The Dissertation in Practice at Western University

4-24-2023

# From College to University: Nursing Students' Experience of Transition

Mary Anne Krahn
mkrahn4@uwo.ca

**Abstract**

Increasingly complex healthcare systems require nurses to have a greater depth of knowledge and theory application to care for patients safely and competently. To prepare nurses for rapidly changing health care systems, the baccalaureate degree was accepted by the Canadian Nurses Association (CNA) as the standard for entry to Registered Nurse practice across Canada and became the entry-to-practice requirement starting in 2005 (Wood, 2011).

In Ontario, this entry-to-practice standard required the development of college and university collaborative partnerships to respond to the resulting implementation and capacity challenges in nursing education (MacMillan & Mallette, 2004). Although these partnerships have been in place for some time, little can be found in the literature regarding issues and challenges of collaboration over time, particularly for nursing students (Cameron, 2003; Cameron, 2005; Landeen et al, 2017, Montague, et al., 2022, Molzahn & Purkis, 2004; Zorzi et al., 2007).

The purpose of this study is to add to what is known about transitions in nursing education for students by using case study methodology to explore how students experience the transition from the college to the university in a hybrid collaborative baccalaureate program. Understanding the transfer experience of collaborative program nursing students can enable faculty to develop strategies that ease the transition and facilitate student success in the upper years of the program. By uncovering the experience of students, nursing academicians can deepen their understanding of the complexity of student transition in entry-level collaborative nursing education, enabling student success, program completion, and transition to graduate nurse.

**Summary for Lay Audience**

Increasingly complex healthcare systems require nurses to have a greater depth of knowledge to care for patients safely and competently. To prepare nurses for rapidly changing health care systems, the baccalaureate degree became the entry-to-practice requirement in Ontario starting in 2005 (Wood, 2011). College and university collaborative degree programs were developed to respond to the resulting implementation and capacity challenges (MacMillan & Mallette, 2004).

Although these partnerships have been in place for some time, little can be found in the literature regarding issues and challenges of collaboration over time, particularly for nursing students. The purpose of this study is to add to what is known about transitions in nursing education for students to explore how students experience the transition from the college to the university to complete a collaborative baccalaureate program. By uncovering the experience of students, nurses can deepen their understanding of the complexity of student transition in entry-level collaborative nursing education, enabling the development and implementation of strategies to support student success, program completion, and transition to graduate nurse.

# Table of Contents

# List of Tables

## List of Figures

# List of Appendices

**Chapter 1**

**Introduction**

**Background, Significance, and Purpose of the Study**

The educational preparation of nurses has been the subject of much political

discussion and debate in Canada during the last century (Scaia & McPherson, 2014). The

political debate is evidenced in the trajectory of nursing programs. In 1927, the Canadian

Nurses Association, in response to concerns related to hospital schools of nursing,

appointed Dr. George Weir to survey nursing education across Canada. He recommended

schools of nursing be included in the provincial post-secondary education system,

creating controversy (Paul & Ross-Kerr, 2011; Scaia & McPherson, 2014). Yet, in

Ontario, it took until 1973 for hospital schools of nursing to be transferred to community

colleges (Paul & Ross-Kerr, 2011). In the two decades following this transfer,

increasingly complex healthcare systems required nurses to have greater depth of

knowledge and theory application to care for patients safely and competently (Council of

Ontario Universities, 2010). Concurrently, nursing continued to develop as a profession

with discipline specific research and an expanding discipline specific knowledge base

(McDonald & McIntyre, 2014). The discipline of nursing deals with the human condition;

the role of the nurse is to enable people to recognize and utilize their strengths to respond

in ways that optimize their health and illness transitions (Meleis, 2012). In other words,

nurses care for patients and their families in contexts where they are experiencing illness

or potential illness in response to the medical diagnosis of a disease (Benner et al., 2010).

To deal with the advancement of the discipline of nursing, the changing demands

of nursing practice, and the complexities of nursing's role in helping people during

health-illness transitions, the educational preparation of nurses for currency of practice was called into question again. In 1982, the baccalaureate degree in nursing was accepted by the Canadian Nurses Association (CNA) as the standard for entry to registered nurse (RN) practice across Canada (Canadian Association of Schools of Nursing, 2011; Kirby, 2007). On a pragmatic level, it was believed that a collaborative partnership model would make better use of nursing education resources, including faculty, to better integrate theory and practice while being more cost-effective (Kirby, 2008). The College of Nurses of Ontario (CNO), the governing body for nurses in Ontario supported this change, and with the backing of Ontario government, the bachelor's degree, granted by a university, became the entry-to-practice requirement starting in 2005 (Wood, 2011).

Implementation and capacity challenges necessitated the development of collaborative partnerships between colleges and universities in the Ontario post-secondary sector (MacMillan & Mallette, 2004). In 2000, the Ontario government determined all funding would flow through colleges, with the allocation of dollars by the collaborative partners and university nursing programs would only receive this funding if partnered with a college (Ontario Council of Universities, 2010). To ensure the development of university-college collaborative nursing programs, the Ontario government invested approximately $82 million, including almost $13 million to enable college faculty to obtain graduate degrees in nursing (Ontario Council of Universities, 2010).

The baccalaureate standard for entry-to-practice required major curricula changes. Registered nurse entry-level education reform at both colleges and universities ensued, since at the time of the agreement, 70 percent of registered nurse education was at the diploma level in community colleges (Kirby, 2007). These partnerships were intended to

harmonize nursing education and the preparation of registered nurses in Ontario where the university partner would have governance over the degree. However, each partnership was unique, resulting in a diversity of baccalaureate program delivery models across the province: (a) articulated programs where the college delivers the first two years and the university years three and four; (b) integrated programs where students enter either site, both of which deliver all four years; and (c) hybrid programs where students take their first two years at either a college or university and the final two years exclusively at the university for all students (Kirby, 2007). To meet the 2005 requirement, most collaborative programs admitted their first students in the fall of 2001.

Although these partnerships have been in place for some time, little can be found in the literature regarding issues and challenges of collaboration over time, particularly for nursing students (Molzahn & Purkis, 2004; Zorzi et al., 2007, Landeen et al., 2017; Montague et al., 2022, Kirby, 2007). Regardless of the delivery model, MacMillan & Mallette (2004) believed all nursing education partnerships in Ontario shared a common problem related to the difficulties of implementation. These scholars state:

> Implementation of the collaborative education strategy has been a painful process – not because the will to make it happen has been absent, but because there are deep differences in educational culture between the university and college sectors in such areas as course content, faculty preparation, research conduct and utilization, and the process of teaching and practicing nursing. (p. 47)

The extent of the challenges related to implementation and program delivery across collaborative nursing programs in Ontario is not known. Indeed, "there has been little public discussion of the issues and challenges that have arisen" (Molzahn & Purkis, 2004, p. 42). In addition, knowledge about the experience of students in collaborative nursing

programs in Ontario is lacking, particularly for those students who begin at the college site and transfer to the university (Kