credits towards the AD program. In addition, they must take a transition course that last 4 weeks and is focused on nursing theorist, critical thinking and physical assessment with the intent to prepare them to begin thinking like an RN. They spoke very highly of the effectiveness of their articulation agreement in preventing repetitious learning, and provided unique opportunities in delivering the program. They briefly discussed the purpose of the “transitioning” courses the LPN students are
required to take, however, they do not provide explicit strategies that they used nor do they
discuss how they evaluated the effectiveness of the transition course.

Porter-Wenzlaff and Froman (2008) shared the experiences they encountered with LVN
to BSN students which prompted them to design a program to better meet the needs of these
students. One of the primary challenges noted for the LVN to BSN student was the lack of
experience with academic rigor required for a university program. Additional academic
challenges included the lack of comprehensive communication skills, and writing skills. They
also noted similar barriers that are consistent with the literature previously addressing issues of
mature students. The barriers included; inflexible workplace, multiple responsibilities, and
greater financial responsibilities than generic nursing students. Taking these issues into
consideration, they designed a program to alleviate some of these barriers that are not available
in the mainstream generic program. Another significant concern they encountered was during
the students’ clinical practicum. Licensed vocational nursing students who were identified as
LVN’s, were encouraged by RN staff to perform as LVN’s and not as a student which is
problematic. This discovery is extremely relevant to the group of RPN to BScN students and
requires investigation to see if this is in fact occurring in the program in which I teach.

Porter-Wenzlaff and Froman (2008) did also share some general recommendations when
teaching the LVN student. They found that the LVN student needed to be challenged not in what
the role of nursing is but needed to be pushed beyond the task roles they are used to. In addition,
they need to be removed from their comfort zone of familiar clinical practice in order to promote
their role transition to the more autonomous, critical thinking of an RN. This approach of
placing the LVN student in an unfamiliar and even uncomfortable situation to foster a change in
perspective is consistent with Mezirow’s “disorienting dilemma”. They did emphasize that
developing educational strategies that facilitate this transformation is difficult. Another point that faculty need to be aware of is that often LVN students who become disillusioned and frustrated with their learning, which is expected as they transition and let go of their LVN role, can display this through negative behaviours. It is extremely important for faculty to recognize this and address issues positively, facilitating a productive resolution otherwise it can be detrimental to their success. An essential contribution noted by Berger (as cited in Taylor, 2007) in her study examining transformative learning in students is that she emphasized the importance of faculty needing to be aware of a student’s emotional place when experiencing a disorientating dilemma as it is a crucial time for educators to be supportive and encourage the students. Porter-Wenzlaff and Froman (2008) repeatedly expressed that it was imperative to assigned mature faculty who truly understand this group of learners.

Porter-Wenzlaff and Froman (2008) shared a tremendous amount regarding strategies they have implemented to support the transition and success of the LVN to RN students. They evaluated the success of the program through the consistent high passing rate of the LVN to RN graduates on the national RN exams. However, their advice is based upon their experience and not necessarily from the student’s view. This lends support for conducting research to discover deeper insight from the RPN student perception as to what strategies they deem helpful and supportive of their transitioning.

Miller and Leadingham (2010) described a nursing success program that was designed to support retention and success of LPN to RN students enrolled in a transition program at an Ohio University. The researchers conducted a quasi-experimental study design to examine a mentorship program. The program consisted of formal structured faculty led mentoring program that was available for all LPN to RN students on a voluntary basis. There were five phases to the
program; (1) orientation, (2) assessment. (3) diagnosis. (4) planning, and (5) evaluation. During
the assessment phase, the students completed an assessment tool that identified learning
obstacles that were used in the following phases of the program to develop individual learning
plans with a faculty mentor, with the intent to apply strategies that would support success.
Overall the feedback from the students who took advantage of the mentoring program found all
of the phases extremely beneficial in supporting their success. Developing a learning plan that
addressed their weakness was especially helpful. The students strongly recommended
continuing the mentoring program throughout their entire course of study.

This study provided some potential insight into how to help LPN students succeed in a
program however, it was limited to one program and consisted of only 31 voluntary participants.
Since the mentoring program was a voluntary option, the more motivated students may have
been the students who chose to participate biasing the results. There was no statistical significant
difference noted in the passing rates of students who utilized the mentorship program versus
those who did not.

Melrose and Gordon (2008) conducted a qualitative research project to investigate
transitioning from the LPN role to RN role who were enrolled in the online program out of
Alberta, Canada. This particular program was uniquely designed for the LPN to RN student and
the students were not integrated into the generic undergraduate program. Three major themes
evolved from their study which were; LPN students felt strongly that their past experiences and
clinical background needs to be acknowledged and they truly appreciated receiving recognition
for prior learning, their unique challenges of limited finance, and the lack of support from their
current workplace, needed to be understood and appreciated, and lastly, they sensed a feeling of
loss to bedside nursing as they see the RN role removed from direct patient care. In addition,
they also examined the differences between LPN and RN and conclude that since there is still confusion regarding the exact role of the LPN and RN in practice, little resources are accessible to assist students in their transition. They strongly advocated that further research be focused on identifying educational strategies that support the transitioning of the LPN student during different stages of their programs and post-graduation.

Melrose and Gordon (2011) shared the second phase of their study in 2010 which focused on the barriers that the LPN to RN students faced in the program. One of the challenges noted by the students was the inability to share their new learning in practice at work and the limited opportunity to apply theory to practice as barriers in their transitioning. The researchers speculated that these barriers could be specific to their course as these students participated in an online asynchronous program so had limited face to face contact with others. They did recognize that the lack of opportunity for advanced dialogue as a limitation in the online program. Other barriers identified by the students were the lack of time to gain motivational support from fellow students around academic challenges and time management demands led some to decrease the amount of hours they could work while others needed to quit work completely to ensure success in the program. Recommendations as a result of this part of the study were; provide substantial opportunity for the LPN student to discuss how theory and new knowledge is relevant and can be applied to the real world. In addition, employers are often inflexible in work schedules for the LPN, so planning and scheduling courses needs to take this into consideration.

Cook et al. (2010) implemented a survey to collect information regarding the challenges that the LPN to RN student faced in returning to school. They noted that most LPN students perceived themselves as functioning already in an RN role consequently; a leading challenge in this group of learners is changing their preexisting assumptions regarding the differences
between their role and the role of RN. An interesting finding that they noted was that even though the LPN students were mature and theoretically should learn best under andragogical educational philosophy, they often expressed a desire to be taught in a more traditional pedagogical approach to learning. The researchers did not specifically disclose challenges the LPN students faced in their clinical course but did mention that because most LPN’s come from long term care nursing background, they tended to find acute care settings overwhelming. This was a small study that only consisted of twenty-four participants from one educational institution but does provide insight that is consistent with previously discussed literature.

Claywell (2003) for her doctorate dissertation conducted a qualitative study to explore the lived experiences of LPN to RN transitioning. She interviewed six RNs who were former LPN to RN students in the past. The participants were at least six months working in their new RN role. In addition, she interviewed significant others and three faculty advisors to add depth to her understanding of LPN to RN learning experiences. Her overall findings are consistent with previous studies on this group of students. The LPN to RN former students returned to school to fulfill a dream, gain more autonomy in practice, and for greater job opportunity. One of the greatest challenges the former students noted was the struggle to unlearn LPN habits and transition to a new way of thinking as an RN.

Claywell (2003) noted in her discussion that the results of the study clearly identified a strong sense of meaning that is embedded in the post LPN student perspective that hindered them in the beginning of their transition. For some participants, it wasn’t until the end of the program that they were finally able to reflect upon their change. In the conclusion, Claywell emphasized the need for close student faculty relationships, flexible scheduling, and greater opportunity to have group dialogue as strategies to support this learner. She also made note of the significant
diversity in the former students’ background and experience that require assessment and attention by faculty. This study also adds to the understanding of the post LPN learner however, the study was retrospective and was again based out of the United States.

Prindle, (2005), found similar results to Claywell in her doctorate thesis in which she utilized narrative inquire to explore experiences of six LPN to RN students while attending school. The changes in family dynamics and personal identity were noted as being very challenging for the returning mature student. The students also identified the powerful support that faculty had in allowing them to persevere with their program suggesting that faculty support may influence the success for students. She recommended ensuring that LPN to RN programs need to build on prior learning preventing redundancy “Each learning activity needs to be carefully weighed to give the most beneficial learning experience while considering the time required to complete the activity” (p. 124). She also emphasized the need for flexibility and ability to modify educational programs to meet the unique needs of the LPN learner.

Adelman (2002), also focused her PhD dissertation on the LPN to RN in an American setting. Her study focused on the LPNs perceived facilitators and barriers of their transition if they chose to purse their RN degree. Adelman created a questionnaire that listed 25 statements from the literature that the LPNs identified as a facilitator, barrier or had no influence on them. A total of 1000 LPNs completed the questionnaire. The results showed that the LPNs perceived barriers related to financial cost, having to still work if they attended the program, lack of recognition for LPN nursing experience and family responsibilities. Facilitators were: getting a better job, having greater responsibility and providing better care to the patient. Overall this study provided some insight however because the facilitators and barriers were perceived, and
not actually from an LPNs who were enrolled in a program, the results lack relevance in understanding what teaching learning strategies facilitate the transition within a program.

Suva et al., (2015) conducted a systematic review of the literature in relationship to the RPN to BScN transition and success in bridging programs. They explored 39 articles in which only four were from the Canadian context. There work did shed some insight into understanding the RPN to BScN transitioning by utilizing Meleis, Sawyer, Im, Hilfinger Messiad and Schumacher’s transition model during the analysis piece. Based upon their review, they noted that role transition is enhanced when the RPN is prepared for the academic rigor of the program before enrolling. This could be accomplished through orientation and mentorship prior to starting the program. They also recommended pairing students with peers and faculty as well as ensuring curriculum builds upon prior nursing knowledge. In conclusion, they highly advocated that future studies to focus on discovering key concepts and teaching strategies that facilitate and enhance the RPN to BScN transition.

Another Canadian study conducted by Janzen, Melrose, Gordon, and Miller (2013) explored the perceptions of LPN to BN students around role confusion and role identity. They “conducted focus groups with 27 enrolled LPN to BN students while they engaged in an acute care clinical course. The findings showed that LPN to BN students felt devalued because their LPN knowledge and skills were not acknowledged or considered less than that of an RN. Some participants even shared that they chose to “hide” their LPN identity and claimed that no one really knew the difference between “themselves and a RN” (p. 169). However, as they progressed through the program there was shift in their perception in acknowledging that there was a difference between the LPN and RN role. In conclusion the authors explain that LPNs experience role conflict in the program partially results from the “socially constructed mirage” of
how others view a “real nurse” (p. 171). Thus the LPN is faced with role conflict even before they enter the program adding further challenges for their transition to the RN.

**Scope and Limitation of the Literature Reviewed**

The literature reviewed provided some insight in understanding the RPN to RN learner, however, there is still a tremendous amount of content with regards to the RPN to BScN group of learners missing. Literature addressing the roles of the RPN and RN in practice substantiate the ambiguity in their roles and emphasizes the challenge in choosing educational strategies to foster transition and change in perspectives from RPN to RN. I found few research articles that directly spoke to this group of learners who need to transition to an expanded role. Melrose and Wishart (2013) grounded theory development on the LPN to BN transitioning appears to be the first study that specifically speaks to students in a Canadian context. William Bridge’s, Beach’s and Schlossberg’s transition models provides an understanding of difficulties that individuals go through as they transition, however, these models have not been applied to individuals who are transitioning from RPN to RN. In addition, Ashforth’s (2001) work on role transition may suggest that moving from a similar role of RPN to that of RN may not be as difficult emotionally as Bridge’s claims because the RPN is moving to a role that they already have internalized. However, Melrose and Wishart (2013) transition theory included a phase in which the LPNs resisted letting go of their LPN role. This concept then requires further exploration but I only found the one research study that addressed LPN to BN transitioning but it does not expand on the extent of difficulty RPNs may have. The other challenge is that the work done in the Canadian context explores a LPN to BN program that is mostly taken in an online format. This could be very different than the program I examined in which all courses are face to face.
The studies reviewed that explored nursing specifically provide some guidance for administration such as assigning mature faculty who are devoted to this group of learners to teach in the program, and for curriculum designers to ensure that in designing courses they acknowledge the diverse nursing backgrounds of the students. They also need to recognize the many barriers that they face are different from the generic nursing student. A comprehensive understanding of what strategies support the change in perspectives and encourage RPN students to evolve from thinking in terms of task and to expand their intellectual awareness on their journey to become an RN is lacking. The majority of literature addressing the post LPN learner comes from the United States and there were only three studies found in Canada from one province, and this program was an online format, making it difficult to transfer the information to the program I teach in. This is one of the primary reasons why I wanted to study this group of learners.

Mezirow’s transformational learning theory has been investigated using both qualitative and quantitative methods over the last 20 years in a variety of context. Yet, I found little literature exploring transformative learning in nursing education. I found few quantitative mixed methods studies which suggests that further research is needed using this method to more fully understand the topic of interest. Also, a number of scholars such as King (2009) and Taylor (2007), who have used transformational learning in their research, have suggested that further research is required utilizing a variety of learning contexts. Mezirow’s perspective transformation as a lens for research on this topic is deemed most appropriate for understanding transitions in adult learners. These reasons supported my choice of this theory and the mixed methods research design as appropriate for my study in order to better understand the RPN to RN transition.
Summary

In conclusion, this chapter reviewed literature that provided a foundational understanding of what is written about mature students, Mezirow’s transformational learning theory, role transition and role theory, the role of the RPN and RN, and literature that addressed nursing education. There appears to be a natural bridge between role transition and transformational learning but there is a need for a greater understanding of what this diverse group of learners requires to facilitate their transition and transformation into their new role of RN. Chapter three explains the methodological approach utilized to implement this study. Chapter four discuss the response rate and demographic profile of the participants in the study. As well research question number one and two analysis and interpretation of the data based on the literature reviewed. Chapter five discusses the analysis and interpretation of the data based on the literature for research question number three, four, and five. Finally, chapter six presents the conclusions and implications for practice, further research and theory.
Chapter Three: Research Design and Methodology

The purpose of this study was to gain a comprehensive understanding of the transition from Registered Practical Nurse (RPN) to Bachelors of Science in Nursing (BScN) student learning experiences in a BScN program in one collaborative program in Ontario. In this chapter, I describe the research design, methodology and processes used to explore the transformational learning experiences of the RPN to BScN students as perceived by the study participants and based on the research questions that drove this study.

Research Design

I chose a triangulated mixed methods research design through an advocacy lens and pragmatic world view to explore and describe the transitioning and transformative learning experiences of the RPN to BScN students with the hope of giving voice to the participating students and creating change as a result of findings of this study. In my six years of teaching this cohort of learners, their learning needs are often placed below the generic BScN students as they are the minority voice. The generic stream has double the intake of students and has been the traditional stream that educational organization have focused on, and the stream with which they are most familiar. The RPN to BScN stream is smaller in numbers, are more mature student and when they are integrated with the generic stream BScN student they become the minority and are treated differently based on my experience. Creswell and Plano Clark (2007) describes advocacy and pragmatic perspective as one in which the focus is on improving injustices and decreasing marginalization of individuals. This is congruent with my belief that the RPN to BScN learner is marginalized based upon their numbers, their maturity level, and the perception that they do not “fit” the traditional demographics of the generic BScN student, that is, those who enter the RPN program initially may not have qualified for admission directly into the BScN program.
According to Creswell (2007), the advocacy worldview in conducting research is aimed at creating change in the “lives of the participants” or “the institutions in which they live…” and through the researcher “provides a voice for these participants…” (p. 21). The passion and desire to give voice to the participants who are the focus of this study was the driving force for me to conduct this study. The aim is to create change in the RPN to BScN program to better meet their learning needs, and ensure learning activities that truly facilitate their transformation. It is their voices that will identify changes that need to be made to enhance the quality of their learning experience. It is these I hope to bring forward on their behalf to the curriculum committee and other decision makers to facilitate this desired change.

I also took a pragmatic worldview in that my study addressed real world problems in relation to the topic of my study as identified in chapter one and in the literature review. Creswell (2009) describes pragmatic researchers utilizing “what works” (p. 11) valuing both objective and subjective knowledge to best understand the problem. Teddlie and Tashakkori (2009) also explain that pragmatic researchers’ focus on what it takes to answer the question and don’t believe that there is only one way to answer the problem. Using both subjective and objective perspectives that best answers the question. In addition, pragmatism is searching for “practical answers to questions that intrigue the investigator” (Teddlie & Tashakkori, 2009, p. 86). I truly believed that to answer my research questions to the depth of understanding that I wanted I needed to implement both qualitative and quantitative research methods.

My decision to choose a mixed methods design was based upon my belief that to gain a deeper understanding of concepts that support the RPN learner in transitioning and transforming their thinking required both quantitative and qualitative data. Furthermore, these data placed the students’ experiences within the context of the curriculum of the program and suggested
intervention strategies. According to Creswell and Plano Clark (2007) utilizing both “qualitative and quantitative data provides a more complete picture by noting trends…as well as in-depth knowledge of participants’ perspectives” (p. 33). Caracelli and Greene (1993) stress that mixed methods research is especially suitable for the purpose of “initiation”, that is to “uncover fresh insight or new perspectives” (p. 200). Since the RPN to BScN program is new, I believed that doing a mixed method design would provide this new insight that was needed into understanding this cohort of learners. In addition, Sandelowski (2000a) notes that mixed methods research has been promoted as the most appropriate design to gain a better understanding of “the complexity of human phenomena…” (p. 246). Gaining deeper insight into what supports and facilitates transitioning and transformation of the RPN to BScN, I believed fell into the realm of understanding multifaceted experiences.

The type of mixed method design I chose was a triangulation design which is the most common and familiar method and is defined as “a one-phase design in which researchers implement the quantitative and qualitative methods during the same timeframe… (Creswell & Plano Clark, 2007, p. 62). Similarly, Teddlie and Tashakkori (2009) define “triangulation as the combination and comparisons of multiple data sources, data collection and analysis procedures, research methods and inferences that occur at the end of a study” (p. 32). The intent of this method is to compare and contrast the quantitative and qualitative data to substantiate the conclusions, and gain a deeper and more inclusive understanding of the research problem (Creswell & Plano Clark, 2007). Within the triangulation design, Creswell and Plano Clark further define four different models. The model I chose is described by these authors as a “convergence model” in which data are collected using quantitative and qualitative methods during a similar time frame. Once the data are collected, they are analyzed separately then the
quantitative and qualitative data are merged by bringing separate results together. In the final interpretation, both quantitative and qualitative data are utilized to explore the research questions in the discussion section.

Creswell and Plano Clark (2007) recommend that mix method researchers should consider the significance that each approach (qualitative and quantitative) will have in answering the research question. Hall and Howard, (2008) state that the issue of weighting quantitative against qualitative data is still under debate and Tashakkori (2009) note that the ability to make the decision to place priority on one method over the other can be difficult. He claims that “it is only during the process of integration and/or conclusion that one might be (if at all) able to “assign” a greater weight to the qualitative or quantitative components” (p. 289). The quantitative data identified relationships that exist among the variables explored, while, equally important, the qualitative data helped to understand the meaning of these relationships. After the integration of the analysis, I believe that neither the qualitative nor quantitative inherently overrode the other. The qualitative data provided the description needed to understand the quantitative data so I placed equal weight to both.

The methods for mixing data according to Creswell and Plano Clark (2007) conceptually involves three strategies, merging of data, embedding data within and connecting from data analysis to data collection. The strategy that best fit in answering my research questions was merging the data after each of the data sets was analyzed. I explicitly brought them together during the interpretation phase. The rationale for the chosen approach was to obtain different but complementary data to gain insight and new perspectives that enhanced the conceptual understanding of the RPN to BScN learner as they transitioned to the RN role. Figure 1 depicts
the approach taken based upon guidelines developed specifically for mixed methods (Creswell & Plano Clark, 2007).

A consistent strength noted by mixed method scholars is the appealing concept that combining qualitative and quantitative methods will maximize the strengths of each methodology and neutralize the limitations in one study (Creswell, 2009; Creswell & Plano Clark, 2007; Tashakkori & Teddlie, 2003). The strength of utilizing this approach noted by scholars is that during the process of weaving together qualitative and quantitative data, the discovery of significant factors can evolve from the rich and diverse data sets that would not be possible if only utilizing one method of research, especially with complex concepts. Tashakkori

Figure 1. Triangulation-Convergent mixed method design

Note: This figure was adapted from “Designing and Conducting Mixed Methods Research” by J. W. Creswell & V. L. Plano Clark, 2007, p. 58-88. Copy write 2007 by Sage Publications Inc.
and Teddlie (2003) noted that several scholars support the strength of mixed methods in providing greater accuracy and confidence in results. Denzin (2012) advocates that triangulation mixed method design “is a strategy that adds rigor, breadth complexity, richness, and depth to any inquiry” (p. 82). I believed that to explore and understand the diversity and uniqueness of the learning experiences of the RPN to BScN student, using one research method alone would not suffice. Minor divergent findings were found that provided unique perspective that will provide further opportunities for research. Divergent findings did occur in the analysis of this study and validated the diversity of the RPN learner and offered opportunities to develop future studies on this population.

A clear limitation of utilizing mixed methods noted in the literature is that this approach requires researchers to be skilled in both quantitative and qualitative techniques (Caracelli & Greene, 1993; Creswell, 2009; Creswell & Plano Clark, 2007; Tashakkori & Teddlie, 2003). In addition, mix method design is still in its infancy which has led to discrepancies and scholarly debate related to the entire research process from a philosophical stance, knowledge creation, design, and dissemination of results (Creswell & Plano Clark, 2007; Tashakkori & Teddlie, 2003). Finding agreement in the literature on mixed methods to design my research study had been challenging and at times ambiguous as scholars have demonstrated disagreement in defining study designs, ability to merge data, and in rationale for choice of using mixed methods. For example, Creswell and Plano Clark (2007) advocate that qualitative and quantitative methods can have equal significance in a study. However, Morgan (1998) and Morse (1991) challenge this notion and assert that maintaining a balance between the qualitative and quantitative methods is not feasible. Morgan (1998) claims that trying to make both methods
equally significant can be impractical leading to “either incommensurate or downright contradictory” (p. 366) results.

Another limitation in utilizing mixed methods approach is that combining the data sets can be difficult and creates issues around validity (Creswell, 2009; Creswell & Plano Clark, 2007; Onwuegbuzie & Johnson, 2006). Recommendations to address validity in mixed methods as noted by Creswell and Plano Clark (2007) involve ensuring the researcher “draws meaningful and accurate conclusions from all the data in the study” (p. 146). From the pragmatic viewpoint that underpins this study, Creswell and Plano Clark recommend that an “overarching validity can follow if the researcher draws evidence from different datasets that provide better results than either dataset alone” (p. 146) would achieve. Specific threats to validity that affect convergent designs occur from selecting different participants for the quantitative and qualitative data collection. To minimize this threat, this study drew participants from the same population to complete both the quantitative survey and the qualitative interviews. Another threat involves unequal sample sizes for each dataset. Qualitative studies often stop inviting participants once data saturation has been reached. The estimated sample size for the individual interviews were 12 participants from each group; faculty, year two, three, four RPN to BScN students and graduates. Even though I reached data saturation in each of the groups after approximately six interviews, I still continued to interview all those who had arranged an interview date. I chose to complete these interviews as from my advocacy lens I felt it was important to allow these student participants the opportunity to have their voices heard.

**Site Selection**

The BScN program that was the focus of this study that explored the RPN to BScN student learning experience is located within a collaborative BScN nursing program in a large,
multi-culturally diverse, urban university setting that includes three institutions – two Ontario Colleges of Applied Arts and Technology and one comprehensive Ontario University. The RPN to BScN stream within this program used to be offered at all three sites but since 2010 was only offered at the two college sites, one which is some distance away, and one college site which is located close to the university campus. RPN to BScN students can apply to any of the two college sites for the program. All the courses in the program of study are taken at the location the student is accepted into. The students enter the RPN to BScN stream into a level two status so take year two courses. In the first year (year two of curriculum) they are taking courses in the program, they are in their own RPN to BScN cohort for all their core nursing courses and when they enter year three and year four of the program, they are integrated randomly by a computer generated list into student groups with the generic stream BScN students at the campus they are enrolled in.

I chose this RPN to BScN program for a couple of reasons. I am employed by one of the colleges, and I have taught, coordinated and course planned for the RPN to BScN stream in that program for six years. This was an advantage since I had an in-depth knowledge of that program, but it was also a disadvantage since I had to be very cognizant of the fact that my experience might interfere with my objectivity in the analysis of the data. I also chose this program because the findings provided meaningful insights that I could use for future course design and revision to improve the quality of the students’ experience. I also had to ensure that my role in the study did not violate any ethical considerations such as impact on the participants or their responses. In addition, I believed that what I learnt from this study would allow me to advocate more strongly for this group of unique learners both from a classroom perspective and at the program administrative level. Having this new insight would also allow me to share my
learning with colleagues so that they too could gain a greater appreciation for the RPN to BScN student.

Secondly, I chose only one RPN to BScN program as other RPN to BScN programs offered in Ontario are all very different. Based upon my review of the websites of the other RPN to BScN programs offered in Ontario (Appendix A), I realized that it was impossible to compare several of the programs because of their diversities. The diversity of the BScN programs in Ontario was also noted by Thompson (2007) who explored the collaborative BScN college-university partnerships that were created to support the new entry to practice BScN requirements for Ontario registered nurses. Mixed methods designs are complex and I believed that choosing one site was more readily manageable and provided greater ease in implementing the study than choosing multiple sites. Caracelli and Greene (1993) support single case mixed methods as they speculated that even though “multisite evaluations are conducive to thoughtful mixed-method designs…” (p. 204), lack of funding and resources necessary for a large scale study is difficult to secure.

The RPN to BScN program started in 2005 as a pilot study initiative supported by some funding from the Ministry of Training for Colleges and Universities (MTCU). According to S. Bullock, the Associate Dean of the undergraduate nursing program, the MTCU was concerned about the projected shortages of RNs in the future (personal communication, May 24, 2013). Creating an RPN to BScN stream provided a viable strategy to deal with the projected critical shortage as the program is designed to be completed in three years of full time study. The original pilot program took in 20 students in 2005 with the addition of the program being offered at the college collaborative sites in 2008. The college sites began with an intake of 24 students each and increased their enrollment over the years to 48 at each site. However, the university site
only enrolled 24 students until 2010. The university decided for strategic reasons to stop offering the RPN to BScN stream at the university and have the program at the college sites only beginning 2011 (S. Bullock, personal communication, May 24, 2013).

**Participant Selection**

**Sample size**

The target sample size for the quantitative LAS survey was calculated based upon the sample pool of RPN to BScN students who were enrolled in the program at the three sites and in any year of the three-year program, from 2010 to 2013 which was 264 students. Based upon the population of 264 with a 95% confidence level and 5% margin of error the sample size needed to be 157 (K. Lawrence, Statistician, personal communication, September, 5, 2012). This represented a 59.5% response rate. However, according to Laguilles, Williams and Saunders (2011) a response rate above 50% in higher education institutions are rare with most response rates being less than 40% and Burns and Grove (2009) note that the response rate for most questionnaires is usually between 25 and 30%. Thus a more reasonable target number chosen was 71 which would result in a 10% margin of error and represent a 26.9% response rate. The following calculation was used to determine the target population for the LAS quantitative portion of my study.

\[
ss = \frac{Z^2 \times p(1 - p)}{c^2}
\]

Corrected for a finite population…

\[
ss_{(new)} = \frac{ss}{1 + \frac{ss - 1}{Population}}
\]

I drew upon the same pool of 264 for the qualitative interviews.
I found estimating adequate sample sizes in qualitative inquiry to reach saturation has received little attention in the literature and, according to several authors, no single guideline is available to determine the appropriate sample size needed (Guest, Bunce & Johnson, 2006; Kerr, Nixon & Wild, 2010; Onwuegbuzie & Leech, 2007). Kerr et al., (2010) recommend that realistically, 20-30 interviews is commonly used for practical and financial reasons. The more diverse the sample the larger the sample size will be needed. Guest et al. (2006) recommend that data saturation can generally be reached using 12 interviews if the objective of the study is to understand common perceptions among a homogenous group. However, one would require a larger sample if the group is more heterogeneous. They recommend that if a researcher wants to explore differences between two or more groups within the same dimension then purposeful sampling of 12 participants per group should be selected. My objectives for the qualitative inquiry piece of my study was to understand the learning experiences of the RPN to BScN students in this program. In addition, I intended exploring differences that may exist between students in each year of the program, thus targeted 12 participants in each year with a goal of 36 interviews. Since the students’ experience at each site may be different based upon geographical location, I targeted five students from each of the two sites that have 48 students enrolled in each year of the program, and chose to target two students from the one site in which there was only 24 students enrolled. Data saturation occurred before all 12 participants in each group were interviewed, however based upon my advocacy lens, the interviews already planned after data saturation was reached was still conducted to allow the students an opportunity to have their voices heard.

The number of RPN to BScN who have graduated from the program and have been working for at least one year was estimated based upon the first intake of students in 2005. The
A rough estimate of the number of graduates from 2008 until 2012 is 356. When I contacted the university alumni association to have the invitational letter sent to graduates, they were unable to provide an exact number of graduates listed in their database. Thus I had to base my targeted population on the estimated number of 356 graduates. I chose 2012 as the last graduating class as the plan was to begin data collection in 2013 in which these graduates will have worked for one year. I made the assumption that this group of participants would be a homogenous group, so I targeted 12 participants to interview. Six graduates responded and agreed to participate in the interviews. Since no other graduate participants responded and I felt confident that themes I heard in the graduate interviews were similar to other interviews of student participants who were still in the program, I did not feel compelled to recruit any further graduates.

Sixty-nine full-time faculty taught in the BScN program dispersed amongst all three sites of the program and were invited to participate in individual interviews. I targeted 12 participants from this pool of faculty that had experience teaching the mixed group of RPN to BScN and generic students together and recruited 11 participants. Of the 69, I interviewed five faculty who specifically taught the courses in which the RPN to BScN students are in their own cohort only.

**Exclusion Criteria**

One RPN to BScN site in the college study site also included a new cohort of aboriginal students that began in September 2012. These students were asked to self-identify upon admission into the program because their nursing courses were offered at a different site than the college. This new aboriginal cohort of RPN to BScN students were excluded from the study. When the BScN administrative coordinator sent out the invitation on my behalf, she was able to identify this section of students and did not send them the invitation. This was a new site for the RPN to BScN program and is focused specifically on the needs of the aboriginal student
population, which makes the program slightly different from the other sites. As well, at the time of this study implementation, the aboriginal cohort of RPN to BScN had already begun being recruited for another study and including them in my study as well, might have generated survey fatigue. Furthermore, these students are more vulnerable than other RPN students as they were leading the way for future aboriginal students if their program was successful. Not only would participation in this study add to their potential stress as the models for the students coming after them, but their experiences are different from those of the rest of the students in this study.

Part-time faculty were not included in this study as their numbers vary greatly from year to year and are based on site-specific needs each semester. This means the experience of part-time faculty varies greatly and there are too many variables to be useful for the purpose of this study. In addition, because of the complexity of the collaboration even identifying part time faculty to participate would be very challenging. Since there were many full time faculty that I could draw from I did not feel that including part time faculty would add substantially to my overall analysis.

**Participant Recruitment**

I did purposeful convenience sampling as I intentionally wanted participants who had the experience of being an RPN to BScN learner. In addition, I also wanted faculty who had experience teaching this cohort of learners. According to Creswell and Planto Clark (2007) this technique is appropriate when a researcher seeks to find specific information about a phenomenon. The phenomenon explored in this study was the learning experience of the RPN to BScN learners that facilitate transformation and transitioning, so all participants had knowledge to share about this topic. RPN to BScN students enrolled in the RPN to BScN stream at all three sites of the collaborative BScN program in January 2013 were invited as they experienced the
key concepts being explored. Based on a maximum of six years to complete the program, all RPN to BScN students in any year of the program who began in the 2007-2008 academic year could still be enrolled in the program and were eligible to participate.

According to Mezirow (1990), perspective transformation can occur as a sudden dramatic event, or for some it may be an evolutionary or incremental occurrence. As transformative learning was a focus of the study it was important to include students in all levels of the program in order to generate a holistic perspective as well as capture Mezirow’s sudden and evolutionary events that may contribute to transformation. All RPN to BScN students \( n=264 \) who were in the second term of year two, three and four in January 2013, were invited to participate through an electronic letter. The eligible students were identified by the BScN administrative coordinator who had access to all the students registered in the BScN program at all three sites. The administrative coordinator was the person who sent the invitation letter (Appendix B) on my behalf, to the eligible RPN students through their University email addresses.

Enticing students to participate in research studies can be difficult and they are often overwhelmed with email messages. In an effort to engage the students to at least read the invitational letter sent to their email addresses, an electronic announcement briefing them about the study was placed on the web-based nursing Newsletter that is accessible to all nursing students (Appendix C). In addition, every student in the BScN program received this announcement in their personal university email from the BScN administrative coordinator on my behalf. In the email that was sent out to the target population, the word “urgent” was placed in the heading to flag students that the email was important to read. In addition, I had planned to ask the coordinators at all three sites and all levels of the program to personally announce in their orientation session in January, 2013 about the study and encourage any RPN students to consider
the invitational letter in their emails. Unfortunately, by the time the study received full ethical approval from all review committees involved, the January orientation was over and this could not be done.

Like Mezirow (1990), Claywell, 2003, Heitz et al (2004) and Schultz (1992) stress that transitioning for some takes time, and may not occur until the individuals have enacted the new role for at least six months. For this reason, I chose to include graduates of the RPN to BScN program in order to gain a retrospective view through the eyes and minds of those who had already made the transition to the RN role. Purposeful and convenience sampling was also used to invite graduates of the RPN to BScN program who had been out of school for one year and were currently employed as RNs. The university keeps contact information of graduates of their program through their Alumni Association. I contacted the university Alumni Association and their staff emailed the invitation letter (Appendix D) on my behalf to the graduates of the RPN to BScN program that they had in their Alumni data base. This retrospective approach provided multidimensional insights for the overall analysis of the data.

Faculty who taught in both the generic stream BScN and RPN to BScN program were also invited to participate in a one-hour interview. I sent the invitational letter (Appendix E) to the appropriate nursing administrative personal at each of the sites who then sent the invitation to the nursing faculty on my behalf via their University and or College email address. Faculty participants varied with respect to their experiences teaching the RPN to BScN student. In year two of the program, the RPNs are in their own cohort of learners in the courses they take. In year three and four of the program, the RPNs are integrated with the generic stream BScN student. The faculty who taught in year two, in the transition courses, had more concentrated experience with the RPN learners because the RPNs are in their own cohort in these courses.
However, these faculty teach in the generic stream as well, so they would be familiar with both the generic BScN learners and RPN learner. Faculty who taught more consistently in years three and four of the program, at any of the sites, will have had, at some point since 2005, RPN to BScN students in their course or courses, but with less exposure to that group of students than the faculty who taught the year two courses. Nevertheless, their perspective was valuable as well.

Instrumentation

In this section, I describe the learning activity survey (LAS) that was created and validated by P. King (2009) as well discuss the creation of the semi guided questions used in the interviews.

Survey Questionnaire

Surveys have the advantage of allowing the researcher to gather and analyze large amounts of data efficiently with the possibility to infer broad understandings of the phenomena being studied (Creswell, 2009). The quantitative data collection tool chosen to solicit the participated RPN to BScN students’ experience and perspective on transformational learning during their courses, was developed and validated by King (2009) and is entitled “Learning Activities Survey” (LAS) (Appendix F). The LAS survey was originally created by King in 1998 and updated over the past years based upon many research studies implemented using the survey (King, 2009). I received King’s permission to use this tool for my study (Appendix G). I adapted the tool slightly with respect to the wording and added demographic questions to better meet the uniqueness of the RPN to BScN student.

The questionnaire is a four-page survey, which was administered online for this study. The survey included free response, checklists and completion statements, and extended
responses to identify potential perspective transformational learning experiences. Based upon self-disclosure, the questionnaire probes possible experiences and draws out responses to indicate the nature, scope and details of those experiences. The first question on the survey consists of statements that participants can choose all or none from that correspond with Mezirow’s 10 precursor steps. Questions two, asks if the student has had a perspective transformative experience while question three and five enlist information regarding the experiences of change in perspective and what may have prompted that change. The learning experiences they can choose from are classified into four major themes which are; course in the program, learning activities, personal support and life event. The participants can choose as many of the experiences that they feel is relevant to their learning journey. As mentioned, some modifications to the wording were made to the questionnaire to better suit the uniqueness of the RPN to BScN learner. Revisions to the questionnaire are supported by King (2009) who noted that “one of the great opportunities embedded in the design of the instrument is the ability to modify it successfully” (p. 32). She only recommends not changing questions one, two, three and five on the survey, which I did not do. The intentions of the tool are to identify contributors of transformative learning and not a cause and effect relationship (King, 2009). Additional questions were added by me to the LAS tool to collect demographic data on the student participants.

**Interviews**

Qualitative research methods have several features and strengths. According to Creswell (2009), one of the most significant reasons for choosing qualitative research is to discover the meaning of real, lived experiences as described by the individuals themselves. There are various approaches to qualitative inquiry, however the qualitative research method most congruent with
my research questions is exploratory descriptive. I chose this method as according to Sandelowski (2000b), descriptive exploratory studies provide “an accurate accounting of the meanings participants attributed to those events” (p. 336). It was my goal to use this method to explore in more detail using pre-structured questions to gain insight into what learning experiences helped or hindered the RPN learners transitioning. As well, my intent was to gain a holistic summary and present the facts of their experience using everyday language which is congruent with descriptive qualitative methodology (Sandelowski, 2000b). The data collection strategy I chose to gain an inside perception of the participants is individual interviews. There are different types of interviews, such as unstructured, structured and semi structured. I chose to conduct semi structured interviews with all the participants.

Mature students bring a wealth of knowledge and past experience with learning which will impact their interpretation of their learning experiences and transitioning in their RPN to BScN courses. For this reason, to gain a deeper understanding and gain detailed information of the students learning, semi structured open ended questions that had been developed based upon themes that arose from the literature review on Mezirow’s perspective transformational learning and King’s LAS tool, were posed during the interviews that prompted students to share information more in depth about their learning experiences (Appendix H). The interviews ranged from 40 minutes to one hour in length. To gain a retrospective lens, RNs who have graduated from the RPN to BScN program were also interviewed using semi structured open ended questions that were developed based upon the literature reviewed (Appendix I). In addition, according to King (2009) follow up interviews are a critical component of using the LAS and provide the opportunity for the researcher to test their understanding and interpretation of the data collected from the questionnaire. The semi guided interview questions were pre
specified for each interview however, the exact wording and order of the questions were chosen based upon how each participant chose to discuss their experience. This interview approach is supported by Teddlie and Tashakkori (2009) who advocate that this method provides opportunity for “interviewers to seek explanations of vague answers or to provide clarification if a question is not clear” to the participant (p. 229).

Another valuable source of information regarding the students’ learning experiences come from the nursing faculty who teach in the program to explore their experiences and perspectives of what helped or hindered the RPNs transitioning. There are two distinct groups of faculty that were invited to participate in this study. There are seven faculty that have had the opportunity to teach the RPN to BScN students in their own cohort. The other group of faculty teach in the generic stream BScN so will have had less exposure to RPN to BScN students. Once the RPN to BScN students are in year three and four of the program they are integrated with the generic students in all their courses. In these courses, there is usually only two or three RPN to BScN students mixed within approximately 18 generic stream BScN students. Both groups of nursing faculty, were asked to participate in individual interviews using the same semi structured questions (Appendix J). Interviewing the faculty has introduced new information that I had not thought of previously which enriched the value of my findings. The interview questions began with structured demographic orientated questions followed by questions that were developed based upon the literature reviewed on transformational learning in practice. Since I was the interviewer for the faculty participants, and teach in the program, I felt that having semi structured interviews developed using the literature as a framework, helped to alleviate some researcher bias that may have affected how I framed the interviews. Utilizing pre-selected questions allowed me to ensure I asked the same questions and followed a similar
sequence for all faculty participants. A pilot test of the questions developed for the faculty was conducted and is described in more detail further in this chapter.

All qualitative interviews were transcribed and returned to the participants, both students, graduates, and faculty, to enable them to reflect upon their comments and make any changes, additions, or deletions to ensure accuracy of their thoughts, feelings and perceptions. All participants were given two weeks to return the transcribed interview with their changes and if they did not respond then the original transcript was assumed by the researcher to be accurate.

Fifty-one interviews were conducted with the majority requiring no changes. Six transcriptions were returned with minor requests to make changes in grammar and sentence structure.

Table 1. Data Sources to Answer the Research Questions.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Data to answer the Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the incidence of the RPN students reporting experiences of perspective transformation and if so is there a relationship with some entry characteristics, gender, primary language, prior education completed, age category, length of RPN experience, and year in program?</td>
<td>Survey Questionnaire Questions #1, 12, 13, 16, 19, 20, 23</td>
</tr>
<tr>
<td>2. What is the relationship of “disorienting experiences” in their personal life, and working as an RPN while in the program and the degree of transformative learning as reported by the participating students?</td>
<td>Survey Questionnaire Questions #1, 10, 21</td>
</tr>
<tr>
<td>3. What are the perceptions of the RPN to BScN participants regarding factors that facilitate and support perspective transformation/transition from RPN to RN based on their lived experiences?</td>
<td>Survey Questionnaire (Appendix F) Questions #2, 4, 5, 6, 7 Student Interview (Appendix H) Questions #3, 5, 6, 7, 9, 10 RN Graduate interview (Appendix I) Questions #3, 5, 7</td>
</tr>
<tr>
<td>4. What are the perceptions of the RPN to BScN participants regarding barriers/challenges that hinder the transition from RPN to RN based on their lived experiences?</td>
<td>Survey Questionnaire Questions #1 &amp; 2 Student Interview Questions #4, 7, 9, 10 Post Graduate Questions #4, 5, 7</td>
</tr>
<tr>
<td>5. What are the perceptions on the topic of interest of participating faculty who taught RPN to BScN students in the program?</td>
<td>Faculty Interview (Appendix J) Question</td>
</tr>
</tbody>
</table>
Establishing Credibility - Pilot Study

Since I had adapted the LAS tool, a pilot study was implemented to determine face validity. The original LAS tool has been validated in a number of studies and King (2009) has maintained that the instrument is adaptable to meet the needs of the participants being studied. Even though I had not changed the tool drastically, some wording was altered to better meet the uniqueness of the RPN learner and are consistent with the program language. For this reason, a pilot study for face validity was implemented in February 2013 after receiving Research Ethics Boards’ approvals, to test the survey for clarity, and ease of use in an online format. The survey was pilot tested by a convenience sample of three RPN students who were enrolled in the BScN program were invited to participate in the pilot testing of the LAS tool and the interview questions. Their data were not included in the study findings. Several clarifications were made based on the feedback of this testing. The pilot testing was a means to establish face of the semi structured interview questions as well. In addition, pilot testing provided a more accurate estimate of the time needed to complete the on-line tool.

Data Analysis

According to Creswell, Klassen, Plano Clark, and Clegg Smith (2011) merging is the integration of multiple forms of data for a convergence model mixed method design. Data analysis is a two-step process. In the first stage, both qualitative and quantitative data are analyzed separately. In stage two, the data sets are merged. Creswell and Plano Clark (2007) also recommend that when a researcher is merging data, the researcher needs to answer the following questions:

To what extent do the quantitative and qualitative data converge? How and why? To what extent do the same types of data confirm each other? To what extent do the open ended
themes support the survey results? What similarities and differences exist across levels of
analysis? (p. 137)

These questions were utilized during the analysis phase.

**Quantitative data analysis**

The survey data were collected using survey Wizard 2 an online survey program that is
hosted on a secure Canadian server at the University of Toronto. To analyze the data, the survey
responses were exported to an excel spreadsheet as this is the format provided by wizard. Once
the data were exported to excel, there was a number of actions that needed to be done to prepare
the data before analysis could begin. The excel spreadsheet was large with qualitative data
embedded in it from the open ended questions. The qualitative open ended question were
removed and placed into a separate excel spread sheet from the quantitative data. The
quantitative data were reviewed to ensure all data was in numerical coding which was then
imported to SPSS version 20.0 statistical software program. Before merging of the data
occurred, the quantitative data was analyzed for descriptive statistics such as frequencies, and
cross tabulations. Data from the survey was both nominal and categorical in nature thus chi
square statistical test was utilized and I accepted a probability value of 0.05 to reflect my
willingness to accept that the results were not due by chance. I contacted Ontario College
Application Service (OCAS) to retrieve demographic information on all applicants who applied
to the RPN to BScN programs in Ontario to compare descriptive information to my study
participants.

**Qualitative data analysis**

The qualitative data from all the interviews were transcribed by an external
transcriptionist who signed a confidentiality agreement (Appendix M). Once the transcript was
completed for each interview, I reviewed each comparing it to the original recorded interview to ensure accuracy. During this step I began recording my thoughts and interpretations during the process of listening to the audio recordings which was a technique used by other qualitative researchers (Halcolm & Davidson, 2006). Then all transcripts were returned to the participants by me for them to review and validate. The participants were asked to return their transcript with validation or any changes within two weeks of the date they received it. If they did not return the transcript within two weeks, then the original transcript was considered an accurate account of their interview and used in the thematic coding.

Of the 16 faculty interviews, three did not return their feedback on their interview transcript, 10 were returned with no changes, and three had very minor changes in sentence structure and minor grammar corrections. The three faculty who did not validate their transcript were on vacation when the transcript was sent to them which is probably why they did not return it. Of the 29 RPN to BScN students enrolled in the program, 15 transcripts were not validated and accepted as final, 12 were returned with no changes and, two were returned with minor changes by adding clarity to their thoughts. The students started summer vacation shortly after the interviews were conducted which probably led to some not checking their email and reviewing their transcript that was sent to them. There were six graduates who participated in the interviews and of those, one transcript was not returned, four had no changes, and one had changes in sentence structure to enhance clarity.

After all the transcripts were validated, they were entered into NVivo 10 for coding of themes. Each transcript was reviewed by their perspective groups (RPN to BScN students in each year in the program (Year two, three, four), Graduates and Faculty. For the beginning analysis, a categorical approach was taken. According to Tashakkori and Teddlie (2009) this
strategy involves rearranging narrative data to facilitate comparison. The text was first organized broadly under categories that represented the semi guided questions. This was followed by a numerical counting of responses by participants in each category which is supported by Sandelowski (2000b) guide to analyzing descriptive qualitative data. Once this was completed each category that was developed was further reviewed and refined looking for dominant features within each group. Once I established themes for each group, they were then analyzed for similarities and differences between groups. Comparing the themes that emerged from the faculty interviews, and graduates, also provided a means of establishing trustworthiness from the commonality discovered. The themes were also compared to the respective results of the LAS survey data.

To validate the themes, I identified, a researcher not familiar with my study but experienced in qualitative methodology, reviewed one transcript from each of the groups (RPN to BScN students in years two, three, four, graduates, and faculty). The discrepancies that I found in the input from these different groups only increased my understanding of the phenomena explored.

Tashakkori and Teddlie (2003) talk about exploring discrepancy in findings and that looking at conflicting data may produce a key to understanding underlying issues or may involve being able to ask further questions of the existing data. Sandelowski (2000a) also emphasized that if data in mixed method studies do not converge then results should be treated as interpretive opportunities. Comparison for similarities and differences of the quantitative and qualitative data are presented in chapters five and six.
Methodological Limitations and Assumptions

While this study provides insight into the RPN to BScN student learners in this program and adds to the literature that is currently lacking, it must be noted that every nursing program in Ontario is unique. The program that was the focus of this study uses small-group, self-directed, and problem based learning pedagogy in approximately 90% of the course with very few courses offered in a lecture style format. Furthermore, participant selection was not by random sampling, the findings of this study cannot be generalized beyond the program that I studied. Creswell (2009) explains that generalization of findings is not the goal of investigating single cases– rather, it is a deeper understanding of a particular phenomenon that may not be well-known, which is the case in this study.

In addition, there are many other unknown variables that affect learning and cannot be controlled in this study so the interpretation of the findings needs to be considered carefully. As noted by mixed methods scholars, combining quantitative and qualitative data may not result in collaborative findings (Creswell & Plano Clark, 2007; Tashakkori & Teddlie, 2003; Onwuegbuzie & Johnson, 2006). I found some contradictions/dissimilarities among the data which actually provided deeper insight into the diversity of the RPN learners’ and their experiences which provided suggestions for future research.

All the participants voluntarily agreed to participate in this study, which may add participant bias as participants may respond to answers in a way that is influenced by being involved in a research study. As well, the perceptions of all the participants may change over time, or change as a result of different teachers, and or different student relationships which cannot be controlled for. The participating graduates in particular, had to reflect on their past experiences which may have changed since they were in the program. The RPNs who decided to
participate in this study were currently enrolled in the program or had successfully graduated from the program. The subset of RPN students who had dropped out of the program were not included in this study because no records were kept on those who had dropped. This is a limitation as the students who did drop out could have had very different experiences and valuable insights that would have added to value of this study.

**Ethical Considerations**

All contact with potential participants during the recruitment phase was conducted by a neutral third party on my behalf, to ensure there would be no perceived coercion to participate, even though I was not in position of authority over the students or graduates, or in a line-relationship with any of the faculty, nor in a position to contribute to any performance reviews.

Students who agreed to complete the LAS questionnaire portion of the study were informed on the letter of invitation and consent form (Appendix B) that by accessing the link to the online questionnaire, they agreed to participate in the quantitative part of the study only. When the students then accessed the on-line questionnaire they were required to first review the consent criteria and explicitly indicate their consent to participate before they could access the questionnaire. If they selected “no” they were not given access to the form.

For those students who agreed to participate in the individual interviews, a hard copy of the invitation and consent letter (Appendix B) was reviewed with them at the time of the interview, signed, and a hard copy was given to them. RNs who had graduated from the RPN to BScN program and faculty participants also received a hard copy of the invitation and consent at the time of the interview (Appendices D and E) which they signed in front of me before the interviews began.
All participants were informed on the invitation letter and consent form of their anonymity as no identifying information was requested on the LAS questionnaire or included in the interview transcription notes. However, I was not able to promise complete anonymity given that this study was of only one program of the relatively small number of similar RPN to BScN programs in the Ontario College / University system. There is a slight chance that those intimately familiar with the program may be able to identify the study site and perhaps the participants given their roles within the program explored. This information was included in the consent information. Since in nursing there are traditionally many more women than men, in order to facilitate anonymity, the pronoun “she” was used for all respondents. As well, in an attempt to ensure anonymity of this study program I used pseudonyms for all course titles and pneumonic which might disclose the program identity.

A transcriptionist was hired to transcribe all the interviews but no identifying names were used. I created numerical codes for all interviewees which were used in the audio-recording to ensure that the transcriptionist was unable to identify the participants. She was required to sign a confidentiality agreement (Appendix M). Hard copy consents and any contact information required to arrange interviews, send summary results, are kept confidential and secure in a separate locked cabinet accessible only to my faculty supervisor and me. All audio-recorded interviews were deleted after transcription and interviewee validation, but the electronic transcripts are encrypted and kept on a private computer secured by password and accessible only to my thesis supervisor and me. All data both electronic and hard copy will be kept for ten years and then destroyed which will occur in March 2023.

Participants were informed, both in the letter and prior to the interview, that their participation was strictly voluntary and they had the right to decline to answer any questions they
did not wish to answer or withdraw from the study without explanation or penalty. To withdraw from the study, they needed to notify me in person, by email, or by phone to verify that they wished to withdraw. The student participants were also informed on the on-line survey, prior to consenting that they could withdraw anytime until they submitted their responses after which it would not be possible to delete their data given the anonymity of the questionnaire. Interviewees were informed that if they wished to withdraw from the study, it would not be possible to delete their data after they were aggregated for analysis.

Summary

Chapter three described the strategies that were utilized to implement this mixed method research study to explore the transformational learning experiences and transitioning of RPN to BScN students in one collaborative BScN program in Ontario. This included specific details of the study design, strengths and weaknesses, site and participant selection, the pilot study to validate the quantitative data collection, data analysis and the ethical considerations. Chapter four and five presents the analysis of the findings followed by the summary and discussion in chapter six.
Chapter Four: Response Rate, Demographics and Findings of Research Question # 1 & 2

This chapter presents the response rate, demographics and findings of research question number one and two of this study that explored the transformational learning experiences of students enrolled in Excelsior (pseudonym), the collaborative Registered Practical Nurse (RPN) to Bachelors of Science in Nursing (BScN) program that is the focus of this study. This chapter is organized into three main sections. First I begin with a description of the response rates from the Learning Activity Survey (LAS) and demographic information on the participants who completed the survey. In the second section I describe the response rate for the interviews and provide a demographic profile of those participants. The third section presents the findings and data analysis for research questions number one and two.

Response Rate and Demographics

Student Response rate on Learning Activity Survey (LAS)

Ninety-nine (37.5%) of the 264 RPN to BScN students enrolled in years two, three and four of the program from March 2012 until June 2012 agreed to participate in this study and accessed the LAS survey online. Only 77 of those 99 participants completed the entire survey for a valid response rate of 29.1%. According to the literature, (Laguilles et al., 2011; Burns & Grove, 2009; Fan & Yan, 2009) the response rates experienced in higher education is traditionally fairly low so my goal was to reach at least 24% response rate. Twenty-two of the 99 students began to answer the questionnaire in which 18 chose yes and four chose no however, they only completed two or three questions. There are a couple of possible reasons why the 22 students did not finish the survey. According to Fan and Yan, (2009), web surveys have a lower completion rate than other modes often related to technology issues preventing respondents from completing the surveys. This may include browser issues, unreliable internet connection, or lack
of computer literacy. Another reason may result from this cohort of student being mature with multiple responsibilities and being interrupted while engaged in the survey and then never returning to complete it. Another reason may have been that the pilot study suggested that it would take about 20 minutes to complete the survey. According to Koskey, Kent, Sondergeld, Alvim and Slager (2015), the maximum amount of time college students are willing to spend on a survey is around 13 minutes. The student in this study who did not complete the entire survey may have felt the LAS survey was taking too long to complete so they chose not to finish it.

Furthermore, the consent form specifically stated that participants were free to decline to answer questions or withdraw from the study, for whatever reason, but only before submitting their data. They were informed that once they submitted their responses withdrawal was no longer an option given the anonymous nature of the survey.

The data entered by the 22 students who began the survey but did not complete it were excluded from the analysis and findings reported, because they had completed only two or three questions which meant that it was not possible to determine whether they had or had not experienced transformation. Excluding these data from the final analysis is supported by King, (2009) - the creator of the LAS tool - based on the structure of the survey tool itself. She explains that in order to determine if perspective transformation occurred, participants need to identify that they have indeed experienced a change in perspective which was indicated by a yes on question #1 on the LAS. For internal validity, their answer then needs to be supported by identifying at least one of the perspective transformative indicators which are captured in question #3 on the LAS. In addition, this is further validated by completing the open ended question #2a or #2b. These 22 participants did not complete these questions so their data could not be analyzed validly.
The response rate compared to the total enrolment (n=264) by year was 32.4% (n=25) for year two; 28.5% (n=22) for year three, and 38.9% (n=30) for year four. The enrollment data were provided by the registrar’s office at the time of data collection. Table 2 presents these data.

Table 2.

Learning Activity Survey (LAS) Response Rate by Year in the Program Compared to Total Enrollment at time of study (n=264).

<table>
<thead>
<tr>
<th>Year Enrolled in Program and Number of Students in Year</th>
<th>Response rate on LAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=264</td>
<td>n=77</td>
</tr>
<tr>
<td>Year 2-97 students</td>
<td>32.4% (n=25)</td>
</tr>
<tr>
<td>Year 3-82 students</td>
<td>28.5% (n=22)</td>
</tr>
<tr>
<td>Year 4-85 students</td>
<td>38.9% (n=30)</td>
</tr>
</tbody>
</table>

Demographic Profile of LAS Respondents

Gender. Sixty-nine (89.6%) of the valid respondents were female and 8 (10.4%) were male. The Ontario College Application Service (OCAS) data for applicants to the two college sites in which the study was conducted were similar for the same time period in that 347 (89%) of the total enrolment at these two sites were female, and 43 (11%) were male (Personal Communication with Mark Gaston, Data Analyst at OCAS, April, 4 and 7, 2014. The gender profile for the RPN to BScN students who participated in this study is also similar to the gender distribution in the entire applicant pool for the basic stream BScN program in 2013 (OCAS), in that 1000 (87%) of the 1150 applicants were female and only 150 (13%) were male. It is not surprising that the majority of the respondents were female as nursing has a long history of being a female dominated profession.

Age. As to the ages of the participants, 17 (22.1%) were under the age of 25; 21 (27.3%) were between the ages 26 and 30; 16 (20.8%) were between the ages 31 and 35; 10 (13%) were
between the ages of 36 and 40, 12 (15.6%) were between the ages of 41 to 50, and one (1.3%) was over 50 years of age. The average age of these participants was 32 years. The average age according to OCAS applicant data for the generic stream BScN program at a similar site of the study participants was 21 (n=1150), and the average age of university students across Canada as reported in the 2011 Canadian University Survey Consortium (CUSC) was 22. I found no data that reported the average age for mature students who applied to BScN programs as compared to those who applied to the generic stream BScN program. The findings in my study suggest that the RPN to BScN participants were older on average than traditional university students. Figure 2 depicts the age distribution data of the study participants.

![Figure 2. Distribution by Age Groups of RPN Participants Who Completed the Learning Activity Survey (n=77).](image)

In order to see how well the study participants reflected the age of students in other similar RPN programs in Ontario, I compared 2013 OCAS applicant demographic data to those of the study participants. According to OCAS data, there were six programs that offer the RPN to BScN program option in Ontario (Appendix A). However, applicants applied through OCAS for only four of these programs and the other two programs chose to have applicants go through
Ontario’s University Application Center (OUAC). The four other similar programs in 2013 had average ages of 28 (n=390) in Program A, 28.9 (n=547) in Program B, 29 (n=419) in Program C, and 27.5 (n=217) in Program D. The average age for the participants in my study was 32 which is slightly higher than the average age of the applicants to the four other programs. However, the study participants completed the LAS survey at least one year after they applied to the program; some of the study participants had been in the RPN to BScN program for three years which would increase their age compared to when they applied to OCAS in 2000. This means the average age of participants in this study would be more similar at the time they completed the OCAS application process. Figure 3 depicts the average age in the survey respondents compared to the four other similar programs at the time of their applications.

![Figure 3. Average Age of the Study Participants Compared with the Average Age of OCAS Applicants to Four Similar Programs in Ontario in 2013 (based on OCAS data).](image)

**Primarily language and ethnicity.** Eighty-nine percent of the 77 participants identified English as their primary language in my study which is similar to the OCAS applicant data for
similar programs in 2013 (Figure 4). In Program A, 366 (94%) of OCAS applicants identified English as the primary language spoken. In Program B, 478 (87%) did so, in Program C, 227 (89%), and in Program D, 201 (93%,) identified English as their primary language. The OCAS application data also provided information for one BScN generic program at one location that demonstrated similar rates as the four RPN to BScN programs with a total of 1078, or 95% of the 1,150 OCAS applicants identifying English as their primary language.

![Figure 4](chart.png)

**Figure 4.** Percentage of Students Reporting English as their Primary Language, compared to Languages other than English in Four RN to BScN Programs in Ontario in 2013 (based on OCAS data).

In self-reporting their ethnicity, most of the participants (n=50; 64.9%) identified their ethnicity as Caucasian; 17 (22%) as African; eight (10.4%) as Asian, one (1.3%) as Indian, and another one as Latino. Thirty-five percent of my participants reported their ethnicity as other Caucasian, which is 10.0% higher than the personal profile of university students reported by the CUSC in 2011. This is consistent with my finding in the literature which reports that mature students come from more diverse backgrounds than traditional students (e.g., Kasworm, 2008;
MacKeracher et al., 2006). Figure 5 displays the distribution of ethnicity identified by the survey participants in my study.

![Ethnicity Distribution](image)

**Figure 5. Ethnicity Self-reported by RPN Study Participants on LAS (n=77).**

**Work experiences as RPNs.** All of the RPN student participants had been working before entering the program. Well over half (62.3%; n=48) of the participants had worked between one and four years prior to entry into the program. Eighteen of them (23.4%) had worked between five and 10 years, and 10 (13%) reported less than one year of experience, and only one participant reported working more than 10 years. I found no literature that provided a profile of work experience of RPNs returning to school.

**Work hours per week while in the program.** Of the 77 participants who completed the LAS, 87% (n=67) were still working while going to school. Compared to the CUSC, 2011 (n=8, 549, 48%) the participants in my study reported working more hours per week while attending school which suggests they are “different” than traditional students attending higher education. The majority (31 or 46%) of the 67 students who answered this question in the study survey worked 12 to 24 hours per week. This equates to two, 12 hour shifts, per week which again is higher than what was reported in the 2011 CUSC data which found that 37% (n=8, 549) of those
students reported working 11 to 20 hours a week while attending their programs. Furthermore, eleven (4%) of the survey respondents reported they worked 25 to 36 hours per week and another seven (10.4%) actually worked more than 36 hours per week while attending the RPN to BScN program full time. The average number of hours worked by the 67 survey respondents was almost 20 (19.9) hours per week.

**Prior educational achievements.** All applicants to the RPN to BScN stream had to have successfully attained their practical nursing (PN) diploma at a recognized PN program in Canada and registration in the Ontario College of Nurses. Additional education achievement prior to completing their PN diploma was asked for in the LAS. Eighteen (23%) of the 77 participants reported they had also earned other educational qualifications. As to the highest education completed, one participant had earned a medical doctorate degree in another country. Two (3%) had earned a Master’s degree, 13 (17%) had an undergraduate degree and 2 (3%) an associated degree before earning their RPN diploma, but they were not asked to indicate where they had completed those degrees. I did not find any discussion on the topic of prior educational attainment for nurses returning to school to upgrade their credentials in the literature so these data add new information.

**Marital status and children.** With respect to relationship status, most of the 77 survey respondents (i.e., 35 or 45.5%) were married; 26 (33.8%) were single; 10 (13%) had partners; five (6.5%) were divorced, and one (1.3%) was widowed. Almost half (n=36; 46.8%), of the participants were supporting children financially while enrolled in the program at the time of the study. A total of 19 (25%) of the participants identified themselves as having other family responsibilities which included 17 (22%) who were caring for elderly parents, one who was caring for a disabled family member, and one who was caring for an ill family member. The
profile of my participants is similar to those I identified in my review of the literature which explored LPN to RN students with respect to marital status and having dependent children (e.g., Prindle, 2005, Schultz 1992). However, the participants in this study were very different from the student participants in the CUSC survey (2011). In the CUSC report, of the 8,549 participants, 13% reported they were married or in a common-law relationship, and 9.0% reported having children, compared with the 55% of participants in this survey who were married or had partners, and 46.8% who reported they had children to support and another 25% reported caring for other family members.

**Response Rate for Student and Graduate Interviews**

Overall 29 (37.7%) of the 77 students who had completed the LAS survey also participated in interviews. Of the 29 students interviewed, 12 (34.2%) were in year two, 10 (28.5%) were in year three, and seven (20%) in year four. In addition, six graduates of the program agreed to participate in interviews for a total of 35 interviews. Demographic data were collected only from those who completed the LAS, and not from the graduates interviewed. The only demographic attribute asked of the graduate interviewees was how many years they had been working as RNs. At the time of the interviews, five of the graduates had been working for two years as RNs, and one had only one year of work experience.

**Summary of Demographic Data**

The RPN students who completed the LAS were generally older with a more diverse ethnic background than the traditional post-secondary student as compared to demographics noted by the Canadian University Survey Consortium (CUSC) in 2011. As well, the RPNs in my study also worked more hours per week and had greater responsibilities of childcare compared to traditional university student attending higher education (CUSC, 2011). This finding of the RPN
profile adds to the literature on mature students returning to school in which scholars assert that the diversity of mature students is greater and needs to be considered when addressing these learners (Kasworm, 2014; Merriam et al., 2007; MacKeracher et al., 2006). However, the demographic profile of the RPN learners in this study is similar to the findings of authors who explored the LPN to RN students in various education programs in North America (Claywell, 2003; Cook et al., Gordon et al., 2013; Porter-Wenzlaff and Froman, 2008; Prindle, 2005). The two unique findings in my study which add new understanding to the literature was that of the educational background of my RPN participants and the years of experience they had worked as an RPN before beginning the RPN to BScN program. I have not found this demographic information published in the literature on the topic of interest so will be helpful for other researchers to make a comparison in the Canadian context.

**Research Question #1 asked, “What is the incidence of the RPN students reporting experiences of perspective transformation and is there a relationship with entry characteristics such as gender, primary language, prior education completed, age category, length of RPN experience, and year in program?”**

To answer research question #1, using SPSS software, frequencies were run and of the 77 participants 64 (83%) answered “yes”, they had experienced a change in values, beliefs or opinions and the remaining 13 (17%) answered “no”. Twenty-two (34%) of those who said yes they had experienced a change were from year two of the program, 15 (23%) were from year three and 27 (42%) from year four. This occurrence of reporting transformative learning is similar to previous studies that utilized the LAS survey and table three displays the comparison of the findings of my study to these prior studies (Table 3). For instance, 83% of participants in
this study reported experiencing transformative learning compared to the 95% of participants in an Adult Basic Education program, and 68.8% of Adult ESL learners in College programs.

Table 3.

**Percentage of LAS Study Participants Reporting Transformative Learning Compared to Literature.**

<table>
<thead>
<tr>
<th>Studies that used LAS</th>
<th>Percentage Reporting Transformative Learning</th>
<th>Description of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Study</td>
<td>83% (n=67)</td>
<td>RPN to BScN students</td>
</tr>
<tr>
<td>Brock 2009 (ref)</td>
<td>48.8% (n=256)</td>
<td>Undergrad business students</td>
</tr>
<tr>
<td>King &amp; Wright 2003 (ref)</td>
<td>95.0% (n=19)</td>
<td>Adult Basic Education program</td>
</tr>
<tr>
<td>King 2000 (ref)</td>
<td>66.8% (n=208)</td>
<td>Adult ESL learners in College programs</td>
</tr>
<tr>
<td>King 2001 (ref)</td>
<td>71.0% (n=17)</td>
<td>Professor’s learning how to use technology</td>
</tr>
<tr>
<td>King 1999 (ref)</td>
<td>91.5% (n=47)</td>
<td>Teachers in a graduate education program on how to use technology in the classroom</td>
</tr>
</tbody>
</table>

To explore the relationship between different variables, a cross tabulation was conducted between the independent variable “identifying oneself as experiencing a change in thinking” (Question #2 on the LAS survey) and the dependent variables of gender, primary language spoken, prior education completed before the RPN to BScN program, age category, years of experience as a RPN, and the participant’s year in the program.
Transformational learning (TL) and Gender

The results demonstrated that there was a statistically significant difference between female and male participants in my study on the LAS with respect to self-reported transformational learning. Eighty-seven percent (n=60) of the females reported experiencing a change in their beliefs and assumptions, compared to only 50% (n=4) of the male participants. The males (n=8) in my study were 37% less likely to identify a change in their beliefs compared to the female participants as a result of being in the RPN to BScN program as depicted in Table four. A chi square test of independence was performed to examine the relationship between gender and identifying as experiencing transformational learning. The relationship between these variables was significant, $\chi^2 (1, N=77) = 6.977$, $p=.008$. Since there were cells of less than 5 count, a Fisher’s exact test was run which demonstrated a statistical significance of $p=0.024$ (2-tailed test). Sixty-nine female students participated in the study, of whom 60 responded positively to this questions compared with only eight males of whom only four did so.

Table 4. Cross tabulation and Chi Square of Student Reporting Transformational Learning and Gender (n=77).

<table>
<thead>
<tr>
<th>Transformational Learning Reported*</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60 (87%)</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>No</td>
<td>9 (13%)</td>
<td>4 (50%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to gender?  
Note. $\chi^2 = 6.977$, df = 1. Numbers in parentheses indicate column percentages  
*p=.008  
Fisher’s Exact = .024

Male participation in the nursing profession has traditionally been much lower than that of females; according to Meadus and Twomey (2011), male RNs comprise only 5.8% of practitioners in Canada compared with 94.2% female RNs. It is unlikely that I would have been able to recruit more male RPN to BScN students to my study given the program participation
rate of 10.4% males. In exploring the literature with reference to male nursing student challenges in education, I found that several authors argued that nursing education is fundamentally geared towards females and creates barriers for male students (e.g., Bartfay, Bartfay, Clow & Wu, 2010; Meadus & Twomey, 2011; Wolfenden, 2011). These authors recommend that nursing faculty review their curriculum to provide more gender-neutral learning opportunities. I found some literature that substantiates that male nursing students feel less supported by nursing faculty than female students do (Meadus & Twomey, 2011). Bartfay et al., (2010) surveyed undergraduate nursing students in Ontario and noted that males in nursing education tended to experience greater levels of stress and anxiety because they were in the minority and were often chosen by nursing faculty to answer questions in class because they are more visible.

In exploring the literature on transformational learning, I found little discussion that addressed the gender variable directly. Cranton (2006a) did make reference to writers who have focused their study on gender differences in learning and noted that “women learn through relationships with others, through nurturing and caring, and by connecting with each other” (p. 42). Cranton did not comment on the learning style of males. Cranton supported the notion that people engage in transformative learning in diverse ways and that learning through relationships may occur more for some than others. However, she did not explicitly state that relational knowing was specific to a gender.

Cranton (2006a) did emphasize that to create a transformative learning environment, educators must create open relationships that facilitate genuine responses from students and they must become aware of the attributes and diverse learning preferences of their students. It may be
that the female lens that has traditionally dominated nursing education hinders nursing faculty from creating transformational learning in male nursing students.

**Transformational Learning and Primary Language (English or Other)**

Mezirow (2000) points out that culture and language can influence, either positively or negatively, adults when they engage in critical discourse, which facilitates transformative learning. An overall summary of the computed cross tabulation for students identifying a change in thinking and primary language (English or Other) resulted in no clear dependent relationship (Table 5). Fifty-seven (89%) students who identified English as their primary language answered “yes” to transformational learning, while only 7 (10.9%) students who answered “yes” identified that they spoke another language. The observed chi square test of independence results showed no relation between these variables, $\chi^2 (1, N=77) = .207, p=.649$.

**Table 5.**

*Cross tabulation and Chi square of Reporting Transformational Learning and Language (English or Other, n=77).*

<table>
<thead>
<tr>
<th>Transformational Learning Reported*</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>57 (83.8%)</td>
<td>7 (77.8%)</td>
</tr>
<tr>
<td>No</td>
<td>11 (16.2%)</td>
<td>2 (22.2%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to language?*

Note. $\chi^2 = .207$, df = 1. Numbers in parentheses indicate column percentages

*p=.649

Fisher’s Exact = .643

**Transformational Learning and Prior Education**

According to several authors on transformational learning, past education can influence a person’s perception of their ability to learn and engage in critical discourse (Cranton, 2006a; Mezirow, 2000; Mezirow, Taylor, & Associates, 2009). This suggests that students who had engaged in formal higher education, such as completing a diploma or degree in an alternative program prior to the RPN to BScN program, would be more open and willing to change their perspectives. A question on the LAS asked participants to identify if they had completed a
diploma, degree, or graduate degree prior to the RPN to BScN program. All the participants identified a college diploma however a requirement of the RPN to BScN program was to have successfully obtained their PN diploma. Thus all the participants chose this item on the LAS but it did not distinguish if they also completed another diploma. For this reason, to explore if prior education completed before entering the RPN to BScN program had any relationship with students who reported experiencing transformative learning, a cross tabulation was computed utilizing the items degree, Masters or Doctorate. The test for association results indicate that prior education (Degree, Masters, or Doctorate) is not statistically associated with students identifying transformational learning, \( \chi^2 \) (1, N=77) = .001, \( p=.978 \) (Table 6).

### Table 6.
*Cross tabulation and Chi square of Students Reporting Transformational Learning and Prior Education (Degree, Masters, Doctorate) (n=77).*

<table>
<thead>
<tr>
<th>Transformational Learning Reported*</th>
<th>Prior Education (Degree, Masters, Doctorate)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>15 (83.3%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3 (16.7%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to prior education?*

Note. \( \chi^2 = .001 \), df = 1. Numbers in parentheses indicate column percentages

*p=.978

Fisher’s Exact = 1

### Transformative Learning and Age

An essential part of transformational learning theory is critical reflection upon one’s knowledge and beliefs. Merriam (2004) argued that to engage in critical reflection of one’s beliefs and assumptions, one must be at a high developmental stage. Some scholars believe that adults returning to school later in life have less capacity to engage in reflective dialogue with self and others (e.g., Belenky & Stanton, 2000). To explore how age influenced students reporting having experienced transformative learning, a cross tabulation and Chi square was calculated (Table 7). The cross tabulation showed that students younger than 30 years of age (92.1%) were 22% more likely to report transformative learning than those in the 31 to 35 age group (75%),
and those over 40 years of age (75%). However, those under 30 were only 15% more likely to have reported transformative learning than those aged 35 to 40 years. The relationship between these variables were not statistically significant according to the chi-square test of independence, $\chi^2 (3, N=77) = 4.795, p = .187$.

**Table 7.**
*Cross tabulation and Chi square of Students Reporting Transformational Learning and Age Category (n=77).*

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt;25 to 30yrs</th>
<th>31 to 35yrs</th>
<th>36 to 40yrs</th>
<th>&gt;40yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational Learning Reported*</td>
<td>Yes</td>
<td>35 (91.2%)</td>
<td>12 (75.0%)</td>
<td>8 (80.0%)</td>
</tr>
<tr>
<td>No</td>
<td>3 (7.9%)</td>
<td>4 (25.0%)</td>
<td>2 (20.0%)</td>
<td>4 (30.8%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to age category?*  
Note. $\chi^2 = 4.795$, df = 3. Numbers in parentheses indicate column percentages  
*p=.187

**Transformative Learning and Experience as an RPN**

Cranton (2006a) described how “habits of mind” shape and influence how adults frame their understanding of the world and that they are the foundations of one’s assumptions and beliefs. To engage in transformation, habits of mind need to be critically questioned. For instance, some authors have found that the longer a person has been practicing as an RN, the more difficult the transition was for them to move into the nurse practitioner role (Heitz & Steiner, 2004; Steiner et al., 2008). It is possible that the students in my study who had more years of practicing as an RPN had a greater challenge in “changing” their habits and identifying a different view of their nursing role than those who were less experience, as they had had more time to assimilate the RPN role. However, the cross tabulation and chi square test of independence for students reporting a change in their thinking with the years of experience as an RPN found no statistical association between these variables, $\chi^2 (2, N=77) = 1.419, p = .492$ (Table 8.) Overall, the results illustrated that participants who worked as an RPN between five
and 11 years were only 0.6% less more likely to report a change in their thinking compared to the students who had been working as an RPN for less than a year.

Table 8.  
*Cross tabulation and Chi square of Students Reporting Transformational Learning & Years of RPN Experience (n=77).*

<table>
<thead>
<tr>
<th>Years of RPN Experience</th>
<th>Transformational Learning Reported*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1yr</td>
<td>Yes 1 (90.0%)</td>
</tr>
<tr>
<td></td>
<td>No 10 (10.0%)</td>
</tr>
<tr>
<td>1-4yrs</td>
<td>Yes 10 (79.2%)</td>
</tr>
<tr>
<td></td>
<td>No 48 (20.8%)</td>
</tr>
<tr>
<td>5-11yrs</td>
<td>Yes 2 (89.5%)</td>
</tr>
<tr>
<td></td>
<td>No 19 (10.5%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to years of RPN experience? Note. \( \chi^2 = 1.419, df = 2 \). Numbers in parentheses indicate column percentages

*p=.492

Transformative Learning and Year in the Program

Mezirow describes transformative learning as occurring either from an “epochal” event or gradually through time (2000). To explore this concept a cross tabulation and chi-square was computed for students reporting transformative learning with year in the program (year 2, year 3, year 4). The results revealed that there was no statistically significant association between the students based upon year in the program, \( \chi^2 (2, N=77) = 4.935, p=0.085 \) (Table 9). Overall, my participants seemed to have a change in thinking that was more influenced by a sudden change (Mezirow’s concept of “epochal”) rather than advancement through the program.

Table 9.  
*Cross tabulation and Chi square of Students Reporting Transformational Learning and Year in the Program (year 2, year 3, year 4) (n=77).*

<table>
<thead>
<tr>
<th>Year in the Program</th>
<th>Transformational Learning Reported*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2</td>
<td>Yes 22 (88.0%)</td>
</tr>
<tr>
<td></td>
<td>No 3 (12.0%)</td>
</tr>
<tr>
<td>Year 3</td>
<td>Yes 15 (68.2%)</td>
</tr>
<tr>
<td></td>
<td>No 7 (31.8%)</td>
</tr>
<tr>
<td>Year 4</td>
<td>Yes 27 (90.0%)</td>
</tr>
<tr>
<td></td>
<td>No 3 (10.0%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to years in the program.

Note. \( \chi^2 = 4.935, df = 2 \). Numbers in parentheses indicate column percentages

*p=.085
Summary of Findings Related to the Literature

In summary, the only variables that resulted in a statistical association with reporting transformative learning was gender. I could find very little literature that addressed gender differences and transformative learning thus this result needs to be further researched. King (2000) also computed cross tabulation and chi-square on demographic attributes to discover if these factors were predictive of transformative learning. She found no statistically significant difference and said “none of these factors could predict a greater or lesser likelihood to experience perspective transformation” and “this fact indicates that it is not valid to try and anticipate perspective transformation experiences” centered on demographic information (p. 83). My results are more consistent with her findings.

Cragg et al., (2001) addressed length of work experience as an RN before returning to school to upgrade to a BScN as a predictor for experiencing transformation and found the same result, that is, length of work experience had no significant impact. However, these researchers concluded that the change in perspective and thinking was more related to “readiness” and “willingness” to change, and wasn’t influenced directly by years of work experience. I believe that the RPNs in my study consciously chose to return to school (despite considerable demands on their time and energy) which suggests that they were ready and willing to learn.

The one finding reported in the literature that is dissimilar is the length of time in the program and its influence on transformative experiences. Both Brock (2010) and King (2000) noted a statistically significant difference in length in the program as a predictor of transformative learning. Both authors found that the longer the students were in a program, the more likely they were to experience a change in perspective. My results did not show this trend which could be a result of my small sample size but does suggest that my participants may have
experienced more of an “epochal” event in the program that contributed to their change in thinking.

Research Question # 2 asked, “What is the relationship of ‘disorienting experiences’ in their personal life, and working while in the program as an RPN and the degree of transformative learning as reported by the participating students?”

Transformative Learning (TL) and Life Events

King (2009) made reference to stressful life events that occur in adulthood that can trigger a transformation in previously held beliefs and assumptions. To determine if a life event such as, marriage, birth/adoption of child, moving, divorce/separation, death of loved one, change or loss of job, influenced whether or not students reported transformative learning, cross tabulation and chi-square test of independence was computed. Fifty-one percent (n=33) of the students identified a change in their thinking and chose a life event (e.g., loss of job, death of a loved one, moved, married, divorced, and or birth of a child) while in the program. Thirty-one students (48%) identified as experiencing a change in their thinking but did not chose a life event and a contributing factor. The relation between these variables was not significant, \( \chi^2 (1, N=77) = 1.360, p = .243 \) (Table 10).

<table>
<thead>
<tr>
<th>Reported Transformational Learning*</th>
<th>Life Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>33 (78.6%)</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>9 (21.4%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>31 (88.6%)</td>
</tr>
<tr>
<td></td>
<td>4 (11.4%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to life events.

Note. \( \chi^2 = 1.360, df = 1. \) Numbers in parentheses indicate column percentages

*\( p=.243 \)

Fisher’s Exact = .361
Transformative Learning and Working as RPN while in the Program

Working as an RPN while in the program may influence whether or not students are able to critically reflect upon their new knowledge from the program and consider different ways of behaving while they are working as an RPN. Cranton (2006a) emphasized that experiential learning may provide a trigger an opportunity for students to contemplate new meaning as they experience the real world. As well, one of Mezirow’s ten phases in transformative learning is the ability to try on new “roles” which may transpire as students integrate new knowledge into their meaning scheme and take that to their workplace as an RPN. To explore this concept, cross tabulation and chi-square was computed. Nine (14%) of the RPNs who were not working reported experiencing a change in their thinking, while 55 (85.9%) of the students identified a change were working while in the program. The chi square test of independence results showed no statistically significant difference in reporting transformative learning with year in the program suggesting that working as an RPN while in the program did not influence my participants $\chi^2 (1, N=77) = .388, p = .533$ (Table 11).

Table 11.
Cross tabulation and Chi square of Students Reporting Transformational Learning and Working as an RPN While in the Program (n=77).

<table>
<thead>
<tr>
<th>Transformative Learning Reported*</th>
<th>Working as RPN</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes: 55 (82.1%)</td>
<td>9 (90.0%)</td>
</tr>
<tr>
<td>No</td>
<td>12 (17.9%)</td>
<td>1 (10.0%)</td>
</tr>
</tbody>
</table>

*Did you experience a change in thinking since being in the program as it relates to working as an RPN?

Note. $\chi^2 = .388$, df = 1. Numbers in parentheses indicate column percentages

$p=.533$

Fisher’s Exact = 1
Summary of Findings related to the Literature

Life experiences and working as an RPN while in the program did not result in any statistically significant difference in the study participants’ self-reported transformative learning. Some literature does support life events as triggers for change because they interact with the students’ educational experience (King 2009). However, life experiences and working as an RPN did not play a major role for most of participants in this study.
Chapter Five: Findings and Analysis Related to Research Questions #3, 4, and 5

This chapter will address the research findings and analysis for research question number three, four, and five. The findings are reported first followed by interpretation based on the literature in an integrated section below each research question. For clarity in the analysis of the qualitative data, the interview participants are identified as; RPN to BScN students by year in the program (Y2), (Y3), (Y4), Graduates as (G) and Faculty are identified as (F). As well to maintain anonymity, the gender of participants are all identified as female.

Question #3 asked, “What are the perceptions of the RPN to BScN participants regarding factors that facilitate and support perspective transformation/transition from RPN to BScN based on their lived experiences?”

LAS Responses

Participant responses to LAS Questionnaire Survey (Appendix F) questions 1, 2 and 6 provided the answers to Research Question #3. Quantitative data and the open-ended responses on the LAS survey questionnaire explored whether or not the participating students felt they had experienced perspective transformation/transition as a result of being in the RPN program, and why they felt they had a change in their thinking or not.

Transformative Experiences Identified. Of the 77 participants 64 (83%) answered “yes” they had experienced a change in values, beliefs or opinions and the remaining 13 (17%) answered “no”. The participants who responded no will be analyzed and interpreted under research question four. Twenty-two (34%) of those who said yes, they had experienced a change were from year two of the program, 15 (23%) were from year three and 27 (42%) from year four. This occurrence of reporting transformative learning is similar to the findings of previous studies that utilized the LAS survey (Table 3 pg. 144)
The LAS also had an open ended question (#2a) that further asked for a brief description for their change in beliefs, values or opinions while taking courses in the program. Forty-five (70%) of the 64 student participants who responded “yes”, they had experienced a transformation also provided a brief description in responding to question #2a. I identified three major themes in these 45 responses, namely, increased knowledge and critical thinking, using evidence based research to inform decision making, and leadership and advocacy. Table 12 (p. 159) below depicts the collated results for these themes based upon year in the program.

Knowledge and Critical Thinking. Increased knowledge and critical thinking were cited 24 times in the qualitative responses. Knowledge gained was stated to be the depth and breadth of new knowledge and how they used that new knowledge to think critically about nursing practice. Student 24 (Year two) described this as, “Now I realize that becoming an RN has changed the manner in which I critically think about nursing situations”, and student 19 (Year three) described the change as “I have acquired a great deal of new knowledge that I put to use in my current practice as an RPN.” Another student (Student three, Year four) stated, “My approach has changed based on the depth of the knowledge I have gained.”

The College of Nurses of Ontario (2009b) differentiates the difference between the RN and RPN as the depth of knowledge which enhances the RN’s critical thinking abilities. Based on this theme that I identified in the responses to the open ended questions on the LAS, the RPNs in my study felt they did experience a change and transition in their clinical thinking as a result of new knowledge gained. Claywell (2003) also noted in her qualitative study of LPNs returning to school for their RN qualification that the graduates’ confidence in critically thinking and ability to make autonomous decisions were a result of their educational experience.
**Evidence/Research to Inform Decision Making.** The second theme that I identified in the participants’ responses was learning how to use research evidence to inform decision making in practice. Nineteen (42%) of the 45 student participants commented on how their perceptions about nursing practice had changed because of their ability to now utilize research evidence. The following quotes demonstrate the impact of using research evidence had on changing the perspectives of these students. Student 19 (Year three) stated, “I have begun to value research more, and love the fact I can now find quality evidence to answer any questions I have (or to back myself up in an argument),” and Student 60 (Year four) said “I have also realized the importance of research in the context of advancing health care.” The use of research literature to guide practice decisions has only recently become a key component to nursing practice for both the RN and RPN. The integration of research and evidence-based decision skills in a two-year diploma RPN program is challenging and limited because of the lack of time to address these important topics in depth. Learning how to integrate and utilize research in their practice provided new learning and relevance to their nursing care. Lillibridge and Fox, (2005) discovered from their participants who returned to obtain a degree in nursing that exposing students to value-added content and encouraging them to utilize this new learning in an experiential way supported their participants’ transitioning. Fetherston and Kelly (2007) also advocated for acquisition and practice of new knowledge in facilitating transformation in thinking. Participants in my study felt that learning how to find, utilize and integrate research was a valuable topic for the RPN to BScN students which enhanced their transitioning.

**Leadership and Advocacy.** The third predominant theme that I identified focused on leadership. Several of the RPN students (n=13; 28.9%) explained that they now see that the RN role includes responsibility for advocating for patients and for taking on a leadership role. This
is evident in the following participant comments: “It is huge…to advocate, to speak out about injustice, to seek out change for ourselves and for our patients” (Student 58, Year two), and “I have also come to gain a glimpse at the power my voice will have as a registered nurse” (Student 48, Year two).

Two students in fourth year, (Student 61 and Student 65) addressed all three of the major themes explicitly. Student 61 stated:

My enhanced knowledge base and critical thinking skills have allowed me to make informed evidence-based decisions in regards to patient care. I have truly realized how important advocating for my patients is, especially when collaborating with members of an interprofessional team.

And student 65 put it this way:

I have an increased understanding of the value of critical inquiry in which you need a deeper understanding of pathophysiology related to disease and diagnoses. I have an increased self-assurance in practice and have gained the ability to better advocate for patients and practice evidence-based decision making because of this program.

Another two students explained how they had changed as persons as a result of struggling in the program. Student 55 (Year four) said:

I was overwhelmed with the workload, something I expected, but still the intensity of it was a challenge, especially for a working adult student, with obligations to family, employers and the university. I grew as a person as a result of my experiences in the program but I believe that every new experience is an opportunity for personal and professional growth and I took advantage of that.

And, Student 56 (Year four) commented:
My biggest struggle ended up (with) the politics of being back in school - struggles with role identity being back in a student role, and feeling frustrated when pooled with inexperienced generic stream students. I grew and changed, but not in any way I expected. My growing came from my struggles, not from my classes.

Increasing self-confidence, achieving personal development and feeling more competent in advocating for self and others are themes that are consistent with the literature on mature students returning to school as LPN to RN students (e.g., Claywell, 2003, Gordon & Melrose, 2010; Obrien, Keogh & Neenan, 2009; Schultz, 1992; Stone, 2008).

**Table 12.**
*Themes Identified in Responses to Question #2a, “Describe the change in belief, values, opinions, or expectations since you have been taking courses in this program?”* (n=67).

<table>
<thead>
<tr>
<th>Themes identified in comments*</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased knowledge &amp; critical thinking</td>
<td>8 (53.3%)</td>
<td>5 (20.8%)</td>
<td>11 (55.0%)</td>
<td>24 (53.3%)</td>
</tr>
<tr>
<td>Use of Evidence/Research to inform decision making</td>
<td>6 (40.0%)</td>
<td>6 (60.0%)</td>
<td>7 (35.0%)</td>
<td>19 (42.0%)</td>
</tr>
<tr>
<td>Leadership and Advocacy</td>
<td>4 (26.6%)</td>
<td>2 (20.0%)</td>
<td>7 (35.0%)</td>
<td>13 (28.8%)</td>
</tr>
<tr>
<td>See Difference between RPN and RN</td>
<td>1 (0.06%)</td>
<td>1 (10.0%)</td>
<td>3 (15.0%)</td>
<td>4 (8.8%)</td>
</tr>
<tr>
<td>Growth from struggling in program</td>
<td>0</td>
<td>0</td>
<td>2 (10.0%)</td>
<td>2 (4.4%)</td>
</tr>
</tbody>
</table>

*Note: Some comments touched on more than one theme*

**Interview Findings and LAS Responses**

LAS survey Question #6 and the follow up interviews explored in more depth the participants’ perceptions on what facilitated transformation in the students. This question asked the students to select all of the listed learning experiences that they felt had contributed to the transformation. The learning experiences that the students could select from encompassed
courses, personal support, learning activities, and life changes. Within each of the categories there are sub-categories that the students could again select as many items that pertained to them (Appendix F).

In the interviews the participants were prompted to recall their experiences around the major categories from question #6 on the LAS survey which was related to courses, personal support, learning activities, life events. One of the interview questions asked was, “What experiences in the program stand out as being helpful to your learning and transitioning?” Of the 29 students who participated in the LAS follow-up interviews, 12 students were from year two, 10 from year three, and seven from year four. The six graduates who consented to the interview did not complete the LAS. RPN student comments are presented first and are identified by the year of the program they were in at the time they participated in the interview, that is Y2, Y3 or Y4, followed by their unique code number, and Graduates’ responses are identified as (G).

**Year two students.** Of the 77 student participants who completed the LAS tool, 64 (83%) identified themselves as having a change in perspective. Twenty-two (34%) of those students were from year two of the program and had just finished all their year two courses at the time of the survey. Twelve of those year two students who completed the LAS participated in follow-up interviews. The LAS asked students who identified a change in perspective to then further select what courses, learning activities and interactions they engaged in in year two of the program had helped to facilitate that change (Question #6 on LAS). Of the 22 year two students, 21 (95%) identified a specific course, 17 (77.2%) selected a personal influence, 16 (72.7%) identified learning activities, and 5 (22.7%) selected a life event. Figure six presents the frequencies for year two students within the four categories; courses, personal influences, learning activities, and life events.
Courses reported as facilitating change. Twenty-one (95%) of the 22 year two students selected the option of a course that helped to facilitate a change in thinking. The top four specific courses identified were: Nursing Y2A (n=16, 76%), Nursing Y2B (n=15, 71.4%), Nursing Y2C (n=11, 52.3%), and Health Science Y2G (n=10, 46.7%). Table 13 (p. 164) presents all the responses selected from the LAS survey by the students (n=22) under the category of courses. In addition, Table 13 identifies how often the courses where discussed by the 12 students who participated in the interviews. Appendix N provides the descriptions of these courses.

In the interviews, the year two students openly voiced which courses they felt helped them most in their learning. Several of the courses they discussed were consistent with those selected in the LAS responses. Both Nursing Y2A (n=9, 75%) and Nursing Y2B (n=9, 75%) were talked about the most followed by Health Science Y2G 2 (n=6, 50%). The fourth most talked (n=6, 50%) about course was Pathophysiology IY2F.

Both Nursing Y2A and Y2B courses are small group classes in which the RPN students are in their own cohort of learners. Case scenarios are used as a foundation for learning which

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**Figure 6. Distribution of Learning Experiences that Facilitated Change Selected by Year 2 Students (n=22). (*participants able to choose more than one option)**
involves researching best evidence and sharing amongst the group what they have learned. The small group provides opportunity to build relationships and get to know peers and the teacher. The LAS findings showed that over 70% of the year two students identified these nursing courses as facilitating a change in their thinking. The following examples from the interview transcripts illustrates how the year two students found the small group nursing course useful to their learning. Y2-7 described;

(Small group learning)...It is a different way of learning. The teacher is gently guiding and directing us but really we are the ones (who had) to start identifying what our learning gaps were and then coming up with the information to fill those gaps. It is more like an independent; you are starting to think a different way. It is not just come and memorize stuff we as a small group need to arrive at the answers but we have to get there ourselves which I think is an important part of the learning process.

Another student, Y2-10, explained how she found the small group learning courses helpful in her transformative journey:

(Nursing Y2A & Y2B, small group) was definitely one of the courses that I enjoyed in both semesters because I see myself where I used to think versus where I think now. It pushes your thinking process because once you started with the case scenarios we (as a group) came up with questions, then you take the questions that you are responsible for researching, you go home and you research it. Then you come back with concise information that you are able to share with the group. It really made you think differently especially when you started listening to your peers.

On the LAS survey, 11 (n=22, 52.3%) year two students selected Nursing Y2C as facilitating a change in their thinking. Four (33.3%) of the 12 students who took part in the
interviews also commented on this course as being influential and provided insight around why the course helped. Student Y2-3 explained her “aha” moment in discovering the difference between and RPN and an RN that occurred while she was in the Nursing Y2C course.

I think (Nursing Y2C) really made you think deeper because I thought ‘Oh yeah task oriented, when this happens I know exactly what to do’ but then when (the teacher) asks you to break everything down, I really didn't know what I was doing! I really thought I did but I really didn't. She said ‘you really have to stop and think before you act’ and I think that is like the whole difference between the RPN and the RN cause they don't teach you that in the RPN program. They just teach you that if you see this you do this and there is like no real thinking piece, you are always so focused on that task so now I question everything.

Another explanation that describes learning that occurred in the Nursing Y2C course, can be heard in what Y2-5 said:

My (teacher) was great in terms of making us recognize what a learning gap is (in the Nursing Y2C course). I wasn't even familiar with the term ‘learning gap’ but now I am able to question things, identify my learning gaps and how I should go and find the answers and tell everyone else. It was great!

Health Science Y2G was the third most frequently identified chosen course by 10 students on the LAS (46.7%) and six (50%) of the 12 interviewed students. The interview comments describe in more detail why the course added value to their learning. Student Y2-4 described how this course opened her thinking to consider health care issues outside of acute care settings that she had never contemplated before. She said ‘(Health Science Y2G) was incredible, (it really helped you) to look at the problems upstream and identify what are the
health issues that are happening before that person presents in an acute care setting. So that was really eye-opening!’ Another example is from student, Y2-9 who explained why Health Science Y2G helped facilitate a change in her thinking:

It opened you up to what was going on in the bigger picture. It let you look at how you can make an impact in certain areas and where things were going and why things were the way they were. Looking at the aboriginal situation and people coming in and telling you the prices of food up there, ‘no wonder you don't eat healthy, it's impossible.’ You kind of look at the ‘wow, this is why you are being impacted in this way and that you are having really difficult choices to make’ and you end up having a heart for them and you want to seek answers rather than blaming them. It was (the Health Science Y2G) course!

Table 13. 
Courses Identified as Facilitating Change Selected by Year 2 students on LAS (n=21) and Interviews (n=12).

<table>
<thead>
<tr>
<th>Course Titles in Year 2 of RPN to BScN program</th>
<th>LAS Courses Selected n=21</th>
<th>Interviews n=12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Y2A</td>
<td>16 (76.0%)</td>
<td>9 (75.0%)</td>
</tr>
<tr>
<td>Nursing Y2B</td>
<td>15 (71.4%)</td>
<td>9 (75.0%)</td>
</tr>
<tr>
<td>Nursing Y2C</td>
<td>11 (52.3%)</td>
<td>4 (33.3%)</td>
</tr>
<tr>
<td>Health Science Y2G</td>
<td>10 (46.7%)</td>
<td>7 (58.3%)</td>
</tr>
<tr>
<td>Pathophysiology IY2F</td>
<td>7 (33.3%)</td>
<td>5 (50.0%)</td>
</tr>
<tr>
<td>Nursing Y2D</td>
<td>7 (33.3%)</td>
<td>3 (25.0%)</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology Y2E</td>
<td>2 (9.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Health Science Y2H</td>
<td>1 (4.4%)</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: See Appendix N for Course descriptions

Personal influences that facilitated change. Personal influences on facilitating change was the second most frequently chosen option identified by the students on the LAS tool.

Seventeen (68%) of the year two students chose this item on the LAS tool. This topic was
broken into three additional subtopics which were: teachers’ support, challenge by a teacher, and another student’s support. The most frequently identified sub-concept selected was a teacher’s support (n=15, 88.2%), followed by a challenge from a teacher (n=12, 70.5%), and another student’s support was chosen by six (35.0%) of the year two students who completed the LAS. In addition, all 12 of the students in the interviews mentioned tutor support and a challenge from a tutor as helpful in facilitating their learning, and five (41.6%) mentioned another student’s support as being influential in their change in perspective. Table 14 (p. 166) displays the results for the LAS and the number of students who identified the topic in the interviews.

All of the year two interview transcripts included statements that showed that the teacher’s support was influential in their learning. A number of comments in the transcripts substantiated and provided greater detail of the positive effect the teachers had on pushing them to think beyond or differently. Y2-4 commented:

I was just overwhelmed by how positive every one (of the teachers) was, and I just remember thinking ‘these people actually really want me to succeed’. It seemed like they had an invested interest in me succeeding…everyone really wants you to succeed and they are very much there to like push your thinking and challenge you but really care about your success!

Similarly, Y2-10 reported:

My (Nursing Y2A, small group nursing course) teacher was awesome! She was very influential and very instrumental in my transition…She was very understanding and she came at it from an angle where ‘I am your teacher, yes, and I am also 100% here to help you learn and to help you have an easy transition for the next year.’ Her professionalism,
her manners, her respectfulness, the way she went about teaching us, the way she went about asking us questions, she modeled the role of an RN very well! Very well!

The student interviews also shed light on how the students’ support helped them in the program. For instance, Y2-2 said

Being in small groups for (Nursing Y2A & Y2B) and having that (peer) support was awesome! Our group was very supportive, very understanding, we were different racial backgrounds and everybody was different and unique in their own way. But the common theme was that we were all RPNs, all doing the transition year, we were bound to feel similar emotions and experience similar things. Having that support and having that understanding was very much key.

And, Y2-9 put it this way, “Our little small group in (Nursing Y2A & Y2B) was the best group for really working together and helping each other to succeed.”

Table 14.
Personal Influences that Facilitated Change as Selected by Year 2 Students (n=17) on LAS and Interviews (n=12).

<table>
<thead>
<tr>
<th>Subcategories for Personal Influences Facilitating Change</th>
<th>LAS Subcategories Selected n=17</th>
<th>Interviews n=12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your teachers support</td>
<td>15 (88.2%)</td>
<td>12 (100.0%)</td>
</tr>
<tr>
<td>A challenge from a teacher</td>
<td>12 (70.5%)</td>
<td>12 (100.0%)</td>
</tr>
<tr>
<td>Another students support</td>
<td>6 (35.0%)</td>
<td>5 (41.6%)</td>
</tr>
</tbody>
</table>

Learning activities that facilitated change. Sixteen (72.2%) of the year two students who completed the LAS identified the topic of learning activities as being influential in transforming their thinking. The activity identified on the LAS that had the greatest impact was verbally discussing concerns during small group nursing courses 13 (81.2%). From the interviews the exact words “discussing concerns in small group nursing courses” were not specifically stated by
the interviewees, but I identified similar statements that I coded as learning through dialogue as stimulating a change in perspective. Nine (75%) of 12 interviewed students talked about collegial conversations with peers and teachers as being supportive in changing their thinking. Comments from the student interviews that support learning through dialogue as a theme, were similar to the subcategory “discussing concerns during Nursing Y2A & Y2B” on the LAS as demonstrated by student Y2-3 who expressed her experience as follows:

(In Nursing Y2A & Y2B) everybody (RPN student peers) has different experiences that they bring to the table and I like hearing stories and it does make it more personal. Because you are learning about others and it's not just about you, it’s about other people. You learn how to challenge people in a certain way based on what research they have brought into the class about the topic we are discussing. It makes you think based on all those different experiences they bring.

Another example is presented by student, Y2-9:

It was the dialogue in (Nursing Y2A & Y2B)! Definitely! Everybody would just ask their questions (about the case scenario they were all working on) and I always felt like I was leaving with a ton of information from that class that I could carry on to my other classes. There was always somebody who shared something that was new that could help you. You got everybody's knowledge put together and that was great, it was so thorough…And the conversations were so rich, the group discussions was phenomenal!

Writing personal reflections or keeping journals was the next most frequently chosen learning activity in the LAS responses. Eleven (68.7%) of the 16 year two students selected this item on the LAS and eight (66.6%) of the interviewed students talked about reflections as being
meaningful to their learning. Comments from the interviews substantiated this theme. Student Y2-10 described how she found reflections helpful in facilitating a change in her thinking:

Being made to do written reflections are very helpful! Honestly, reflecting back on everything is actually really good because you are able to take that moment and think ‘I did this, this, and this. I did this wrong, I did this okay, but what can I do different or what can I take away from this learning and apply it to my future practice?’ So I think reflections are very helpful.

Scholarly writing was the next most frequently chosen learning activity on the LAS as contributing to their learning. Seven (43.7%) of the year two students identified this activity. Six (50%) of the 12 students in the interviews also commented on how scholarly writing supported their growth. The following comment from student Y2-5 articulates how scholarly writing as a learning activity pushed her thinking and facilitated transformation.

Writing…I think it absolutely pushes my thinking because when I started this program I was told that ‘Okay you are going to write a lot of scholarly papers’ and I said ‘well okay, what's the big deal, I can write a scholarly paper’ because I have another degree in science and I took a lot of literature courses so I was like ‘Oh sure, I can do this, it's a piece of cake.’ But it's not, it is very challenging, it is absolutely challenging and it is pushing my thinking. It is lengthy but at the same time it is really pushed me and influenced the way I used to think.

The LAS asked if evidence based practice (EBP) activities supported a change in their thinking. Although only five (31.2%) of the 22 students selected this option, the topic was emphasized by all 12 students in their interviews. The difference is likely due to the fact the LAS asked only about the online EBP activities that they complete independently on their own.
There are two EBP activities assigned to the students in term one, and three in term two of their year two program of study. These activities are completed and then integrated and reviewed in their Nursing Y2A and Nursing Y2B courses. In addition, during year two, there were different expectations for applying research literature, critiquing it, and integrating that into their thinking in all of the courses they took. The difference between responses in the LAS and the interviews is explained by comments in the interview transcripts in which the students describe in detail how they applied EBP to their thinking process and that it influenced a change in perspectives. Excerpts from the interviews help to solidify how the students valued EBP. Student Y2-5 reported, “Definitely research (EBP) has changed my thinking in a way that I'm able to challenge information, even challenge the research itself”. And, another student, Y2-9 explained:

That is huge! (EBP) Anybody can come up with an opinion but to be able to back it up with solid information that validates your point (is more difficult). Just because it is published does not mean it is great and just because it's on the Internet does not mean it is true. You need to question it; you're allowed to ask where you got that from.

One student, Y2-8, explained how she had applied EBP and research in her own personal life:

I found, the EBP was good at getting us to think more in depth and it makes you think different about everything. I think critically of everything now, it's funny because even with my kids, they will say...and I’ll say ‘Where did you hear that?’ ‘Well it was on TV’. ‘Okay, but how do you know it’s true? Where did they get their information, do you know whether this is good information or is it just crap from Google?’

Developing learning plans were also identified as an activity on the LAS that some students found helpful in facilitating their learning (n=6, 37.5%). The interview data provides further insight into learning plans and why they were helpful. Participant Y2-2 was asked if
learning plans were helpful, she said “Oh Yes! It allowed me to direct my own learning.”

Another example is from Y2-5:

   Learning plans were very helpful! We kept going to our tutor and asking her what are we supposed to do and she kept telling us it is your learning, you decide. And I thought that was great. It's just that autonomy and then you realize “this is my learning plan and this is how I am going to do it.

   Another learning activity that was identified more in the interviews than on the LAS survey was the clinical workup on clients. Only two (12.5%) chose this on the LAS whereas, seven (58.3%) talked about the clinical workup on a client the interviews. The comments made by the students in the interview shed light into why it was identified more often in the interviews than the LAS. It was because they associated the activity with a much broader and deeper meaning than just a single entity chosen on a survey. Student Y2-2 spoke of how she needed almost to be convinced that the clinical workup on a client was useful and explained;

   The (clinical workup on a client), I originally did not like, but now I actually do get the concept of it and it will, once we get into practice I can see how we will use it … I think we should be required to do a (clinical workup on a client) every single week!

Student Y2-4 divulged how it was not just the task of filling in the worksheet but the additional follow-up and dialogue around the content in the clinical workup of a client that facilitated her thinking “The (clinical workup on a client) is so incredibly helpful; we would do the (workup) and then we would talk about it in class and just identifying things that I didn’t even think of so (clinical workup) was great!” Table 15 (p. 171) identifies all the selected responses from the students under the category of learning activities in their responses in the LAS and the number of interviewees who made reference to the learning activities in the interviews.
Table 15.
Learning Activities Facilitating Change Selected by Year 2 Students on LAS (n=16) and Interviews (n=12).

<table>
<thead>
<tr>
<th>Subcategories of Learning Activities Facilitating Change</th>
<th>LAS Subcategories Selected n=16</th>
<th>Interviews n=12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally discussing your concerns during small group learning courses <em>(theme from interviews-“Learning through dialogue”)</em></td>
<td>13 (81.2%)</td>
<td>9 (75.0%)</td>
</tr>
<tr>
<td>Written Personal Reflections/journal</td>
<td>11 (68.7%)</td>
<td>8 (66.6%)</td>
</tr>
<tr>
<td>Scholarly writing</td>
<td>7 (43.7%)</td>
<td>6 (50.0%)</td>
</tr>
<tr>
<td>Learning plan</td>
<td>6 (37.5%)</td>
<td>9 (75.0%)</td>
</tr>
<tr>
<td>Self or peer evaluation in a course</td>
<td>6 (37.5%)</td>
<td>2 (16.6%)</td>
</tr>
<tr>
<td>Pushing one’s thinking/Always Asking Why</td>
<td>5 (31.2%)</td>
<td>6 (50.0%)</td>
</tr>
<tr>
<td>Evidence Informed Decision Making Activities <em>(theme from interviews “Applying research &amp; evidence to thinking”)</em></td>
<td>5 (31.2%)</td>
<td>12 (100%)</td>
</tr>
<tr>
<td>Group Assignment</td>
<td>3 (18.7%)</td>
<td>4 (33.3%)</td>
</tr>
<tr>
<td>Clinical work up on client</td>
<td>2 (12.5%)</td>
<td>7 (58.3%)</td>
</tr>
</tbody>
</table>

**Life events identified as facilitating change.** Only five (20%) of the 22 year two students identified a significant life event as a category on the LAS as being influential in their change. Of the five students who chose a life event as influencing transformation, all of them experienced at least two of the sub-categories which were: marriage, birth, moving, and divorce, death/illness of loved one, change or loss of job. In the interviews, only four of the 12 year two students specifically talked about significant life events that occurred during their schooling. They did not associate these life events as contributing to a change in perspectives, but identified them as adding extra stress to their lives. Student Y2-10 explained:
At the end of second semester when I was trying to write the paper, my dad got very ill and was in the hospital, so I was dealing with the stress of that and I came to class one day and I started crying. I tried to explain ‘I had a horrible week, you know my Dad is ill and all this school stuff I can’t seem to get done and I’m crying’. I’m trying to write the paper and I’m crying because nobody wants to fail. We all want to have a successful semester, we all want to have a successful transition year, and we all want to make it to be RNs. That's all we want! So that was a really stressful time for me!

And student Y2-12 commented:

Going to school as a mature person, there are also other life issues going on! I separated from my wife at the same time, so I was actually surprised that I did not fail anything in the second semester. So it was very tough for me to even just be at home after I got done school. That might have affected my attitude towards a lot of the things I did in second semester! I don’t even know how I passed everything.

**Year three students.** Twenty-two year three students completed the LAS survey. Ten of the 22 students participated in follow-up interviews. In the analysis of the LAS survey, 15 (68%) of the 22 year three students identified themselves as having a change in perspective by selecting yes to this question, and 10 (45%) of the 22 participated in follow-up interviews did so. In response to Question #6 on the LAS survey that asked students to select any learning experiences that facilitated a change results, 12 (80%) selected a course, 13(86.6%) selected a personal influence, six (40%) selected learning activities, and only three (20%) student selected a life event. Figure 7 presents the frequencies for each item within the four categories; courses, personal influences, learning activities, and life events.
Figure 7. Distribution of Learning Experiences that Facilitated Change Selected by Year 3 Students (n=15).

Courses reported as facilitating change. Out of the 15 year three students, on the LAS survey 12 identified a course as influencing a change for them. The most selected course by year three participants was their Clinical course Y3M (n=6; 50%) followed by Nursing Y3J, Pathophysiology IIY3K, and Clinical Y3L which were each chosen four times (33.3%). The year three students selected courses that they took in year 2 of their program more often as being influential in their change. Both Health Science Y2G, Nursing Y2B, and Pathophysiology IY2F were identified the most often (n=5; 41.6%). The interview data provided greater insight into why the courses helped to facilitate a change in their thinking. Figure 8 (p. 181) displays the courses identified on the LAS survey and in the interviews by the year three students as influencing change.

In year three, the RPNs are placed in their first clinical practicum (Clinical Y3M) as a RPN to BScN student. While only six (50%) identified this course on the LAS, eight (80%) of the interviewed year three students commented on the learning that occurred in this course.
Since all seven of the interviewees completed the LAS before the interview, the difference between the LAS (n=6; 50%) and the interview (n=8; 80%) would suggest that the dialogue in the interview stimulated reflection upon their learning experience that resulted in the higher number of students making reference to this course in the interviews. Some comments that describe how the students in year three felt about their professional practice learning experience help to understand their learning in this course. Student Y3-4 said:

Our clinical tutor was great and she would let us self-direct our learning, because she would say ‘okay, what is going to help you to learn better, what is going to be meaningful to you’. She would encourage us to seek out things that would be meaningful to us instead of just saying ‘okay, everybody has to do the same thing’ so just learning how to interpret ECGs. That was something that I had never done before so getting to actually see those and everything on a daily basis was interesting. We got to observe in the OR, so I got to see open heart surgery from start to finish, so that was really interesting because I had never seen one of those before.

Another student Y3-6 explained that:

The clinical was great. I found that I was able to learn new things in clinical, the tutor was great and very supportive. She was very supportive in terms of always being there to help if we needed help, for more knowledge or pushing us to gain more knowledge. She did provide us with experiences if we wanted to go to the OR and learn something different there. On the floor she did encourage us to go out and seek other learning opportunities from other nurses if they were doing a procedure.

The most frequently identified courses in year two that the 10 year three interviewed students talked about was Health Science Y2G (n=9; 90%) compared with 41.6% (n=5) of the
students on the LAS. Health Science Y2G was a course mentioned by year three students because of the impact the course had on them in helping them to understand the “bigger picture” and how this new knowledge affected how they viewed health and nursing. This is similar to what the year 2 students identified and suggests that this course addressed topics that acted as catalysts that continued to be thought about even at the end of year three. Student Y3-2 shared “I really loved (Health Science Y2G) class because it was such an eye-opener to all the different aspects of the health and wellness.” And, student Y3-4 commented:

(Health Science Y2G) I found really useful, it was just a very interesting course just to learn about some of the things that impact our health that you may not think about. So I found that a very interesting course, and just having that knowledge and understanding makes you think differently.

Student Y3-9 described her feelings about the course (Health Science Y2G) by saying:

The content was interesting…it was important to see how deep it runs and how the upstream verses the downstream and it was interesting and a good reminder that we do tend, as nurses, to follow things downstream as opposed to saying ‘what is causing this?’ Maybe I should be looking at stopping this at the cause instead of just fixing it when it happens.

The second most cited course that contributed to the year three students’ change in perspective was the small group Nursing Y2A and Nursing Y2B which ran in year two of the program. Both courses were identified by six (60%) of the year three students. The small group nursing courses (Y3I & Y3J) are also taken in both terms in year three but these were not selected as frequently compared to the small group courses in year two. On the LAS, Nursing Y3I was selected by only one (8.3%) student and only talked about by only one (10%) student in
the interviews. Second term, Nursing Y3J was selected by four (33.3%) students on the LAS and mentioned by two (20%) students in the interview. In year three of the program, the RPN students are integrated with the generic stream BScN students in these course (Nursing Y3I & Nursing Y3J). As well, the group size increases from 12 to 20 students in a group in which often the result in approximately three RPN to 17 generic stream student in a group. Student Y3-8 identified Nursing Y3I and Y3J in year three in both terms however, she made a stronger reference to the faculty who taught the course that made the difference, not necessarily the course content:

(Nursing Y3I) in third year with (tutor name), when I was done her, I did feel like I got something out of it because she went through how to work on the cases because she helped you, I was fulfilled in the end. And in term 2 (Nursing Y3J) too, she did do quite a bit to help out which was really nice. She brought in and she showed us things, and she even made up activities like rhymes for us to remember stuff.

Even though this student did feel she learned in third year (Nursing Y3I & Y3J), she also said:

I think staying in our cohort of RPNs was better because you have the support and it is a better learning environment for me. I think an environment with the RPNs sticking together and just going through the scenarios in terms of having the same nursing knowledge and experience helped me more.

In year two (Nursing Y2A & Nursing Y2B), the RPNs are in their own cohort and not integrated with the generic stream students and based on the voices of the 10 year three students, being in their own cohort of RPNs, did make a difference compared to what they experienced in year three Nursing Y3I and Nursing Y3J. Of the 10 year three students, nine (90%) of them talked about the learning in year two courses (Nursing Y2A & Y2B). Student Y3-3 said:
First year (year two) I really enjoyed the (the small group, Nursing Y2A & Y2B) in the transition year, smaller class sizes, all like-minded people because we were all RPNs. It was the weekly dialogue with people that brought something that challenged my own thoughts or my own viewpoint. That was the most helpful to be honest.

And student Y3-4 explained:

I found the transition year (year two) more helpful, just talking to other RPNs that were practicing and learning, some of their experiences and the challenges that they are facing in work and everything and hearing about the different policies that are in place and different institutions… I think it was when we were just RPNs it was better because we had commonality that you were coming to the table with.

Another student Y3-5 described her feelings as:

(Nursing Y2A & Y2B) in the transition year because we were all at the same place and stage of understanding. And we all knew what we wanted to get out of it whereas we all basically have the same understanding, some a little more and some little less, of let's say a disease process or something and well let's learn more about it, where I'll take this part you take that part and then we can add to each other. We would come in and actually learn something more than you expected to and you really got your money's worth, you're paying tuition, it's not like you’re just showing up to class you are actually learning beyond!

Further analysis of year three students’ thoughts and feeling around being integrated with the generic streams students is discussed in the research question that addresses hindrances and barriers in learning.
The pathophysiology courses were also identified often as supporting a change in their thinking. In year two, Pathophysiology IY2F was selected by five (41.6%) students on the LAS survey, and seven (70%) of the interviewed students talked about this course. The year three pathophysiology course, Pathophysiology IIY3K, was selected four (33.3%) times on the LAS, and five (50%) year three interviewees talked about this course. Pathophysiology IIY3K was a course added to the curriculum in 2012 so the year three participants in my study were the first cohort of nursing students to take this course. The interview data shed light into the reason why the year three students found pathophysiology in both years helpful. They highlighted the depth of knowing as well as how they were utilizing their new-found knowledge in their workplace.

Student Y3-3’s comment was;

Pathophysiology that has been beneficial! That class has helped with my research abilities as well. So it wasn't just the pathophysiology that I was getting, it was other things as well. But it was much, much more in depth than anything! Helped with critical thinking...Yeah, for sure, there is no doubt that that has helped!

And student Y3-4 stated:

Pathophysiology, in particular I think has really made a difference just because understanding why things are happening. I can actually understand now, why, exactly it is happening and not just kind of gloss over it if the patient asks ‘why is this happening’. I can actually break it down and explain to them why it’s happening and what risk factors might put their baby at high risk and why those are risk factors and everything. I have that understanding now as opposed to, before I just kind of knew ‘this number means it is okay, this number means it needs to have treatment’ and so on and so forth. That really helped me, kind of putting it all together.
Another student, Y3-1, reminisced how the depth of knowledge gained from pathophysiology helped her as well how she is using this new knowledge in her RPN practice:

Now I realize that the breadth and depth of knowledge that I am acquiring even, like you know we were talking about pathophysiology for example, it is different, it's very different. It's a lot deeper and knowing the things that I know now when I look at my patient I don't just see, the comorbidities, now I can actually see them work together in my patient and it's like I'm seeing the patient, and seeing through this patient, I can see all that's happening with them and I am a lot quicker in trying to help that person.

On the LAS, four (33.3%) of the year three students chose the Clinical Y3L course as influencing their change. Only one of the interviewees indicated that this course helped her. The lower frequency of identifying this course as being helpful is likely due to the type of placement each student had. The placements for the community practice course is very diverse and students are placed in varied locations with varied purposes. Depending upon where the students are placed, they seem to either have had a good learning experience that supported their transitioning or not. Based upon the results of the LAS, only four (33.3%) of the students experienced a “good” placement. Y3-8 stated that she enjoyed the Clinical Y3L because of where she was placed and it broadened her awareness of health concerns outside acute care centers:

Actually (Clinical Y3L) stands out, it's the one I enjoyed because we did the needle exchange program in the community and that really helped because it got you thinking about other opinions on whether the program is useful or not and how other people view these things. The topics were interesting because it is everyday issues and it is something that affects us because there is needle exchange right in our backyard.
On the other hand, Y3-4 had a very negative experience and found the course a waste of time; she said

(Clinical Y3L) was a waste of time! We were already working RPNs, we already know what it is like working in the community, we know what it is like working with people and so I found those courses seemed liked a time filler.

In the LAS survey and the interviews, several courses were identified infrequently as influencing change. These courses were; Health Science Y2H, Nursing Y2C, and Nursing Y2D. A more in-depth analysis of why these courses were not helpful is explored under research question #4 which addresses perceived hindrances to their learning. A quote from Y3-2 provides preliminary rationale for why these courses were not helpful.

(Nursing Y2D) is totally irrelevant for our stream! We were laughed at by (Supervisor for Nursing Y2D) who said ‘You are adults why are you here?’ He's like, ‘You guys aren't 17.’ So we went and helped them to write stories for three hours a week and then we had their Christmas assembly and (peer student name) had to lead the choir. What a waste of time!
See Appendix N for course descriptions.

Figure 8. Courses Selected as Facilitating Change by Year 3 Students on LAS (n=15) and Interviews (n=10).

Personal influences reported as facilitating change. When the year three students were asked about personal influences that contributed to a change in their understanding, 13 of the 15 (86.6%) year three students selected this category on the LAS survey, and all 10 of the interviewed students talked about at least one subcategory under this concept. The most frequently selected personal influence on the LAS was a teacher’s support (n=10; 76.9%) and a challenge from a teacher (n=10; 76.9%). A teacher’s support (n=9; 90%) and a challenge from a teacher (n=5; 50%) was also the most frequently identified in the interviews. Table 16 (p. 184)
displays all the selected responses to the subcategory items under the topic of personal influence from the LAS tool and how many students identified the subcategories in the interviews.

The interview comments emphasize the importance of the teachers ‘support, more specifically what the student’s considered teacher support. Six of the 10 year three students made reference back to their teachers in year two who supported them and challenged their thinking. This is heard in the following comment by student Y3-2:

The faculty support is huge! (Faculty name in first year) was fantastic! That was our first year and as far as coming into the transition (they) were absolutely phenomenal with, this is where you need to be, this is where you are going next year, here's how we're going to get there, which was huge. (Faculty name) has been a huge resource for us! And we would not be getting through this without her and we just want to thank her for that, no seriously! Because she's always there to answer questions after hours, off-hours and whatever, we know she has got a huge job but she’s there for us which is just in itself a huge thing!

And, student Y3-6 said:

I would say in year two I felt like I was actually challenged in my learning. I just felt like there was a very good leadership role in the teachers, they were able to facilitate the class well and they were able to almost pick out what would challenge each of us to learn more.

Seven of the year three students described in the interviews their perceptions around teachers’ support in year three which primarily came from their teacher in their Clinical Y3M course. Student Y3-9 said:
We had an excellent clinical teacher who really tried to tailor it because that one was just our cohort, just RPNs and so she tailored it to get everyone sort of at the same level at the end. And she wasn’t concerned where you started and she was very clear with that at the beginning. She worked more with those that needed a little more help in certain areas and let others kind of go on their own a little bit more with the nurse that were already there. It was an excellent experience. She was very good at tailoring it to individual needs and not treating us all like we were all the same.

And student Y3-10 stated that:

I had (Faculty name) and she was, I thought she was amazing. She really explained things to us, she really facilitated our learning, she really pushed us to the next level and I liked that, definitely. And getting that hands-on experience, I didn't want pediatrics but then when I was in pediatrics I actually really enjoyed it and there were so many learning opportunities that I loved it!

The third most influential person category selected on the LAS was a “nurse you worked with in clinical”, (n=6; 46%). In the student interviews, no student specifically mentioned a nurse in clinical as being influential in their learning. Five (38.4%) of the students choose “student support” on the LAS survey, and four (40%) of the interviewees did so as well.

Comments by the interviewees add insight and the students talked only about the support they received from other RPN peers, not generic stream students in the program. Illustrations from the interviews provide a clear picture of the bonding with peers. Student Y3-2 said:

Having a good support system is huge, like (RPN peer student names) and having that group because we’re in constant contact….You know, you can go home and say you had
a busy day but they're (family members) not going to really understand what’s going on so having a like peer support system I would say is massive!

And student Y3-9 commented:

They are wonderful people the RPNs! I had an amazing group that I really enjoyed them they were good people. I think if we were with twenty of our own cohort, the RPNs (in Year three) it might have been different because we had similar experiences and there was a lot more sharing at that level and support.

Table 16. 
*Personal Influences that Facilitating a Change Selected by Year 3 Students on LAS (n=15) and Interviews (n=10).*

<table>
<thead>
<tr>
<th>Subcategories for Personal Influences Facilitating Change</th>
<th>LAS Subcategories Selected n=13</th>
<th>Interviews n=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your teacher’s support</td>
<td>10 (76.9%)</td>
<td>9 (90.0%)</td>
</tr>
<tr>
<td>A challenge from a teacher</td>
<td>10 (76.9%)</td>
<td>5 (50.0%)</td>
</tr>
<tr>
<td>Nurse you worked with in clinical</td>
<td>6 (46.0%)</td>
<td>0</td>
</tr>
<tr>
<td>Another student’s support</td>
<td>5 (38.4%)</td>
<td>4 (40.0%)</td>
</tr>
<tr>
<td>Experience with a patient you had in clinical</td>
<td>1 (7.6%)</td>
<td>0</td>
</tr>
</tbody>
</table>
Learning activities that facilitated change. The Learning Activity category was selected by six (40%) of the 15 year three students on the LAS survey. The most frequently selected activities were Scholarly writing (n=6; 100%), group assignments (n=5; 83.3%) and both verbally discussing concerns during clinical/post conference, and EBP activities by four (66.6%) of the students. Figure 9 (p. 189) displays all the selected responses from the students under the category of learning activities from the LAS tool and the number of students who mentioned the learning activities in the interview.

Scholarly writing was the most frequently selected learning activity on the LAS tool (n=6; 100%), and was one of the most talked about learning activities in the interviews (n=9; 90%). Scholarly writing papers is an expectation for the problem based learning courses throughout the program which means students write a scholarly paper at least once a term. The data from the interviews add clarity to why engaging in scholarly writing had an impact on their thinking. Five of the nine students who chose this activity specifically highlighted a scholarly paper they wrote in year two of the program on transitioning. Student Y3-5 said, “Definitely the RPN to student role transition paper in year two was excellent. I found that was very helpful. That was probably the assignment that really changed how I thought of myself and school and being a nurse.” And another student Y3-6 explained:

I really liked the transition paper, transitioning from an RPN to a student, because it actually made you look at what it is like to do that and I really found it helpful. I learned from writing that paper about transitioning to the student role which is so important. Other students talked about how learning to write on any topic facilitated a change in their thinking. This is evident in the comment of student Y3-4 who said “Just learning to write more and applying my thoughts was great! So just learning how to, in an academic and more
professional way to explain what I am feeling and add the literature to support was new for me.” Another example is provided by Y3-5 who found that it was the detail required in the scholarly writing assignments that was helpful in her learning. She commented, “The paper was good, it made me look into something and how it interacted at a different level than I would have looked at because you had to go into depth into the topic.”

In the interviews, all 10 (100%) of the year three students talked about EBP/applying research as subcategories in learning activities that were influential in creating a change in their thinking. Student Y3-4 declared:

I do definitely know that it (EBP) has been beneficial to me to have that deeper understanding of what is going on with my patients from the pathophysiology and to have the extra research skills and kind of know how to, using the EBP to figure out best practice for my patient has definitely been helpful.

And student Y3-10 commented:

The EBP stuff definitely! Definitely and also with the research strategies that evolved and looking things up. Before, when I used to get a patient on the floor I would just go to Google. I did not know what was going on, I'd go to Google and I would Google search it but now I am aware of other search strategies so I will go to Up To Date or I am more aware of library services that are available on the Intranet site that is at my place of employment and I'll go to that and I will use other reliable resources as opposed to Google search, which was my initial way of searching. So it is definitely better that way too!
And, student Y3-5 stated:

Like EBP that is combined with the (Small group nursing courses; Nursing Y2A, Y2B, Y3I & Y3J), I think it's amazing! It changes the way you think about nursing. I never used to think about nursing in terms of looking at evidence to see what we should be doing.

In the interviews, five (50%) of the students identified learning plans as being supportive in their transformation, however, in the LAS survey, only one (16.6%) year three student selected this activity. The ability to reflect upon and be prompted by the researcher to provide more details about what helped their learning in the interviews is likely why more students in the interview identified learning plans than they did in the LAS survey. The learning plans allowed for individualized learning for the RPN student. Student Y3-3 explained why she felt learning plans were helpful:

I thought that was good because we could address our own individual learning needs in the learning plan. Also because we have to do it with the College of Nurses (CNO) as well. It helps to structure your learning as well as you know when you should have things done by. I think that's very much how the CNO wants them and those are beneficial.

Another student, Y3-6, declared:

I did learning plans in clinical, I did laboratory values and for me that was important because it was good to look at those and what they actually mean and it was very helpful in the clinical setting. Every week I would look at all those values and try to figure out ‘what does this mean for the patient’. So that was great!

Group Assignments was a learning activity that was selected by five (83.3%) of the students on the LAS survey and by only two of the students in the interviews. One student
explained about her experience in group work, that “It allowed me to “try on a different group role than I normally would in order for our group process to be successful and to achieve group goals so actually it was a very good experience for me!” (Y3-1). Another student, Y3-10, described her experience and said “I find that working on group assignments is good because it gives you that exposure to different personalities and people do things differently so you have the opportunity to learn from each other.”

Verbal discussion with peers and faculty during clinical or in post conference was identified on the LAS by four (66.6%) of students. Verbal discussion with peers and faculty in the small group nursing courses (Nursing Y3I & Y3J) class was chosen by three (50%) students on the LAS. Neither of these learning activities were addressed in depth in the year three interviews. Students in year three may not have felt they had many positive experiences in year three small group Nursing Y3I and Y3J because they were integrated with the generic students for the first time in these courses; it is possible that they did not feel comfortable engaging in social discourse with students they didn’t really know but this will be addressed more under research question four that focusses on hindrances in the program.
Figure 9. Learning Activities Selected as Facilitating Change by Year 3 students on the LAS (n=6) and Interviews (n=10).

Life events facilitate change. The fourth category explored was life events that may influence change. On the LAS survey, only three (20%) students in year three identified this as influential. Of the three, only one further selected a sub-category under this topic, which was experiencing both a change and a loss of a job. None of the interviewed participants mentioned any of the specific life events as having been influential in a change in their thinking. The interviewed students did share how being a mature student added additional stress to their educational experience which is discussed in detail under research question two which explores challenges and barriers to their transitioning.

Year four students. In the analysis of the LAS survey, 27 (90%) of the 30 year four students who completed the LAS survey selected learning experiences that facilitated a change from the four categories as influencing change in them. Seven (23.3%) of the 30 students also
participated in a follow-up interview. All 27 (100%) students selected a course, 23 (85%) identified a personal influence, 21 (77.7%) selected learning activities, and 12 (44.4%) students selected a life event. Figure 10 presents the frequencies for each of the four categories: courses, personal influences, learning activities, and life events that were selected by the year four students on the LAS.

![Distribution of Learning Experiences that Facilitated Change Selected by Year 4 Students on LAS (n=27).](image)

**Courses that facilitated change.** Within the courses category, year four clinical courses (Y4Q & Y4R) were chosen most often as contributing to their change. Sixteen (59.2%) of the respondents identified both Clinical Courses (Y4Q & Y4R) as influential. This was followed by Health Science Y2G, a year two course identified by 15 (55.5%) of the survey respondents, followed by Clinical Y3M in which was identified by 14 (51.8%) of the students, and 13 (48%) selected the Pathophysiology IY2F in year two. It is important to note that the Pathophysiology IIY3K that was experienced by year three participants in my study was a new course introduced into the curriculum in 2011 and the year four participants did not take this course. Figure 11 displays the frequencies of the courses selected on the LAS.
*Description of each courses can be found in appendix N

**Figure 11. Courses Selected as Facilitating Change by Year 4 Students on LAS (n=27).**

The year four clinical courses (Y4Q & Y4R) that were selected most often on the LAS survey were also the most talked about courses in the interviews with all seven (100%) of the students talking about their learning experiences in these two courses. The clinical courses in year four involve students being placed in a clinical area for at least 24 hours a week and up to 36 hours a week with a preceptor who is an experienced Registered Nurse. Since they are immersed in clinical in year four it is not surprising that they talked the most about these courses and being able to recall these experiences more vividly than courses in year two or three. All the year four students were energetic and excited during their interview when discussing their clinical experience. Student Y4-1 explained:
My clinical placement now is fabulous! I am at (Name of placement) in the learning resource center running the high fidelity simulations and assisting with labs and with students (practical nursing) and I'm so grateful that I got this placement because it's challenging, it's different for me. So it's with the students and assessing their knowledge, their level, where are they at, what do they need. Even during simulation looking at the screens going "okay where are these students at…critically thinking wise, or where they are with their assessment skills and how can I prompt them or how can I challenge them more?" I love that I love working with the faculty and the support staff and everybody is amazing and really I have faculty coming to me and going ‘how can I help with your learning plan?’ And that's like wow! And that's amazing! It's all this interprofessional communication and how you approach students and how do you approach faculty and superiors and colleagues and is very different but it helps! And it is helped my nursing practice as well.

Another student, Y4-3, disclosed:

I was in recovery so that was like a huge learning curve for me. I feel like I got a lot better at my physical assessments and stuff like that. So was really good that way but it was like totally different nursing than I am used to because I am used to people who are out of surgery, they are at home and I’m doing the follow up. So it was a huge learning!

The second most frequently identified course from the year four students on the LAS was Health Science Y2G which was identified by 15 (55.5%) of the survey respondents. This course was taken in year two of their program but had a made a substantial impression on their thinking long after they had taken the course. Three (42.8%) of the year four interviewees openly talked about how this course in year two still influenced their thinking and they continued to utilize this
new learning in their care of clients in clinical. Student Y4-2 said, “And I mean you can look at a patient and you just don't see the patient anymore, you see like the social determinants of health (Health Science Y2G), you see vulnerable populations, you understand the bigger system problems.” And, student Y4-5 said:

I quite liked (Health Science Y2G), I mentioned that in my final reflection for clinical this year about how you really need to be thinking about that when you are taking care of patients. I don't live in the city, so my eyes were opened to what is really going on in the city and it is very disheartening, it just made me sad. It has a huge impact on how I think about my patient’s!

Pathophysiology in year two was also chosen frequently by students on the LAS tool. Pathophysiology in year two was also chosen frequently on the LAS survey. This course in year two is a standalone course but the concepts are then integrated into other nursing courses in year three and year four. However, year four students still indicated on the LAS survey that this course had contributed to a change in their thinking. Pathophysiology IY2G, was cited by 13 (48.1%) of the respondents. In the interviews, only two of the year four students made a comment specifically related to one of the pathophysiology courses (Pathophysiology IY2G). However, all seven of the interviewed students talked about the concepts of pathophysiology, which they integrated throughout the program in a variety of courses, as being significant in their learning. They explained that the detail and depth of pathophysiology was new knowledge for them and provided clear insight into the difference between RPNs and RNs. Student Y4-1 stated:

The RPN needs to know the difference between the RPN and RN, and I think they look to pathophysiology as the first flag to say ‘okay this is the difference’ because as an RPN I didn't know this depth about the human body or this disease process.
And, student Y4-5 articulated:

Even though the pathophysiology course was very tough I enjoyed it and actually that is probably where I learned the most, to be perfectly honest with you. I found that that was kind of the basis for me to move ahead with. It was tough, really tough and I had no idea it was going to be that in depth!

On the LAS tool, the students identified the small group nursing courses (Nursing Y2A, Y2B, Y3I, Y3J, Y4N, & Y4O) taken in each term of the three years, 42% of the times on average as being influential in their learning and transformation. Not every interviewed student identified a specific small group nursing course by year, however, all seven articulated that the learning gained through the small group learning process as having a significant effect on their thinking. Through small group learning methodology, my participants had the opportunity to question their assumptions and be empowered to transform their learning. The following quotes illustrate this.

It was the (small group learning and case scenarios) and I think the whole (small group learning) process that isn't really spoken of but it's kind of covertly changes you. It was just the act of (learning) which enhanced my RPN practice because now I am much more of an advocate for my patients to the doctors and social workers and administrators and because I've learned how to communicate efficiently through (the small group courses). And so now when I believe that the patient should not go home I have voiced it and I continually voice it and actually stopped about three patients from being prematurely discharged. So I noticed that right away, which is a huge transition in my practice was!

(Y4-1)
And, student Y4-4 explained:

(Small group courses), especially helped! I think (small group learning) was really good because it brings your way of thinking from an RPN to the RN role as well. You are able to help make that transition, instead of just understanding something you are knowing it, you’re understanding the theory of what is happening. It is just different way of thinking. Between the dialogue with peers, being self-directed and even through the scholarly essays, papers and the facilitation it sort of brings out all those strengths and changes the way you do things.

Another example that emphasized the learning process as influential in these small group courses was the comment that:

It was great because as a nurse we do have to collaborate and that’s the biggest focus of (the small group nursing courses). So sitting down and talking amongst a group which you do in nursing and if you decide to go into leadership or community these are the things that we do have to do! We have to collaborate and talk as a group, listening to the others bringing in their research and what they had done and that was an eye opener to hear what everyone had done and what they chose to find and research. (Y4-6)

**Personal influences that facilitated change.** The second category identified by the year four students on the LAS most frequently as influencing change was personal influence (n=23; 85%). The most frequently selected item in this category was a tutor’s support with 19 (82.6%) students selecting this item. This was followed by the sub-category “A nurse you worked with in clinical” and an “Experience with a patient you had in clinical,” both being selected 13 (56.5%) times. Both “another students support” and “teachers support” were both chosen 11 (47.8%)
times. Figure 12 displays the frequencies of personal influences selected by the year four students on the LAS survey and by the students in the interview.

Figure 12. Personal Influences that Facilitating a Change Selected by Year 4 Students on LAS and Interviews by the Year 4 Students on the LAS survey (n=23) and Interviews (n=7).

Nineteen (82.6%) of the year four students selected a “teacher’s support” on the LAS and all seven (100%) of the interviewed students talked about the significant impact tutor support had on their learning. Student Y4-1 explained her experience of how one of her clinical teachers had been very influential in her success in the course:

I called my clinical teacher and I told her what happened and this was only three hours into the shift and she said that was fine. She said don't worry, go home because I said I don't think I could have kept my emotions about it quiet. She started meeting with me more frequently to just let me vent these issues out and gave me strategies to deal with my concerns. She's very down to earth, understanding the gap between the academic world and the clinical world so she really focused on that with me. She was just a support
that, to get through that semester I really needed. So I valued her a lot! I think all the faculty in the program have been extremely supportive especially the ones that are directly related to the RPN stream because they understand a little bit more the identity crisis and the need to balance work, school and life in general.

A comment of Y4-2 demonstrates how one teacher both challenged her and supported her which she valued greatly:

I stopped trying so hard after year three and I was just like ‘I'm just happy with a C, I’m just happy with a B, I don't care if I don't get an A.’ I took that attitude into my last year and my teacher had a meeting with me and said ‘I will not accept this, I want you to try harder.’ She sat down with me and gave me the tools and advice, she gave me direction and it was up to me to get there. I had to get self-motivated again! And even though I was tired and exhausted at that point and I had to take an attitude from not caring to caring, I ended up meeting her standards and exceeding my own. She gave me all this encouragement saying ‘I'm so happy that you took on this challenge, so happy that you did this, I have so much respect for you. ‘Tons of positive feedback from her and it was a reward for me! That teacher really pushed me to be better!

And, student Y4-5 expressed:

I found my teachers (for clinical) really pushed me, which is good. They pushed me in a sense of not thinking like an RPN anymore and start thinking like an RN because it was really difficult for me to get out of that mindset so they really pushed me to think broader, think a little bit differently, not the same way you have been for X number of years as an RPN.
The second most frequently reported items on the LAS tool in this category was “a nurse you worked with in clinical” and an “experience with a patient you had in clinical;” both were selected 13 (56.5%) times. The students are required to work with their preceptor who is an experienced RN for 24 to 36 hours a week for 12 weeks in both term one and term two of the program. The close relationship and respect for the preceptor’s knowledge held by the students was mentioned by four (57%) of the interviewed students who provided insight into how they perceived their interactions with their preceptors. Student Y4-4 explained:

My preceptors are so very knowledgeable because for them it's more real experience they have. I find it really helpful too and so thankful for the help they gave me. The extensive knowledge and experience that these people have had and they are sharing it with me and adding to my learning because they have been working at it. They are able to explain things differently as opposed to having a lecture. They are able to show me what the real world is going to be like as opposed to "this is what it says in the textbook".

And, student Y4-5 commented:

My preceptor she was very positive about her job, she really liked her job! She is just very knowledgeable and very willing to share her experiences and share her knowledge and give me autonomy and ‘go and do these things, I trust you, so I'll just be here for guidance type of thing.’ And my preceptor in term 2, she would ask me critical question all the time so I have really changed the way I think, really, really! I really appreciate that she did that! So I feel really fortunate to have been here to get this experience and I am never going to forget it that is for sure!
On the LAS, 13 (56.5%) students also identified an experience with “a patient they had in clinical” as being influential. However, none of the interviewees mentioned a specific interaction with a patient in clinical in their interviews.

Eleven (47.8%) of the students selected “a student’s support” on the LAS as facilitating change. In the interviews, five (85.7%) of the students clearly articulated their thoughts on how much they valued student support and the impact it had on them while engaged in the program. Student Y4-2 explained how making friends and having peer support helped her survive in the program.

You definitely have to have friends in this program too to survive! To be able to talk to other students, cause it normalizes the stress and the workload because you're not doing it alone! Everyone’s doing it and then you can complain about it together at same time. So it just makes it better for coping.

Another student commented how she gained a new friend in the program that gave her inspiration.

I'll be honest with you, (name of another RPN) and I met in first year and she has been an awesome support for me! Seriously I don't know what I would have done if I didn't meet her. She's awesome, I just love her. She was a great support for me and we have been stuck together basically throughout this whole program. (Y4-5)

**Learning activities that facilitated change.** The third most frequently selected category by the year four students in the LAS was learning activities – selected 21 times (77.7%). Three of the items in this category were all chosen the same number of times on the LAS. They were: scholarly writing, written personal reflections/journals, and verbally discussion with peers and faculty during clinical or post conference (n=15; 71.4%) and verbal discussion with peers and
faculty in small group nursing courses (Nursing Y2A, Y2B, Y3I, Y3J, Y4N, & Y4O) was selected 13 (61.9%) times. Table 17 (p. 207) displays the frequencies of each item in the learning activity category that were selected by the year four students on the LAS and mentioned by the students in the interview.

I found it surprising that almost 30% of the respondents did not identify writing scholarly papers influenced their thinking, and 29% did not identify reflective writing as impactful. However, MacKeracher et al, (2006) and Melrose and Gordon (2006) also identified academic writing as potential barriers to student success as the required critical thinking was viewed as particularly difficult for mature students who have been out of academia for some time. Also, the interview data reported under Research Question #4 related to “hindrances” suggest that scholarly papers were not helpful if the topics didn’t interest the participants, or if the topics did not stimulate new learning. As for reflective writing, it may be that by the fourth year, students found the expectation of writing their reflections repetitive. However, it is noteworthy that the question asked of the students focused on learning activities that “helped” and not on those that “didn’t help.” For this reason, I suggest (in Chapter 6) there is a need for further research to explore what participants identify as learning activities that did not facilitate transformative learning and why not.

The interviewees provided more detail as to how and why scholarly writing, reflections, and verbal discussion/learning through dialogue influenced the students’ change in thinking. Five of seven (71.4%) interviewees expressed how their thinking had changed as a result of writing scholarly papers in the program. One example comes from student Y4-2 who said:

Those scholarly papers, were excellent, one of them I had to write about hospital acquired infections and the interprofessional teams and be able to relate them on the different
levels. The critical analysis expected I found challenging and really helpful. I found they built my ability to critically think especially because of the way you have to analyze the papers. The papers you write are so analytical so that really stimulates your critical thinking in all different areas of clinical practice.

Another illustration by student Y4-6 describes how even though writing was very challenging for her she found this activity enhanced her communication.

What stood out for me the most and I had so much difficulty was my essays! I have grown greatly since my first one. I have grown from my first and it has helped me with my language and it has helped me with preparing for the future and how I critically think about things. And when I finally received my first ‘A’ on my paper, wow what a spectacular feeling that was! In the beginning I thought, ‘Why are we writing this paper’ ‘What’s the benefit of this?’ But then I figured it out. It helps you with how you speak, how you apply research and analyze topics and a makes you think differently. It also helps you to get your thoughts together concisely.

Writing reflections were also identified often on the LAS (n=15; 71.4%) and in the interviews (n=5; 71.4%). Student Y4-4 explained how the expectations on the reflection assignments was a learning activity that she found forced her to think more and not rely on her RPN knowledge.

The teacher that I have, she has really, really pushed me especially with my reflections. And it showed me that I could push the depth of my thinking, that I am capable of that. I was really pushed to kind of think more critically and think more holistically.
Another example of how writing reflections was perceived as an influential activity is:

I just really liked reflection! Looking inside and seeing how exactly I can be more authentic. So it’s okay if you know and have all those nursing skills but I think it’s more important that you know yourself and what you are capable of doing. And I think with writing those reflection, it forced me to look within myself first of all and see where I am at then I it makes you think about what your best at and what you need to work on so I felt self-reflections to be very helpful. (Y4-7)

On the LAS, 15 (71.4%) of the students chose verbal discussion of concerns in clinical as influential. In the interviews, the students didn’t talk about discussing concerns in clinical but five (71.4%) of the students discussed how either their clinical tutor in year three or preceptor in year four facilitated a change in their thinking, which was stimulated through dialogue and applying their knowledge in practice. Student Y4-3 explained:

In year three clinical, I had a really good clinical teacher. And she was like, every week trying to get us to put things together and say okay ‘Well why is that happening?’ ‘Why do you think that happened?’ She really pushed you and asked a lot of crucial questions and was really good at explaining if you didn’t know why things were happening.

And, student Y4-6 described how the critical discussions she had with her preceptor in year four pushed her and made her think differently:

So I remember (preceptor name) when she was always asking ‘why’ and you would give her the answer and she would always ask ‘So? What’s that mean?’ And then you would have to explain it to her. And she would just keep asking you ‘So’ and you would have to keep digging deeper to find the answer so it got you to think critically about everything!
The second most frequently selected item on the LAS was verbally discussing your concerns during your small group learning course (13, 61.9%). Five (71.4%) of the interviewed students talked about how sharing ideas and collaborating with other people broadened their thinking and facilitated a change in perspective. Student Y4-1 expressed:

The first (Nursing Y2A course) in year two, when the RPNs are introduced to the concept of (small group learning) it was very enjoyable! You feel like you're more with your colleagues because we are all RPNs. We all come from different practice settings backgrounds and cultures and family dynamics but we are all on the same page as far as maturity. The strategies that we were coming up with and sharing in our conversations were phenomenal. There was always something that you didn’t think of that another student would and you would go ‘Wow, I have never thought of it that way.’

The comment of Y4-5 also illustrates how she found the dialogue in her small group nursing courses stimulated her to consider new concepts:

Having this discussion in the (small group nursing courses) and hearing how everybody else thought about the case studies and how they thought that we should proceed in that case, sharing different ideas and hearing what people have to say made you think about the bigger picture of what is going on.

Evidence based practice (EBP) activities were only chosen by six (28.5%) students on the LAS, however, all seven (100%) of the interviewees talked about applying evidence in their thinking. In year four, there are no specific EBP activities but the ability to make sound judgement and use evidence are still expectations in all the small group nursing courses and in clinical. This is emphasized by student Y4-2 who said:
I find even in my clinical practice as an RPN I am more self-directed in that now I have the knowledge to find the information and evidence like good quality information to guide my practice. So I feel good about that, I can look at an article or look at a policy or look at a best practice guideline and being able to go ‘Okay, don't take it for what it is, look a little deeper, like what references are they using? Are they good references?’ and does this help my patient?

And, student Y4-5 expressed:

I just didn’t take what other people had to say at face value anymore. It was like, you know what, you are saying something about a patient but is that based on evidence or is that just based on what you think? So now when I hear people talking I’m thinking, I don't know, what is the evidence on that now? I never felt like that before. And then I found that in fourth year, when doctors write orders I don't take everything at face value, I am finding the resources and finding the evidence to support my thoughts.

Another learning activity that was chosen often on the LAS was “Pushing your thinking/Always asking why” (n=8; 38%). In analyzing the interview transcripts, all seven (100%) made reference to how being in the program and taking the courses made them challenge their thinking by always questioning why. Student Y4-3 simply stated “I noticed it happened when I took my first clinical course where I was always asking myself ‘Why do you think that happened?’”

Another illustration by Y4-6 described this in more detail by saying:

For me everything that I do now and being in this program has taught me to just continually ask ‘why’! Why am I doing this? That’s the biggest question! For example, I had a patient as an RPN and he had a temperature that was always changing and I was
asking ‘why’ and I was able to critically think it through and I knew how to figure it out. And that is different because as an RPN I would have asked ‘Why’.

Having to complete a clinical work up on a client in their clinical course also provoked a change in their thinking with nine (42.8%) choosing this option on the LAS, and two (28.5%) interviewees explained how this helped. The worksheet used in the program as a template to do research on a client in the program has specific prompters on it to promote depth and breadth of thinking. According to Y4-2, the worksheet was helpful in that it provided a systematic holistic approach to viewing the client. Her comment was “I like the (clinical workup on a client) because the model gives you an actual outline to go by and makes you reflect on yourself and on your practice” (Y4-2).

In the interviews, none of the students used the terminology “self or peer evaluation”, however, on the LAS survey, 10 (47.6%) students chose this option. The five students (71.4%) who made reference to self-reflection also identified that through reflective practice in the program, they identified areas to improve on which would suggest they engaged in self-evaluation. This is heard in Y4-2 who said “I think through this program, we always do self-reflections no matter what we always kind of reflect and evaluate ourselves but with this program I found more of a formalized way of doing that.” Another example is provided by Y4-5 who commented, “I thought reflection was a really good way to kind of improve your practice, to improve yourself as a nurse.”

Group assignments were also mentioned on the LAS and in the interviews (seven, 33%) on the LAS and three (42.8%) in interviews. From the interview data, insight into the learning gained from the group assignment depended upon the group cohesiveness and learning from each other. An example from student Y4-5 was:
I think just allowing the students to be creative in their group work, and things like that was really good, was really, really good. It helped everybody to kind of have fun with it and learn from each other at the same time.

The last item in the learning activities category was learning plans. Five (23.8%) of the students chose this item on the LAS and four (57%) of the interviewed students talked about the benefits of learning plans. From the students’ perspective, the learning plans were helpful in facilitating their learning because they were able to individualize what they wanted to learn. This is evident in a comment by student Y4-3:

I think the learning plans helped me because that is something I think we have to continue doing for the CNO. You need to think about what you need to learn so I liked that because it individualizes your learning.

Another example is:

I did find learning plans helpful because it made you focus on specific areas that you wanted to learn about and improve on in your practice so it stimulating to create learning question and then try to figure out how I was going to answer these question, how am I going to prove that I did answer the questions I created. So I found that helpful and definitely stimulated growth. (Y4-5)
Table 17.
Learning Activities Facilitating Change Selected by Year 4 Students on LAS (n=21) and Interviews (n=7).

<table>
<thead>
<tr>
<th>Subcategories of Learning Activities Facilitating Change in Year 4</th>
<th>LAS Subcategories n=21</th>
<th>Interviews n=7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally discussing your concerns during your small group learning course (theme from interview-“Learning through dialogue”)</td>
<td>13 (61.9%)</td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td>Scholarly writing</td>
<td>15 (71.4%)</td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td>Written Personal Reflection/journal</td>
<td>15 (71.4%)</td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td>Verbally discussing your concerns during clinical or in post conference (theme from interview-“Learning through dialogue”)</td>
<td>15 (71.4%)</td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td>Self or peer evaluation in a course</td>
<td>10 (47.6%)</td>
<td>0</td>
</tr>
<tr>
<td>Pushing one’s thinking/Always Asking Why</td>
<td>8 (38.0%)</td>
<td>7 (100%)</td>
</tr>
<tr>
<td>Group Assignment</td>
<td>7 (33.3%)</td>
<td>3 (42.8%)</td>
</tr>
<tr>
<td>EBP activities (theme from interviews “Applying evidence to thinking”</td>
<td>6 (28.5%)</td>
<td>7 (100%)</td>
</tr>
<tr>
<td>Learning plan</td>
<td>5 (23.8%)</td>
<td>4 (57.0%)</td>
</tr>
<tr>
<td>Clinical work up on client</td>
<td>9 (42.8%)</td>
<td>2 (28.5%)</td>
</tr>
</tbody>
</table>

*Life events facilitating change.* Twelve (44.4%) of the year four students identified a life event as facilitating change and of the 12, only 10 selected a subcategory from this topic. Within the subcategory, the item that was selected most frequently was marriage (n=6; 50%). This was followed by birth of a child with three (25%) students choosing this item; two (16.6%) students chose moving and change in job, and one (8.3%) went through a divorce while in the program. Even though a life event was not chosen as the most frequently identified facilitator of change, two of the students in the interview did share their experience with a life event. Student Y4-1 described her feelings and the stress that was added to her life as she tried to stay engaged in the program when a close family member was ill and died:
It was the day that I got accepted into the program and my grandmother who I was really really close to who got very ill and stayed ill the entire time I was in the program. And I have a lot of people in my family who rely on me. So it was difficult in a lot of respects to maintain a certain status at school, and then go home, and do the 3 or 4 hours of research and the assignment crunching that you need to do and then still be that family member. My last semester of year three is when she actually passed away and that was when I was in my clinical course and I felt like I was living in a hospital. I was either at work in one hospital, or I was at clinical in another hospital or I was at her bedside at another hospital and my husband was like bringing me clean scrubs to wear and the nurses where my grandmother was were letting me shower on night shift so that I could go to clinical in the morning. And there were many times where I thought ‘I can't do this, it's too much pressure and etc. etc.’ I just kept thinking ‘okay, well this woman who I value so much would really be upset with me if I didn't do what I'm supposed to be doing’ and that pushed me through.

Another student explained how returning to school added tremendous stress on her family life.

This program added strain to our relationship because we were used to a certain lifestyle before I came back to school and then there is a lot less money so it definitely put a strain on our marriage. I also didn't have a lot of time to spend with him because I was working and going to school…so I’m actually about to get divorced. (Y4-3)

**Graduates of the RPN to BScN.** Six graduates of the RPN to BScN program participated in one hour interviews. The graduates had been working as RNs for at least one year before participating in the study. There was one male and five female graduates of whom four had graduated in 2010; one graduated in 2011, and one graduated in 2012. These participants
did not complete the LAS tool but the interview questions prompted the graduates to recall what they perceived as being helpful in facilitating a change in their perspectives while engaged in the program. The interview transcripts were then analyzed using the same categories as on the LAS which were: courses, personal influence, learning activities and life events. The graduates talked most about courses (cited 51 times), followed by personal influence (cited 44 times), and lastly learning activities (cited 28 times). None of the graduates felt that they experienced or could remember experiencing a life event that facilitated a change in their thinking. Table 18 (p. 215) presents all the categories and number of times cited by the graduate participants.

**Courses that facilitated change.** Within the course category, the graduates remembered their clinical courses as having significant influence on a change in their thinking (cited 23 times). This is evident in a comment by a graduate, G3, who said “I was in maternity, I was in heaven, I was everywhere, they would have to make me go home, make me take breaks. And I learned so much and it was really amazing!” Another graduate, G5 said:

I worked out in the community (for clinical) with the Halton Region Geriatric program. That was a fabulous opportunity and it was the people that I worked with. I worked with a team that was a multiple disciplinary team, it was nurses, OT staff, social workers and you didn't work as a nurse, and you worked as a team!

The second most frequently talked about course that facilitated a change in their thinking and influenced their transitioning was the learning gained in their small group nursing courses (Y2A, Y2B, Y3I, Y3J, Y4N, & Y4O). They didn’t specifically pick a year or a small group course but 17 comments were noted in the transcripts in relationship to being engaged in the small group learning methodology. Graduate G2 explained her experiences:
The whole process of researching and improving the problem solving along with critical thinking helped me understand looking at the whole picture. The (small group nursing courses) was exactly that, looking at it all. It was difficult at first to see the benefit of (small group learning), but once you started applying it to the case scenarios it really pushed your critical thinking in a way I wasn't expecting, that can be applied in all areas of nursing. I got the most out of those classes probably more than any other course. I felt it was more about learning how to put it all together. It took some time to notice the difference in RPN to RN aside from skills, but I do now see the advancement in preparation and critical thinking.

Another course that that stood out for the graduates was pathophysiology which was mentioned six times in the transcripts. Graduate G3 described her perception of the pathophysiology as follows:

What hit me in the head where I said ‘…here is the more knowledge of the RN’ was patho. It would have been first semester pathophysiology in year two and we were hysterical because I thought I knew patho but I remember my first class, I looked at the person beside me and I said ‘is it me or have you not understood anything she has said?’

The Health Science Y2G was also a course that the graduates remembered and spoke about as influential in their learning journey while in the program. What is especially notable is that of the six graduates, five talked about this course specifically and all would have completed that course six years before I interviewed them. The course did have a sustaining impact on them. Graduate G4 said: “(Health Science Y2G), Fabulous! The light bulb really went on for me learning about social determinants of health! I thought ‘oh this is really what it's about.’”

Another example is a comment of graduate G6 who shared simply “I loved (Health Science
Y2G)! The content was fascinating and I never thought about those topics we covered as impacting my patients!”

**Personal influences that facilitated change.** The second most often cited category by the graduates was personal influence that facilitated change. A personal influence was cited 45 times in the interviews. A teacher’s support was the most frequent subcategory (cited 17 times), followed by a challenge from your teacher (cited 14 times), a student’s support (cited 3 times) and lastly a nurse you worked with in clinical which was cited five times.

The graduates spoke often of how a teacher had a substantial impact in their learning. When they were asked to talk about their perception of the relationship with their teachers in the program, graduate G3 described how she remembered getting small encouragements from a teacher that really resonated with her;

> There were some really good teachers that helped me! I think they realized that I was dedicated and every once in a while someone would say, ‘Way to go’ and you would say to yourself ‘Huh, I needed that.’ For example, during the final clinical placement, I was having a hard time with my preceptor and I was really thinking about quitting but my teacher was so supportive and kept telling me ‘You can do it,’ and I don’t think I would have made it without her support.

Another example of the substantial impact a teacher had is described by graduate G4 who felt that she had overcome the overwhelming stress of the program because of a teacher’s support;

> There were two teachers that I particularly remember, who were very supportive! We got to midterm in third-year (Nursing Y3J) and everybody was struggling with just trying to juggle all of the things in their life. We were really having a very difficult time, very stressed! And she recognized that and she said ‘we're just going to take a breath, we're...
just going to take a break here.’ The rest of the class time we just kind of talked, there were a lot of tears, everybody sharing how hard it was but we really needed that so she was very supportive!

The graduates also appreciated the challenges that teachers presented them with which pushed their thinking beyond their comfort zone. All six of the graduates made reference to this influence and it was mentioned 14 times in the transcripts. One example is:

My one teacher for clinical was tough and she really was pushing me on having things in on time, which I struggled with. She pushed me to move forward with my thinking, which is important. She did scare me for a bit, but I worked harder to make her proud. And she made me feel good by the end, and was proud of me. That helped my learning a lot because I needed to be pushed. (G2)

Graduate G6 echoed this by saying; “I felt that faculty truly wanted students to succeed. They really pushed your thinking always asking why, tell me more. Sometimes it was frustrating but in the end you realize they are pushing you for a reason!”

The collegial support and interaction the graduates had with fellow RPN students also resonated in their interviews as being influential in their learning journey. This is evident in a comment by graduate G1 who said; “I met many experienced RPN to RN within the program, I learned a lot from their experience. They gave me ideas on how to study, stimulated my thinking and motivated me for future study.” Another example is:

I loved being with the RPN students as we really supported each other and I found we would have great discussions because we all have this nursing experience. It always took me longer to figure things out like even using computers was hard! Learning new language and trying to get my brain to think at this age was tough! The best thing was
working with the other younger RPNs in the program because it helped me learn so much and we are like still best friends so that was huge for me to have their support! (G6)

The last item under personal influence in facilitating change was a nurse in clinical. Four of the graduates made a comment five times with respect to how a nurse they worked with stimulated a transition in their thinking. This is illustrated by G2:

My charge nurse where I worked as an RPN would help me implement my new learning by allowing me to make decisions and be in the role of an RN. By just giving me that opportunity she pushed me towards the process of how to make decisions based on what I knew, and what I needed to know and really helped me.

**Learning activities that facilitated change.** The graduates were asked to recall their thoughts around learning activities that helped to push their thinking and facilitated change. Learning activities were mentioned 28 times in the interviews. Reflections were discussed the most (cited 9 times), followed by learning plans (cited 8 times), and scholarly writing (cited 7 times). The other learning activity that was discussed twice was clinical workup on clients (TLN).

Reflection or the process of reflecting on one’s actions was repeatedly mentioned by the graduates interviewed. Four of the six graduates mentioned reflections a number of times (cited 9 times) - how they often examined their nursing actions on a regular basis. Whether it was through an assignment or scholarly writing in the program, or an experience in nursing practice, the graduates talked about how these activities initiated reflective practice that they still engaged in since they had graduated. The comment by graduate G1 illustrates this:

Reflections is another valuable skill that I learned. At the beginning I had to write down my reflection as a part of clinical or a (nursing course) assignment. At the end of the
program it’s more like a mental storm. I reflect on every single thing I do! I always think about what the situation was and what I did and why I did that. Is there anything that I can do differently to improve the outcome the next time? So I am still doing reflections every day.

Having to create a learning plan which is a requirement in all of the (clinical courses) in the program was also cited a number of times (8 times) by the graduates as being influential in their learning. Graduate G2 confidently said, “They are awesome!” and Graduate G5 described how learning plans influenced her thinking:

The learning plan for sure were helpful because it makes you think and it makes you look at things that you need to improve on and the area you're not sure about and makes you think about how you were going to do it.

The graduates also talked about the significance of engaging in scholarly writing (cited 7 times). Graduate G1 who’s English is a second language described well how scholarly writing both enhanced her communication and refined her thinking:

At the beginning you have to learn how to do academic writing. In the beginning of the program I was not very good at writing, I spent plenty of time on improving my writing skills. I felt that writing a paper refined my thinking, making it more clearly and learning how to present my thoughts clearly came through writing papers.
Table 18. 
*Categories and Subcategories Influencing Change Cited by Graduates (n=6).*

<table>
<thead>
<tr>
<th>Categories facilitating Change</th>
<th>Total number of Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Courses</strong></td>
<td></td>
</tr>
<tr>
<td>Small group nursing course *</td>
<td>17</td>
</tr>
<tr>
<td>Health Science Y2G</td>
<td>5</td>
</tr>
<tr>
<td>Pathophysiology**</td>
<td>6</td>
</tr>
<tr>
<td>Clinical</td>
<td>23</td>
</tr>
<tr>
<td><strong>Personal Influences</strong></td>
<td>44</td>
</tr>
<tr>
<td>Your teachers’ support</td>
<td>17</td>
</tr>
<tr>
<td>A challenge from a teacher</td>
<td>14</td>
</tr>
<tr>
<td>Another students support</td>
<td>8</td>
</tr>
<tr>
<td>Nurse you worked with in clinical</td>
<td>5</td>
</tr>
<tr>
<td><strong>Learning Activities</strong></td>
<td>28</td>
</tr>
<tr>
<td>Scholarly writing</td>
<td>7</td>
</tr>
<tr>
<td>Learning plans</td>
<td>8</td>
</tr>
<tr>
<td>Reflections</td>
<td>9</td>
</tr>
<tr>
<td>Clinical work up on client</td>
<td>2</td>
</tr>
</tbody>
</table>

*Note: Participants talked about the small group learning process that students engaged in but not specifically a course. The following courses used small group learning process; Nursing Y2A, Nursing Y2B, Nursing Y3I, Nursing Y3J, Nursing Y4N, & Nursing Y4O.*

**Participants did not pick specific courses but talked about the topic of pathophysiology facilitating change. Courses that focus on pathophysiology are: Pathophysiology IY2F & IIY3K.

**See Appendix N for Course Descriptions**

In addition to the themes identified using the major categories on the LAS (courses, personal influence and learning activities), there were also several overarching themes that came through consistently that were instrumental in the graduates learning and change in thinking.

The topic of applying research and evidence, learning something new, being self-directed, applying theory to practice, and learning through dialogue were significant concepts reflected in the interview data. Table 19 displays the frequency of comments made by the graduates under each theme.
Table 19.  
*Frequency of Comments Made by Graduates in Each Influential Theme (n=6).*

<table>
<thead>
<tr>
<th>Themes</th>
<th>G1</th>
<th>G2</th>
<th>G3</th>
<th>G4</th>
<th>G5</th>
<th>G6</th>
<th>Total number of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Applying research &amp; evidence to thinking”</strong></td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td><strong>“New Learning”</strong></td>
<td></td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td><strong>“Self-directed learning”</strong></td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td><strong>“Applying Theory to practice”</strong></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td><strong>“Learning through dialogue”</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>

**Applying research and evidence in thinking.** The most predominant theme that was heard in all of the graduate interviews was applying research and evidence to their nursing practice. Graduate G1 explained “When you pull out the studies and when you analyze those study findings and apply to your practice. That is definitely a change! I never did that as an RPN.” Another illustration to demonstrate this theme was a comment by graduate G5:

If somebody says something to me ‘This is what we are doing.’ I always kind of think in the back of my mind ‘What is the evidence for this?’ And it came up a couple of days ago, there was an issue so I said ‘well, let’s research that.’ And I looked on line and I researched it and I am thinking to myself ‘Oh, there we are, there is my RN schooling, BScN program coming into effect.’

The process of learning how to apply research and identify the best evidence to use in providing care for clients was an activity that was very much valued by G6.

Critical appraisal of research was actually helpful in terms of being able to look at the articles and dissect them and see if they are any good, from a good source, is it current, is it applicable? I think finding and applying the research was a huge component and I think
in terms of the professional standards from the CNO, I couldn't tell you what they all are, but I know the one is “spirit of inquiry” and I definitely got that from the program.

**New learning.** Another prominent theme that I identified in the interview transcripts was the concept of learning something new. This theme was heard in comments by all of the graduates in the interviews as all of them talked about new learning that was perceived as either a process, such as self-directed learning, or being exposed to something completely different that they had not heard of, or been involved with before. Graduate G3 described the impact of learning something new as “I didn't even know about public health until I had my placement and I thought ‘I would really like to do this, I like being involved in the big picture.’” Another graduate, G4, said

Clinical was so different! The skills that I was able to do and hadn't done before and it was so exciting when I learned something new and I was able to do that, I just thought ‘oh my gosh this is so exciting!’

**Self-directed learning.** An overarching theme that I identified in the graduate interviews, was the concept of choosing and directing one’s own learning. Whether it was in one of the small group nursing courses, or through a learning activity such as developing a learning plan, these graduates articulated their thoughts around how valuable it was for them to be able to pick a topic that they wanted to learn about, and being guided by teachers to discover answers to their learning topics. This was perceived by the graduates as being instrumental in supporting a change in their thinking. Graduate G1 reflected this by saying:

I would say that being goal oriented and learning how to be self-directed in my learning is the most valuable skill that I learned from the program. You need to be ready to learn
and be interested and at the end I realized ‘Oh this program is teaching me how to learn very quickly and very effectively, and it’s not just about specific clinical skills!’

Another illustration of how the process of learning in the small group nursing courses was valued, and allowed the students to decide what they wanted to learn was expressed by G4:

(Those course) were amazing! …I felt it was a very good way to learn. It just makes you think, and you decide what you want to learn, what you want to bring back to the table and it was just a great approach to learning and I loved that piece, being able to choose and research what I was interested in. It takes a while to get used to that type of learning cause the teacher doesn’t make you do it you have to do it and decide on your own.

Applying theory to practice. Applying what they learned in school when they were at work as an RPN while still in the program, or once they graduated and practicing as an RN, was a theme that was commented on by all six of the graduate. The ability to try out their new way of thinking and new knowledge solidified for them the confidence and applicability of their newly found skills. Graduate G1 described it this way: “I like the clinical part of the program as I can apply the theory. What I learned in the classroom I could apply in real clinical practice, and built my confidence.” Graduate G2 talked about applying her new learning at work which was an ongoing process that she engaged in:

Applying what I learned at school in my job (as an RPN) absolutely - I was doing that all the time, it was like experimental, you go to work and just what you learned you tried and it was like ‘Oh we just talked about this’ or ‘We just learned about this’. I'd would also bring up interesting research and evidence I got from class to other nurses I worked with.

Learning through dialogue. The last key theme that I identified in the graduate interviews was the learning that transpired by listening and talking to peers in class, or through
critical discussions with teachers and preceptors in the clinical area. Graduate G4 described the process that they would engage in during the small group nursing classes and how, through critical discourse with peers, influenced on her thinking:

It was a big ‘group think’, everyone would say ‘Okay, I think we need to do this next’ and then we would say ‘Well why you would do that, and is there anything else that you guys think we should do?’ And we would be writing down on the blackboard. Different people would find different articles, something that you had never even searched for, and you would go around the table and share what you are bringing to the table that day and it was great! I learned so much from them.

Graduate G5 provided a similar example describing her experience and perceived learning gained from deep discussion with peers is her class:

We would all bring something different, some different information about the same topic and we would share and we went over what we were going to do and I found it was smooth and I learned a lot! When you have someone bringing something to the table that you never thought of, and is really interesting, I found I learned well.

One of the questions asked of all the graduates in the interview was to recollect what their experience was when returning to nursing practice not as an RPN but as an RN. All the graduates could articulate clearly how they had changed. Some described this change as being deeper than just learning new knowledge, but seeing themselves as a changed person. This is illustrated by G1 who stated:

What I realized after graduation is that those clinical skills are learned with time, yes, it just takes time. But you really examine seriously your learning and it is (focused on how) you do your nursing and how you always want to be a better nurse and at the end you
want to be a good person. But you have to be a good person to be a good nurse! That's what I realized. Those other skills just take time to learn so this program really taught me that and I have grown both professionally and personally, I’m different.

A further description of a change was revealed by G6:

I have had a change in thinking, problem solving, and questioning! As an RPN I was always competent, thorough, and knowledgeable, however, as a new RN I found myself automatically questioning everything. Like just because we always did it this way doesn't mean it is right, is there another way to do this? Are there other resources to utilize? Are all the stakeholders included? Is there a current agency policy on this? And the list goes on! Everything has changed because I have changed, taking on more responsibility and all that this entails. You know returning to work as a RN instead of RPN, I felt different, like I had a new skill set and that I would be more inquisitive and I did feel that I am now in a more serious position. The staff I had worked with as an RPN have also noticed and told me that there is a difference in me.

**Analysis and Interpretation of Findings in Relation to the Literature**

Overall, the aggregated LAS data from the participants in years, two, three, and four of the RPN to BScN program revealed that the category most influential in changing their beliefs since they began the program was the impact of the courses in the program. Sixty (93.7%) of the 64 students identified courses as influencing them the most. This was followed by personal influence (n=53; 82.8%), learning activities (n=43; 67%), and life events (n=21; 32.8%). Figure 13 displays the percentage of the categories chosen by all the student participants on the LAS.
Courses

There was very little difference between each year of students in choosing courses as the primary inspiration for a change in their thinking. Year two students chose the courses category 95% (n=21), for year three it was 80% (n=12), and for year four it was 100% (n=27). Within the courses category, there were several options of courses to choose from (see Appendix N) however, amongst all the student participants there were several cornerstone nursing courses that were selected most frequently as having the greatest impact. These courses were: Clinical in third and fourth year (Clinical Y3M, Clinical Y4Q & Clinical Y4R), Health Science Y2G, and Pathophysiology Y2F. Figure 14 displays the aggregated responses for all the courses in the program.

Figure 13. Aggregated Results of Learning Experience Categories that Facilitated Change Selected on LAS (Year 2, n=22 Year 3, n=15 and Year 4, n=27).
**Clinical courses.** In year two the RPNs do not have a “clinical” placement but engage in the Nursing 2YC course in term two. Eleven of the 21 year two students chose this course as pushing their thinking. The course uses case scenarios and high fidelity simulation (HFS) as learning strategies. This course seemed to move the RPNs away from being task orientated to thinking deeper and broader about care of clients. An example from the interview described how one of the scenarios in this course affected a student’s learning:

> It was in (Nursing Y2C) course, the last case scenario that we had to do a high fidelity with, I went ‘Okay, this is what this is all about?’ , and I noticed my thinking switched. I
notice my boundaries being pushed with my knowledge that I had about illnesses and was really able to have an ‘aha’ moment applying critical thinking. (Y2-2)

Pushing the LPN away from being task focused has been cited in the literature as essential is supporting their transitioning in thinking from skill acquisition to critical thinkers (Claywell, 2003; Melrose & Wishart, 2013; Porter-Wenzlaff & Froman, 2008). Being able to apply new knowledge during the high fidelity simulation in the lab also provide opportunities for the RPN to link theory to practice. Providing learning opportunities that enable mature students to apply theory to practice has also been identified as a significant component in facilitating transformation (Taylor, 2009). Cranton (2006a) states that “simulations can be used to initiate awareness of alternative perspectives (p.145).”

On the LAS only one of the year three and four of the year four students remembered Nursing 2YC as being helpful in pushing their thinking. This is likely because of fading memories and that by third and fourth year, the students are in “real” clinical settings, not simulated ones.

In either term one or term two of the third year, the RPN is placed in a clinical course that runs one day, 12 hours a week for 12 weeks in a hospital setting. Traditionally this is a group placement with a size of eight students assigned to one area under the supervision of one teacher. On the LAS, 50% (n=7) of the year three students, and 51.8% (n=14) of the year four students chose this course as influencing their change. In year four of the program, the clinical courses are a preceptor model in which the students practice one on one with an RN, 12 to 36 hours a week in both term one and term two. This immersion into clinical practice influenced the year four students greatly and was chosen 62.9% (n=17) of the times by the year four students in both
terms as being influential in transforming their thoughts and previously held beliefs about the RN role.

The combined year three and year four interviews (n=17) resulted in 64.7% (n=11) of the students discussing the clinical course (Y3M) in third year as an opportunity to apply their expanded nursing knowledge which solidified a change in their previously held beliefs. All seven of the year four interviewees talked about their Clinical courses (Y4Q & Y4R). The graduates who participated in the interviews also voiced most often that the clinical courses had the greatest influence on their transitional learning; 23 comments out of 55 statements (41.8%) mentioned a clinical course. Being exposed to something new in clinical and being forced to practice outside their comfort zone was the crucial element in their learning. Taylor (2009) argued that value added experience is essential for transformational learning. A student in fourth year provided a clear example of how she was enlightened by her clinical experience in which her previous beliefs of the RN role were transformed.

Initially you just think of an RN just being a nurse in a ward just doing patient care but especially (Clinical Y3M) clinical my expectations changed quite a bit. You are able to understand the roles (RN verses RPN) differently especially when you start looking at the practice standards and you are getting those clinical experiences. I feel that getting these specialty experiences (for clinical courses) are really crucial and supported me in transitioning. It’s what changed my expectations or my understanding of what the RN role was because you think of a pediatric nurse, you just think that they are just there helping sick children, you don’t really understand the depth of their knowledge that needs to be accumulated to be able to be pediatric nurse until I was in that placement. (Y4-4)
Cranton (2006a) and Taylor (2009) both highlighted how experiential learning can provide a prime forum for students to critical reflect upon beliefs and assumptions of previous knowledge. For the participants in this study, clinical put these students in “live” situations that stimulated critical reflection and prompted students to consider alternative understandings of patients they cared for. The participants talked about how these courses provided new experiences that often pushed them past their comfort zone and provoked them to question their prior understanding of the RN role and allowed them to integrate research, and think in broader terms with respect to client care. Other literature that explored transitioning in different types of nursing roles also highlight how direct patient care and applying newly gained knowledge was significant in helping student nurses to transition and transform their thinking in creating a new world view (Melrose & Wishart, 2013; Spoelstra & Robbins, 2010; Steiner et al., 2008).

**Nursing small-group courses (Nursing Y2A, Y2B, Y3I, Y3J, Y4N, & Y4O).** The small-group nursing courses are foundational courses that are required in each term throughout the three years of the program included in this study (years two, three, and four). The impact of the process of learning in engaging in small group learning was discussed in detail by all the participants in their interviews. A graduate described the process as follows:

> I believe it was (small group nursing courses). We were taught early on to question everything, challenge others’ ideas and concepts and that came through in every class. I found those classes to be quite enjoyable and loved to watch students’ blossom and enjoyed watching personalities develop. (G6)

According to many scholars on transformative learning, social discourse is fundamental in allowing students to assess their assumptions against what others say to discover new personal meaning (Snyder, 2008) and a key component of small group learning methodology is sharing
and dialogue. The year two Nursing courses (Y2A & Y2B) were chosen most frequently on the LAS. Thirty-one (51.6%) of all the students (n=60) chose the term one, year two (Y2A) course, and 53.3% (n=32) chose the term two (Y2B) course. The fourth year small group nursing courses (Y4N & Y4O) were also identified fairly often with the term one course (4YN) identified 44.4% (n=12), and the term two (4YO) chosen 40.7% (n=11) of the time. However, the year three small group nursing courses (Y3I & Y3J) were chosen the least frequently with the term one (3YI) identified 30.7% (n=12), and the term two (3YJ) chosen 38.4% (n=15) of the time. In year three of the program, the RPN to BScN students are integrated with the generic stream students in the small group nursing courses for the first time, with the average ratio being approximately three RPNs to 17 generic stream students in the class. Based upon the LAS results, the year three small group nursing courses were identified approximately 33% less often compared with year two small group nursing courses. The transition to this new mix of students in year three courses seemed to have less of a positive impact on the RPNs perception of their learning in these core nursing courses. From the interviews of the year three and year four students, there was evidence that being integrated with the generic stream students was not what they hoped for. An example of this was described by Y3-5 who said:

We were integrated with the generic stream (students) in (Nursing 3YI & 3YJ) and my learning needs were different from where they need to learn. (Topics of discussion) This is where the class is heading but I already know that so that was a little frustrating. I found that the (generic students) are still focusing on the basic nursing stuff. So you’re helping them out which is great for them to understand the realities that are out there (in nursing) but I wanted to understand more and I was like ‘We just talked about that, let's
go on to something else.’ whereas the RPNs cohort we have this commonality so it's just a little easier to talk to them.

Delaney and Piscopo (2007) noted in their study of 12 nurses who returned to school to upgrade their RN role to BScN, that being placed with their peers who were of similar age provided a better learning environment for them. The transition appeared to be smoother in their own cohort which was highlighted by one of their participants who said being in class with older students “was comforting, they had a little bit more maturity…we had a connection” (p. 170). RN to BSN participants in the qualitative study conducted by Lillibridge and Fox (2005) echoed similar opinions, noting that “not fitting in” (p. 14) with their younger generic stream students was frustrating. This was largely because they felt the generic students lacked “real” nursing experience. This perception was consistent with the concerns of the RPN to BScN students in this study. Another illustration that demonstrates the difference felt about year three nursing courses (Y3I & Y3J) came from a fourth year student who said:

My personal experience (in year three Nursing Y3I & Y3J) was that I felt like it was very repetitive at times from what I learned in the practical nursing program. If you discussed something that different then you felt like you're taking away from the generic stream students’ learning because they don't have knowledge of this yet but you do so you’re just kind of sitting there waiting for them to come to the conclusion that you already had.

(Y4-2).

Crafter and Maunder, (2012) discussed transitions grounded in Beach’s transition model and advocated that encouraging a “community of practice” facilitates a sense of belonging for students. O’Donnell and Tobbell, (2007) also shared similar findings from their qualitative study of 16 mature students who returned to university in the UK. They noted that a sense of
belonging to a community is a process that supports transitioning and change in identity. The voices of the RPNs in my study echoed the sense of belonging to a community when they were engaged in the Nursing Y2A and Y2B year two courses, but this feeling was lost when they were integrated with the generic stream students. It is possible that this loss of a sense of community was the reason why small group nursing courses were identified the least by year three participants on the LAS. Another reason for not choosing Nursing Y3I and Y3J courses in year three may have been because the content and learning experience was too fundamental for the experienced RPNs. The interview data reflected that the RPNs felt that they were not learning anything new and that the content was repetitious. For example, one year three student said:

I felt like the (generic) stream’s learning is different, they are covering different things and it’s great to share my knowledge with them if I have it but sometimes I felt like things were repetitive, like we were doing things over again. It's like ‘I've already learned this.’ I just wanted to learn more or learn different things. I just felt like it was more repetitive in that way so the discussion lacked depth. And as an RPN I really already know to focus my care on ‘how the patient feels and the family’ so it was really no learning it was just more going over stuff I already knew. (Y3-6)

I found an abundance of literature that speaks to the significance of recognizing and acknowledging prior learning of mature adults to ensure meaningful learning in higher education (e.g., MacKeracher, et al., 2006). In addition to recognizing pre-existing knowledge, it would seem that the topics addressed in year two Nursing 2YA and 2YB were more significant to the RPNs and encouraged exploration of previous beliefs about how they practiced as an RPN. Taylor (2009) labelled this as “value laden course content” in which the topic becomes the catalyst that forces mature students to engage in critical reflection pondering alternative
perspectives. Based upon the insight gained from the qualitative data, the fact that year three nursing courses (Y3I & Y3J) courses were selected less frequently as influencers of change suggests that the topics were repetitive and did not interest the RPN learners. In Chapter six I include suggestions that address this important finding.

The LAS responses for year four nursing courses (Y4N & Y4O) actually increased by an average of 22% over year three nursing courses (Y3I & Y3J) even though the students were still integrated with the generic stream students, with approximately three RPNs to 17 generic stream students in the class. In reviewing the year four transcripts, I noted that the increase in identifying year four small group nursing courses is likely because the “content” was different and provided more meaningful learning for the RPN students. Their stories explain why they were more engaged. The following examples are evidence that the topics were more supportive to the students’ learning in year four nursing Y4N and Y4O courses. Student Y4-1 explained that in year four (Y4N & Y4O) the focus was on “leadership styles in different contexts, conflict resolution (and) toxic work environment and so I found that interesting to learn about.” Student Y4-7 also described the difference noticed in year four (Y4N & Y4O) courses as “There was definitely more collaboration amongst all the students whether you were a (generic student) or RPN. It was more about leadership skills and being part of the interprofessional team.”

**Health Science Y2G.** The Health Science Y2G course is taken in year two of the program, in term one only. On the LAS, 50% (n=30) of the 60 students chose this course that inspired them to reconsider their previous knowledge and expanded their understanding of clients - from an individual to the larger system. In the 35 interviews, 23 (66%) of the students made statements about how the content in the Health Science Y2G course inspired them to
reconsider how they viewed their patients from a different perspective since taking that course. One student described her experience as:

(Health Science Y2G), I actually had no idea that they (social determinants of health) even existed before this program. That has definitely opened my eyes to understanding that so many factors play into someone's health rather than just taking the holistic approach. It helped for sure!

**Pathophysiology.** The pathophysiology course (IY2F), was chosen 41.6% (n=25) of 60 of the students on the LAS. This is the core pathophysiology course in the RPN to BScN program. In 2012 there was an additional pathophysiology course (IIY3K) which was a new course added the curriculum for all streams in the BScN program. Since it only began in 2012, at the time of my data collection, only the year three participants had taken the course. This course (IIY3K) was chosen 33.3% (n=4) of the times by the year three participants. The qualitative accounts from my interviews provided a deeper understanding of why this course was chosen. The depth of knowledge was applied at work and in other core nursing courses which added to the significance of the pathophysiology course. For some participants, pathophysiology was the “epochal” event or “disorientating dilemma” that Mezirow (2000) describes as being the trigger for change. An illustration from one of the graduates illuminates this epochal event.

There was certainly an ‘aha’ moment for sure, the first-class that I sat in pathophysiology. Although that course was really a challenge, a huge, huge challenge, it was just amazing to go through the body at a cellular level and say ‘Oh my gosh, this is what our body does?’ (G4)
Pathophysiology was a “stand alone” course but the concepts were weaved throughout the program. Student Y3-4 illustrated this in her comment about how she began applying her new knowledge, not just in school, but in her practice as an RPN:

I can actually understand the (pathophysiology) now, why exactly it (clinical symptom) is happening and not just gloss over it if the patient asks ‘Why is this happening’ I can actually break it down and explain to them why it’s happening and what the risk factors are. I have that understanding now as opposed to, before I just kind of knew ‘this number means it is okay, this number means it needs to have treatment’ but know I know why. That really helped me, putting it all together, just having that background knowledge

The content in the Pathophysiology and Health Science Y2H courses appear to have provided inspiration for my participants to engage in critical reflection on their previous RPN knowledge, and they now viewed their clients in a very different way, which suggests transformation has occurred. Taylor (2009) advocated that one of the core elements for transformative learning is to provide what he termed “value-laden” course content (p. 6). Course content that has meaning to the learners can stimulate critical reflection providing the forum in which students begin to transform their thinking. Fetherston and Kelly (2007) concur and described their experience of teaching students in a course that was grounded in transformative learning, in which new and challenging topics prompted students to critically reflect. The participants in my study also shared how the content and new learning obtained from Pathophysiology and Health Science Y2G prompted them to reflect upon that knowledge and some even began to utilize their new understanding in their RPN practice.
Personal Influence

The personal influence category was the second most frequently identified concept chosen by all the students in my study with 82.8% (n=53) selecting this item on the LAS. Within this category, teacher support was the highest factor identified (83%; n=44), followed by a teacher’s challenge (62.2%; n=33) and then student support (41.5%; n=22). Figure 15 displays the responses for each year and the aggregated responses for the subcategories of personal influences.

![Figure 15. Subcategories of Personal Influence Selected by Students in Each Year and Aggregated Results (n=53).](image)

Teacher support. Teacher support was the most frequently chosen personal factor that the students identified as being influential in providing an environment in which they could question previous beliefs about their knowledge. Response rates for this factor were very similar in each of the three years included in this study, with 88.2% (n=15) in year two, 76.9% (n=10) in
year three, and 82.6% (n=19) in year four identifying teacher support as the most important personal factor contributing to their transformative learning. Mezirow (2000) stressed strongly the significance of a supportive environment for transformation to occur. He stated that “learning theory must recognize the crucial role of supportive relationships and a supportive environment” to allow people to confidently and critically reflect on traditional thoughts and beliefs (p. 25). As well, Freire, who highly influenced Mezirow’s transformative learning theory, argued that to create a transformative environment, teachers must be democratic and willing to be open to students’ viewpoints. It is only through this supportive relationship that students can begin to critically reflect upon long held assumptions. An example from the student interviews that demonstrates the benefits of a supportive teacher is evident in the comment by Y2-3 who said:

The teacher was spectacular, I could royally mess anything up and she would still make me feel good for trying. There was no judgment and I think she created an environment where we can be students and we can mess up because we cannot know everything and she’d still make us feel like we are the smartest person because it is supposed to be a safe place to learn and mess up.

Another illustration that reflects the advantage of supportive teachers is expressed by Y4-2 who stated, “The (teachers) who were passionate, prepared, fair, and encouraging to the students - those teachers were the ones that made a significant impact in my learning experience.” The value of a supportive teacher was also articulated in the graduate interviews in which all six of the graduates mentioned a teacher’s support as being influential. In one example, a graduate discussed how she was in a very toxic clinical placement and if it were not for her teacher’s support she would have dropped out of the program. She commented:
She was fabulous! I had days that I was crying because clinical was so brutal… it was just awful! So (Name of teacher) was so supportive and finally she said you don't have to go back there and I thought ‘Thank God!’ because I was ready to quit…I don’t think I ever told her that but if it wasn’t for her I would never have passed that clinical. (G5)

Teacher’s support has been identified in a number of King’s studies exploring transformative learning as having a positive impact on the learners (King, 1999, 2000, 2004). The overwhelming sense of support from the faculty felt by my participants likely provided a trusting environment in which they felt that a teacher’s challenge was a positive learning experience for them as well. Cranton and Carusetta (2004) found authenticity as an educator was a major contributor in providing a learning environment in which students felt safe to be challenged and prompted them to reflect upon how they think and understand the world around them. Authenticity can only be achieved when students feel they are supported explicitly to engage in transformation. The responses from the LAS and the interviews suggest that my participants experienced authentic educators in their learning journey.

**Teachers’ challenge.** Of the 60 students who chose a personal influence as enabling them to think differently, 62.2% (n=53) identified a teacher’s challenge. A number of scholars who write about transformative learning advocate that learning transpires when students are placed in situations in which they need to question their assumptions which can be provoked through challenging conversations (Cranton, 2006a; Mathew-Maich et al., 2010; Taylor, 2007). Many of the students in my interviews discussed how having a teacher push their thinking by always asking “why” and expecting them to think “deeper” and “wider” about a topic encouraged them to reconsider and transform their thinking. A comment from Y2-1 illustrates this:
(Teachers name) was always asking, ‘Well how do you know that's what it is? You need to look further?’ and before (this program) I would just think ‘Well I've always been told that’s why.’ Being encouraged to look further into things. That helped because I wouldn't have done it on my own.

A year three student reported similar experiences of being challenged by the teacher in her clinical course and said “She would definitely promote us to share to always ask the question why and push us to think deeper” (Y3-10). The concept of pushing one to think deeper has also been identified by RNs who returned to school to upgrade their credentials (e.g., Lillinbridge & Fox, 2005). It was this term of “being pushed” that the RNs used in the study by Lillinbridge and Fox which was also heard from faculty who taught LVN to RNs. Taylor (2012) found that the faculty realized that to move the LVN to the RN role, they had to always find strategies to prompt the students to think deeper and broader about client care. The students in my study also verbalized how being encouraged to challenge their own thinking by the faculty helped them to see the difference between the RPN and RN role. A comment from an LAS open ended question provides an example of this difference as felt by one student (Student 28, year three): “I realized that for a BScN student, nursing is not all about skills, I am learning how to take care of my patients using knowledge-based nursing and more critical thinking skills in making clinical decisions.”

There was a notable difference between the years in the program and the identification of a teacher’s challenge as influencing a change. In years two and three, there were similar results with 70.5% (n=12) and 76.9% (n=10) respectively identifying this fact, but in year four, only 47.8% (n=11) chose a teacher’s challenge. This difference may be a result of the year four students in my study having moved from having to be challenged by a teacher to now intuitively
challenging themselves without prompting. A year four student (Y4-4) at the end of their program provided an example of how she became “more responsible and accountable” for her learning and another student recalled how she would continually ask herself “why” and stated “For me everything that I do now and being in this program has taught me to just continually ask ‘why’! Why am I doing this? (Y4-6)”. This is also exemplified in the graduate interviews in which all six of the participants talked about how they became more critically reflective practitioners. An illustration by G6 provided evidence when she said “As a new RN I found myself automatically questioning everything. Like just because we always did it this way doesn't mean it is right, is there another way to do this? Are there other resources to utilize?”

The literature on transformative learning supports the concept that adults can learn to become reflective thinkers through educational experiences (e.g., Cranton, 2006a). Mezirow describes 10 phases of perspective transformation that ground his theory. The phases describe a process one engages in as one reconsiders previous assumptions, such as reexamining one’s thoughts, exploring options and implementing new ideas. Based upon my analysis of the interviews, I found that the year four students and the graduates demonstrated that they had moved from needing someone to prompt them to question their assumptions about how they originally would act in their RPN role, to instinctively exploring alternatives on their own. This would explain why a teacher’s challenge was not as influential for the year four students in my study as it was for students in the previous years.

**Student support.** The last personal factor chosen by students in completing the LAS was “another student’s support”. This item was chosen 41.5% (n=22) by all the participants. All the students in each year chose this item similarly; year two students picked this item 35.0% (n=6) of the time, year three, 38.5% (n=5) of the time, and year four, 47.8% (n=11) of the time.
Community support has been identified by others, such as King and Wright (2003), as being essential in facilitating transformative learning. They noted in their study that 67% (n=18) of their student participants highly valued support from other learners as this created a trusting environment in which students could challenge each other and question others’ assumptions. King (2009) also authenticated student support as being “instrumental” in facilitating transformative learning. Finding peer support as influential has also been noted in similar nursing literature. Faculty in Claywell’s (2003) thesis exploring LPN to RN transition described that the LPN students needed to bond with their peers which went beyond just academic support, but personal support as well. Delaney and Piscopo (2007) who explored RNs to BSNs transitioning similarly found that RN participants in their study identified peer support of other RN to BSN students essential in overcoming challenges and attributed their success in completing the program to peer support. For my study participants, peer support was identified as being important to them which can be substantiated by excerpts from the interviews as noted in Table 20.

Table 20. Excerpts from Interviews Representing Participants’ Perception of the Significance of Student Support.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Comments on Student Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y2-2</td>
<td>That was amazing because it was excellent the ideas that (other RPN students) came with. We learned from each other as RPN students as much as we learned from our tutors and it was so supportive.</td>
</tr>
<tr>
<td>Y3-6</td>
<td>Working with the other RPNs students it was great, we had great conversations and we were able to accomplish things. I felt like we were on the same page and when we looked back at the end we were all saying how well we worked together.</td>
</tr>
<tr>
<td>Y4-4</td>
<td>You get comfortable with (other RPN peers) and your able to see what everybody's strengths are, somebody might be better at researching and you can sort of pick from that when you are in your (small group nursing course) and you know in your small groups you become friends, you get to know them (RPN peers) as opposed to being just thrown in with a bunch of random nursing students.</td>
</tr>
<tr>
<td>G4</td>
<td>We (RPN students) really felt we needed to support each other because we were having a hard time of it, lots of us just trying to balance all of the different things going on in our life. It's kind of this need to support and sort of pull ourselves through and say &quot;we are going to finish this you guys&quot;</td>
</tr>
</tbody>
</table>
Learning Activities

Based upon the LAS survey, 67% (n=43) of all the students who participated in this study chose a learning activity as contributing to transformation in their thinking. The most frequently identified activity was scholarly writing with 74.4% (n=31) of the students selecting this item. This was followed by verbal discussion in clinical (67.8%; n=19), verbal discussion in the small group nursing courses (Y2A, Y2B, Y3I, Y3J, 4YN, & Y4O) (67.4%; n=29) and written personal reflections/journal (53.4%; n=23). The other learning activities were chosen less than 50% of the time and can be viewed in Figure 16 which displays all the collated results.

*Verbal Discussion in Clinical and Clinical Work up on a client are learning activities that only Year 3 & Year 4 students engage in n=26

**Figure 16. Aggregated Responses for Learning Activities on LAS (n=43).**

Interestingly, scholarly writing was chosen most often by the students as stimulating a change in their thinking. However, the literature tends to emphasize academic writing as having the potential to impede the success of mature students. MacKeracher et al., (2006) explored the literature on mature students returning to higher education and noted that writing essays was a predominant barrier to success. In addition, Melrose and Gordon (2008, 2011) also noted in their
study investigating LPN to BNs in an online program that academic writing was viewed as particularly difficult for the returning mature student. Even though writing essays was difficult, the findings in this study suggest that the participants gained new learning and felt that scholarly writing supported and enhanced their knowledge. Even though writing may have been challenging, being forced to integrate new learning and meaning into scholarly writing assignments, may have placed the participants into unsettling situations of thinking critically, which has been linked with strategies that support transformational learning by Snyder (2008). Mezirow (1991) maintains that transformational learning requires intentional deep reflection to inspire contemplating new ways of knowing. Comments from the interviews (Table 21), provide insight into how my participants perceived the benefits of this learning activity. They found writing papers pushed their thinking because they had to search, analyze the literature, and integrate that new knowledge into their own words.

Table 21.
Excerpts from Interview Representing Participants’ Perception of Scholarly Writing.

<table>
<thead>
<tr>
<th>Year in Program</th>
<th>Comments on Scholarly Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y2-2</td>
<td>I really liked the transition paper because it really made you think about looking into the different theories because I had to dig deep into what my beliefs are and push them, I had to see if I had any misconceived judgments.</td>
</tr>
<tr>
<td>Y3-6</td>
<td>I always find that writing is important. I always think that I learn with writing and even looking at the research and critically appraising it. I found that was great (writing) because it made you really think about your story that you had and then find a concept from there that you wanted to expand on. It really made you look at you research too.</td>
</tr>
<tr>
<td>Y4-2</td>
<td>those (nursing course) papers...talking about like hospital acquired infections and interprofessional teams and just like being able to relate them on the different levels…the critical analysis levels. So, I found them really helpful… I found I have a greater ability to critically think especially with, just because of the way they get you to analyze papers, the papers you write they are so analytical so that really stimulates your critical thinking in all the different areas of clinical practice.</td>
</tr>
<tr>
<td>Grad 5</td>
<td>(writing) It definitely was helpful because it makes you go out there and research and it makes you look for the best evidence and makes you analyze and really made me think!</td>
</tr>
</tbody>
</table>

Verbal discussion in clinical post conference or in their small group nursing courses appeared to provide a forum for the RPNs to express their thought, reflect upon what others were
saying, exposing them to opportunities to question their thinking. A community of learning in which students engage in substantial dialogue with each other is a strategy suggested for facilitating transformative learning (Cranton, 2006a; King, 2000; Taylor, 2009). In fact, Cranton (2006a) maintains that “discourse is central to the process” and individuals need to be involved in discourse to facilitate transformative learning (p. 36). According to the LAS aggregated survey responses, and the interviews, the RPNs having the opportunity to voice their thoughts and listen to others during their small group nursing courses and in clinical experiences contributed to their learning.

Reflective writing was also chosen frequently as facilitating their thinking and it is another strategy identified in the literature that is highly recommended to promote transformation in one’s thinking (Cranton, 2006a; King, 2009; Morris & Faulk, 2012). In my study one interviewee described explicitly the power of self-reflection in changing one’s perspective:

The reflective pieces I think are always therapeutic and I think nurses, whether they acknowledge it or not, they reflect. They just may not necessarily have to write it down on paper but I think that by reflection you can really develop your critical thinking because when you're in a clinical situation, something happens whether it's positive or negative and you walk away and you say ‘Was that me? Was that the external factors? Was that the other colleagues that I'm working with? Was it the patient? Was it the students? Was it this or that?’ It gives you the time to sort that information out and then you know ‘Why did this upset me, was it really directed at me?’ So I think it's really a great tool to contemplate your emotions because nursing is such a highly emotional job, to put them in perspective. (Y4-1)
The majority of the learning activities were chosen similarly by students in each of the years. One of the activities “verbal discussion in small group nursing course” did generate different responses. In year two, students chose this item 81.2% (n=13) of the time, but in year three, this was chosen only 50% (n=3) of the time - a difference of 62%. Then in year four, identifying verbal discussion in the small group nursing course (Y4N & Y4O) increased by 19% from year three (Y3I & Y3J). It is likely that the difference between the RPNs engaging in verbal discussion in year two and year three small group nursing courses is because in year three they were integrated with the generic stream nursing students for the first time. The group size in the small group nursing courses moves from 12 RPN students in year two to a group of 20 students in year three, with the ratio being approximately three RPNs to 17 generic stream students. The transition into third year small group nursing courses (Y3I & Y3J), meeting and feeling confident to engage in critical dialogue with new students can be challenging. This may have prevented the RPN students from participating in challenging conversations with new people. Anderson et al., (2012) talked about how individuals’ appraisal of a transition depends upon whether they view the transition as positive or negative. If they view the transition as negative their ability to adapt and cope with the transition is more difficult. Crafter and Maunder (2012) adds to this and explained that transitions are eased when social interaction involves a familiar community of practice. When the RPNs begin their program they are in their own cohort in which they bond from commonality, but this changes when they enter the third year small group nursing courses (Y3I & Y3J), with a much higher ratio of generic stream students in the group. This change may have led to a more difficult transition into the third year groups. Some studies that explored nurses who returned to school to upgrade their credentials also provide evidence of this discomfort and reported that the returning nursing students felt as
though they “didn’t fit in” with the generic stream students (Delaney & Piscopo, 2007; Lillibridge & Fox, 2005).

As well, based on the interview transcripts, the content covered in third year small group nursing courses did not address new content and left many of the RPNs feeling like they were the “experts” in the group compared to the generic students. One student stated:

It's great to learn how to work as a team with the (Generic) stream (nursing) students but to be honest I think we would have gained more if we were with RPNs still. I thought our discussions last year (Year two) were so much better, more learning! (Y3-3).

Another example by Y3-4 describes how she took on the “expert” role in her small group nursing course in which she gained no new learning:

I found that this year (year three) the (generic stream nursing) students would turn to us (RPNs) and ask ‘What is it like when you are working?’ So then you spend a lot of time explaining when you are working this is what you might encounter. A lot of the time we (RPNs) were the ones who were explaining the pathophysiology concepts too! So I didn’t really learn anything new.

Cranton (2006a) emphasized that to empower learners to engage in reflective discourse which grounds transformative learning, learners must have “equal opportunity to participate” in the discussion with others (p. 117). It is possible that in the year three small group nursing courses (Y3I & Y3J), the RPNs felt there was an imbalance in nursing knowledge that meant the generic nursing students were unable to engage in substantial conversations with the RPNs. This lack of substance to the dialogue diminished the opportunity for the RPNs to contemplate new ways of knowing.
Research Question #4 asked, “What are the perceptions of the RPN to BScN participants regarding barriers/challenges that hinder the transition from RPN to RN based on their lived experiences.”

Research question four explored the participants’ perceptions regarding barriers and/or challenges that hindered their transition from RPN to BScN, based on their experiences in the program. The data generated by the LAS survey (Appendix F) will be presented first followed by the themes that I identified in the analysis of the interview transcripts. A summary and reflection on the literature as it relates to the findings will also be presented.

Challenges Identified in the LAS Survey

The LAS survey question #2b asked participants if they had a change in values and beliefs since beginning the program. Of the 77 participants who completed this LAS question, 13 (17%) students reported that their values and beliefs had not changed. Of these three (23%) were in year two, six (46%) were in year three, and the remaining four (30.7%) were in year four. The participants who identified that they had not had a change in perspective were then asked in an open-ended question (#2b) to describe reasons why they felt did not have a change. All 13 participants who had reported no change responded to this open ended question. The students’ comments were then analyzed to identify common themes which were; no value added (66%), they felt devalued (n=3; 16.6%), and they already aware of difference between RPN and RN (n=3; 16.6%).

The most frequently cited reason (12 comments) given for why the students’ beliefs had not changed was that the program itself did not provide any value added or new learning. The students commented that the content seemed repetitious at times; the program itself was
inflexible, and didn’t meet the unique learning needs of returning RPNs. Student 29 who was in her fourth year said:

My expectation was that I was going to learn relevant information pertaining to the workplace. I have found that the [name of school], RPN to BScN program is a joke. It is a waste of money, I am now just finishing the program to get my piece of paper (degree). I learn more when I am at work. The whole program needs to be revamped so it can become more practical. Clinical itself is where all the important learning happens there should be more clinical time and less writing of silly papers.

Another example of this theme was the comment made by Student 40 (Third year student) who said “Coming into the BScN program, I expected the curriculum to be more advanced than it is…The amount of repetitive material is disappointing.” Two of the students in fourth year expressed concern around too much time spent on writing assignments and essays that they perceived to be a waste of time. And, Student 5 (in 4th year) said:

I was frustrated with the way of teaching at [name of school]. The university's focus of writing scholarly papers, analyzing so many journals, creating extra detailed learning plans (and) confusing peer evaluation forms, has taken time away from learning the things I want to.

Three of the students (16.6%) shared their feelings of being devalued and not respected for already being a professional nurse. This sentiment is reflected in the following comment by Student 15 (3rd year) who reported:

I thought I would be learning a lot since I paid a lot of money to be in a university, but it just disappointed me big time. I believe that post RPNs are treated like second-class citizens and more focus is given to the (generic stream) students.
Another student explained:

I thought that being an RPN would allow for my experience to be better… I felt like the RPNs were constantly being treated as though we were not already nurses. I can't even count the (number) of times that the teachers would say ‘and when you graduate from the bridge program, you will be ‘real nurses’. (Student 19, year three)

Three of the students (16.6%) simply stated that they were already aware of the difference between an RPN and RN and hence there was no change in their values or opinions since being in school. Table 22 displays the frequency of comments reported under each theme identified in each year of the program from the open-ended question on the LAS.

Table 22.
Themes Identified in Responses to Question #2b “Why do you think your values and beliefs have not changed?” (n=13 responses).

<table>
<thead>
<tr>
<th>Year in Program</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of participants who responded to this question</td>
<td>3 (23.0%)</td>
<td>6 (46.0%)</td>
<td>4 (30.7%)</td>
<td>13 (17.0%)</td>
</tr>
<tr>
<td>Themes identified in comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No value added, lacks focus on RPN learning needs*</td>
<td>4 (33.3%)</td>
<td>3 (25.0%)</td>
<td>2 (16.6%)</td>
<td>12 (66.6%)</td>
</tr>
<tr>
<td>Felt devalued and marginalized</td>
<td>1 (33.3%)</td>
<td>2 (66.6%)</td>
<td>3 (16.6%)</td>
<td></td>
</tr>
<tr>
<td>Already aware of differences between RPN and RN</td>
<td>2 (66.6%)</td>
<td>1 (33.3%)</td>
<td>3 (16.6%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Some participants’ comments applied to more than one theme

Challenges Identified in the Interviews

A total of 35 students participated in audio-recorded interviews: 12 from year two, 10 from year three, seven from year four, and six graduates of the program. I conducted all interviews. The semi guided questions (Appendices H and I) that I used as prompts in the
interviews asked the participants to remember experiences that stood out as barriers or hindrances to their learning and transitioning.

I analyzed each interview transcript myself, and only those statements reported by the participants that I considered directly relevant to this question of perceived challenges were identified which reduced the aggregated interview data from 246 single-spaced pages to 43 single-spaced pages. The data that were not related to challenges are reported in research question #1. Words that I identified in this theme included: challenging, barrier, difficult, blocked learning, hard, prevented, exhausting, disappointing, and hindered. The total number of related comments by the participants from all four cohorts was 527 (Figure 17). I then reviewed the transcripts to identify themes and sub-themes by the year the participants were enrolled in their program.

None of the participants interviewed stated explicitly that the challenges they experienced prevented their transitioning or prevented them from learning. Instead they made references to experiences that they found disappointing or that they felt had wasted their time. I identified two major themes in all four cohorts which were: balancing multiple responsibilities, and

![Figure 17. Frequency of Comments Made by Enrolled Students In Each Year and Graduates Representing Challenges in the Program - 527 comments (35 participants).](image-url)
disappointment with faculty. I also identified three additional themes that only arose in the transcripts of the students in years three and four, as well as the graduates. These themes were: frustration with the overall program, being integrated with generic stream nursing students, and role confusion. Figure 18 displays the number of comments identified under each theme by the participants’ year in the program.

Figure 18. Frequency of Comments Made by Enrolled Students in Each Year and Graduates Representing Hindrance Themes -527 comments (35 participants).

Balancing multiple responsibilities. Of the 35 respondents (29 students and the six graduates), 30 (85.7%) of the participants highlighted in their interviews that juggling personal responsibilities was challenging for them. I identified 151 comments that related to this major theme. There were four subcategories within balancing multiple responsibilities which created the biggest challenge for the participants. These were financial concerns, feelings of guilt from their inability to focus all their attention on each aspect of their lives, missing time with family,
and work obligations. Figure 19 (p. 254) depicts the frequency of comments in the subcategories representing “balancing multiple responsibilities”.

**Financial concerns.** Of the 151 comments related to the balancing multiple responsibilities theme, 54 comments from 22 (62.8%) participants commented on how their financial obligations with the added expense of going to school created a tremendous stress for them. Often the participants explained that they had no choice but to work while in school because they had no other financial support. An example of this is reflected in what student Y2-10 said:

> I think the fact of how much the program costs was a big barrier and if you are trying to pay for it on your own, you still have rent, car payments, car insurance. You are trying to balance that and everything that comes with it. So the financial aspect of it was definitely a challenge, working your schedule around it…

A third year student (Y3-4) explained her concerns around having to work as an obligation that goes beyond just paying for school. She reflected on the long-term unknown consequences of dropping her full-time employment status to part-time in order to go to school. She said:

> Many of us, have to work, we don't have the option of just saying ‘Okay, we just won't work’ because we don't qualify for OSAP because, anyways the first year they would look and say last year you were making however many thousands of dollars a year, ‘Why didn't you save that money’ (?) ...(I) mean sometimes you have a full-time job, you can't really just drop down to part-time because you might not get it back especially when the economy is like it is and when there is uncertainty and everything. If you're spouse’s job isn't 100% secure … you really don't want to drop down out of that full-time employment just in case. So I have found that has been a real challenge.
Another student in fourth year spoke of how difficult it was to for her to work but she felt she had no choice. “I am a manager at a retirement home so I worked full-time throughout this program which was a huge struggle but for myself - financially I had to do it (Y4-4).” These students indicated that they would do whatever it took to ensure they could keep their financial commitments. A graduate of the program explained her hectic story of how she found alternative ways to make more money to pay for everything.

I went to school the two days, three days of clinical and then worked on weekends. And then some days I would do an evening shift as well. I would go straight from school and pick up either a 3 to 11 shift or nights. I also took in two foreign students, so I had two boarders as well and I had to make sure that I had a cooked meal for them in the evening and lunches packed and everything, so it was more responsibility but that paid my mortgage while I went to school so I had that responsibility. That was so exhausting! (G5)

Another graduate of the program quite clearly remembered being told that no one should be working while in the program. But this was not an option for her. She commented;

At the beginning of every semester they would always give us that whole ‘You know you can't work and go to (name of school)! And, I would sit with my two peers who were also bridging and…we were like ‘That's right, we won't pay our mortgages, we won't pay our rent, we won't feed our children.’ (G3)

Feelings of guilt. I identified a strong theme that was commonly cited by the students who found it overwhelming at times to balance and meet demands of family, work schedules, and school work, which often lead to feelings of guilt. Forty-nine comments from 23 (65.7%) participants made reference to feelings of remorse for not being able to give 100% of their time to school or to their family. Student Y2-7 articulated this struggle in her comment,
You feel like you’re kind of spreading yourself thin in all your avenues and you would love to give 100% to work or 100% obviously to your family or 100% to school, especially in the third-year because you see that a lot of the basic stream students are able to give 100% to school and it does hinder your learning, I find, because your mind is sometimes traveling to thinking about work or thinking about your family or not being able to be there to pick up your babies from school.

Student Y3-4 explained her struggles with feeling stressed when she needed to make hard decisions on how she balanced her personal life with school and how feeling pulled in many directions at times affected her ability to concentrate in her studies while in school.

I had a teacher who said ‘No you have to be here, if you miss more than two classes then you know you could fail class,’ and then you have to make tough decisions especially when you have a family too because then sometimes things come up and you have a sick child and you are going ‘Well okay, I can't come in because my child is sick,’ and then you have another day where you have something for yourself, you might be sick or work or something. Sometimes it's a lot of pressure to make those hard decisions and then it's hard to even really be concentrating when you're at school if you yourself are sick or you have a sick child at home.

An illustration from a year four student revealed similar struggles with having to balance everything and suffering the academic consequences of not being able to balance it all.

I failed a course but that was due to family stuff so I know why that happened. I was selling my house and had an open house that weekend before my exam and didn’t have time to study. There's a lot of guilt that goes along with those things! (not being able to balance life and school). (Y4-3)
Being in school and feeling overwhelmed with meeting multiple role demands was a memory that was still fresh for the graduates of the program. One graduate (G4) commented “I think we got to midterm in third-year and everybody was struggling with just trying to juggle all of the things in their lives. We were really having a very difficult time, very stressed!”

**Missing time with family.** I identified 28 statements from 17 (48.5%) participant transcripts that suggested they struggled with feeling guilty for having to limit their time with family because they needed to do school work. Even though the distress they felt about missing their family and feeling like they were not fulfilling that role well, many also felt that this feeling is just a part of life and they found ways to cope. One student, Y2-5, described her distress about having to miss time with her three year old son, which is evident in her comment:

> Yes, definitely taking that time away from your kids is very, very difficult. But it's all about time management and whenever you have those little moments with your children, whether it's on weekends or your days off, you really enjoy that. My son is able to understand that now, he goes to bed at seven o'clock and he wants me to lie down. I just kiss him good night and tell him mommy has to study and he will say ‘Okay mom, you go study.’

Another student described her story this way:

> It has been actually very stressful, last year was a bit of a strain on my marriage actually just because I wasn't ever really home and my husband would be kind of going ‘okay, you're going to study at the school again?’ And I am like ‘well yeah, the paper is worth 40% of my grade. I've got this exam that is worth 35% of my grade. I need to be able to do well in these things.’ And then I would be working the next day so it was a little bit more difficult then, you know he was trying to be as understanding as possible but it was
(stressful), and for my son too. My son, - when I started the program he was two, so he is four now, so just seeing him growing up and not really having that time to spend with him was hard. Because then he would be going ‘Mommy where are you going, mommy come and play with me.’ So it was really difficult! (Y3-4)

One student who was at the end of her last year of the program (Y4-5), described similar feelings as she reflected back over the challenges of trying to adjust to this new pace of life which prevented her from fully engaging in her home life:

It was just the whole lifestyle change because I had been an RPN for the last 13 years, so then I have been working and doing a normal life and then I decided to go back to school - full-time so that meant working every weekend and then I wasn't home so my home life, it was a really tough transition, really, really tough because I wasn't home, you know what I mean, so that was really tough.

One of the graduates (G1) of the program still remembered clearly how challenging it was to balance her time at home with her small children and stated:

I have three kids and they are very busy! They are busy at school and busy at play as learning. I should say it was very difficult to balance my personal life and academic study, and they affect each other in a two-way manner. I try to make this influence in a positive way. In order to commit myself to academic study, most of time my mind is preoccupied with learning objectives, assignments and group projects. Therefore, during the school, I had not much time to spend with my family.

**Work obligations.** Balancing multiple responsibilities and having to juggle work schedules, or take time off to study had deeper meaning for the participants than just financial loss. This subtheme was identified in 25 statements made by 16 (45.7%) of the participants. As
professional nurses, their feelings of guilt were rooted in their caring nature that extends beyond work hours. This is evident in the comment made by student Y2-10 who described her struggles with the inability to say no to extra shifts at work in a pediatric unit:

Sometimes with work, at that point when we can't cover the shift we feel sad because their kid, their parents have been up with them all day and you just want to give the parents a break. The kids that are disabled or palliative they need care 24 (hours a day) and a parent can only do so much, and if a nurse calls in sick, and you are thinking, ‘I’ll help out.’ It's not going to be good…paying for it later when I'm sitting in class (with no sleep).

Other students experienced a lack of support from their workplace when they needed time off to study which created even more anxiety. Interviewee Y3-1 explained this as follows:

Another thing outside of my school life, my job has not been overly supportive, so I don't have a professional workplace that really supports lifelong learning. They couldn’t care less what you do! So there's no financial support but there is also no support at the administrative organizational level - you put in a lot of effort for very little reward, and there's very little job security so you are always having high anxiety about the job itself.

Another student in the last year (Y4-6) described how she had to sacrifice her vacation and overtime to get time off for school. She also expressed how some colleagues were not supportive of her returning to school which added substantial stress when she did have to go to work. “I gave up a lot of vacation time and worked overtime (and banked) that time so that I could do it. A few colleagues were supportive but there were others (who) were not supportive so I was bullied by them,” she said (Y4-6). The lack of support from other employees was also pointed out by G3, a graduate of the program and she explained it like this:
I was working like I said at two jobs, I was working part-time for the V.O.N. During the day and in the evening I worked for Acclaim Health from 4 until 12. So no, they were just like ‘you’re our little nurse soldier, off you go. What do you mean you need time off for exams’?

![Figure 19. Frequency of Comments in Sub-Themes Representing “Balancing Multiple Responsibilities” by Enrolled Students and Graduates-151 comments (30 participants).](image)

**Disappointment with faculty.** The second most frequently verbalized challenge that contributed to the participants’ frustration involved their experiences with faculty in the program. There was a strong perception by 28 (80%) of the participants that some experiences with faculty led to negative and uncaring incidents. These disappointing encounters were expressed 111 times. Four sub-themes contributed to the disappointment which were: lack of interest, feeling devalued and inconsistencies in faculty expectations. The number of comments in each
subcategory under the theme of “disappointment with faculty”, for each cohort are presented in Figure 20 (p. 260).

**Lack of interest.** The most common sub-theme expressed 61 times by 24 (68.5%) of the participants in the interviews was the perception that faculty lacked interest and came across as being disengaged. This was viewed as faculty being either unprepared, not approachable, or participants feeling cheated as they invested a great deal of energy in the program and expected the same commitment from faculty. One year two student (Y2-10) described her feelings with one of the faculty as follows:

I found her teaching to be very much a barrier. I did not enjoy this year of anatomy and physiology or the pathophysiology. I just tolerated it because I had to do it. Her long delay in responding to e-mails (which was how she told us to reach her) was very much a barrier because sometimes it took weeks so you never got the help.

Another student in year three (Y3-2) was frustrated because she felt as though the faculty didn’t even attempt to give her useful feedback:

You're given feedback it says ‘could you expand?’ but not on any specific area. It is frustrating! Even a little bit more detailed feedback would be helpful! I just felt like my work was not always read cause there would be things that I was questioning ‘is this okay or is this not okay?’ and just told ‘oh great’. If you (student) were taking the time to do it, please read it! And I'm not saying please write me a novel back but just ‘yes you're on the right track’ or you know I'm totally for constructive feedback because that's how you learn and I would rather take away the learning from it, I'd rather learn this is how you improve.
Some faculty were perceived to be unprepared which the interviewees felt was as a barrier to their learning. Student Y4-1 expressed it this way:

There were a few faculty members, this is not a fault of theirs, it has nothing to do with them as a person, but they were unprepared to teach the class. They did not read their packages. They had no idea when students were asking questions about the paper or the guidelines for an assignment. They were completely lost!

Another student (Y4-4) in the last year of the program voiced her disappointment as she felt the faculty was not invested in the course.

In terms of reflections or like my learning plans they really didn't ask for them and I know that it is my responsibility to submit them so I would do that but really I never met with my tutors. They (faculty) are supposed to be there to help me to transition into that role especially in (year four) but they weren't really there to help! I pretty much just took it and submitted it to her and that was it. There was no follow-up really and my tutor never discussed it with me. She just said ‘Oh great, thank you’

The long term negative impact of being disappointed with faculty who came across as not caring or not wanting to help was still felt by the graduates of the program. After two years of being out of the program one graduate (G6) described clearly her painful experience around seeking the support of her faculty with an issue that arose in her clinical preceptor placement in the fourth year. She felt as though she had to fight to have her faculty get involved to help out.

Another hindering thing was that my tutor told me I was being too sensitive when I brought the information forward to her about this bad experience with a preceptor. I had to impress upon her that I have been working for 35 years and have been an RPN preceptor for that same hospital and NEVER treated anyone with such disrespect in my
life. I had to really push the issue with my tutor so that she would follow it up and help resolve the issue because she didn’t want to.

**Feeling devalued by faculty.** Thirteen (37%) of the participants made a total of 29 comments in which they felt as though faculty devalued and disrespected the RPNs’ practical nursing knowledge that they brought to the class. Student Y2-3 described her experience with one faculty which made her feel belittled:

Sometimes I felt like she was a little bit condescending, you say something and she nods but you can tell that she doesn't, it's not really what she wants to hear and I didn't really like that because nobody wants to speak to someone who is a little bit condescending, it's just not a positive atmosphere!

Having bad experiences with faculty which came across as condescending was reported as happening in third year as well. Interviewee Y3-4 described how she felt about offensive remarks that were made by a couple of her faculty.

And there are one or two people (faculty) in the program unfortunately who do seem to think that there is a huge distinction (between the RPN and RN) and they will say things like ‘when you're a nurse’ and we are saying ‘but we are nurses, we are regulated by the college of nurses, we are nurses’. And then they respond with ‘Oh...you know what I mean, you're just registered practical nurses now, when you registered nurses…..’

The perception that some faculty devalued the RPN was also reported by interviewees in fourth year. One participant, Y4-1, said:

There was one faculty member who made a derogatory comment (in class) about RPNs and that has happened a few times and I don't think (she) even realized that (she) had about three or four RPNs sitting in that classroom. So that definitely hinders you when
you think that your teacher thinks that way about your profession. It is not a pleasant thing!

Even graduates of the program remembered comments from faculty that made them feel devalued and disrespected. G3 commented:

There is the whole disconnect between the RPN and the RN thing, where you still have a teacher saying ‘well you are going to be a real nurse now’ and the RPNs in the room twitching saying ‘I have a license, thank you, I wrote the exam and I am already a nurse!

**Inconsistencies.** Another sub-theme that arose from interaction with faculty that I identified 21 times in 9 of the transcripts involved the perception that students were being unfairly evaluated, or that expectations were different among faculty. Twenty-one comments referred to faculty being unpredictable with their grading, and expectations in courses; the participants identified these as barriers to their learning. Of the year two participants, only one, Y2-3, expressed concern about experiences with inconsistent expectations from a faculty which caused some confusion. Her comment was:

Some are stricter, not to say that strict is bad, but in the end we just want a good grade. It's not like we don't put in any effort and sometimes you do put in an effort and you don't see that same result. I could see if I do the paper the night before and I get a bad mark, it reflects upon (that) and it makes sense! And there are people who actually do that and they get a really good mark in the paper, yet I worked on that paper for weeks and got the same mark. I know that you're not supposed to cater to the teachers but I feel you have to get a good mark. For some (teachers) formatting of the paper was their focus while others it's (formatting of paper) not perfect but it's still okay with them. I know I just cater to whatever the teacher wants (be) cause that's how I am going to get my grades, right? Like
you have to! So figuring out what the teacher wants not what is on the rubric is what is important and that varied amongst teachers.

In year three of the program, although, the evaluation rubric was considered easy to follow and available in the course manual which they used to prepare their assignments, the participants still felt there were inconsistencies in faculty expectations and they continued to spend too much time trying to figure out what the faculty wanted, as opposed to spending time on meeting the evaluation rubric. Student Y3-3 explained her experience like this:

It's kind of difficult because it's not even across the courses, between every tutor, and that is something that is kind of hard because you never know, you have to learn what they want, and that's kind of silly when you have a rubric that tells you what you need to do and then they have a different expectation than the rubric.

A participant in year four, Y4-2, had such a bad experience with inconsistent faculty expectations in year three that it actually changed how she applied herself in year four. She felt that it didn’t matter what she did or how much time she put into her work, she could never meet the expectations of the faculty. Her comment was:

In (year three) based on the feedback and grades on assignments, it made (me) go why am I trying so hard because this is so much work and I can put all the effort in but I'm just going to end up with B anyways! (It’s like) the teacher can’t give us a perfect (mark) so it was very discouraging and it makes you go ‘why are we trying so hard’ or ‘why am I trying so hard?’ And then I stopped trying so hard and I was just like ‘I'm just happy with a C, I’m just happy with a B, I don't care if I don't get an A anymore’.

Graduates of the program also remembered the unpredictability in faculty evaluations of assignments. G3 stated:
I went on the assumption that it (assignment) was graded on the rubric, ‘I'm good, I'm off and running’ but she wanted a bunch of other stuff that wasn't on the rubric and dinged me for it, and other than paying the 50 bucks to have it remarked which I didn't have at the time, there was nothing I could do about it.

**Figure 20.** Frequency of Comments in Sub-Themes Representing “Disappointment with Faculty” for Each Year and Graduates-111 comments (28 participants).

**Overall program challenges.** Of the 23 participants (years three and four, and graduates) in these cohorts, 22 (95.6%) identified overall program challenges. One hundred twenty-five references were made to overall program challenges. The subthemes that created challenges within the overall program were: no voice in the program, repetitious content resulting from dismissal of their nursing knowledge and experience, and feeling marginalized in the program.

Figure 21 (p. 267) provides a picture of the number of comments under each subcategory in this theme based upon year in the program.
No voice in the program. A major theme that I identified in the transcripts from the year three and four students, and graduate participants, was the feeling that they had no voice in their program. Their impression was that they were not acknowledged for being a different learner, who had some nursing experience, and needed something different than the generic stream students. This feeling did not arise in the feedback from the year two students, likely due to the fact that the year two curriculum was focused on the RPN learner. This change in the program in year two, the curriculum was uniquely developed for the RPN to BScN student. This changed when the students entered years three and four of the program. In year three and four, the RPNs were integrated into the generic stream program in which the curriculum was exactly the same for both the RPN and the generic nursing student.

Repetitious content. Twenty of the 23 (86.9%) participants from year three, four and graduates, expressed frustration and anger with some course content and learning activities within a course that they felt was a repetition of what they already knew as RPNs. This previous knowledge was gained from their practical nursing program or through their nursing practice experience. There was a strong sense that their time could have been better spent doing other things and being more challenged educationally. Having to repeat already learned content appeared to some RPNs as though the curriculum developers were very unfamiliar with the RPNs foundational knowledge. Nor did they respect this previous knowledge which is why they were repeating content. I identified 79 comments in my analysis of the transcripts in relationship to this subtheme. An example of this frustration is evident in the comments of Y3-1 who expressed her feelings about having to complete reflective practice assignments repeatedly:
Ya but I reflect all the time! I need a reflection pause, I need a reflection holiday, are you kidding! It's all about nursing 24/7.... Reflective practice, like all the time! So then you don't need to be told to hand in another reflection!

She continued to express her anger and said:

In a way it felt demeaning because it felt like the school didn't feel we were competent enough to practice, you know those skills that were not only covered in our PN program but for most of us we were using in our daily (nursing) practice.

Another year three student, Y3-3, explained her annoyance with having to cover content that she felt she already knew confidently. She said:

I felt kind of rude, we were trying to go through it (with students and faculty) and I said ‘you know this topic is a CNO expectation for both RPNs and RNs. We already know that document inside and out, or we should at this point, and just talking about it even more, I thought it was a redundant and kind of pointless! I would rather be spending my time on stuff that we don't know, on our actual learning gaps!’

This frustration with content in courses being repetitious and clinical placements not being helpful was also heard in the voices of year four participants and the graduates. The following comment illustrate this discontent.

I found the first semester in level four to be super redundant. It was like the same thing every week and I found that I was kind of like, it was really geared to management and stuff like that but I really felt it was just really repetitive. All semester it seemed like the same thing every week. (Y4-3)

And, G4 said:
So when you think about it, we RPNs are already working! Some of the girls I was with, we were placed at (name of hospital) and we were already working at (the same hospital)! So it’s like I’m being paid over on this ward down the hall as an RPN and down this ward I’m a student doing basically the same thing.

G2 put it this way:

I think a lot of the preceptor's and tutors were not expecting knowledgeable RPNs, maybe they were expecting RPNs from 20 years ago who had a lot less training. They didn't know we gave medications or could start IVs or could do a PICC dressing if we were trained how to.

**Feeling marginalized.** Eighteen of the 23 (78.2%) year three, four and graduates experienced difficulty and frustration around experiences in the program that made them feel neglected and ignored. I identified 54 statements that represented feelings of being marginalized. Some students expressed that the rigid scheduling of classes and lack of flexibility in the timetable was a result of program administrators meeting the needs of the generic stream students who were the majority and overlooking the needs of the RPN mature learners. Complications and challenges also arose with registering for courses in third and fourth year that the participants seemed to think only occurred with the RPN to BScN students and not the generic stream students. Even though they complained about registration issues that happened only to them, the response they received made them feel disregarded because nothing was ever done to fix it. A third year student articulated her feeling that there was no one available to advocate for the RPN stream and it didn’t seem like anyone cared or even knew who the RPN to BScN students were.
There is really nobody else, I only know when I have a problem, to contact (one person) and I don't know who else to contact for our stream, (RPN) and nobody really knows about us! We call over to the (registration) office and they are like ‘Oh what stream are you in? Who are you?’ (Y3-2)

In addition, there were some program changes made throughout their educational journey that did not take into consideration the mature students’ other obligations such as work and family that they need to preplan for. The sudden changes in the curriculum conflicted with work and childcare schedules that were planned in advance. Often employers required six week notice to request a day off work and school timetables were only made available at the beginning of the term. Since the timetables were nonnegotiable, the RPNs work schedule that was created six weeks previously often conflicted with their class times. In addition, clinical courses started at seven in the morning and organizing daycare for early mornings need to be done far in advance. Examples of these negative experiences that did not take into account the RPNs lives are evident in the comment by Y3-3 who felt:

We are always kind of this group that kind of gets left behind. Every time you try to register there is something wrong that nobody has foreseen. It just seems that it's worked out that way. But that is challenging. Before I would've actually tried to address these things but now I just say ‘That's the way it is.’ I have kind of a defeated (attitude), I don't know if it gets that way for you (after) having to fight all these things all the time but there is just no point, after a while you realize ‘Okay, I am trying to right a wrong but it just goes nowhere.’
She further explained how she felt devalued by questions that were asked on assignments in the program that obviously were created for the generic stream student but never adapted for the RPN learners.

So for example, the question (on the reflection assignment) asks you to answer the question ‘I feel like I am on my way to becoming a professional nurse’ You know it's insulting because ‘I'm already there! I’m already a professional RPN’ or ‘Are you discounting what we already are?’ It's like ‘Oh, here's the questions that we use for everybody (RPN and generic stream students) so fill those in’ and nobody thought to change that for us? It makes you feel like you don’t matter enough to put the effort into make changes for us (RPN)!

Another student, Y3-4 described how it became a standing joke that RPNs were always on the bottom of the list when it came to being informed of changes in significant dates or mandatory events.

One of the other students in my class, and I used to joke that we are like second-class citizens because this year since we have been kind of thrown in a mix with the (generic) students everything is geared toward the (generic) stream, not toward our cohorts. We kind of get brushed aside sometimes, it feels like concerns that are unique to us are not really addressed because they don't apply to the majority of the (generic) students in the program. (Y3-4)

Y4-3 recounted her challenge in fourth year when they changed the number of clinical hours which in turn impacted her work obligations:

They changed the amount of clinical hours that you have to do in your final clinical.

Which I was kind of like can you really do that at the beginning of fourth year? Like
when we had expectations at the beginning of the program, I was kind of annoyed with that because you can't work those last three months and I’m like ‘I have to work! There is no option!’

The feeling that they were second-rated students and not heard pushed one student to join the undergraduate student nursing committee to try to advocate for the RPN stream. She shared “I find that students (RPNs) feel that their voices aren't being heard, not heard enough and I think getting RPN to BScN students on committees like (the university nursing student society) is great. (Y4-4). The graduate participants experienced similar frustrations. One graduate was upset about the lack of control over meeting her long-term professional goal of working in critical care which was the motivation for her to return to school to begin with. She explained:

I know what (I) want from the program and I know after graduating where I want to work…I am interested to study critical nursing but within the program I had been told many times that the program is designed for generalized nursing, nothing specific. (G1)

And G3 expressed similar feelings about feeling the RPNs were treated not respected.

The RPNs are not getting respect for their life experience, or their licenses, not that we should get special treatment but some kind of acknowledgment and respect…Not to say that we are RNs but we are nurses, and we deserve respect as nurses as opposed to ‘you’re just an RPN’. We are nursing students plus more and we are older and they need to acknowledge that and not treat us like 18 year olds.
**Figure 21.** Frequency of Comments in Sub-Themes Representing “Overall Program Challenges” for Each Year and Graduates-111 comments (22 participants).

**Integration with generic students.** Another theme that I identified as a challenge in the transcripts of students in years three, four and graduates was being integrated with the generic stream students in year three and four. Twenty-two (95.6%) of the 23 participants made reference 108 times with respect to challenges encountered. I identified the following subthemes expressed by participants because of amalgamation with the generic stream students in the same classes: different learning needs, friction, becoming the teacher, and loss of their support system. Figure 22 (p. 272) depicts the number of comments made within the subthemes of being integrated based upon cohort the students were in.

**Different learning needs.** Thirty-eight comments were made by 13 (56.5%) of the participants who felt the content they addressed in small group learning courses in third (Y3I & Y3J) and fourth year (Y4N & Y4O) covered topics that were essentially foundational nursing knowledge that the generic students required but that they already knew. The RPNs saw no
value in this content and but respected that the generic stream students needed to learn it. However, at times the RPNs became bored and felt that the time would be better spent learning something different. I interpreted this as the RPNs having different learning needs than the generic students. Student Y3-3 said:

I think that our learning needs are not being addressed! I thought it (topics covered in class) was redundant and kind of pointless, I would rather be spending my time on stuff that we don't know, on actual learning gaps. And that's what I find has been happening this year, we are addressing what the (generic student learning) needs are addressing.

Another Student added to this theme and expressed it this way:

We are integrated now with (the generic stream students) in (small group nursing courses) and I know where I wanted to go with my learning but it’s just different from where they need to learn. We (RPNs) are at a different place! That is probably one of the biggest struggles! We (RPNs) are just at a different spot, different area, it’s not that we’re (RPNs) smarter or anything like that! It is just different learning needs. (Y3-5)

The desire to focus on alternative topics was also identified by year four participants. Student Y4-1 described her frustration because of the different learning she felt she needed compared to the generic stream student this way:

It would become frustrating because then the RPNs are sitting there (listening to the generic students) and the (generic stream students) are going to spend the next 45 minutes talking about something that is not relevant (to the RPN) and so it was very frustrating! But you didn’t want to say anything because then you feel like you're taking away from the (generic) stream students learning because they don't have that knowledge yet.
Another example from Y4-5 described how she felt she needed to remain silent in class and not intervene when the generic stream students were problem solving a scenario even though she knew what should be done but didn’t want to interfere with their learning needs.

I have found being mixed with the (generic) students sometimes was challenging for me because I ended up having to be quite a lot of the time because I just found that they (generic stream student) would talk about a lot about things (in relationship to the case scenario) but didn’t know the answers. But the RPNs with the experience know and you want to say it but you don't want to shut down what they are saying and they need to learn.

The graduates also commented on how being integrated with the generic students was difficult because they just had different learning needs. G3 explained:

We are going through stuff (content) and they (generic students) are just learning it and you already know it, and we (RPNs) have to try and respect that they are just learning it but I am a step beyond that so many times it made things very boring.

Friction. In analyzing the transcripts, I identified a sense of friction between the RPN students and generic stream students. Fourteen (60.8%) of the RPN students made 27 comments that suggested there were feelings of friction, and indications that they perceived the generic students as immature. Some of the comments also implied that the generic students were unfamiliar with the RPN role that led to barriers when they were integrated with the generic stream which they found disappointing. This is evident in the comment by Y3-4:

Sometimes you have (generic) students who are only 19 years old. Some of them are very immature and come in and are going ‘that's not fair that bla, bla, bla happened’ and you
are going ‘Okay but you know the real world is not fair all the time and sometimes you
got to suck it up’.

A fourth year student said:

I noticed that the (generic) stream students, they are very young people and so they were
kind of more...I don’t know like giddy, laughing often, not taking things seriously but the
RPNs were more mature so they kind of focused more and we knew more what we
wanted and they would often talk (about non nursing issues) and get of track sometimes.
(Y4-7)

Y4-6 talked about feeling like there was competition between the generic stream students and the
RPNs. She explained:

I think I felt like there was a little bit of competition amongst the (generic) students and
the RPNs. I think they were kind of intimidated by us? They were also very young and at
times it did sometimes seem like they weren’t really serious about wanting to learn.

G2’s comment was; “I found it very competitive (between the RPNs and generic students) and so
it did hinder your learning.” Another graduate, G3, commented on the how she found the
generic students less serious about their studies and described her experience about working on a
group assignment with the generic students. She stated; “They were not doing work on the
assignments the way you should and that would affect my group mark, and if I didn’t pass I
couldn’t go home to mom and dad like they could”.

Becoming the teacher. In reviewing the transcripts, I also identified 14 (60.8%) of the
participants found that they often shared their nursing experience with the generic stream
students. By sharing and explaining topics as they related to their nursing experience, RPN
participants felt they became the teachers and not the learners. Participant Y3-3 pointed this out explicitly when she stated:

> It feels like we're just supplementing for the (generic) stream (students). I feel like I'm teaching (the generic students) more than learning, and I know you can learn from teaching but it is not really new material so that has been a challenge.

Another student, Y3-5 highlighted her experience in a clinical placement and her “teaching role” that she took on with the generic students; “It was in a community placement that I already work in so I helped them (generic students) and showed them what to do and showed them around.” And, Y4-5) student expressed concern about always feeling like she was teaching the generic stream students as well.

> They (generic students) don't know what it is like to be out there working amongst inter-professional teams, so I found that kind of difficult and having to explain things to them just because they weren't, and it wasn't their fault, it's just the way that it works. But I found that was kind of a little bit challenging for me because I was teaching more than learning.

The graduates who participated in the interviews also recounted similar experiences when integrated with the generic stream students. G2 commented “We (RPNs) taught them (generic students) a lot through sharing our experiences.” And G4 said “I found on a number of occasions (I was) mentoring the (generic) students because I worked for 30 years as an RPN so I was mentor for them.”

**Loss of support.** Six (26%) of the participants felt that they lost their RPN support system once they were integrated with the generic stream students. Ten comments made reference to the loss of peer support which led to feelings of isolation. Y3-8 stated:
It's that feeling of comradery (when you are with the RPN cohort only), knowing that you are in the same situation. Everybody (RPN cohort only) quite understood the fact that everybody is working, had family responsibility and we just understood and helped each other out. Whereas in the third-year (when you’re integrated with the generic students) your support is gone! And you feel alone again!

Y4-4 reported that once she entered year three she was alone and didn’t know any of the generic stream students in her classes. “I didn't know anybody else in my group so that was challenging”, she said. And, G4 explained that she enjoyed interacting with the generic stream students once integrated but did miss the collegiality that was formed in classes with the RPN cohort only. She expressed it this way: “I just really liked being with them (the RPN cohort) as they all have such different backgrounds and we learned so much from each other. That just wasn’t the same once we were integrated with the (generic) students.”

![BEING INTEGRATED WITH GENERIC STUDENTS](image)

**Figure 22.** Frequency of Comments in Sub-Theme Representing “Integrated with Generic Stream Students in Year 3, 4 and Graduates-108 comments (22 participants).
Role transition challenges. The last major theme that I identified in the years three and four and graduate interviews was the theme of role transition challenges. I identified 32 comments from 11 (47.8%) of the participants who expressed concerns experienced with their RPN to RN student role transition specifically, in the clinical courses. The confusion evolved for some students because they found it frustrating to be supervised by the faculty when performing skills, they already perform competently at work as an RPN. Other participants implied that they believed they were being used as an extra pair of hands in their clinical placement as opposed to receiving a learning experience. In addition, some of the participants expressed that they were paired with RPN staff nurses in their clinical placements which hindered their ability to see the difference between the RPN and RN role that they were seeking to experience. These issues are illustrated in the following comments;

I actually really struggled with this year, (with) sort of balancing being a practicing RPN and being a (RN) student nurse. That was something that has really been sort of challenging to me because I'm going ‘I already know how to do this’ and all of a sudden you have somebody else (clinical teacher) who is going to stand beside you and say ‘No, no do it this way, no, no not like that, no, do this’ and that was really frustrating! (Y3-4)

Another student said:

You are there as a student and your kind of want to go into the role of RPN, you already know how to nurse, and do more than what you can do as a student. You still need to be monitored to do meds but you are licensed already do meds as an RPN...I can't give out a Tylenol in clinical for two weeks till I do a math test but I can hand them out at work…that’s a little hard to get used to! (Y3-5)
A fourth year student explained how in her precepted clinical placement in which she was assigned 36 hours a week on a hospital floor, she felt she was viewed as an extra staff member as opposed to a learner. She observed that if a staff member called in sick they were not replaced because she could do the work instead.

I've heard this across the board from my peers (RPNs) that you go to clinical and you’re looked at like a free pair of hands (be)cause you're already registered with the CNO, and my personal experience is just that! Essentially I was a free pair of hands for the shift. (Y4-1).

Y4-3 also substantiated the role-transition challenges:

It's pretty hard to separate (RPN role verse RN student role) because am I not supposed to be doing this (skill) as a student RN? But as an RPN, I do it every day at work. So that is a bit tough, I had to look at the policies at clinical to see what I can and cannot do and ask my preceptor and my tutor continuously to make sure I was able to do things.

G2 described how she got into trouble for going beyond her “RN student role” in clinical:

My one preceptor didn't appreciate me helping out a person in the ER (who) came in looking for help, asked how long it would be. I guided her as I would as an RPN – redirected her to Triage. And I wasn't supposed to, I'm a student, I know nothing and that is the way I was supposed to act apparently, according to this preceptor. So it was hard. I had no idea what I'm supposed to do and not do!

Summary of Findings in Relation to the Literature

In analyzing the hindrances and barriers reported by the participants regarding their experiences in the RPN to BScN program, 77 of the participants who completed the LAS questionnaire, 13 (17%) students reported that their values and beliefs had not changed. Having
17% of the participants identify that they had not experienced transformation of values or beliefs is consistent with what I found reported in other studies which used the same LAS survey. King (2000) examined transformative learning in an adult basic education program and noted that 33.2% (n=208) did not experience any change; as well she researched professor’s learning how to use technology in 2001, and found that 29% (n=17) of those learners reported they had not experienced transformation. King did not provide any rationale for these results. However, Snyder (2008) observed in his literature review a consistent theme of students not experiencing transformative learning a result of a disconnect the students felt with the content and material presented. In King’s study, 12 (66.6%) of the short answer comments identified educational experiences in which enrolled participants complained about course content being a waste of their time, and that the content did not focus on what they wanted to learn. Fetherston and Kelly (2007) provided more insight in their exploration of transformative learning experiences in undergraduate students who were enrolled in a new course. They found that a number of their students in the course stated they didn’t gain anything from the class. They concluded that students who resisted change were unable to make the connection between theory and practice, disliked group work, and tended to prefer more traditional competitive learning. The data suggest that the 13 students in my study also perceived that courses they took were not beneficial and did not enhance their knowledge, as expressed in their comments made in the open ended question 2b on the LAS.

The 35 participants who took part in the interviews shared events that they considered obstacles in their learning journey. The major themes I identified were; balancing multiple responsibilities, disappointment with faculty, being integrated with the generic stream students, and role transition challenges. A consistent theme I identified in the literature I reviewed was
that nurses returning to school struggled with the internal battle of juggling multiple responsibilities. Delaney and Piscopo (2007) conducted a phenomenological study with RN to BSN students; the major theme they identified from their data was confronting and conquering challenges. A quote from one of the participants in their study is very similar to what my participants said: “It was tough to juggle it all, especially when papers were due” (p. 171).

Financial stress, feeling guilty for not spending time with family, and managing work schedules are recurring themes in the struggles of mature students who return to school and viewed as a major barrier (Adelman, 2002; Briedenhann, 2007; Kenny et al., 2011; MacKeracher et al., 2006; Montgomery, Tansey, & Roe, 2009; Woodson Day et al., 2011). Even though the participants felt they had added stress returning to school, they never eluded to this as a barrier. What might have helped is what Fetherston and Kelly (2007) noted that is, that by virtue of life experiences, mature students have stronger coping skills; they bring coping resources with them when they begin a program. Forbus, Newbold, and Mehta, (2001) and Woodson Day et al., (2011) also provided evidence that mature learners have increased coping strategies, compared to traditional students which provides the mature learners with enhanced resilience. It is possible that the participants in my study had strong coping resources that helped during unanticipated events. According to Anderson et al., (2010), their transition to being a student may have been smoother for them because of their enhanced coping strategies,

One of the difference that I noticed between the literature on mature students and literature that addressed nurses’ who returned to school to upgrade their credentials, is that the literature often made reference to the anxiety associated with the perceived lesser ability of mature students to be successful in their academic goals compared to their younger colleagues. (MacKeracher et al 2006; Montgomery et al., 2009; Porter Wenzlaff & Froman, 2008). My
participants didn’t make any reference to being anxious about not meeting the intellectual expectations of the program. Their anxiety came more from whether or not they felt they could balance family and work responsibilities and financial challenges throughout their learning journey. One participant said that she did fail a course but knew it was because she was not able to dedicate the time to study. It is plausible that moving from one designation (RPN) in a profession to another in the same profession (RN) doesn’t provoke the same type of anxiety or feelings of self-doubt that was described in literature that addressed mature students (MacKeracher et al., 2006; Woodson Day et al., 2011). Anderson et al., (2012) also explained that internal emotions felt when one is experiencing transition is defined by their perception. Perhaps the RPNs in my study did not perceive the “academic” piece of the program as challenging but trying to find time to focus on their studies because of the other responsibilities were more the barrier.

Bridges’ (2004) model of transition first phase called “endings” could explain the transition period displayed by the students in my study when they described their feelings of distress about managing their student role. The challenge identified related to the disruption in their lives of adding the student role to their existing responsibilities of parent, family member, and work obligations. Some of the unsettling feelings my participants expressed around balancing their lives while in school is supported by many scholars who have written about mature students in general (Briedenhann, 2007; Forbus et al., 2011; Kasworm, 2008; Kenny et al., 2011; Montgomery et al., 2009; Merriam et al., 2007; MacKeracher et al., 2006; Woodson Day et al., 2011). Role conflict and role overload are two terms associated with individuals who may become fatigued and stressed to a point where they cannot perform any role substantially (Biddle, 1979; Brookes et al., 2007). Even though my participants voiced discontent in
organizing their busy lives, the students who did participate made no reference to these challenges as hindering their success in the program or inability to sustain other roles.

Schlossberg’s transition framework could also apply to my participants in relationship to unanticipated and anticipated events that occurred in their learning journey. The stress perceived from family pressure and financial struggles was reported by 76% (n=29) of my participants. A number of my participants revealed some struggles with having sick children and having to alter their plans unexpectedly because of this. Anderson et al., (2012) described the Four System model which identifies the coping resources that an individual can use to facilitate an easier transition. One of these resources is support. The more support one has, the easier a transition will be. Certainly there was the RPN peer support that influenced them in their learning journey as discussed under research question one. The following statement from one of the interviewees (G5) provides clear evidence of the strong bond that was created amongst the RPN students.

I remember is clearly like we (RPNs) really felt we needed to support each other because we were having a hard time just trying to balance all of the different things going on in our life. It's kind of this need to pull ourselves through together and ‘We are going to finish this you guys!’ (G5)

Participants in my study identified various factors with respect to the faculty that they perceived as negative and challenges. The lack of interest, feeling disrespected, and inconsistency in assessments resulted in the students’ anger as they felt they invested a great deal in their learning and expected the same kind of commitment from their faculty. Literature that examined mature learners addresses similar concerns as those raised by my study participants. MacKeracher et al., (2006) emphasized that mature learners often are exposed to disappointing attitudes from faculty in higher education, which negatively impacts their ability to learn. The
comments that some of my participants described in which they were told by faculty, “When you’re a real nurse” seemed to have had detrimental effects on the RPN to BScN students. Melrose and Wishart (2013) provided similar examples in their qualitative study of LPN to RN students who were offended by innuendos suggesting they were not real nurses yet. Mature students appear to have higher expectations of themselves than do younger students and thus require feedback from faculty to direct further growth. Briedenhann (2007) stressed that “negative perceptions (of faculty) are exacerbated when teachers neither clarify their expectations nor unambiguously describe the criteria for success” (p. 267). This could explain why my participants were disappointed with inconsistency in faculty expectations and evaluation on assignments. Forbus et al., (2011) discovered that one of the differences between traditional and nontraditional students is that mature learners place a higher value on faculty. As a result, the negative experiences with faculty felt by my participants were perceived to be a hindrance to their learning.

Another area that was a concern for the participants was that some of the content in their program was repetitious because they had already learned it in their practical nursing program, or because they gained that knowledge on the job. I found that much of the literature on mature learners emphasizes the need to ensure that learning is meaningful, relevant, and challenging or no learning will occur (Kasworm, 2014; MacKeracher et al., 2006). In addition, scholars who recommend strategies to facilitate transformative learning emphasize that learning needs to be stimulating to engage students in questioning their world view (Cranton, 2006a; Fetherston & Kelly, 2007; Snyder, 2008). Feeling that they were wasting their time in class on content that they felt they already knew, may have prevented some of the RPN to BScN students from transitioning and transforming their current beliefs of the expectations of the RN role. Both
Kenny et al., (2011) and Lillinbridge and Fox (2005) argued that mature nursing students are given very little recognition for prior learning. Other studies that explored the transition from LPN to RN also noted that, similar to the students in this study, the students in their studies were discouraged because of the replication of content in their program, and frustration with registration (Adelman, 2002; Claywell, 2003; Delaney & Piscopo, 2007; Prindle, 2005). The participants in this study also voiced feelings of exclusion and being treated differently than the majority generic stream students. This feeling probably resulted from the program not meeting their unique learning needs because years three and four of the program were originally created for the generic stream students and were not modified for the RPN to BScN stream to take into consideration their prior learning.

The finding of redundancy of the curriculum in the RPN to BScN path is a substantial issue that urgently needs to be addressed. Given the findings of this study, it is reasonable to assume that little recognition has been paid to the previous preparation of these students at the RPN level, particularly since the recent and considerable expansion of the scope of practice and role of the RPN noted by RPNAO (2014). Redundancy is not only demotivating to students, it is also a waste of personal and program resources. In Chapter six I address the implications of this very important finding.

In years three and four of the program, the 48 RPN students were integrated with 200 generic stream students which was perceived by my participants to be a challenge. The concerns they raised related to them feeling like they had different learning needs because they had prior nursing experience that the generic stream students didn’t have, but the curriculum did not address these differences. I found some literature (Parker & Myrick, 2010 for example) on transformative learning theory that advocates that to critically exam one’s worldview, values can
be better tested with students who are pursuing the same quest. The RPNs are seeking enhanced nursing knowledge while the generic stream students are still discovering what nursing is. Since the RPNs come with prior nursing knowledge, they would more likely approach the case studies in their small group nursing course in year three and four very differently than would novice nursing students, who have no previous experience relevant to the cases explored. The participants’ belief that as RPNs they had different learning needs is consistent with the findings in other studies that explored nurses who returned to school to enhance their knowledge. Registered nurses who were upgrading their credentials (from Diploma to Baccalaureate degree for instance) also found that they transitioned more easily when they were in classes with RN peers who had prior nursing experience (Delaney & Piscopo, 2007; Griffith, 2004; Lillinbridge & Fox, 2005). Critical dialogue with others is essential to facilitate transformative learning, but this only happens if students are challenged to think beyond what they know. Based on the perceptions of the RPNs in my study, the dialogue they had or listened to when they were mixed with the generic stream students appeared to them superficial and redundant.

The RPNs also talked about taking on a teaching role and sharing their nursing experience with the generic students. Glisczinski (2007) states that sharing knowledge can only perpetuate and reinforce one’s knowledge. However, in this study the goal of the program was to enhance and transform what the RPN participants already knew; while sharing what they knew with the generic stream students would certainly reinforce their knowledge, it provided little opportunity to expand it.

A tension was created when the RPNs were integrated with the generic stream students as they felt at times that the generic students were immature, and didn’t present themselves as dedicated to their learning. Briedenhann (2007), and Forbus et al. (2011) both identified in their
research that mature students are often more focused on their learning and have a high desire to
enrich themselves as persons when they return to higher education. Briedenhann (2007) noted
specifically that 66.6% of her mature student participants from a variety of undergraduate
programs commented on their younger counterparts as being more focused on their social life
than on their academics. Kenny et al. (2011) also found this belief was echoed by faculty who
taught mature students. Faculty who taught in a university nursing program felt that traditional
younger students often seemed less motivated on their academics than the mature nursing
students. The tension and uncomfortable feelings the RPNs felt perhaps may also have resulted
from their perceived loss of RPN peer support. Several qualitative research studies that
interviewed LPN to RN, and RN to BSN students expressed the significant impact that their LPN
or RN peers had on their success and persistence in the program (Adelman, 2002; Brown, 2005;
Claywell, 2003; Delany & Piscopo, 2007). Since the RPNs were in their own cohort in year two,
they appeared to have developed genuine relationships and bonded with other RPN students and
some perceived that this support was taken away when they entered year three and four and were
integrated into the generic stream students.

The last theme that I identified was that participants experienced confusion or ambiguity
in enacting the RPN role verses the RN student role. This was heard in statements such as “I can
do this at work but not as a student” or “I already do this competently at work”. The impression
that some participants felt they were in limbo in their clinical courses is consistent with literature
that addressed nurses who returned to school to enhance their credentials. Barton (2007) studied
the transition of RN to Nurse Practitioner (NP) and those participants found it very hard to
disengage from their RN role because they were still working as RNs in their program. Heitz et
al., (2004) and Claywell (2003), also found similar results in which their participants noted role
confusion because they were bouncing back and forth from nurse to the student nurse role.

Another factor contributing to role confusion is identified by Melrose and Wishart (2013) who explained that with the more recent changes in the LPN role, the differences between the RN and LPN has become blurred. Particularly in the area of skills. The expectations of the RPN role and scope of practice expansion has led to overlapping of functions between the RN and RPN role. Janzen et al., (2013) also found that role confusion and conflict occurred in the LPN to BN students they studied. Certainly from the narratives, the participants expressed frustration with the lack of autonomy and independence they experienced in the clinical area. Ashforth (2001) explained that role identity that is in a “state of flux” can cause conflict and confusion (p. 78).

These authors also explain that when roles do not have clear boundaries (which is the case with the RPN and RN), role confusion results. The RPNs in this study couldn’t clearly see what behaviours they should enact as a student nurse compared to their RPN practice which led to confusion. Student Y3-10 described the frustration of not being allowed to practice independently:

I am definitely experiencing confusion being in my clinical (course) right now because I have already had that experience working in my own practice (as an RPN) by myself as an independent nurse, where I make the decisions, and now I feel like I have to go through my (faculty) to make those decisions and it is really hard for me!

I believe that this issue is more predominantly evident in this study because previous studies were exploring LPNs who practiced under the old entry to practice competencies in which autonomous practice was not emphasized and deferring decision making to the RN was expected. With the RPN entry to practice and scope changed in 2005 in Ontario, and the more recently published entry to practice competencies for the RPN, the RPN practitioner is described
as one who makes and is accountable for making independent, autonomous decisions (CNO 2014b). In addition, faculty may not necessarily understand the revised full scope of practice of the RPN since the expanded role as of 2005, or the more recent legislation. The Registered Practical Nurse Association of Ontario ([RPRNAO] 2014) did explore contributing factors for role confusion in two provinces and found that the 45 faculty in their study were the least clear of all the participants in understanding the RPN role. It is therefore reasonable to assume that some of my participants felt confused in clinical courses in which expectations were designed for students who have no nursing experience. This would be especially difficult for those RPNs working in health care environments with acute and complex clients in which they are making autonomous decisions, and then not be able to do so in their student roles.

The confusion and role ambiguity that some of the students expressed may also depicts Bridges’ neutral zone and Beach’s collateral transition. Beach explained that individual growth may not be readily identified, causing internal frustration and Bridge’s neutral zone describes a state of distress where the persons does not know how to act in the new role (Beach, 2003; Bridges, 2009). It is possible that because the RPNs could not clearly see their growth or the different expectation of the RN role (especially in some of the clinical areas), that they may have been experiencing Bridge’s neutral zone or Beach’s collateral transition. Schlossberg’s transition model also describes a period in transition when individuals will struggle with holding on to what is comfortable as they try to determine what the transition really is (Anderson et al., 2012). Ashforth (2001) explained as well that the more significant a role is to one’s identity, the more challenging it is to let it go. The RPNs in my study valued their RPN identity greatly which may have created internal tension as they tried to envision what their role would be as an RN.
Surprisingly, I did not find any comments in the transcripts that suggested that Mezirow’s habits of mind were a barrier for the RPN learner. I assumed that the RPNs’ past learning experiences in a traditional PN program would create difficulty for them in moving to a self-directed curriculum. The RPNs did not make any reference to wanting to be lectured to but instead valued the small group learning process and learning activities that allowed them to choose their own learning which is more consistent with a constructivist approach. Mezirow’s habits of mind also entail psychological habits that define the image of ourselves and can create anxiety when questioned (Cranton, 2006a). Again the RPNs in my study did not overtly verbalize any great feelings of apprehension in their quest to enhance their nursing knowledge. All the participants expressed excitement when they talked about how they were applying new knowledge to the RPN practice and indicate a fundamental change. An illustration of this is the comment made by Y3-6, “I totally see the difference now in terms of my thinking process at work. I just notice that I am doing things differently than I used to.”

Research Question #5 asked, “What are the perceptions on the topic of interest of participating faculty who taught RPN to BScN students in the program?”

The total population of full-time faculty from which I drew participants was 86. Eleven nursing faculty who participated in this study taught the RPN to BScN students in courses in which they were integrated with generic stream students. Five nursing faculty had taught RPN to BScN students in the transition year in which the RPNs are in their own cohort for the core nursing courses. Table 23 identifies the courses that each of the participating faculty had taught at the time of the interviews.
Table 23.
Courses Taught by Participating Faculty.

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* See Appendix N for Course descriptions

Fifteen of the faculty were female and one was male. The sites where the faculty participants taught were as follows: 12 faculty were from site A, one from site B, and four from site C. The faculty interviewed were asked about the years of full time teaching experience they had and this ranged from two to 25 years of teaching experience. Figure 23 displays the range of teaching experience of the faculty who taught the mixed groups and those who taught the RPN only courses. However, the years of teaching specifically in the BScN collaborative program is lower because the collaborative program only began in 2005, but the participants taught in other nursing programs before the amalgamation. With teaching assignments changing each academic year, the experience of teaching the RPN to BScN students was diverse. The faculty who taught courses in which both the RPN to BScN and generic BScN students were mixed, had been teaching this mix for two to six years at the time of the interview. The faculty who taught the RPNs in their own cohort had been doing so for two to seven years.
Interview Findings

In sharing their teaching experience in the BScN program, all of the faculty had opportunities to teach the RPN to BScN students either in their own cohort, or when they were integrated with the generic stream students. Consequently, when they talked about their teaching experiences, all the faculty made comments comparing to the two types of learners. I identified two major themes in analyzing the interview transcripts which were: respect and admiration for RPN learners, valuing their nursing knowledge, and recognition of the challenges that they perceived to be different for the RPN learners compared to the generic students.

**Respect and admiration.** All of the 16 faculty participants made comments that represented a sense of respect and admiration for the RPN to BScN learner (111 comments). Figure 24 (p. 290) depicts the type and number of comments made by the faculty in relationship to this theme. The faculty highly regarded RPN to BScN learners as nurses with experienced...
knowledge. I identified 47 statements that reflected the faculty’s acknowledgement that the RPN learners had a wealth of wisdom from the experiential knowledge gained as an RPN. This is evident in the comment made by F1 who said, “They bring a wealth of knowledge” and by F7 who explained “They have got that background and prior knowledge” that they bring to the learning environment. The faculty also expressed their perception that the RPNs knowledge and skills were demonstrated in how they presented themselves in class with confidence when discussing nursing related topics. In 13 of the 16 faculty transcripts, I identified 27 statements that described how the participants saw the RPN student as competent practitioners. Faculty F3 pointed out, “RPNs have clinical experience on the job, they have an identity as an RPN, and they have worked as a registered member of the College of Nurses”. Others described the confidence of the RPN students ‘nursing role’ in how they presented themselves in the professional practice course. For instance, F7 said “They are more confident going into the unit. They are not afraid (to go into clinical area like the generic students) because they have a lot more confidence walking into a new setting (in the hospital).” And F8 stressed how the RPNs understand the language of the nursing profession: “They understand quality assurance and standards of practice, and they can whip out their (CNO) communique”. Faculty F10 commented “They know how to safely give medications and they are proficient with psychomotor skills”.

In addition to recognizing that the RPN learners had nursing knowledge and demonstrated confidence in their role, the faculty participants also made reference to the RPN learners as being more mature and goal-orientated than the generic stream students. This was evident in the comment of F1 that, “They really have more of an invested interest in where they’re going to be learning and what they want as a goal at the end of the program.” Similarly,
F9 commented “They are more mature, they know what direction they are going.” And, F13 expressed her thoughts this way;

They bring with them a lot of life skills. They have problem-solving skills from both their personal lives and professional lives. They have organization and time management because they have to! They are older students, have children, they are often single moms, and they are juggling and problem solving their whole lives.

Nine of the 16 faculty participants often talked about how the RPNs with their diverse backgrounds enriched the class discussions because they were able to share their nursing knowledge. I identified 16 statements that made reference to the faculty’s perception that the RPNs enhanced the dialogue and learning, both for generic stream students and for themselves. F3 stated, “They really enrich the discussion, they bring lots of clinical examples, and are very (much) respected by the (generic) students and by me with what they share.” Another illustration from F6 is that, “It’s absolutely enriching, the other students (generic students) just love hearing their (nursing) stories and they can tell more current ones than I can!” Faculty F12 expressed how the diversity of the RPNs nursing backgrounds also added depth to the dialogue in her class.

There was always someone (RPN student) that could bring something to the table in terms of “I’ve seen this in my practice. I learned for myself from the RPNs because some have been nursing 30 years longer than me.

Four of the faculty participants were very passionate when sharing how they related to the RPN students because they felt empathy for them as they too had returned to school as mature students to upgrade their nursing credentials. Having this familiarity had strongly influenced these faculty as can be heard clearly in the following examples:
I understand because I’m a mom and I’m a post RN and did that program on a part time basis but there were times when I really appreciated somebody saying that next week is fine, it’s not going to make a difference just so long as you get it all done by the end that’s what I really appreciated as sometimes I just didn’t get things done cause every time you turned … (F4)

And,

The RPN to BScN students are very near and dear to my heart. I have experience of coming in as a diploma RN into an educational program to achieve a baccalaureate degree in an environment that was geared towards generic four-year students and felt that devaluing and disempowerment very acutely. And so for that reason these (RPN to BScN students) are very dear to my heart because I have lived through a similar experience. (F16).

![Admiration & Respect](image)

**Figure 24.** Frequency of Comments in Sub-Themes Representing “Admiration and Respect” 111 comments (16 faculty).
Challenges. The participating faculty highly respected the mature and knowledgeable RPN learners. However, they also encountered challenges that they perceived as being emphasized or different than what they had experienced with the generic stream students. I identified a total of 239 comments referencing challenges overall in the 16 faculty interview transcripts. The sub themes I identified about the challenges encountered by the RPNs’ related to struggles with transitioning, depth of thinking, academics, and personal fears. As well, the faculty also talked about how the diversity of the RPN learners and their multiple responsibilities outside of school added to the RPNs’ challenges. Figure 25 (p. 302) provides a graph displaying the total comments under each sub category of challenges.

Students’ transitioning. Eighty-four statements fell within four major struggles encountered in transitioning from the RPN to the RN student as perceived by the participating faculty. The most frequently identified transitioning barrier mentioned by 13 of the faculty (41 comments) was how easily the RPNs student would default to their RPN knowledge and practice because it was what they knew and felt confident in. Faculty F16 explained, “It’s constantly pushing (their thinking) because if you let them (RPN learners) they fall right back to the RPN role because it’s easier, it’s what’s comfortable!” Another faculty (F10), said:

I have to get them to live always in the role of the BScN student or towards the RN role, because they live within the RPN role, they want to simulate their experience and are relying on their experience role, the directives, and the medical directives and question why they have to go beyond that?

Faculty F8 described her experience as follows: “They (the RPN students) want to default to their practice; they want to default to their experiences as being the gospel.”
Other faculty explained that the challenge with the RPNs defaulting to their RPN role became a concern when they were able to “hide” in a group. F6 illustrated this concern in her comment:

They get lost in the crowd, when faculty are not individualizing their (RPN) students’ learning gaps, they get lost in the crowd (in class when integrated with the generic students) which could easily happen in large classes. They can rely on their RPN knowledge to get through the courses.

A concern raised with respect to the professional practice courses was that the RPN students relied on their clinical expertise and if not challenged presented as very strong nursing students. This was expressed by F2 who stated:

They (RPNs) come in and they’re slipping back into the RPN role. I've been with RPN students who are in the failing position and they say ‘But I can look after 10 patients. I've taken on the whole load’. Yes we know that, we absolutely know that you can do that and their preceptors appreciate that they can look after the 10 patients! But it’s about transitioning from RPN to BScN and to facilitate that critical thinking with sound judgment.

Another example was presented by F16 who stated: “When they (RPN students) are in a group (with generic students), they can hide in clinical and just keep doing their RPN role and nobody really notices.”

Another barrier that the faculty felt impeded the RPNs transitioning involved the RPNs’ perception that they were already functioning in the RN role. As well, if the topic or content in the course didn’t interest them or they didn’t clearly see the link to their nursing practice, they became disengaged in the learning. I found 32 statements in the transcripts that described this
concern. The following comment presents an example of how this person perceived the RPNs disengagement in class as being a result of the RPN student believing they are already functioning as an RN so going to school is just a formality.

They don't see value in it (research). More importantly they (RPN) just see what an RN does at work, they never come into the RN program, thinking about that aspect (applying research) to the nursing role. In a lot of cases it (going to school) is just a means to an end because they already think they are an RN. (F8)

Faculty F7 provided similar perceptions in her statement:

I felt like I was always trying to convince them (RPNs) the whole time that this (evidence based nursing practice) is important and this is worth the effort but it's their preconceptions about the value of the RN role. Unlike the (generic) students who just believe what we tell them, no matter what we tell them, the RPN to BScN challenge those ideas.

Faculty F15 affirmed this challenge in saying “They often have a conflict (internally) in terms of at work they may not even see a difference in the roles (between RPN and RN) that they do. Another comment that substantiates the perception that the RPN learner is confronted with role confusion when trying to determine what the difference is between them and the RN was:

I think that they think when they come to school in the BScN program it is going to be very clear. It’s not clear! It’s not that clear cut, the scope of practice between the RN and RPN - so they come into my courses confused, somewhat angry, some of them with a chip on their shoulder with the perception that ‘I already can do the RN role. (F16)

In 11 comments, eight of the faculty expressed their belief that the vagueness in role differentiation between the RN and RPN in practice impacted the RPNs transitioning. These
faculty comments supported the perception that some of the RPN participants in my study felt as they disclosed in their interview that they felt they were already practicing in some capacity the RN role at work. An illustration from one of the faculty was: “Especially for those (RPNs) who are working in the hospital or even in critical care areas like an ER, there is just so much ambiguity for them in the RN role versus the RPN role!” (F11). Faculty member F14 substantiated the ambiguity that the RPNs must feel especially if they are working in acute care areas by saying;

I think that is the biggest struggle because in all fairness, some of the RPN students who work in really acute care settings, they have already got a level of thinking that is beyond the typical RPN. They say ‘what can I do at this agency, I'm an RPN and at work I can do this and this but now I am at this (clinical placement) and what am I allowed to do as a student? How do I separate that and I'm not sure what I'm able to do or not to’?

Resisting depth of thinking. The second most frequent comments that exemplified challenges encountered with the RPN learner as perceived by participating faculty was having to always push the RPN to BScN students to think beyond superficial knowing. I identified 42 comments in 13 of the 16 transcripts. These remarks were statements around the lack of the RPNs’ integration of the sciences, nursing theory, research evidence, and systems perspectives in their work. This was often evident in faculty saying that the RPNs were very superficial in their thinking. An example of this is the comment of F6 who said;

The biggest thing was challenging them (the RPNs) to think beyond (what they already know), and integrate all the sciences and other courses they had - thinking deeper, beyond doing, beyond the task. That was a limitation for them because they don’t like to stretch their minds to think beyond what they immediately saw or know.
Another example of this theme is;

They (the RPNs) do not intuitively look at that broader in-depth knowing, the critically thinking, critically reasoning piece is missing. It is expected of them (the RPN and generic students) to come to (class) prepared and they (the RPNs) challenge you with that. The (generic) students will always go and reflect back and say ‘What is it I am learning here, what do I need to bring?’ The RPNs are sometimes challenged with that piece, they (the RPNs) really struggle to make the connections between the pathophysiology and what the research is saying.

**Academics.** Eleven of the 16 faculty participants talked about specific academic assignments that they felt the RPNs struggled with. I noted 31 comments in the transcripts that referenced specific course assignments, such as learning plans and scholarly writing, as challenges. Faculty F3 described this concern and said that for the RPNs, “It is more academics, it's the papers they find difficult, their academic writing is often not at the same level as the generic students.” Additional illustrations of this challenge being more apparent in the RPNs compared to the generic students are the comments that, “They (the RPNs) struggle with learning plans!” said, (F4); “They (RPNs) aren't always strong in the research, in the academics, (and) they do struggle with the scholarly writing”, said (F9); and F11 commented, “I think in terms of scholarly activity and writing papers, they (the RPNs) are not strong.”

**Personal fears.** Ten of the faculty observed that they felt the RPNs seemed to need to protect their professional identity and self-confidence (33 comments). This presented in some RPN students as anxiety, in others as taking feedback negatively, or the feelings that they were not a “good nurse”. Faculty F4 described her experience as:
The RPNs have a hard time being a student and we have to have that and you need to say ‘It is okay to be a student now, you don't have to be proficient in everything right off the bat so don't be hard on yourself’ because sometimes constructive feedback is difficult for them. They feel that they are a complete failure.

Faculty F7 explained her perception of this challenge that she felt presented itself as the RPNs being resistant to learning because of their anxiety.

It is most often anxiety that they are going to be asked something that they cannot answer and it is their expectation of themselves that they should already know it. So there is always this fear and they will say ‘I was afraid that you would look at me and say you’re a professional and you don’t know that!’ I think this has an awful lot to do with image of self as a professional and really recognizing that without ever embarrassing them or diminishing that.

Another instance that depicts this theme came from F13 who said:

They (the RPNs) bring with them a view of themselves as professionals and they know that they are good nurses, they think of themselves very strongly and that being a good nurse is very much a part of their identity. So when they come into this situation where they feel inadequate and don't have a lot of confidence, they cling to that part of ‘well I'm a really good nurse’ so some of them will really push back at you as you are trying to move them forward in to the RN role.

Faculty F14 recalled an experience with one RPN learner that reminded her of how delicate the balance is between providing constructive feedback to RPN learners and how they may perceive that feedback:
I gave her feedback to push her thinking and she really felt that she was being disrespected in some ways because she was a good nurse, she had good skills, she knew what she was doing. And I thought ‘oh wow’ that of course is never our intent. I said to her ‘you are a good nurse, I have faith that you are a good nurse, I know you are a good nurse. This is about pushing yourself to that RN level.’ They need to feel valued and respected for their experiences and I thought I was doing that but sometimes it just takes one RPN to remind you to be thoughtful of how you provide that feedback!

Faculty F13 described her perception of the fragility of the RPN learners compared to the generic students like this:

The generic students’ not knowing comes from truly not knowing, they don't know at all - period! And so they miss things because they have no context and they just don't know. Pointing that out to them (the generic students) doesn't tear them down because they know that they don't know because they don’t know anything about being a nurse. Whereas this is a very delicate with the RPNs; it's an incredibly delicate teaching situation. My analogy is that it’s like a layer of silk gossamer that is holding them the RPN) s up and one wrong move and they’re going to come crashing (down and) you may not be able to build them back up again.

**Diversity of RPN learners.** I noted in thirteen of the 16 faculty transcripts references that were made around the diversity of the RPN learners. There were a number of comments (44) that revealed the challenges faculty encountered because the diversity of RPNs age, experience as RPNs, and work in varied nursing settings. Unlike the generic stream student who seemed to be more homogenous with respect to their learning needs, the RPNs varied depending upon their
nursing experience before entering the program. Faculty F13 portrayed her experience with the RPN learners compared to the generic students and said:

(The RPN students) are different ages, they tend to be from a real ethnic mix with a number of students having English as a second language, and even that is diverse; you have Asian students, European students, you know there's all sorts of different kinds of ESL situations, we have men, we have women, we have married with children, we have single people, we have single people with children. So they are a very, very different mix. One of the most important things in working with these students (the RPNs) is being very open to what you find and being able to respond to their individual needs and not to whitewash them all with the same paint brush.

Another example emphasizing the diversity of the RPN learners that highlights the challenge for faculty in determining learning needs in a curriculum that has been developed for a homogenous group of student is evident in F2’s comment:

They (the RPNs) are a unique group in that they bring varied background experiences to our program. They come from different professional practice areas. They are both mature students and younger millennial type of students; ones who work in long-term care and acute care. The (RPNs) who come from long-term care are struggling more than the acute care RPNs and need us to be more prescriptive.

Furthermore, F15 stated,

They (RPNs) come from varied backgrounds, varied experiences. They really are such a varied group that some (RPNs) work in a long term care facility and have never even touched an IV since they were in their PN program and others (RPNs) are working in an active surgical ward where they competently can manage an IV. So the approach I have
to take with each RPN in teaching and learning is diverse. It is not the same as how I approach the generic students where none of them know about IVs.

Another faculty shared her challenge about the diversity of the RPN learners and suggested a strategy that may be helpful:

Having them (the RPNs) in their own (small-group nursing course) I think would be fantastic. Not just from their perspective but also from the (faculty’s) ability to work with them because sometimes it is difficult to address the (learning) needs of both (the generic and RPN) groups. (F9)

The varied nursing experience of the RPNs made it difficult for some faculty to provide optimal learning opportunities in clinical courses as is evident in the comment of F10:

I was on a surgical floor for clinical and obviously some of these RPNs are working in these settings, administering medications, whereas this was a new skill for generic students, but it was not a challenge for the RPNs. They (RPN) knew how to safely give all the medications and they were really proficient at that and I felt that they were disadvantages because they needed to be in a different setting that really challenged them more.

Multiple responsibilities. The faculty also recognized the multiple responsibilities that the RPNs had which the faculty perceived to conflict with the RPNs’ ability to focus on their school work. Thirteen of the 16 faculty commented on this concern and how they believed it impacted the RPNs’ dedication to school. I identified 36 comments that illustrated this theme. For example, F1 explained:

The majority (RPNs) balance a lot more (than generic students) because they're already a registered professional. A lot of them are still working full time or trying to juggle in as
many hours as they can and so school adds another layer. They have clinical, they have community obligations, and they have family, so I think they have a different level of responsibility with their job being a registered practical nurse (compared with) the student who is working at something that is not regulated. They the (RPNs) are supposed to be working nights but they have to be studying for a test, and they don't want to call in sick because they know that their colleague is going to be working short-staffed, (compared with) a generic student (who may be) working at a restaurant. I find that the RPN students are absent more than the generic students because of those other things that come up in their busy lives, like sick children.

Faculty F2 added to this theme in her comment:

They have work as a priority. I think that's a real confounder for them because they are still trying to work- needing legitimately to work otherwise they wouldn't be in the program. They're all passionate about nursing but I think just because of their situation a lot of things that are in the program are challenging. They have busy personal work schedules, school schedules they don’t even realize, or remember that the undergrad handbook is a resource. They are so busy! Some of them are just making ends meet with respect to putting food on the table; they have children, and many are single parents. If I had to walk a mile in their shoes, I couldn't do it! And I know they take shortcuts.

The empathy for the busyness of the RPNs lives and the challenge of adding school to their schedule is also reflected in the following quotes:

They (the RPNs) are older students, often have children, they are often single moms, and they are juggling and problem solving their whole lives. If their kids have been up all
night puking, or have been sick for three days and they have had to care for their child it adds stress and they just can’t put 100% into that assignment that is due. (F13).

And,

If they don’t have families and the majority of them do, even if it’s not kids its significant others, aging parents. They have a lot more on their plate than the 18 and 19 year-olds have in terms of life. Plus, the OSAP is a massive issue for them because they earned too much the year prior to coming in and then they work in the summer so they never qualify for OSAP. So they have to work because they have to support, they have to pay their tuition and support themselves. A lot of them are the breadwinners for their families or major financial supporters for their families. They have significant work obligations and I find that life and work, and adding an academic program (that does a lot of busy work) on top of it, is really problematic for them. Life is a big overriding issue for the RPN learners! (F15)
Summary of findings in Relation to the Literature

In the analysis of the faculty interviews, I identified two major themes, respect and admiration for the RPN to BSN learner and challenges perceived by the faculty. Some faculty highly regarded the RPNs returning to school as mature students because they themselves upgraded their nursing credentials. Two of the faculty actually remembered how difficult it was trying to manage everything when they returned to school; “I understand because I’m a mom and I’m a post RN and did that program” (F4). A number of faculty made reference to the RPN to BScN students being more goal orientated and focused on their learning than generic students. This perception is consistent with the literature that centers on mature learners. A number of scholars noted that mature learners tend to be more motivated and have clear goals for returning
Faculty F1 reinforced this by saying:

They (RPN) really have more of an invested interest in where they're going to be learning and they have evidence to support why. They have completed their own research or reflection for their own growth and what they want as a goal at the end of the program versus a traditional student is really still trying to figure out the role of the nurse.

The RPN learners also presented themselves as confident practitioners to a number of faculty who respected their current clinical knowledge. Some faculty encouraged the RPNs to share their clinical experience with the generic stream students because their experiences were current and enriched the discussion, or they wanted to respect and honor their nursing knowledge by having them share it with others. Several scholars who explored nurses returning to school to upgrade their credentials reported findings that substantiate the importance of recognizing students’ nursing experience (Lillinbridge & Fox, 2005; Delaney & Piscopo, 2007; Melrose & Gordon, 2008). Delaney and Piscopo (2007) recommended that faculty in a RN to BSN program focus on what the RNs bring to the classroom with respect to their nursing knowledge to facilitate transitioning and motivation to learn. A number of comments were made about how the RPN student enriched the discussions when they were integrated with the generic stream student, providing real life nursing stories. This finding appears to be unique to my study because the research literature I found that addressed mature students and nurses who returned to school did not speak to the influence that the experienced mature student has on traditional peers in the classroom.

Even though the faculty expressed that the RPN presented themselves with confidence and had strong nursing knowledge, some faculty noted that the RPN students also displayed
apprehension and anxiety as learners. This perception resulted from them feeling that some RPN students were afraid of not knowing something. One faculty said; “Some of them (RPNs) don't actually tell you what their learning needs are because I believe they feel they are expected to know. And, they are too proud to disclose “I don't really know” (F2); and F13 commented; “Push that thinking forward exposing those gaps in knowledge needs to be done in a very safe way that doesn't tear them down and feed into their inadequacy”. The perception that RPN students have greater anxiety and question their abilities is supported in the literature (Kenny et al., 2011; Montgomery et al., 2009; Melrose and Wishart, 2013). MacKeracher et al., (2006) who conducted a literature review on mature students’ challenges, identified that mature students often feel less able to succeed than their younger peers.

The most evident hurdle the faculty identified as a challenge with the RPN learner that was different than the generic stream student, involved transitioning their thinking. Some of difficulty in transitioning resulted from the RPNs not seeing the difference between the RN role and their RPN role. One faculty highlighted this by saying “It’s not clear cut, the scope of practice between the RN and RPN” (F15). Melrose and Wishart (2013) identified in their work that the expanded scope of RPN practice has blurred the lines between the RN and RPN roles.

White et al., (2008) conducted a mixed method research in two Canadian provinces and concluded that LPNs are working in a variety of acute care settings in which there are diverse nursing activities that they perform. Some LPNs are working to full scope of practice with no difference perceived between their role and the RN role. While in other areas LPNs are restricted by the agencies who are not utilizing their abilities to their full potential. One faculty disclosed her experience working with RPNs in her clinical practice in which she noted they (RPNs) are “limitless in a sense that they pretty much do everything I do as an RN” (F5). The
ambiguity that has evolved was more recently validated by the RPNAO who conducted a large study exploring contributing factors to role confusion in the workforce between the RN and RPN (RPNAO, 2014). They concluded that there still remain many misconceptions and different expectations between the roles in clinical practice. This lack of role differentiation in the clinical settings in which the RPN students work appears to have also impacted the academic setting in which the faculty perceive this issue as impeding RPN to RN transitioning.

Other faculty talked about the RPN being too skill focused and not seeing that the RN role is more about critical thinking than skill acquisition. A number of authors described similar feelings when discussing challenges with the LPN to RN students in their studies (Claywell, 2003; Gordon & Melrose, 2010; Prindle, 2005; Schultz, 1992). As well, some faculty felt that the RPN easily slipped into their RPN role and resisted being pushed beyond their knowledge base because they were comfortable and competent in that role. This is likely why the faculty felt they needed to always push the depth of their thinking. Even though the faculty perceived the RPNs as resisting new knowledge and labelled this as a limitation, it suggests that they were mature students engaging in uncomfortable learning experiences, which can also lead to transformation (Snyder, 2008). According to Mezirow (2000), a disorientating dilemma is the prime condition to encourage adults to reconsider their worldview, but it is not always an easy space to be in. This uneasiness could be perceived by others as reluctance to accept new ways of thinking. As well, the faculty in my study used terms such as “more vocal” (F7) and “they challenge you” (F9). Both Briedenhann (2007) and Woodson Day et al., (2011) claim that because mature students come with life experience and confidence in self-identity, they are not hesitant in challenging faculty, compared to the traditional student. At the same time, they also highly respect the knowledge and credibility of faculty. Woodson Day et al., (2011) further
argued that faculty need to purposely challenge those students who have experience in the field or they will become disengaged and disinterested in learning.

The diversity of nursing knowledge that the RPNs brought to the classroom was identified as a challenge for the faculty. Following a traditional curriculum which was intended for generic stream students at times didn’t seem to meet the RPN learners’ needs. A number of scholars who addressed mature students also expressed similar concerns when nontraditional and traditional students were mixed in a class (Woodson Day et al., 2011; Forbus et al., 2011). One faculty articulated this challenge especially when she was in clinical with RPNs who were placed on a medical unit. “I felt bad because they needed to be in a different setting that really challenged them more” (F10).

The faculty also recognized the multiple responsibilities that the RPNs have that often prevents them from concentrating on their studies. According to several scholars, mature students do have greater responsibilities than traditional students because they have other roles that are established and need to be maintained (MacKeracher et al., 2006; Montgomery et al., 2009). Often these other roles can interfere with the time needed to focus on academic work. All of the faculty in my study perceived to some extent that the academic rigor and expectation of the program was challenging for the RPN to BScN students. Some felt this came from their misunderstanding of the purpose of academic writing or because the RPNs just didn’t have the time to commit to a higher level because of their multiple responsibilities. The academic expectations that the faculty found the RPNs were challenged with were not just linked to scholarly writing. It also involved the lack of depth and detail in multiple areas such as what research literature they brought to class, and what evidence they used in their reflections and learning plans. A faculty expressed this concern in relationship to their reflections; “The RPNs
first reflections are very anecdotal diaries, stories at a very superficial levels” (F2), but she associated this with the busyness of their lives in which very little time was available to give assignments the attention they needed. Academically, the mature students have been perceived as being less able to achieve higher grades (Woodson Day et al., 2011). Claywell (2003) and Melrose and Gordon (2008) both found that LPN to RN students explicitly stated that they saw no value in writing skills. The lack of seeing the value in writing could possibly be a result of not clearly linking writing skills to nursing practice. Ensuring that content, including scholarly writing, is linked to practice, and can be applied to the real world has been advocated by scholars in the field of adult learners (Woodson Day et al., 2011; King, 2009; Kasworm, 2014; Merriam et al., 2007).
Chapter Six: Conclusions and Implications

This chapter provides a discussion of the conclusions based on the aggregated findings from the multiple data sources that informed this study. As well, implications for praxis and policy will be discussed. Lastly, suggestions for future research will be presented.

Summary of the Findings

The overarching goal of this study was to understand the learning experiences of Registered Practical Nurse (RPN) students as they transitioned to Bachelors of Science in Nursing (BScN) program. One of the objectives of this study was to discover whether or not the RPN to BScN students in my study experienced a change in perspective, on the difference between the RPN and BScN nursing roles and responsibilities, as a result of being in the program. In general, 83% of the 77 participants who completed the Learning Activity Survey (LAS) acknowledged they had experienced a change in beliefs and perspectives since they began the program. The input of the 35 participants interviewed (i.e., 29 enrolled students and six graduates) was consistent with the results of the LAS which they completed, and they described in detail how they perceived they had begun to think differently about client care and how they integrated into their nursing practice the new knowledge they had gained.

To examine characteristics that may contribute to a change in perspective, cross tabulation chi square analysis of the data was run. No statistically significant relationships were found for variables such as prior education, age, year in the program or experience as an RPN and change in thinking. However, there was one exception in the chi square analysis by gender in which there was a statistically significant difference \((p=0.024)\) in that the 60 females reported a change in their perspective more often than did the four male participants. However, given the small sample size these results must be interpreted with caution and require further research to
validate. King (2009) also noted in her research study that demographic characteristics did not contribute to transformative learning.

The most meaningful factors found in my study that contributed to a change in perspective were reported by the participants to have resulted from specific courses, learning activities, and the support that the students received in the program. Findings from the LAS responses indicated that value-added course content was the major contributing factor that triggered opportunities for the participants to reflect critically upon previously held beliefs and assumptions about the two roles. The value-added courses for the RPNs in my study were reported to be Pathophysiology IY2F and IY3K, Health Science Y2G, and the clinical courses (Clinical Y3M & Y4Q, Y4R). Although the course names reflect the focus of the course, the specific names and course codes reported in this study are pseudonyms to protect the identity of the program that was the focus of this study. Pseudonym names, course codes and descriptions are depicted in Appendix N. The two courses that provided substantial new learning (Pathophysiology IY2F, IY3K, and Health Science Y2G) were identified by approximately 50% of the 35 students who completed the LAS survey, and an average of 68.5% of the interviewed students from years two, three, four and graduates, as being influential in changing their practice as nurses. The students and graduates found great value in these courses as these added new knowledge and forced them to think beyond what they previously knew and fostered new understandings. This finding is consistent with Taylor’s (2009) finding in which value-added course content was seen by his participants as an essential element that facilitated transformative learning. The interviewees in my study provided vivid examples of how the RPNs began to integrate this new knowledge into how they saw their patients in practice. Since the course content was linked to their practice, it was seen as relevant and applicable to the real world.
Discovering exactly what content fostered transformative learning in the RPN learners contributes to the nursing literature as in my review, I did not find any information that identified specific subject matter that facilitated RPNs (or others) to reconsider their existing knowledge.

In this study, the participants identified pathophysiology, clinical and determinants of health course content specifically as having the greatest impact on their transformative learning.

Personal support from faculty, challenges posed by faculty, and the support of RPN peers were also identified learning in both the LAS responses and in the student and graduate interviews as contributing to transformative learning. Learning activities that were identified as providing stimulating critical reflections were: scholarly writing, verbal discussion in small-group courses (Nursing Y2A, Y2B, Y31, Y3J, Y4N & Y4O), evidence-based decision making, and written reflections. Themes I identified in the interview input from the enrolled students were consistent with the LAS findings, and provided deeper understanding of why and how these items contributed to their transformative learning. The interview data from the enrolled students and graduates also provided insights into some of the challenges encountered in the program as perceived by the RPNs. The five major themes I identified were: balancing multiple responsibilities, disappointment with faculty, overall program challenges, being integrated with the generic stream students, and role confusion.

This study was further enriched by the contribution of the faculty interviews which provided their perspectives, through a different lens, on the learning experiences of the RPN students. The two major themes that I identified were respect and admiration for RPN learners and the challenges the RPN learners faced in the program. The identified challenges were subcategorized into six sub-themes: challenges faced by the RPN students with transitioning, the
diversity of the RPN learners, students ‘resistance to depth of thinking, the students’ multiple responsibilities, and their fear and academic struggles.

In their interviews, the faculty participants also confirmed the diversity of the RPN learners. All 16 faculty interviewed perceived the RPN learners to be different from the generic stream students whom they had taught: 13 faculty (81%) specifically commented on how the RPN learners varied in age and experience as RPNs, and the diversity of their areas of nursing specialty. They also perceived the RPN learners to be more focused and motivated to learn compared to the generic students.

**Conclusions**

Based on the findings of King’s (2009) study using the LAS, the attributes of the RPN learners in my study were representative of mature students in general, who tend to have greater responsibilities in relation to family and work than traditional students do (Kasworm, 2008; MacKeracher et al., 2006). Of the 77 participants in my study, 78% (n=60) were older than 25 years of age; their average age was 32. Thirty-five percent (n=27) of my participants identified themselves as being of non-Caucasian ethnicity, and 87% (n=67) were working an average of 12 to 24 hours per week while going to school. Their RPN experience was diverse also: the majority (n=48; 62%) had worked one to four years as an RPN before entering the program. Fifty-eight percent (n=45) were in committed relationships and 46.8% (n=36) were supporting children financially while enrolled in the program at the time of the study.

The faculty’s perspectives regarding the impact of demographic variables observed in the RPN learners are somewhat different from the literature on mature learners in general, and are consistent with the findings of other researchers who have explored this topic in similar populations such as Licensed Practical Nurse (LPN) to RN students. (e.g., Briedenhann, 2007;
Fetherston & Kelly, 2007; MacKeracher et al., 2006; Claywell, 2003; Prindle, 2005; Schultz, 1992; Porter Wenzlaff & Froman, 2008; Woodson Day et al., 2011).

My study participants (student and graduate) suggested that there were key nursing courses that added value to their preexisting nursing knowledge which then facilitated their transformation. The small-group nursing courses which are described in Appendix N, use case scenarios that groups (10 -20) of students work through together, to discover relevant nursing knowledge and actions to solve client problems. This methodology allowed the RPN students to engage in critical discourse with others, prompting them to reconsider their assumptions and contemplate what others had to say. The collegial dialogue that developed was a major theme with 67% (n=29) of the participants selecting this variable on the LAS as a contributor to transformative learning. This theme was also heard in 29 (67.4%) of the interviews. Being in their own cohort of learners in the year two small-group nursing courses (Nursing Y2A & Y2B) provided a homogeneous learning community (Tinto, cited in Upcraft, Gardner, Barefoot and Associates, 2005). I suggest that this small-group learning in their own homogeneous group provided a safe environment, in which the RPNs shared their nursing knowledge, learned from each other, and engaged in critical dialogue out loud, which added meaning to their learning experiences.

Even though the small-group learning courses were identified as contributing to the RPNs’ change in thinking, there were some challenges identified in the interviews from which I identified the sub-themes of different learning needs. This evolved from the following participants’ perceptions: that some of the content in the small-group courses was repetitive and they (the RPNs) felt they often became the teacher. Furthermore, friction between the RPN and generic stream nursing students, occurred in years three and four when the RPNs were integrated
with the generic stream students (Nursing 3YI, 3YJ, Y4N, & Y4O). Generally, the RPNs felt this friction was the consequence of being mixed with the generic stream nursing students whose learning needs were different from theirs; the generic students still needed to learn foundational nursing knowledge. This led to the theme of “different learning needs.” Kasworm (2005) reported a similar finding in examining adult learners in transfer programs in which mature students with life experience found some content to be redundant and lacked application to the real world. In addition, Kasworm also noted that the mature students in her study felt that their younger peers were not as focused or dedicated in learning.

Recognizing that RPN learners had different learning needs was supported by 81% (n=13) of the faculty participants who also expressed their challenge in trying to meet the diverse learning needs of the RPN students when they were mixed with the generic stream students. Interestingly, even though the faculty identified that the RPNs had different learning needs because of their diverse backgrounds, 13 (81%) also made reference to what they perceived to be the RPN’s lack of interest in the topics covered in the third year small-group nursing courses (Nursing 3YI & 3YJ). They viewed the RPNs as not wanting to engage in the learning and sometimes appeared as though they didn’t want to learn anything. From the RPN’s perspective, as indicated in their comments, I believe the lack of interest was because they found the topics repetitive and foundational knowledge they already had. Having to sit through class discussions on topics they felt were redundant was a poor use of their time.

Another unique theme I discovered in the input from the students and graduates was the theme of “becoming the teacher” when they were integrated with the generic students. There was an overall impression that the RPNs spent a lot of time sharing their nursing experience with the generic stream students. As much as they appreciated and felt their experience was being
recognized, there were also times in which this became redundant for some, while others felt tension between them and the generic students because some of the generic students thought the RPNs were “flaunting” their knowledge. The faculty believed that encouraging the RPNs to share their nursing experience in the small-group classes was a strategy to “honor” their knowledge, which I named the theme of “admiration and respect” of the faculty for the RPNs. Several comments were made with reference to how the RPNs’ current nursing knowledge “enriched the discussion” and how they brought a “wealth of knowledge” that added meaning to the in-class dialogue. The findings in other research on mature students emphasize the importance of recognizing and encouraging adult learners to share their life experience as a way to respect and value that knowledge (e.g., Briedenhann, 2007; Kasworm, 2005; Woodson Day et al., 2011). What is not clear in the literature is how often and how much faculty should encourage the mature students to share life experiences. It would appear from the RPNs in this study that “sharing” their experience with the generic stream students did make them feel valued, but at the same time, excessively taking on this information-giving role turned into a negative learning experience for some of them. The need to balance the time spent sharing their RPN experience and learning with generic nursing students was a unique finding in my study.

The clinical courses in year three (Y3M) and year four (Y4Q & Y4R) played an important role by allowing the RPN to BScN students to apply their new learning to practice. Scholars on transformative learning (e.g., Cranton, 2006a; Taylor, 2009) also advocate for educators to provide opportunities for learners to apply and enact their new thinking. The clinical courses appeared to my participants to have given them valuable opportunity to act in their new role as RN students. However, the findings from the interviews strongly suggest that the clinical areas that RPN to BScN students are assigned to need to be considered carefully. If
the clinical areas are on, or too similar to, their RPN practice sites, role confusion and ambiguity can arise as the RPNs may feel they are in “limbo” because they are no longer an RPN nor are they an RN yet.

The literature on licensed practical nurse (LPN) to RN and RN to Nurse Practitioner (NP) reported how returning nurses experienced conflicting feelings as they tried to transition to their new role (e.g., Claywell, 2003; Melrose & Gordon, 2008; Porter-Wenzlaff & Froman, 2008; Steiner, et al., 2008). Role confusion and feelings of conflict were reported by the RPN participants in my study when they spoke about their clinical courses. Fifty percent (n=23) of my participants (third and fourth year, and graduates) expressed in the interviews that they found it really challenging to figure out what the new RN role was, because it wasn’t clear for them. Interestingly, the role confusion theme only arose when they talked about clinical courses, not when they were in class.

The theme of role confusion of RPN students was corroborated by some of the faculty whom I interviewed. They openly shared their views on how some of the clinical areas that the RPNs were placed for clinical experience were inappropriate in meeting the RPN students’ learning needs. Some clinical units lacked strong RN role models which made it hard for the faculty to help the RPN to transition to the RN role.

Even though the LAS survey responses identified the clinical courses as key contributors to their transformation, it was the insight gained from the interview analysis that identified the need for specific types of clinical areas. Based on the discussions in the interviews, it became clear to me that it was the uniqueness of the areas the RPNs were in that provided new learning. Some of the participants in fourth year identified the areas that facilitated their learning. These were the Emergency Rooms (ER), the Intensive Care Units (ICU), the Coronary Care Centers
(CCC), pediatrics and Public Health. Faculty participants in my study also stated that areas such as health clinics and the ICU were clinical areas that were better able to meet the learning needs of the RPN learners.

Personal support, which included faculty and student inspiration, was highly valued by my participants. The RPN students reported that faculty played the most important role in shaping their learning experience with 83% (n=44) selecting this item on the LAS, as an influence in their learning experience. All of the enrolled students and all of the graduates (n=35) expressed deep appreciation for faculty who created environments in which they were inspired to reconsider and broaden their worldview. In addition to feeling supported, the students saw these particular faculty as exceptional role models whom they aspired to emulate. This finding was consistent with those of other studies that explored mature learners who appear to be more affected by faculty support than are traditional students, and faculty support is viewed as essential to their success (e.g., Forbus et al., 2011; Halx, 2010; Kasworm, 2003; 2005; King & Wright, 2003; Kitchenham, 2008; Prindle, 2005; Ramsey et al., 2004). Being an authentic educator who genuinely supports and creates a safe environment is an essential element to facilitate transformative learning (Berger, 2004; Cranton, 2006b; Taylor, 2009).

Although faculty support was highlighted in the student and graduate interviews, there were also strong opinions voiced about disappointment with some of the faculty in the program. Twenty-three of the 35 students and graduates (63%) verbalized frustrations at what they perceived as a “lack of respect” or a “lack of interest” from some of the faculty who used demeaning terminology, or who didn’t seem approachable. Students’ feeling devalued by faculty has been identified in other literature as well (e.g., Gordon et al., 2013; Melrose & Wishart, 2013; Melrose & Gordon, 2008). This is important since 85% (n=44) of the LAS
responses identified teacher support as being influential in their transformation, which requires a trusting relationship from an authentic teacher (Cranton, 2006b; Kasworm, 2005; King, 2004). Literature on mature learners also stresses that mature learners place greater value on faculty relationships when compared to traditional students (e.g., Forbus et al., 2011; Halx, 2010; Kasworm, 2005). A teacher who is genuine and creates a trusting and safe environment provides the stimulus for the RPNs to reconsider their knowledge and adopt new perspectives. If RPN learners don’t feel safe to question their way of knowing, they may resist exploring alternative perspectives.

Contrary to the perceptions of some of the students, the faculty in my study did not perceive that the RPN learners were disrespected or devalued, however, they were cognizant that they had to be careful in how they posed questions to the RPNs. Ten of the 16 (62.5%) faculty participants made comments that led to the subtheme of fear. Some faculty noted the emotional fragility of RPN learners and felt they had to be especially careful in how and when they placed the RPNs in positions that forced them to question their previous ways of knowing. Their strategy with RPN learners was to create a trusting relationship so that the RPNs would feel safe in exposing their weaknesses so that they could begin to grow.

I found much literature on mature learners and transformative learning in practice that emphasized the critical role the teacher has in facilitating transformative learning in students. It is through trusting, authentic, relationships that the students can be challenged, inspired and become engaged in critical reflection of previously held beliefs (e.g., Halx, 2010; Kasworm, 2003; King & Wright, 2003; Kitchenham, 2008; Mezirow, 2000; Prindle, 2005; Ramsey et al., 2004; Steiner et al., 2008; Taylor 2009). It is imperative that educators assess each RPN learner
to discover what each knows and build upon that knowledge utilizing creative and tactful ways that provide a safe place for them to examine their thinking.

There were several learning activities that stood out as having had a substantial impact on the RPN learners in this study, which were consistent with King’s (2009) study findings as well. These were: scholarly writing, reflections and critical appraisal and the use of evidence informed decision making (EBP). Scholarly writing was reported on the LAS as the most substantial learning activity that challenged the participants to push their thinking beyond what they had previously known. Seventy-four percent (n=32) of the students chose this item on the LAS, and 63% (n=22) of the interviewees commented on the benefits of writing essays. Certainly in the interview transcripts, the participants commented that writing was challenging, but at the same time they acknowledged that it provided tremendous learning for them. Willian and Seary (2011) point out that being placed in a challenging position in which a person needs to contemplate and reexamine one’s thoughts on paper can be “quite disorientating for mature learners (p. 132).” However, this disorientating dilemma could very well be the catalyst through which transformation of one’s assumptions happens. According to Mezirow (1991), a disorientating dilemma is the stimulus for transformative learning, thus it is possible that the participants in this study were forced to experience this when they had to write scholarly papers in the program. The topics of the scholarly assignments also added value to this learning. Papers that required them to apply theory to practice seemed to have the greatest influence as identified in the narratives.

Reflective writing was also identified frequently on the LAS. Fifty-three percent (n=23) of the enrolled students, and 20 (57%) of the interviewees mentioned this in the narratives. Reflection is a primary competency required by the College of Nurses (CNO) for nurses to
practice (CNO, 2014a, 2014b), therefore this process is built into a variety of nursing courses in the program. The reflective writing assignments added richness to their own individual learning because they had to explore their actions in depth, use literature to support why they acted or thought the way they did, and then identify areas for growth in the future. The core value of the reflective writing exercises appeared to be the focus on applying theoretical knowledge to their practice and learning how they could improve their practice. Reflective practice is a process advocated for mature learners and professionals to formally give themselves time to examine their actions and reconsider a deeper or newer understanding that enhances their learning (Merriam et al., 2007). Since mature learners need to see the value in academic knowledge, written reflections for the RPN learners provided an avenue for them to make that connection to the “real world.”

The other predominant activity that was emphasized by my participants was learning how to appraise research literature critically, and then apply that to their decision-making process. DiCenso, Guyatt and Ciliska (2005) described evidence based practice (EBP) as “the integration of best research evidence with clinical expertise and patient values to facilitate clinical decision making p.4). In the program, that I studied, learning the process of EBP was complete independently online which was then integrated in a variety of ways such as; dialogue in small group nursing courses, clinical discussion and client research assignment, written reflection, and scholarly writing assignments. What was apparent most clearly in the narratives, was that, through the process of EBP, the RPNs learned how it applied, not only in their academic world, but also to their nursing practice and personal life. All of the 35 participants interviewed talked excitedly about how EBP pushed them to “Always ask why”; “Question everything”, and explore alternative ideas for the way they normally practiced as RPNs.
Including both the RPN learners and the faculty in the interviews provided unique insights into their different perspectives on these learning activities. The RPNs found scholarly writing, reflections and EBP profoundly helpful in their learning journey. However, the faculty participants identified these activities as areas where the RPN learners encountered the most challenges. I identified the theme of “pushing the depth of thinking” and “academic” barriers in my analysis of their comments. Thirteen (81%) of the 16 faculty participants specifically mentioned that the RPNs often defaulted to their RPN knowledge, and presented as though they detested EBP, and 11 (69%) of the faculty felt that academic writing was perceived by the students to be a hindrance. This finding through the lens of the educators is not unlike what I found in the literature which addressed learning experiences of mature learners. A number of research studies pointed out that mature learners tend to lack confidence in scholarly writing and are anxious about competing with their younger classmates (e.g., Woodson Day et al., 2011; Kenney et al., 2011; Montgomery et al., 2009, Obrien et al., 2009). The nursing literature also talked about how returning nurses stated that they found no value in writing or had poor writing skills (e.g., Claywell, 2003; Melrose & Gordon, 2011; Porter-Wenzlaff & Froman, 2008). Even though the faculty in this study identified scholarly writing as challenging and was perceived by the faculty as the RPNs disliking this activity, it was the process of writing that appeared to force the RPNs to think differently and provided profound learning for them.

What is important to note is that even though writing and being pushed to think more critically was seen by faculty as a hurdle for the RPN learners, the RPN learners reported that they valued these activities. Interestingly, the LAS results identified that 62.2% (n=33) of the RPNs found a “teacher’s challenge” as significant in pushing them to examine different points of view. This was validated in the interviews in which 68% (n=24) of the students spoke positively
about a teacher pushing and prompting them to think more deeply. The contradictory perspectives of the RPNs and the faculty was a noteworthy finding which I did not find in the literature on previous research on the RPN to RN learner.

Another interesting phenomenon that I feel is important in my findings is that even though the RPNs said they felt different and identified many ways in which they changed or enhanced their practice, they never explicitly identified a change in identity. They made no explicit comments that indicated they fully let go of their old RPN identity and embraced their unique new RN role identity. I found very little literature that addressed this theme.

Melrose and Wishart (2013) presented similar findings in their analysis of interview transcripts of post Licensed Practical Nurse (LPN) to RN participants in a Canadian setting. In their grounded theory study, they identified “resisting” as a theme that evolved from the LPNs wanting to maintain their LPN status even after they had graduated. Their participants linked the difference between the RN and LPN role as leaving the bedside to perform paper work duties. This wasn’t stated explicitly in my study but certainly it was clear that the RPNs valued their RPN role. Melrose, Miller, Gordon and Jansen (2012) did explore LVN to BN students in a qualitative study and identified in their analysis that the LVN to BN students did not need any confirmation to validate their identity as a nurse. This valuing of the RPN role may also have contributed to the faculty’s perception of resistance or slipping into their RPN role in clinical. I believe this is important to know, since if educators believe that RPN learners need to fully let go of the RPN role to become an RN, they may be evaluating the RPNs progress unsuitably. As well, if faculty try to make the RPNs detach themselves from their RPN role identity, believing that they need to do this before they can successfully become an RN, they will likely be met with resistance and discontent from the learners. It is possible that the RPN’s perception that faculty
devalued their role came from the RPNs feeling that their RPN identity was being threatened. Interestingly, this issue is addressed by the CNO which allows persons to maintain both their RPN and RN status at the same time and work in both of those roles.

The faculty in my study also recognized the multiple roles and responsibilities that the RPN learners fulfilled, which the faculty identified as different from the experience of the generic stream students. Some faculty were empathetic and most perceived this as a challenge for the students. Some noted that the added responsibilities were presented as though the RPN learner expected more support and recognition over the generic stream student Having multiple roles and responsibilities was identified by the RPNs interviewed as adding substantial stress to their lives, however, they seemed to recognize that this was their choice and they accepted their added student role. They did not admit that the added student role affected their ability to succeed in the program.

Summary of Conclusions on Research Questions

There were five research questions that drove this study in exploring the learning experiences of the RPN to BScN learner in the program I investigated. The following are the conclusions for each research questions.

Research question #1. Research question one explored the incident rate of RPN student participants who reported experiencing perspective transformation, and if there were any entry characteristics that were associated with them identifying with a change in perspective. Sixty-four (83%) of the 77 enrolled participants reported a change in perspective on the LAS survey. There was no relationship evident for the following characteristics: primary language, prior education completed, age category, length of RPN experience, and year in program. There was a statistically significant relationship $\chi^2 (1, N=77) = 6.977, p = .008$ based on gender in that
60 (87%) of the female participants reported more often than male participants (n=4; 50%) that they experienced perspective transformation.

**Research question #2.** The second study question explored the association between the student participants’ reports of perspective transformation, with working as an RPN while in the program, and a life event (i.e., marriage, birth of a child, death of a loved one, moving, and loss of job) that occurred while in the program. I found no relationship between students reporting perspective transformation and these variables.

**Research question #3.** The intent of this study question was to examine the perceptions of the RPN to BScN students regarding factors that facilitated and supported their perspective transformation / transition from RPN to RN. The educational experiences that the participants identified as value added were: (a) small-group nursing courses in which the RPNs were in their own cohort of peers, utilizing case scenarios that were used as a foundation for them to direct their own learning, (b) specific clinical courses in which they were placed in nursing areas that they had not practiced in before (e.g., ICU, ER, CCU, pediatrics), (c) pathophysiology courses, and (d), content that addressed social determinants of health. Learning activities that were identified as facilitating their transformative learning were; (a) critical dialogue with faculty and RPN peers, (b) scholarly writing, (c) written reflections, and (d), evidence-based nursing practice. Faculty who were perceived as being authentic and supportive also played a key role in challenging them safely to reconsider their thinking.

**Research question #4.** The fourth question delved into the perceptions of the RPN to BScN participants regarding barriers/challenges that hindered their transition from RPN to RN. The challenges identified by the participants in all years (two, three & four) and graduates were: (a) having to balance family, school, work and finances was difficult and demanding, and (b),
disappointment with faculty who they perceived devalued their RPN knowledge, who appeared to lack interest in them, and who appeared to have inconsistencies in grading assignments. Students who were in years three, four and the graduates, pointed out the overall program curriculum was a challenge in that it appeared to disregard the knowledge and experience of the RPN learners as some content was repetitious, and that, as a group, they felt they had no voice to create change in the curriculum because they were a minority amongst the generic stream students. Being integrated with the generic stream students who had different learning needs was another challenge identified as the RPNs felt they had to take on a teaching role which then created friction between the RPN learners and generic nursing student. The participants identified a sense of loss of RPN peer support. Role confusion and ambiguity were noteworthy challenges when they were placed in clinical areas that were similar to their RPN nursing experience.

**Research question #5.** The last question centered on the perceptions of participating faculty who taught RPN to BScN students in the program. Based on the narratives of the faculty I found they valued and respected the RPNs’ knowledge and recognized that the challenges faced by the RPN students were considerably different from those faced by the generic stream students. Challenges identified in the interviews were further categorized into: (a) challenges faced by the RPN students with transitioning, because of the RPNs defaulting to their RPN knowledge, resisting depth of thinking, and that the ambiguity of role differences in clinical practice preventing the RPN from easily seeing the expanded role of the RN, (b) perceptions that the RPN learners were academically weaker than generic students, (c) the RPNs had higher anxiety and fear of failure because of their nursing backgrounds, (d) the diverse learning needs of
the RPNs were difficult to meet when they were integrated with the generic stream student, and (e), feel their multiple responsibilities prevented the RPNs from focusing on school work.

**Implications**

The goal of the RPN to BScN program was to transform the RPNs’ understanding in the depth and breadth of knowing the role of the BScN nurse. Utilizing transformative learning theory as an underpinning to the RPN to BScN curriculum I believe, based on my study findings, provides a feasible philosophy to ensure meaningful learning is achieved for these mature learners. The findings of this study are similar to other scholars who have identified learning experiences that facilitated transformation (e.g., Cranton, 2006a; King, 1999, 2000, 2009; King & Wright 2003, Mezirow, 2000; Snyder, 2008; Taylor, 2007; 2009). However, based upon my study results, there are several implications I believe would be beneficial for educational praxis and policy.

**Implications for Practice**

A unique finding of this study that contributes to implications for practice evolved from comparing and contrasting the faculty and student/graduate participants’ perspectives. No other literature was found that provided these substantial findings. The faculty perceived that the RPN learner could hide behind their RPN role and lacked engagement in clinical and in the classroom dialogue. The students and graduates however perceived that they were not challenged in some clinical areas as they already worked in those areas as an RPN. As well classroom content was repetitive or redundant with new knew learning for them. The faculty also voiced that the RPN learner didn’t like to be challenged to think beyond their comfort zone. However, the RPN learners identified on the LAS and in the interviews that they highly valued being challenged and pushed by faculty as these strategies facilitated them to reconsider their thinking. Another
substantial finding was that the faculty perceived that RPN learner as knowledgeable nurses who enriched the discussion in the small group courses, whereas the students and graduates perceived that they became the “teacher” in the classroom and at times felt devalued as a nurse. Lastly, faculty made reference to the RPN learner being academically challenged and disliking scholarly writing, yet the students and graduates highly valued these activities. The substantial differences in viewpoints imply a disconnect that the faculty have with the RPN learners.

A noteworthy factor that emerged from this research was that the diverse nursing backgrounds of the RPNs were valued by the RPN students themselves, as well as by the faculty. According to Taylor (2009), this life experience allowed for a deeper dialogue that has a great influence on the integration of new perspectives. He noted that “greater life experience provides a deeper well from which to draw on and react to as individuals engage in dialogue and reflection” (Taylor, 2009, p. 7). Powerful learning seemed to occur in my study when the RPNs engaged in dialogue with their RPN peers.

The RPN students and graduates who participated in this study repeatedly identified critical dialogue in their small-group nursing courses as providing a forum for them to share their nursing experience and challenge each other’s assumptions and foster alternative perspectives. Based on this finding, I believe that educators and curriculum designers should consider teaching learning strategies that provide optimal opportunities for RPNs to explicitly engage in critical discourse with each other. Problem-based methodology, Socratic circles, or collaborative inquiry are strategies that should be considered in order to facilitate critical dialogue that can begin the transformation in the RPNs thinking. Alcantara, Hayes and Yorks (2009) described collaborative inquiry as a technique that creates a social space in which a community of learners seeks to answer professional questions. Diversity of experience, openness and critical dialogue
are key concepts that captivate and cause learners to challenge their own and others’ assumptions which is essential for transformative learning. I urge educators in RPN to BScN programs to explore and create opportunities for the RPN learners to engage collaboratively in critical dialogue that actively encourages students to contemplate and participate in creating new meaning schemes. It might be interesting to extend the RPN cohort into years three and four of the program, or at least in sections where there is a critical mass of RPNs. It might also be interesting to explore the impact of including mature generic stream students in these cohorts of RPN students.

What was also evident from the input of faculty who participated in my study was that the RPN learners could be perceived as disengaged or resistant to faculty pushing their thinking. It is critical for faculty to realize that while striving to challenge the RPN to move past their comfort zone and critically reflect upon their assumptions and beliefs about their nursing knowledge, this process may be very difficult for some. Berger, (2004) called this point “the edge of meaning” (p. 338), as a time when students are questioning their beliefs which can cause excitement for some, but discomfort for others. This may present itself from the faculty’s perspective as students’ unwillingness to learn and behaviours that appear resistant. Educators need to be aware that being placed into a situation in which one is forced to reconsider what their beliefs are, and in which one is pushed beyond their comfort zone can initiate feelings of anxiety and resistance. As well, the resistance may have presented itself in the RPNs reverting to their RPN role in clinical. Taylor (2009) encourages educators to be aware of the subtle changes and possible instabilities that occur in learners as they question their assumptions. Berger (2004) adds to this and explains that students’ reaction and readiness for change is diverse along a continuum: there are those who “seek out and enjoy transformation,” while others may avoid it
For the educator, pushing the RPNs past their comfort zone is a goal of the program, but they must be sensitive to the adverse feelings that this may cause the students. It is during this upheaval that the students will need support and guidance as they embark on transforming their perspectives. Acceptance and empathy from faculty members is majorly important. Faculty need to allow the RPNs to come to terms with their new ways of thinking on their own, and not force these changes upon them before they are ready to accept them. Engaging in conversations that provide feedback that pushes critical thought would likely be more helpful than pointing out that something “is wrong.” Using respectful probing questions to guide the RPNs to explore different ways would likely be helpful as well. Lastly, faculty should emulate an authentic educator approach by considering the RPNs as “novice colleagues” rather than just as the “students.”

I found in the literature that research on transformative learning has also alluded to relational attributes that are important to transformative learning (Taylor 2007). Of particular importance is the creation of relationships that are democratic in nature and have a balance of power. With a balance of power, learners are able to more comfortably ask critical questions and challenge each other’s perspectives. It is possible that the RPNs in this study found being with other RPNs provided an environment in which there was this balance of power which made it safe for them to engage in transformative learning. As well, I believe based on the study findings, that the RPNs who spoke highly of faculty support which influenced their change in perspective came from faculty whom they felt they could trust, and felt comfortable exposing their learning needs to. It is especially important for faculty to create a safe and supportive environment for the learners while they experience discomfort and begin to accept new ways of knowing and to acknowledge resistance as a normal process during transformation.
These findings have implications for the selection of faculty who teach in RPN to BScN programs; for their professional development, and teaching strategies used. Administrators should consider selecting faculty who want to teach RPN learners, or who have experienced similar role transitions. Faculty need to be genuinely interested in teaching in programs like this because of the unique challenges they will face.

Based upon the findings from this study, it is essential that professional development for these faculty ensures that faculty are current and knowledgeable about the significant changes, especially since 2014, in the scope of practice of the RPN role and subsequently their expanded educational preparation. This would allow the faculty to plan meaningful curricula with learning outcomes that meet the RPNs’ unique needs, and efficiently evaluate the performance of these students as well as the program content. It is possible that the lack of awareness on the part of the faculty in this study is the reason why they did not see that the content as repetitious, as did the RPN learners.

Furthermore, faculty need to recognize that resistance and default to RPN practice may be the result of the students being uncertain of the expectations of them in their transition. It’s during this time that faculty need to be especially supportive and actively listen to and encourage RPNs to continue to explore different perspectives. Faculty also need to be willing to engage in authentic relationships and be student-centered to facilitate transformation. Professional development that enhances faculty’s understanding of RPN learners, transformational learning theory, and strategies that contribute to change is essential.

As much as the RPNs praised some of the faculty in the program, they also shared stories about times when they felt devalued in the program. Cangelosi (2004) examined the transition of students from RN to BScN and stressed the need for faculty to be “tactful and thoughtful” (p.
171) in communicating with them. Using terms such as “When you’re a nurse” or “Becoming a professional” may be perceived by the learners as detrimental and marginalizing. This suggests that the faculty who made these comments did not have a sound understanding of the previous educational preparation and responsibilities of the RPN students. It would appear, based on the findings, that the curriculum in this case study did not accurately reflect the needs of current RPN learners. Language matters in the message that is heard. Educators need to be aware of the negative impact that simple words can have on RPN learners and which can be interpreted as a lack of respect for their previous professional status. It is important that they conscientiously reflect upon the words and actions they use when interacting with the RPN students. The language in assignments and the course syllabus needs to ensure there is no wording that could be perceived as devaluing the RPN role. This could be a topic in professional development workshops where faculty discuss these issues.

Student support also stood out in my findings as impactful in the RPNs learning experiences. As the RPNs progressed through the program, reporting of the importance of student support on the LAS questionnaire increased by 10%. Eighteen (51%) of the narratives elaborated on the meaning of these relationships with RPN peers. Words such as “Couldn’t succeed without” (Y4-2); “We (RPN) all need to get through this together (G4),” and “You feel connected because we (RPN) are going through the same things (Y3-2),” are illustrations that reinforced the strength of the response that student support was important. Thus, it would be beneficial for RPN to BScN program educators to develop strategies that connect RPN students with other current or graduate RPN to BScN students to provide valuable opportunities to gain insight into their educational journey. A web-based forum where RPN students could find advice, ask questions, and have discussions to provide collegial support from other RPN students...
would encourage a community of learning outside the classroom. Tinto argues strongly that a community of learning supports persistence and success of students in higher education (as cited in Upcraft, et al., 2005). I found, based on the input of the students and graduates who participated in my study, that social interaction and the creation of a collegial environment influenced their transformation. This suggests that fostering connections within the RPN learner community by ensuring that RPN students take courses together, or by using a cohort model for the entire program may be a useful strategy for the RPN to BScN learners.

Another important variable I identified was the challenge the RPNs faced with role confusion and ambiguity in the clinical area. This finding is consistent with that of Melrose and Wishart (2013) who described how their LPNs to BN participants expressed great concern when placed on a clinical unit that was similar to where they worked as LPNs. Melrose et al., (2012) also advocated that the LVN to BN student highly value clinical learning experiences that they consider “new” learning. It would be wise for all RPN to BScN programs to consider carefully the clinical placements in which they place RPN learners. Seeking out opportunities that push the RPNs to consider alternative roles such as working with the charge nurse, nurse manager or educator or specialty areas such as the wound care team, palliative care team or infection control, could possibly provide the catalyst for the RPN to reconsider previously held beliefs about the RN role.

To minimize role confusion and ambiguity, it is essential that the clinical areas chosen for the RPN students provide a clear distinction between the RPN and RN role. Units that don’t have both RPNs and RNs, or where the ratio of RNs are higher than RPNs would provide effective learning experiences. Areas such as public health, critical care, emergency, pediatrics or family practice units may provide clearer RN role models.
Another strategy that might be helpful to the students is for the faculty who teach in the clinical courses to warn RPN learners about the ambiguity they may experience in these practical courses and discuss with them how best to deal with this ambiguity. Being flexible and providing opportunities for the RPNs to seek out learning experiences in the clinical area that support their transition and decrease role confusion would be beneficial. Transition would also be fostered if faculty tactfully and thoughtfully helped the RPN students to identify the cognitive and clinical judgement differences required of RNs compared to that of RPNs. As well, faculty should be mindful that the RPN students truly value their identity and may not want to let that identity go. The fact that the CNO allows practitioners to maintain both RPN and RN registration may confuse the RPN to BScN students, but the faculty are in a unique position to help the RPNs recognize the differences in the skills and responsibilities of the two roles.

Another finding in this study, that has educational implications, is the importance of understanding the RPN learners as mature students whose challenges are different from those of generic BScN students. The students and graduates in my study complained that juggling multiple roles (parent, professional worker and student) was challenging for them. However, they sought empathy for their circumstances, not special treatment as perceived by some faculty. Cushman (2004) pointed out that mature students in general have more dramatic events, such as a sick child, loss of a job, or marital issues, when they return to school. According to Anderson et al., (2012) they have strong coping skills. However, to better support transitions, strategies that enhance and strengthen these coping resources should be sought. Higher education institutions could play a role in mitigating these challenges by enhancing their capacity to meet the mature learners’ needs especially around time and finances. RPN learners are very committed to their RPN jobs and at times have no choice but to work while in the program.
They have to negotiate (often far in advance) work schedules that are planned according to their personal and student life. An overall fairly fixed program plan which includes assignment/test due dates for the length of the program would greatly facilitate the students’ long term organization of work, childcare and school. Included in this plan would be a detailed syllabus received well in advance so that the students could work ahead on assignments, if needed, to meet their other responsibilities.

The area that provided the most stress for the study participants was financial challenges. Twenty-two (63%) of my participants expressed their stress over finances and 87% (n=67) of the participants worked while going to school, which was almost twice as high as traditional university students as reported by the Canadian University Survey Consortium (2011). More provincial, local grants and subsidies dedicated to assist mature students are needed. This should include mature student bursaries and targeted funding.

**Implication for Policy**

Perhaps the most important findings in this study were the redundancy of program content and the lack of stimulating clinical environments, as identified by both students and faculty. The RPN learners had strong opinions about what they considered repetitious content and assignment topics that wasted their time. Sadly, some students and graduates perceived this as an indication that they were devalued and as a failure on the part of the program to recognize their nursing knowledge and experience. Lillibridge and Fox (2005) pointed out that “Many (nursing) programs have historically handled RN (to BScN) students as ‘add-ons to exiting generic programs’ (p. 15).” Four of the faculty in my study shared that they could relate to this concern of the RPN students because they too had returned to upgrade to a BScN and had experienced similar feelings of being devalued.
This isn’t unique to the program that I studied as in reviewing the courses in other RPN to BScN programs in Ontario (Appendix A), all the programs appear to have a “transition” year for the RPN but then in years three and four of the program they appear to enter the generic stream curriculum as “add-ons.” The programs provide advanced credits so the RPN students don’t have to complete all four years, but there is no evidence of adaptation of the curriculum to the unique learning needs of the RPN learners. Since the legislated creation of the RPN to BScN programs in Ontario in 2005, the College of Nurses began in 2008 to update and enhance the Entry to Practice Competencies for the RPN, to better reflect the revised scope of practice of the RPN (CNO, 2014b). In the past, the RPNs were not autonomous practitioners and were required to defer to the RNs for important decision-making (Canadian Nurse Association, 2004). This is no longer the case under the new competencies (CNO, 2014b). This suggests strongly the necessity for a review of all nursing program curricula related to the new Entry to Practice Competencies for both the RPN and RN by educators and curriculum designers; these reviews need to be supported by higher administration. There is an urgent need to compare and contrast the differences in required competencies of these two roles and use these as a guide to revise the RPN to BScN program to prevent overlap and redundancy. This will require engagement from all key stakeholders (professional practice partners, CNO, RPNAO, RNAO, RPN to BScN graduates, educators) to align the curriculum with healthcare reality. As the economic environment changes the demands of healthcare, the RPN role will continue to evolve potentially blurring the roles even more. Having involvement of all key stakeholders would allow the issue to be addressed comprehensively.

As well, practical nursing (PN) program course content should be reviewed to identify what RPN learners bring to the program and implications for RPN to BScN nursing programs.
Furthermore, this review should identify how best to enhance the RPNs’ knowledge in areas that are not addressed in the RPN programs. The value-added concepts that were identified in my study were the depth of pathophysiology, exploring topics related to social determinants of health, learning about evidence-based practice, and scholarly writing that focused on praxis and reflective writing. These could be utilized as starting points for RPN to BScN program reviews. Joint efforts between RPN faculty and RPN to BScN faculty to discover hidden curricula are not found in documents, could help to ensure RPN to BScN programs are focused on advancing knowledge and clinical decision-making skills that address the new competencies required of an RN.

**Prior learning assessment and recognition (PLAR).** Based upon the themes of redundancy and repetition that I identified in this study, I further suggest that the RPN to BScN programs need to explore a more rigorous Prior Learning Assessment and Recognition (PLAR) models. Simply giving advanced credit to the RPNs that only decreases time to completion (so the RPNs don’t have to complete the full four years of the program) does not provide optimal learning. Prior learning assessment and recognition, such as challenge exams for credit or portfolios (Conrad 2008), should be explored to determine and assess the RPNs current nursing knowledge and clinical decision-making skills, to establish what their strengths are and gaps in their knowledge, prior to entry into the program. Their curriculum should then be adapted accordingly. This could help eliminate unnecessary nursing courses that are just add-ons instead of complimenting the learners' knowledge. Effective implementation of PLAR might facilitate creating more effective pathways to the BScN and the reduction of the redundancy the RPN participants experienced in the current curriculum. The challenge would be to convince the university partners to accept this process as a recognized means to gaining knowledge, as they
have historically not supported PLAR (CLL, 2007). It might help to show them that PLAR is not based on the students’ experience per se, but on the demonstrated learning outcomes that the students have achieved in that experience. I found a lack of literature focused on PLAR in the university setting. According to Wihak (2003, 2007), research on this topic is urgently needed, and that might lead to the implementation of more advanced PLAR models for RPN to BScN learners.

Completing a portfolio of their nursing experience is one strategy that could be successful for granting PLAR, rather than just exempting the RPN from one year of the traditional BScN four-year program. The time required to complete a portfolio has been acknowledged as a barrier (e.g., Brown, 2011; Conrad, 2008; Hamer, 2010; Leiste & Jensen, 2011), however, prospective RPN to BScN students could begin building their portfolios long before entering the program. They could even begin developing a portfolio of their learning while in the RPN program. Another option would be offering online modules that describe the process, with a faculty advisor to provide direction, would give RPNs time to continue to work and build nursing experience while creating the portfolio. Often portfolios are seen as tedious and confusing because translating life experience into academic language and identifiable learning outcomes can be difficult (Leiste & Jensen, 2011). The advantage for the RPNs of using this technique is that they would be explaining their nursing experience, which is easily transferred, using the language they are familiar with. In addition, the RN Entry to Practice Competencies which already exist, and have been established by the regulatory body, could be used as the assessment tools. The use of a portfolio is plausible and feasible. It only needs the dedication of leaders in decision-making positions to initiate and endorse that policy and then support people in
reviewing the curriculum and aligning courses in the RPN to BScN stream more closely to what RPN learner’s need.

Another option could be to allow RPN learners to challenge some courses especially if they have been practicing in a specialty area, such as maternal child care, for many years. They may not need maternal child content but enhanced experience in maternal child care from an educator, administrator, or public health perspective. Some of the faculty in my study also identified overlap in the program and tried to find ways to individualize what the RPN learners needed. One of the faculty explained:

When they move into the level 4, they have an opportunity to identify their preferences for a more individualized placement; we are able to work closely with them for this experience. So there again, what I think comes to mind right away when you mention that question, is that we really need to look at their individual learning. (F1)

An additional rationale for exploring PLAR more closely for the RPN learner is that, surprisingly, 23% of the participants in this study reported having additional educational qualifications (undergraduate and graduate degrees) prior to completing their PN program. I found no other literature that reported or explored this variable. It is conceivable that their prior undergraduate or graduate degree education caused even greater frustration and feelings of disrespect when they were expected to address redundant topics. Completing a portfolio might capture the learning from these experiences. However, according to Conrad (2010) and Wihak (2008), historically universities have been reluctant to implement PLAR, which means support from a provincial level may be required to achieve this goal.
Implications for Future Research

While this study revealed important information, it also identified opportunities for future research. Since there are several different programs in Ontario, a similar study should be replicated in other RPN to BScN programs across the province with larger populations to aid in a comparative analysis of factors that contribute to transformative learning in RPNs. A longitudinal study that follows RPN learners through the three years of the program would help to validate contributors to transformation as well as explore if length of time in the program has any influence on their change.

As well, since this study suggested that a cohort model might provide more optimal learning opportunities to engage in critical dialogue that contributes to transformation learning, a study that examines this model would be beneficial. The impact of extending the RPN cohort into years three and four of the program, or creating alternative group/cohort mixes that blend a balance of RPN and generic students could also be explored to see if there is any difference learning effectiveness. Another topic for research could be a comparison of the experiences of RPN learners and other mature students in general arts, communication, and math and science programs to discover if there are similarities or differences.

Student participants and graduates in my study shared some challenges with respect to role confusion in their clinical courses. It would be important for future research to study this challenge to see if it occurs in other or all RPN to BScN programs and to seek solutions to alleviate the ambiguity felt by the RPN to BScN students. Investigating how educators could help the RPN to BScN student to better understand the role differences would also be valuable in help facilitate a smoother transition. Since faculty in this study perceived that the RPN learner was challenged with scholarly writing, which was contradictory to the participants’ perceptions
as they valued this learning activity, an inquiry to better understand the contradictory perspectives would be informative. Another topic for further consideration would be to compare the RPNs academic writing to the generic nursing student to see if in fact there is a difference.

This study focused on participants who did perceive they had a change in beliefs and perspectives since taking courses in the program. There were some students who did not identify with a change and it would be important to better understand why. If the goal of the program is to move the RPN to a more advance practitioner and the students do not perceive that a transition or transformation occurred for them, it is essential to discover why not, and create better strategies to ensure this occurs. Another important concept to explore is gender. This study showed there was a difference between female and male students experiencing transformational learning with males less likely experiencing a change in their thinking. Very little is written on transformational learning and gender differences thus my results should be further explored. As well, this study only recruited students enrolled in the program and those who graduated. It would be essential to gain insight from those RPN to BScN students who dropped out of the program to discover what caused their failure to continue and find strategies that could improve persistence and success in the program.

Another area of future research would be to explore what happens to the graduates of the program. This study included graduates but focused on their learning experiences in the program. A study that examined more in depth their transformation after graduation would be beneficial in understanding the role transition they encounter. My study results suggested that the RPNs may not let go of their RPN identity as they valued that role and researching post graduates could explore this concept in greater detail. In addition, research to identify the practice specialties that the post RPNs entered after graduation would be important to explore, as
it might inform another aspect of their learning needs while in the program. Comparing their career path to the generic stream graduate would also provide insight into curriculum implications.

Since the stimulus to create the RPN to BScN programs originated from the projected shortage of RNs in the future (CNA, 2012), exploring whether or not adding this stream to the BScN program helped to alleviate the shortage would be important. An additional area to research with regards to retention in the RN profession would be to investigate the concept that since RPNs are already committed to the nursing profession, do they stay in the nursing profession longer than the generic BScN graduate?

Faculty played an important role in influencing the RPN learners in their educational journey. This study only heard stories from 16 faculty thus it would be important to examine more in depth the experience of others who teach the RPN to BScN learners. In addition, future research should explore faculty’s perception of the RPN learner, knowledge in teaching adult learners and knowledge of transformative learning theory.

**Concluding Statement**

The goal of this study was to explore one RPN to BScN program in Ontario in order to discover which learning experiences created rich educational opportunities that built upon prior nursing knowledge by pushing the RPNs to explore alternative perspective and gain new insight into their expanded RN role. Transformative learning was used as the theoretical foundation to discover what facilitated the RPN learner to question existing habits, and consider an expanded worldview of their nursing role. Findings from participants’ responses to King’s (2009) Learning Activity Survey, and evidence from the narratives of the participants provided insight into strategies which helped, as well as challenges faced by the RPN learners and faculty who
taught in the program. These findings cannot be generalized, however they provide valuable information that could be used as a guide to revise and tailor the curriculum to meet the unique learning needs of the RPN learners.
References


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*Applied Nursing Research, 19*, 38-42. doi: 10.106/j.apnr.2005/06.001


### Appendix A

RPN to BScN Programs in Ontario*

<table>
<thead>
<tr>
<th>Collaborative Partners</th>
<th>Year of Program</th>
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<tbody>
<tr>
<td><strong>McMaster University</strong></td>
<td><strong>Year 2</strong></td>
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<tr>
<td><strong>Mohawk College</strong></td>
<td>Semester 1</td>
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<tr>
<td><strong>Conestoga College</strong></td>
<td>2A04-Transition 1-for RPN to BScN</td>
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<td></td>
<td>2RR3-Determinants of Health</td>
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<td></td>
<td>1CC6-A &amp; P for RPN to BScN</td>
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<td></td>
<td>1DP02-Diverse Populations</td>
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<tr>
<td></td>
<td>3 unit of electives</td>
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<tr>
<td></td>
<td>Semester 2</td>
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<tr>
<td></td>
<td>2AA3-Transition 11-for RPN to BScN</td>
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<tr>
<td></td>
<td>2T04-Clinical Reason &amp; Judgment for RPN to BScN</td>
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<tr>
<td></td>
<td>2CC7-Pathophysiology-for RPN to BScN</td>
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<tr>
<td></td>
<td>1K02- Diverse Populations</td>
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<tr>
<td></td>
<td>3 unit of elective</td>
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<tr>
<td></td>
<td>Semester 3 (spring/summer)</td>
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<tr>
<td></td>
<td>2S03-Statistics for Nursing</td>
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<tr>
<td><strong>Ottawa University</strong></td>
<td><strong>Phase 1</strong></td>
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<tr>
<td><strong>Algonquin College</strong></td>
<td>Prior learning assessment (3 months)</td>
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<td>1 term</td>
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<td></td>
<td><strong>Phase 2</strong></td>
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<tr>
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<td>8 months / 2 Semesters Full Time</td>
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*Note: The programs and courses listed are subject to change and should be verified with the respective institutions.
<table>
<thead>
<tr>
<th>Collaborative Partners</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ryerson University</strong></td>
<td>Semester 1&lt;br&gt;170-College Communication&lt;br&gt;400-Health Assessment (401-Acute &amp; Chronic Illness theory&lt;br&gt;402-Acute &amp; Chronic Illness practice&lt;br&gt;403-Ethics and Professional Practice&lt;br&gt;400-Pathotherapeutics</td>
<td>Semester 1&lt;br&gt;805-Evolution of Theoretical Knowledge&lt;br&gt;816-Health Assessment-830-Current Issues and Future Perspectives&lt;br&gt;850-Research Method&lt;br&gt;1 elective</td>
<td>At University&lt;br&gt; Semester 3&lt;br&gt;700-Nursing Practice 1&lt;br&gt;810-Concepts in Contemporary Nursing Practice&lt;br&gt;833-Organizational Context of Practice&lt;br&gt;2 electives</td>
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<tr>
<td><strong>Centennial College</strong></td>
<td>Semester 2&lt;br&gt;406-Family Centered Nursing Theory&lt;br&gt;431-Mental Health &amp; Crisis Management Theory&lt;br&gt;432-Mental Health Nursing Practice&lt;br&gt;435-Advanced Communication &amp; Leadership&lt;br&gt;441-Community Nursing Theory&lt;br&gt;442-Community Nursing Practice&lt;br&gt;450-Nursing Knowledge – Historical and Futuristic Perspectives&lt;br&gt;237-Nursing Research</td>
<td>Semester 2&lt;br&gt;832-Community Nursing&lt;br&gt;600-Major Health Problems&lt;br&gt;831-Leadership Development for Practice&lt;br&gt;860-Statistics for Nursing&lt;br&gt;302-Ethics and Health Care</td>
<td>Semester 4&lt;br&gt;800-Nursing Practice 11&lt;br&gt;One of: Gerontological and Geriatric Nursing&lt;br&gt;Adult Health&lt;br&gt;Women’s Health&lt;br&gt;Family Health&lt;br&gt;Community Mental Health&lt;br&gt;End of Life Care&lt;br&gt;Health: A global Perspective&lt;br&gt;2 electives</td>
</tr>
<tr>
<td><strong>2 &amp; 3 at Centennial College and Year 4 at Ryerson University</strong></td>
<td>Semester 3&lt;br&gt;805-Evolution of Theoretical Knowledge&lt;br&gt;816-Health Assessment-830-Current Issues and Future Perspectives&lt;br&gt;850-Research Method&lt;br&gt;1 elective</td>
<td>Semester 4&lt;br&gt;800-Nursing Practice 11&lt;br&gt;One of: Gerontological and Geriatric Nursing&lt;br&gt;Adult Health&lt;br&gt;Women’s Health&lt;br&gt;Family Health&lt;br&gt;Community Mental Health&lt;br&gt;End of Life Care&lt;br&gt;Health: A global Perspective&lt;br&gt;2 electives</td>
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<tr>
<td><strong>Trent University</strong></td>
<td>Semester 1&lt;br&gt;1070-Nursing Ethics and Professional Practice&lt;br&gt;1071-Pathphysiology (online)&lt;br&gt;1072-Critical Thinking to Scholarly Writing&lt;br&gt;1073-Collaboration in the Health Care Information age (online)&lt;br&gt;1074-Theoretical Foundations of Nursing (online)&lt;br&gt;1075-Health Assessment&lt;br&gt;2 electives</td>
<td>Semester 1&lt;br&gt;2000-Health Promotion &amp; Population Health&lt;br&gt;2003-Nursing Therapeutics and Disease Conditions&lt;br&gt;2020-Clinical-Community Nursing&lt;br&gt;2030-Intro to Research (online)&lt;br&gt;1 Elective</td>
<td>Semester 3&lt;br&gt;3000-Nurs-acute Illness&lt;br&gt;3001-Nurs-Living with Chronic Disease&lt;br&gt;3004-Nurs-Nurse as Leader and Advocate&lt;br&gt;3020-Clinical-Acute Care</td>
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<tr>
<td><strong>George Brown College</strong></td>
<td>Semester 2&lt;br&gt;1083-Language and Components of Nursing Research (online)&lt;br&gt;1084-Family Health in Community (online)&lt;br&gt;1090-Clinical Practice&lt;br&gt;1091-RPN to RN: Becoming a Clinical Leader (online)&lt;br&gt;1082-Psychology Adult Development 2 university electives</td>
<td>Semester 2&lt;br&gt;3030-Nursing Research in Practice (online)&lt;br&gt;3905-Role transition – RPN to RN&lt;br&gt;3550-Advanced Pathophysiology &amp; Pharmacology&lt;br&gt;1 Elective</td>
<td>Semester 4&lt;br&gt;4020-Clinical-Independant practice/consolidate&lt;br&gt;Nurse Advanced topic 1 (online)&lt;br&gt;Nurse Advance Topic 2 (online)</td>
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<td><strong>Once successfully complete can apply to post RPN</strong></td>
<td>Semester 3&lt;br&gt;3000-Nurs-acute Illness&lt;br&gt;3001-Nurs-Living with Chronic Disease&lt;br&gt;3004-Nurs-Nurse as Leader and Advocate&lt;br&gt;3020-Clinical-Acute Care</td>
<td>Semester 5&lt;br&gt;4020C or 4021C – Clinical-Consolidation&lt;br&gt;1 Elective&lt;br&gt;Nurse Advanced topic 3</td>
<td>Semester 3&lt;br&gt;700-Nursing Practice 1&lt;br&gt;810-Concepts in Contemporary Nursing Practice&lt;br&gt;833-Organizational Context of Practice&lt;br&gt;2 electives</td>
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<tr>
<td>Collaborative Partners</td>
<td>Year of Program</td>
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<td>------------------------</td>
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<tr>
<td><strong>University of Ontario Institute of Technology (UOIT)</strong></td>
<td><strong>Year 2</strong></td>
<td></td>
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<tr>
<td>Durham College</td>
<td>Bridging component</td>
<td></td>
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<tr>
<td>In collaboration with Durham and Georgian College offer FT and PT options of study Bridging component – need to be successful with minimum C in each course then can apply to post RPN</td>
<td>Need to complete 3 Bridging courses 1. HLSC 0880U-Science Bridge 2. HLSC 1300U-Info and Communication Technology in Health Care 3. NURS 0420U-Professional Nursing Bridge</td>
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<td>(Below courses there is no indication what year they fall in) 2830U- Microbiology for Health Science 2202-Comprehensive A &amp; P 2460- HLSC Patho physiology 1 2461-Pathophysiology 2 2820-Nutrition for Nursing Practice 2420-Knowing Through Inquiry 2820-Comprehensive Pharmacotherapeutics 12 credit hours of electives</td>
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<tr>
<td></td>
<td>with GPA 2.0 to be accepted into degree program</td>
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<tr>
<td><strong>Nipissing University</strong></td>
<td><strong>Year 3</strong></td>
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<tr>
<td>Canadore College</td>
<td>Semester 1 3701-Ethics 3800-Critical Appraisal of Stats for Health Science 3700-Health and Healing: Child and Family Nursing Theory 1000-Intro Psychology</td>
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<td>Semester 2 (15 credit hrs) 3601-Interprofessional health care teams 3910-Research Methods for Health Care 3700-Health and Healing: Healthy Community Nursing Theory 2010-Developmental Psychology</td>
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<td>Year 3 Courses 3006-Nursing Theory 3007-Community Health Nursing 3016-Family Nursing 3026-Clinical Practicum-Family Nursing in Diverse Settings 3027-Clinical Practicum-Nursing Communities and Populations 3036-Transcultural Nursing 1257-Technical Statistics Electives 9 credits</td>
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<tr>
<td></td>
<td>Year 4 Courses 4006-Nursing informatics 4007-Leadership and Management in Nursing 4016-Research in Nursing and Health 4017-Current Issues in Nursing 4026-Clinical Practicum-Advanced Nursing Practice 4027-Clinical Practicum-Preceptorship (9 credits) 4036-Complex Health Challenges Electives 3 credits</td>
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*Information Retrieved From Institutions Open Access Website - January 2013*
Appendix B

OISE

ONTARIO INSTITUTE FOR STUDIES IN EDUCATION
UNIVERSITY OF TORONTO

RPN to BScN Student - Letter of Invitation & Consent

Date: ______________

Title of Research Study: Transformational Learning Experience of RPN to BScN Students: A Case Study of One BScN Program in Ontario

Principal Investigator: Maurine Parzen RN, MScT

Faculty Supervisor: Dr. Katharine Janzen

I am conducting this research study in partial fulfillment of the requirements for the Ph.D. degree at the Ontario Institute of Studies in Education (OISE) at the University of Toronto under the supervision of Katharine Janzen BScN, M.Ed., Ed.D.

I invite you to participate in a research study about the learning experiences of RPN students in the RPN to BScN program. You are invited to participate as you are currently enrolled in the RPN to BScN program. I am conducting this study in an effort to gain deeper insight into your learning experiences as an RPN to BScN learner. It is through understanding your learning experiences that I hope to gain insights that will enable the facilitation of optimal learning experiences for future RPN to BScN students. This is an opportunity for you to voice your insights and experiences.

The findings from this study will provide valuable information for the review and revision of the curriculum in the RPN to BScN stream to meet the unique learning needs of the RPN student. The findings will be shared with course planners and the curriculum committee to ensure continual development of courses. Your participation in this study is completely voluntary; it will not affect your current or future status in the program in any way. No individual participant in the study will be identifiable in any reporting of the findings to program faculty and staff or relevant conferences or publications. Only pseudonyms will be used; the lists linking participant names to the pseudonyms will be kept secure and accessible only to me.

I will also be inviting faculty members who have taught RPN to BScN students to participate in this study in order to gain insights from their perspectives. The faculty who agree to participate in this study will have no knowledge of any students who participate in this study or those who
do not. In addition, I will be inviting RNs who have graduated from the RPN to BScN program and have been working as an RN for at least year to participate in this study. There will be no direct compensation provided for participation in this study.

There are two areas where you are asked to participate. First, if you chose to participate you will be invited to complete an anonymous online questionnaire entitled “Learning Activity Survey” that asks questions about your learning experience and some demographic information like your age and RPN work experience. This questionnaire should take about 20 minutes to complete. Since the questionnaire is online, there is a very slight chance that the Web Master could identify you but you will not be identifiable to me.

Secondly, at the end of the questionnaire, you will be invited to participate in a follow up interview, if you are selected. The intent of the interview is to explore your learning experiences more deeply. To participate in the follow up interview, you will be asked to send me a separate email on how I can reach you to arrange the interview. A convenient time and comfortable place to complete the interview will be chosen by you.

The interview will take about 1 hour. If you agree, the interview will be audio-taped; if you do not wish to have it audio-taped, I will take notes during the interview. The questions will be open ended and ask for information such as: “During your courses, did you notice that your values, beliefs or expectations had changed” “Do you know what triggered the change?” and “What experiences in your courses stands out as being helpful or hindered your transition to a RN student”? The transcribing of the audio tape will be conducted by a transcriptionist who will have signed a confidentiality statement before accessing any data. You will have an opportunity to review the transcript of your interview to make any changes that you wish.

There is no risk anticipated to you by being involved in this study other than the possibility of feeling uncomfortable answering some questions or how your response may sound. At no time will your responses be evaluated or judged. You are free at anytime to NOT answer any question(s) or share your experiences that you do not wish to share. You may withdraw from the study at any time simply by letting me know and without explanation or consequences of any kind. Any information that can be linked to you at the time you withdraw from the study will be destroyed and not included in any reporting of the findings, up to the point where all the data are aggregated. Since the online survey is anonymous if you decide to withdraw after you click submit, I will not be able to delete that information as I will not be able to identify your responses.

All information collected will be secured and locked in my office desk, accessible only to me and my thesis supervisor. Any identifiable digital information will be encrypted, stored on a password protected computer and accessible only by me and my thesis supervisor. All information will be destroyed by shredding of hard copies and deleting digital data 5 years after the completion of the study.

I will take all steps necessary to maintain your anonymity as a participant in this study. However, I am not able to promise complete anonymity, given that this is a case study of this one program and there is a relatively small number of similar RPN to BScN programs in the Ontario
college/university system. There is a slight chance that those intimately familiar with the program may be able to identify the case site and perhaps the participants given their roles within the programs explored.

If you would like any other information regarding the study please contact:

Maurine Parzen, at: maurine.parzen@mohawkcollege.ca; or my thesis Supervisor: Dr. Katharine Janzen at; katharine.janzen@utoronto.ca or 416-978-1232.

If you have any concerns or questions about your rights as a participant or about the way the study is conducted, please contact the Office of Research Ethics at the University of Toronto or the Office of the Chair of the Institutional REB (pseudonym):

Office of Research Ethics University of Toronto (416) 946-3273 or ethics.review@utoronto.ca
Institutional REB (pseudonym) Telephone ___________________________

**CONSENT TO PARTICIPATE:**

I have read and understand the information presented in the information letter about the study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and have received any additional details I requested. I understand that if I agree to participate in this study, I may decline to answer any questions and withdraw from the study at any time without explanation or consequences of any kind and only need to contact the researcher to let her know.

I understand that by accessing the survey on the below link that I consent to participate in the Learning Activities Survey (LAS) online questionnaire which is part of this study.

I understand that upon completion of the questionnaire if I agree to participate in an individual interview I will need to notify the researcher by sending a separate email.

Please indicate your response to this invitation:

- [ ] I AGREE to participate in the on-line survey as part of this study – if so, please complete the survey at the following URL ………………………………………
- [ ] I DO NOT wish to participate in this study

Date: ____________________
Name of Participant (Print)____________________
Signature: ___________________________

Please keep a copy of the invitation/ consent letter for yourself!
INTRO to the on-line questionnaire survey (Appendix F):

I have read and understand the information presented in the information letter about this research study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may decline to answer any questions or withdraw from the study at any time without explanation or consequences of any kind by quitting the survey before I submit my responses. Should I wish to withdraw from the study after I click SUBMIT below, it will not be possible to delete any of my previous responses because this survey is fully anonymous.

To access link to the LAS questionnaire, please click on the following site……

Please keep a copy of the invitation / consent letter for yourself!
Appendix C

Invitation to Students to Participate in a Research Study

(i) Electronic Announcement For Nursing Web Newsletter

Please note that an email will be sent to all RPN to BScN students through your university email address inviting them to participate in a research study to explore their learning experiences in this program. The study entitled “Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario” is being conducted by Maurine Parzen for her PhD degree at OISE/University of Toronto.

Participation is completely voluntary and no individual participant will be identifiable in any reporting of the findings! For full details, please read your email.

(ii) Invitation to Target Group – Email Script

We are sending out the attached information to you on behalf of Professor Maurine Parzen who is inviting you to participate in her research study entitled “Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario” which is being conducted for her PhD degree at OISE/University of Toronto. Your participation in this study will be valuable in facilitating the development of the RPN to BScN curriculum. Please open the attachment to read more about the study. If you are willing to participate, please respond directly to Professor Parzen at maurine.parzen@mohawkcollege.ca.
Appendix D

ONTARIO INSTITUTE FOR STUDIES IN EDUCATION
UNIVERSITY OF TORONTO

RN Graduate of the RPN to BScN Program - Letter of Invitation & Consent

Date: __________

Title of Research Study: Transformational Learning Experience of RPN to BScN Students: A Case Study of One BScN Program in Ontario

Principal Investigator: Maurine Parzen, RN, MScT

Faculty Supervisor: Dr. Katharine Janzen

I am conducting this research study in partial fulfillment of the requirements for the Ph.D. degree at the Ontario Institute of Studies in Education (OISE) at the University of Toronto under the supervision of Katharine Janzen BScN, M.Ed., Ed.D.

I invite you to participate in a research study about the learning experiences of RPN students in the RPN to BScN program. I am seeking volunteers who have recently graduated from the RPN to BScN program to explore the learning experience as perceived by graduates of the program. Your participation in this study is completely voluntary. It is through understanding your learning experiences that I hope to gain insights that will enable the facilitation of optimal learning experiences for future RPN to BScN students. This is an opportunity for you to voice your insights and experiences.

The findings from this study will provide valuable information for the review and revision of the curriculum in the RPN to BScN stream to meet the unique learning needs of the RPN student. The findings will be shared with course planners and the curriculum committee to facilitate the development of effective courses. No individual participant in the study will be identifiable in any reporting of the findings to program faculty and staff or in relevant conferences or publications. Only pseudonyms will be used; the lists linking participant names to the pseudonyms will be kept secure and accessible only to me.

I will also be inviting RPN to BScN students currently in the program and faculty members who have taught RPN to BScN students to participate in this study in order to gain insights from their perspectives. The faculty and current students who agree to participate in this study will have no knowledge of any other participants.
If you chose to participate you will be invited to participate in a 1 hour interview which will be audio taped with your consent; if you do not wish to have it audio-taped I will take notes during the interview. The intent of the interview is to explore more deeply your learning experiences. The interview will involve asking questions to prompt you to reflect upon your educational experience and your experience now as RN. The questions will be open ended and ask for information such as; “Recount for me your experience of the journey in your returning to and completing the RPN to BScN program, the classes, clinical, the teachers, your classmates?” and “Tell me about your experience in returning to nursing practice not as an RPN but as an RN? How is that different?” The transcribing of the audio tape will be conducted by a transcriptionist who will have signed a confidentiality statement prior to accessing any data and no identifiable information will be recorded. You will have an opportunity to review the transcript of your interview to make any changes that you wish. A convenient time and comfortable place to complete the interview will be chosen by you. There will be no direct compensation provided for participation in this study.

There is no risk anticipated to you by being involved in this study other than the possibility of feeling uncomfortable answering some questions or how your response may sound. At no time will your response be evaluated or judged.

If you agree to participate, you are free at any time to NOT answer any question(s) or share your experiences that you do not wish to. You may withdraw from the study at any time by letting me know in person, by phone or email without explanation or consequences of any kind. Any information you have provided up to the time you withdraw from the study will be destroyed and not included in any reporting of the findings until the data are aggregated into a report of the findings, after which your data cannot be isolated and removed.

All information collected will be secured and locked in a cabinet accessible only to me and my thesis supervisor. Any digital information such as the transcribed interview will be encrypted, stored on a pass-word protected computer and accessible only to me and my supervisor. All data will be destroyed in 5 years after completion of the study.

I will take all steps necessary to maintain your anonymity as a participant in this study. However, I am not able to promise complete anonymity, given that this is a case study of this one program and there are only a small number of similar RPN to BScN programs in the Ontario college/university system. There is a slight chance that those intimately familiar with the program may be able to identify the case site and perhaps the participants given their roles within the programs explored.

If you would like any other information regarding the study please contact: Maurine Parzen, at; maurine.parzen@mohawkcollege.ca or 905-540-4247 x26783; or my faculty Supervisor: Dr. Katharine Janzen at; katharine.janzen@utoronto.ca or 416-978-1232

If you have any concerns or questions about your rights as a participant or about the way the study is conducted, please contact the Office of Research Ethics at the University of Toronto or the Office of the Chair of the Institutional REB (pseudonym).
CONSENT TO PARTICIPATE:

I have read and understand the information presented in the information letter about the study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may decline to answer any questions or withdraw from the study at any time without explanation or consequences of any kind and only need to contact the researcher to let her know. I have received a signed copy of this form and I agree to participate in the study.

☐ I agree to be interviewed

☐ I agree to have the interview audio-taped

Date: ____________________

Name of Participant (Print) ___________________

Signature: _____________________

Please keep a copy of the invitational / consent letter for yourself!
Appendix E

OISE
ONTARIO INSTITUTE FOR STUDIES IN EDUCATION
UNIVERSITY OF TORONTO

Faculty Letter of Invitation & Consent Form

Date: __________

Title of Research Study: Transformational Learning Experience of RPN to BScN Students: A Case Study of One BScN Program in Ontario

Principal Investigator: Maurine Parzen RN, MScT

Faculty Supervisor: Dr. Katharine Janzen

I am conducting this research study in partial fulfillment of the requirements for the Ph.D. degree at the Ontario Institute of Studies in Education (OISE) at the University of Toronto under the supervision of Katharine Janzen BScN, M.Ed., Ed.D.

I am inviting you to participate in a research study about the learning experiences of RPN to BScN students in the BScN Collaborative Program. I am conducting this study in an effort to gain a deeper insight into the learning experiences of the RPN to BScN adult learner. It is through multiple ways of understanding the learning experiences of these students that I hope to gain insight that will facilitate optimal learning experiences for future RPN to BScN students.

I will also be inviting RPN students who are enrolled in the BScN program and some who have graduated from the program to participate in the study. The students who do decide to participate will have no knowledge of any faculty who participate or not.

The findings from this study will provide valuable information for the review and revision of the curriculum in the RPN to BScN stream to meet the unique learning needs of the RPN student. The findings will be shared with course planners and the curriculum committee to ensure continual development of courses.

Your participation in this research study is completely voluntary. No individual participant will be identifiable in any reporting of the findings to program faculty and staff or in relevant conferences or publications. I will not disclose to other persons within any of the participating colleges whom else I am interviewing, and I will not disclose responses of any participants to their colleagues within their college. However, I am not able to promise total anonymity; given this is a case study of a specific type of program within the relatively small number of RPN to
BSCN programs in the Ontario college system. There is a slight chance that those intimately familiar with these programs may be able to identify the site explored and perhaps the participants given their roles within the programs explored. There will be no direct compensation provided for participation in this study.

If you agree to participate you will be asked to participate in an interview conducted by myself. The interview will be about 1 hour in length and will be audio-taped with your consent. If you do not wish to have the interview audio-taped I will take notes during the interview. Questions during the interview will be semi structured, open ended and ask for demographic information followed by questions such as: “Tell me about your perception of the experiences of the RPN students during the course/s you taught them.” “What have you learned about the RPN to BScN student that is distinctly different from the basic stream BScN student? and “What challenges did you encounter while teaching the RPN to BScN student in your course?” The audiotapes may be transcribed by a transcriptionist but no identifying information will be recorded and the transcriptionist will have signed a confidentiality statement before accessing any data. You will have an opportunity to review the transcript of your interview to make any changes that you wish. A convenient time and comfortable place to complete the interview will be chosen by you.

There is no risk anticipated to you by being involved in this study other than the possibility of feeling uncomfortable answering some questions or how your response may sound. At no time will your responses be evaluated or judged. If you agree to participate, you are free at any time to NOT answer any question(s) or share your experiences that you do not wish to. You may withdraw from the study at any time by just letting me know without explanation or consequences of any kind. Any information you have provided to the time you withdraw from the study will be destroyed and not included in any reporting of the findings up to the time that the data area aggregated.

All information collected will be secured and locked in a cabinet my office. Any digital information will be encrypted, stored on a pass-word protected computer and accessible only to me and my thesis supervisor. All information will be destroyed by shredding hard copies or deleting digital data 5 years after completion of the study.

If you would like any other information regarding the study please contact: Maurine Parzen, at; maurine.parzen@mohawkcollege.ca or 905-540-4247 x26783; or my faculty Supervisor: Dr. Katharine Janzen at; katharine.janzen@utoronto.ca or 416-978-1232

If you have any concerns or questions about your rights as a participant or about the way the study is conducted, please contact the Office of Research Ethics at the University of Toronto or the Office of the Chair of the Institutional REB (pseudonym):

Office of Research Ethics University of Toronto (416) 946-3273 or ethics.review@utoronto.ca

Institutional REB (pseudonym) [redacted] There will be no direct compensation provided for participation in this study.
CONSENT TO PARTICIPATE:

I have read and understand the information presented in the above Invitation to participate and information about the study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may decline to answer any questions and withdraw from the study at any time without explanation or consequences of any kind and only need to contact the researcher to let her know. I have received a signed copy of this form and I agree to participate in the study

☐ I agree to be interviewed

☐ I agree to have the interview audio-taped

Date: __________

Name of Participant (Print) ____________________

Signature: ____________________

Please keep a copy of the invitational / consent letter for yourself!
Appendix F

Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

Learning Activities Survey (LAS) as adapted for this study

I have read and understand the information presented in the information letter about this research study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may decline to answer any questions or withdraw from the study at any time without explanation or consequences of any kind by quitting the survey before I submit my responses. Should I wish to withdraw from the study after I click SUBMIT below, it will not be possible to delete any of my previous responses because this survey is fully anonymous.

I consent to participate in this part of the study □ YES / □ NO (you will exit the site)

1. Since you began taking courses in the RPN to BScN program, do you believe you have experienced a situation when you realized that your values, beliefs, opinions or expectations had changed? (e.g., expectations of what university would be like, impact of going back to school, previous thoughts about nursing as a profession, your thoughts about the differences between the RPN and RN role.)

□ Yes
□ No

2. (a) If yes, Please describe this change.
(b) If no – why do you think they have not changed?

3. With respect to your educational experiences in the BScN program at this institution, please respond to the following list of some of the changes you may have experienced.

Please check off all the statements that may apply to your experience in the RPN to BScN program:
- a. I had an experience that caused me to question the way I normally act as a person or in my professional role?
- b. I had an experience that caused me to question my assumptions or expectations about social roles? (Examples of social roles include how you should behave as a student, how you should behave as a RPN or RN, How a professor should act or teach.)
c. As I questioned my ideas, I realized I no longer agreed with my previous beliefs about what I would learn in the BScN program or my previous assumptions of the RN role.
d. Or, As I questioned my ideas, I realized I still agreed with my original beliefs or role expectations.
e. I realized that other people also questioned their beliefs.
f. I thought about acting in a different way from my usual beliefs and roles.
g. I felt uncomfortable with the traditional social expectations of my role as a RPN?
i. I tried new roles such as leadership, facilitator, advocate, so that I would become more comfortable or confident in them.
j. I tried to figure out a way to adopt these new ways of acting.
k. I gathered the information I needed to adopt these new ways of acting.
l. I began to think about the reactions and feedback from my new behaviour.
m. I do not identify with any of the statements above.

4. Have you experienced a change of ideas or point of view?

□ Yes. If “Yes,” Please go to question #5 and continue the survey
□ No. If “No,” Please go to question #7 to continue the survey

5. Thinking back to when you first realized that your views or perspectives had changed (Previous thoughts about nursing as a profession, your thoughts about the differences between the RPN and RN role) what did your being in school have to do with your views changing?

6. Many things can influence a change of ideas or points of view. Please check off all of those that influenced your change.

Did a person influence the change?

□ Yes  □ No

If YES Check off all that apply

o Another student’s support
o A challenge from your teacher
o Your teacher’s support
o An experience with a patient you had in clinical
o A nurse you worked with in a clinical course
o Other: __________________

Did one (or more) course(s) that you took in the program influence the change?

□ Yes  □ No

If Yes - Check off all that apply
Level 2 Courses

- Nursing Y2D
- Health Science Y2G
- Nursing Y2A
- Nursing Y2B
- Nursing Y2C
- Anatomy & Physiology Y2E
- Pathophysiology IY2F
- Health Science Y2H

Level 3 Courses

- Nursing Y3I
- Nursing Y3J
- Pathophysiology IIY3K
- Clinical Y3L
- Clinical Y3M

Level 4 Courses

- Nursing Y4N
- Nursing Y4O
- Clinical Y4Q
- Clinical Y4R
- Nursing Y4P

Did a class or clinical assignment influence the change?

☐ Yes ☐ No

If Yes - Check off all that apply

- Learning plan
- Clinical work up on client
- Written Personal Reflection
- Writing a Personal journal
- Writing about your concerns
- Deep concentrated thought
- Verbally discussing your concerns during clinical or in post conference
- Verbally discussing your concerns during your problem based learning course
- Self-evaluation in a course
- Peer-evaluation in a course
- Individual presentation
- Group work
- Assigned readings
- EBP activities
Scholarly writing
Other:_____________________________________

Did a **significant change in your life (as listed below)** influence the change?

□ Yes □ No

If Yes check all that apply

- Marriage
- Birth/adoption of a child
- Moving
- Divorce/separation
- Death of a loved one
- Change of job
- Loss of job
- Retirement
- A decrease or loss in income
- Other:___________________________

7.) Would you characterize yourself as one who usually thinks back over previous decisions or past behaviour?

□ Yes □ No

8.) Would you say that you frequently reflect upon the meaning of your studies for yourself, personally?

□ Yes □ No

9.) Which of the following **has/have been an important part of your experience** in the BScN program at this institution? **Please check all that apply**

- Learning plan
- Another student’s support
- Writing about your concerns
- Writing a Personal Journal
- Deep concentrated thoughts
- A challenge from your teacher
- Your teacher’s support
- Verbally discussing your concerns during clinical or in post conference
- Verbally discussing your concerns during small group learning course
- Clinical Assignments
- Self-evaluation in a course
- Peer-evaluation in a course
- Individual presentations
o Group presentations
o Written Personal reflection
o Assigned readings
o Scholarly writing
o Other: ______________________________

10.) Please check any of the following that has/have occurred while you were taking courses at this institution?
o Marriage
o Birth/adoption of a child
o Moving
o Divorce/separation
o Death of a loved one
o Change of job
o Loss of job
o Decrease or loss of income
o Retirement
o None
o Other: ______________________________

11.) Briefly describe your reason(s) for returning to school to obtain your BScN:

Demographic Information

12.) Gender
   - Male
   - Female

13.) What is your primary language (i.e., the one you speak most of the time)?
   - English
   - French
   - Other (specify): ______________________________

14.) How would you identify your ethnicity?
   - Black / African American
   - White / Caucasian
   - Asian
   - Aboriginal
   - Other (specify): ______________________________

15) Marital Status
   - Single
   - Married
16.) Prior Education completed
(Please check all that applies)

- High school diploma
- College diploma
- Associate degree
- Bachelor’s degree
- Master’s degree
- Other: __________________________

17.) Are you currently supporting any children financially or otherwise  □ Yes or □ No

If yes, how many children are you supporting? __________________________

What are their ages? ______________________________________________

18.) Do you have any other family responsibilities such as elderly parents? Please describe the nature of your responsibility for them.

19.) What age group are you in?

- Under 25 yrs
- 26 – 30 yrs
- 31 – 35 yrs
- 36 – 40 yrs
- 41 – 50 yrs
- Above 50 yrs

20.) How many years of work experience as an RPN do you have?

- Less than 1 year
- 1-4 years
- 5-10 years
- 11-20 years
- More than 20 years

21.) Are you currently working as an RPN while going to school?

- Yes or No

If yes, approximately how many hours per week are you working?
o Less than 12 hours
o 12-24 hours
o 25-36 hours
o More than 36 hours

22.) Have you had to decrease your hours at work to meet the demands of school?
   o Yes
   o No

23.) What year or level of the program are you currently enrolled in?
   o Level 2 Semester 2
   o Level 3 Semester 1
   o Level 3 Semester 2
   o Level 4 Semester 1
   o Level 4 Semester 2

Thank you for being part of this project; your participation is greatly appreciated!

_________________________________________________________________________

To gather further details and insight into your learning I would also like to invite you to participate in a 1 hour individual interview. Your participation in the interview will be an opportunity for you to share more details and provide feedback into how this program can improve.

To participate in the follow-up interview, please send me a separate email me or call me to provide your contact information at:

Maurine Parzen 905-540-4247 ext 26783
Or
maurine.parzen@utoronto.ca

If you would like to receive a summary of the study findings please email me and indicate how I am to send them to you (e.g. email address or mailing address).

☐ Submit
Appendix G

Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

Permission to Use LAS

Email conversation:

Hello Dr. King

I am a teacher in a Bachelor's of Science in Nursing program and am primarily teach the RPN/LPN to BScN students. I have become very passionate about the learning experiences of this unique mature group of learners that are returning to school! I am also working on my PhD in Higher Education through OISE/University of Toronto in Ontario, Canada.

Through both my work and school experience I have been introduced to Mezirow's perspective transformation and feel strongly that this theory is significant in understanding this group of learners. I have just recently purchased your text "Handbook of the Evolving Research of Transformative Learning" and would like to use your LAS tool with this group of students. My plans are to use the tool to discover if RPN to BScN students experience perspective transformation in the BScN program as part of my PhD dissertation.

Your guidance and permission to use the tool would be greatly appreciated!

Thank you!

Maurine Parzen RN BScN MScT

From: On Behalf Of Dr. Kathleen P. King, Transformation Education LLC []
Sent: March 23, 2011 3:48 PM
To: Parzen, Maurine; Kathleen King
Subject: Re: seeking permission to use LAS tool

Hello Maurine
I was just checking my upcoming trip to Toronto in April when I saw your email.

Yes certainly feel free to use the LAS.

I only ask you use the book to guide you in revising it and analyzing it

Then if you share an abstract with me of your work... I will include you in the next version of the book!

Very best,
Dr. Kathleen (Kathy) P. King, MEd, EdD, CPC

Keynote Speaker, Author, Certified Professional Coach (Faculty Coach) & Univ. of South Florida Professor
Pres., Transformation Education LLC
Tel: 813.422.1451 Fax: (813) 402-0632
Email: kpking@TransformationEd.com

Appendix H
Transformational Learning Experience of RPN to BScN Students: A Case study of
One BScN Program in Ontario

Student Interview Guide

Before beginning the interview, I will review the content of the consent form and ask if they have any questions before we begin.

RPN to BScN students will be asked: (Probes will be used to clarify issues as needed)

1.) Please tell me why you decided to return to school for the BScN program.

2.) Before starting the RPN to BScN program, what did you expect to get out of going back to school and doing this program?

3.) What experiences in the program stand out as being helpful to your learning and transitioning to an RN? Examples;

   • Interaction with other student (RPN or Basic Stream)?
   • An experience with a patient?
   • A nurse you worked with in clinical?
   • Was there a specific course or specific parts of a course assignment or required work that was helpful? If so please describe and provide examples of these and how they were helpful, such as;
     o Learning plan / Clinical work up on client
     o Written Personal Reflection/Personal journal
     o Verbally discussing your concerns openly in a course
     o Self-evaluation in the course
     o Readings / Scholarly writing assignments
     o Other

4.) What experiences stand out as barriers or hindrances to your learning and transitioning to an RN student role?
5.) During your course work, to what extent did your values, beliefs or expectations of the RN role change? Please give some examples where you became aware of these changes if they did occur.

6.) If you experienced change(s), what do you think triggered/fostered the change(s)?

7.) To what extent did you find yourself acting differently, or not, in your courses or clinical experience compared to your RPN role at work? Please explain.

9.) Tell me about the relationship you experienced with your faculty in the program? What helped or hindered your learning?

10.) Did you experience any significant change in your personal life (for example, marriage, birth or death of a child, loss or change in job, moving, loss of income, etc.) while you were engaged in your program and, if so, what impact did that have on you?

11.) Please provide any other comments about your experience in transitioning from a RPN role to a RN student role.

Participants will receive a copy of the interview transcript within about 2 weeks for their review and to add any revisions they want (participants will need to provide an email that they would like to receive their transcript for review)
Appendix I

Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

RN Graduate of the RPN to BScN Program Interview Guide

Consent letter will be reviewed with participant and signed prior to beginning the interview

RPN to BScN Graduates will be asked: (Probes will be used to clarify issues as needed)

1.) What prompted you to return to school in the RPN to BScN program?

2.) Please describe for me your experience of the journey in your returning to and completing the RPN to BScN program and becoming an RN? Tell me about your experiences during the RPN to BScN program with the classes, clinical, the teachers, your classmates? What experiences stand out as being helpful to your learning and transitioning? Examples:
   - Interaction with other student?
   - An experience with a patient?
   - A nurse you worked with in clinical?
   - Were there specific parts of a course assignment or required work that was helpful? examples such as;
     - Learning plan
     - Clinical work up on client
     - Written Personal Reflection
     - Personal journal
     - Presentation / Group work assignments
     - Self-evaluation in the course
     - Scholarly writing assignments
     - readings

4.) Tell me about your transitioning from RPN to RN, things that hindered, changed or stayed the same.

5.) Tell me about the relationship you experienced with your faculty in the program? What things helped or hindered your learning and transitioning?
6.) Did you find yourself acting or thinking differently even before you got your BScN degree and RN registration? How?

7.) Tell me about your experience in returning to nursing practice not as an RPN but as an RN? How did it differ?

Participants will receive a copy of the interview transcript within about 2 weeks for their review and to add any revisions they want (participants will need to provide an email that they would like to receive their transcript for review)
Appendix J

Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

Faculty Interview Guide

Consent will be reviewed and signed by participant before beginning

Faculty will be asked:

1.) How long have you been teaching in the BScN program?

2.) Which level, year and course/s did you teach the RPN to BScN student/s in the past 3 years.

3.) Have you taught courses in which you had RPN to BScN learners?

4.) How many courses/ years have you had the opportunity to teach the RPN to BScN learner?

5.) Please share how the experience was for you?

6.) To what extent are RPN to BScN students different and similar from the basic stream BScN students?

7.) What challenges did you encounter while teaching the RPN to BScN student/s?

8.) What were your expectations of the RPN to BScN student during the course/s you taught? How were they similar and/or different from your expectations of the BScN students? Did the RPN students meet those expectations? why or why not? Please share your thoughts

9.) What changes (if any) did you notice in the RPN students’ perspectives related to their aspiring roles as they progressed through the course they took with you?

10.) What strategies would you continue to use and/or use differently to help promote change and transition for the RPN to BScN student? Some example of strategies might be:
   o Learning plan
   o Clinical work up on client
   o Written Personal Reflection/Personal journal
   o Verbally discussing your concerns during clinical or in post conference
   o Self-evaluation in the course
   o Assigned readings
   o Scholarly writing

Participants will receive a copy of the interview transcript within about 2 weeks for their review and to add any revisions they want (participants will need to provide an email that they would like to receive their transcript for review)
Student Letter of Invitation & Consent - Pilot Study

Date: ______________

Title of Study: Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

Principal Investigator: Maurine Parzen RN, MScT

Faculty Supervisor: Dr. Katharine Janzen

I am conducting this pilot study to assess the data collection tools for my doctoral research study entitled “Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario” in partial fulfillment of the requirements for the Ph.D. degree at the Ontario Institute of Studies in Education (OISE) at the University of Toronto under the supervision of Katharine Janzen BScN, M.Ed., Ed.D.

I would like to invite you to participate in a pilot study of two data collection tools I plan to use in this study. The first is to test an on-line “Learning Activity Survey” which is a tool used to explore students’ transformational learning experiences. You are invited to participate as you are currently enrolled in the RPN to BScN program. Your participation in this study is completely voluntary and will not have any impact on your studies in this program now or in the future.

The purpose of this pilot study is to explore the clarity, ease and time needed to complete the on-line “Learning Activity Survey” in identifying learning experiences of RPN to BScN students. The findings will be utilized to revise the Learning Activity Survey if required, based upon your feedback and that of others participating in the pilot study, which will then be used to develop and interview guide for my research study. The survey will be administered on line so your participation will require you to access the website link below and complete it. The survey should take about 20 minutes to complete and asks questions about your learning experience and some demographic information like your age and RPN work experience.

Once you have completed the survey you will be prompted to provide your contact information for a possible follow up interview with me if you are willing to do that. The intent of the follow up interview, if selected, is to seek your feedback on questions that will be used as an interview...
guide for my study. A convenient time and comfortable place to conduct the interview will be chosen by you. The findings in these two pilot studies (the LAS tool and the interview guide) will be destroyed and will not be included in findings for the final project. The information will only be used to revise the LAS tool and guided interview questions. I will also be taking notes during the interview.

There is no risk anticipated to you being involved in this pilot study other than the possibility of feeling uncomfortable answering some questions or how your response may sound. At no time will your response be evaluated or judged. If you agree to participate, you are free at any time to decline to answer any question(s) or not share your experiences. All information collected will be kept confidential and securely locked in a cabinet and all electronic data will be encrypted and accessible only to me and my supervisor. None of the data collected in the pilot phase will be included in the study findings.

If you would like any other information regarding the study please contact: Maurine Parzen, at; maurine.parzen@mohawkcollege.ca or 905-540-4247 x26783; or my faculty Supervisor: Dr. Katharine Janzen at; katharine.janzen@utoronto.ca or 416-978-1232

If you have any concerns or questions about your rights as a participant or about the way the study is conducted, please contact the Office of Research Ethics at the University of Toronto or the Office of the Chair of the Institutional REB (pseudonym):

Office of Research Ethics University of Toronto (416) 946-3273 or ethics.review@utoronto.ca

Institutional REB (pseudonym) Telephone 905-521-2100 x42013

CONSENT TO PARTICIPATE:

I have read and understand the information presented in the Invitation above about the pilot study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may decline to answer any questions and withdraw from the pilot study at any time without explanation or consequences of any kind and only need to contact the researcher to let her know. I understand that none of my responses in the pilot study will be included in the findings of the study. Please indicate your response to this invitation:

☐ I AGREE to participate in the on-line survey as part of the pilot study for this study – if so, please complete the survey at the URL provided below.

☐ I DO NOT wish to participate in this pilot study

Date: ____________________

Name of Participant (Print)____________________
Signature: ___________________________

Please keep a copy of the invitational / consent letter for yourself!

If you agreed to participate in this pilot study, please go to [URL provided here]

INTRO to the on-line questionnaire survey:

I understand that by completing this on-line survey I agree to participate in the pilot study of the LAS online questionnaire which will be used in Maurine Parzen’s research study. I understand that upon completion of the questionnaire I will have the option of agreeing to participate (if selected) in an individual interview to pilot test the Interview Guide that will be developed based on the data received from on-line survey by study participants.
Faculty Letter of Invitation & Consent - Pilot Study

Date: ____________

Title of Study: Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

Principal Investigator: Maurine Parzen RN, MScT

Faculty Supervisor: Dr. Katharine Janzen

I am conducting this pilot study to assess the data collection Interview Guide for my doctoral research study entitled “Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario” in partial fulfillment of the requirements for the Ph.D. degree at the Ontario Institute of Studies in Education (OISE) at the University of Toronto under the supervision of Katharine Janzen BScN, M.Ed., Ed.D.

I invite you to participate in a pilot study to assess the Interview Guide I want to use for my research study. It is intended to explore faculty perception and experience with RPN to BScN students. Before I begin I would like to ensure that the questions I am using in the faculty interviews are clear and valid for the goal of understanding faculty perspectives about the learning experience of RPN to BScN students. Your participation in this pilot study is voluntary.

I will also be inviting RPN students who enrolled in the BScN program to participate in this pilot study as well. The students who do decide to participate in the pilot phase or the actual study will have no knowledge of any faculty who participate. Likewise, faculty who participate in this pilot phase or the actual interview in the study will have no knowledge of the students who participate or not.

The findings from this pilot study will provide valuable information for the revision of the faculty interview guided questions that will be utilized in the final study. No individual participant in the study will be identifiable in any reporting of the findings in the future research or in relevant conferences or publications. Nor will the findings from this pilot study be used in the final research study.
If you chose to participate you will be asked to participate in an interview conducted by myself. The interview will be about 1 hour in length. Questions on the Interview Guide that you will be asked to review are demographic information followed by questions such as: “Tell me about your perception of the experiences of the RPN students during the course/s you taught them in” “What have you learned about the RPN to BScN student that is distinctly different from the basic stream BScN student? and “What challenges did you encounter while teaching the RPN to BScN student in your course? “A convenient time and comfortable place to complete the interview will be chosen by you. I will also be taking notes during our interview.

There is no risk anticipated to you by being involved in this pilot study other than the possibility of feeling uncomfortable answering some questions or how your response may sound. Your responses will not be evaluated or judged at any time. If you agree to participate, you are free at any time to NOT answer any question(s) or share your experiences. If you decide not to answer any questions, you are still free to continue in the study if you choose to do so. You may withdraw from the study at any time without explanation or consequences of any kind by just letting me know. Any information you have provided to the time you withdraw from the pilot study will be destroyed and none of any of your responses will be included in any reporting of the findings.

All data will be destroyed once the Faculty Interview Guide has been revised based on the input of the pilot study.

If you would like any other information regarding the study please contact: Maurine Parzen at; maurine.parzen@mohawkcollege.ca or 905-540-4247 x26783; or my faculty supervisor: Dr Katharine Janzen at; Katharine.janzen@utoronto.ca or 416-978-1232

If you have any concerns or questions about your rights as a participant or about the way the study is conducted, please contact the Office of Research Ethics at the University of Toronto or the Office of the Chair of the Institutional REB (pseudonym):

Office of Research Ethics University of Toronto (416) 946-3273 or ethics.review@utoronto.ca

Institutional REB (pseudonym) Telephone [redacted]

Please find below the consent to participate which I will ask you to sign before we begin the arranged interview.

CONSENT TO PARTICIPATE:

I have read and understand the information presented in the information letter about the study being conducted by Maurine Parzen. I have had the opportunity to ask questions about my involvement in this study and received additional details I requested. I understand that if I agree to participate in an Interview during the pilot phase of this study, I may decline to answer any questions and withdraw from the pilot study at any time without explanation or consequences of
any kind and only need to contact the researcher to let her know. I have received a signed copy of this form and I agree to participate in the pilot study.

Date: ____________________

Name of Participant (Print)____________________

Signature: ___________________________

Please keep a copy of the invitational / consent letter for yourself!
Appendix M

Transformational Learning Experience of RPN to BScN Students: A Case study of One BScN Program in Ontario

Confidentiality Agreement between
Maurine Parzen, Principal Investigator
and
XXX YYY

Re: Transformational Learning of RPN to BScN Students in One BScN Program: A Case Study of One BScN program in Ontario

1. Confidential information means, without limitation, any information including the data on the audio tape (conversations), the contents of the audio conversations, transcriptions of those data and any information to which the recipient XXX YYY gains access from Maurine Parzen, or participants in this project during this project.

2. will use the confidential information provided only for the purposes of transcribing the audio-taped conversations. She/He will treat the information as confidential and will provide the same degree of care in protecting the confidential information as she/he would use in protecting her/his own confidential information. XXX YYY will not discuss or disclose the confidential information to any third-party. XXX YYY will not copy the confidential information except, as necessary, to complete the transcription and will keep all data secure at all times and accessible only to XXX YYY and Maurine Parzen.

3. Throughout the project and upon completion of the transcriptions all the information will be submitted to Maurine Parzen. XXX YYY agrees to destroy completely all his/her copies of confidential information made and all data pertaining to the confidential information including, but not limited to, all her/his electronic versions of the data. She/he will destroy completely all
4. Data copied from the original sources within 48 hours of completion of the transcription.

5. This Agreement is governed by the laws of the Province of Ontario and any applicable Federal laws and may be amended only by mutual agreement in writing.

Signed: 
_________________________________
Print Name: ___________________________
XXX
YYY__________________

Witness: 
_________________________________
Print Name of Witness: 
_________________________________

Date: ____________________

Date: ____________________

I have received for transcription audio tapes of conversation with the following participants:
  • ....
  • ....
  • .....
## Appendix N

**Course Descriptions of all Courses in the RPN to BScN Program**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Description</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Y2A</td>
<td>Small group class with the focus on role transition to university and RN role using nursing concepts from a variety of courses.</td>
<td>Term 1</td>
</tr>
<tr>
<td>Nursing Y2B</td>
<td>Small group class using case scenarios to explore nursing concepts with diverse clientele.</td>
<td>Term 2</td>
</tr>
<tr>
<td>Nursing Y2C</td>
<td>Clinical simulation course using lab &amp; case scenarios to enhance clinical decision making by integrating evidence based nursing.</td>
<td>Term 2</td>
</tr>
<tr>
<td>Nursing Y2D</td>
<td>Service learning course to explore professional role and civic engagement in the community.</td>
<td>2 Terms</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology Y2E</td>
<td>Review of biology and anatomy &amp; physiology.</td>
<td>Term 1</td>
</tr>
<tr>
<td>Pathophysiology IY2F</td>
<td>Pathophysiology and pharmacology.</td>
<td>Term 2</td>
</tr>
<tr>
<td>Health Science Y2G</td>
<td>Social determinants of health and how it impacts the health of people.</td>
<td>Term 1</td>
</tr>
<tr>
<td>Health Science Y2H</td>
<td>Introduction to statistics.</td>
<td>Term 3</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Y3I</td>
<td>Small group class using case scenarios to explore health issues in a variety of complex circumstances with integration from interprofessional team.</td>
<td>Term 1</td>
</tr>
<tr>
<td>Nursing Y3J</td>
<td>Continuation of Nursing Y3I using case scenarios to explore health issues in a variety of complex circumstances with integration from interprofessional team.</td>
<td>Term 2</td>
</tr>
<tr>
<td>Pathophysiology IIY3K</td>
<td>Pathophysiology.</td>
<td>2 Terms</td>
</tr>
<tr>
<td>Clinical Y3L</td>
<td>Clinical course with focus on community.</td>
<td>Term 1/2</td>
</tr>
<tr>
<td>Clinical Y3M</td>
<td>Clinical course in the hospital setting</td>
<td>Term 1/2</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Y4N</td>
<td>Small group class using case scenarios that focus on challenges in the workplace.</td>
<td>Term 1</td>
</tr>
<tr>
<td>Nursing Y4O</td>
<td>Small group class using case scenarios that focus on implementing change in the workplace.</td>
<td>Term 2</td>
</tr>
<tr>
<td>Nursing Y4P</td>
<td>Nursing research.</td>
<td>Term 1</td>
</tr>
<tr>
<td>Clinical Y4Q</td>
<td>Clinical course in a variety of settings with focus on leadership using preceptered model</td>
<td>Term 1</td>
</tr>
<tr>
<td>Clinical Y4R</td>
<td>Clinical course in a variety of setting with continued focus on leadership using preceptered model</td>
<td>Term 2</td>
</tr>
</tbody>
</table>

Adapted from Excelsior (Pseudonym) Undergraduate Calendar 2013-2014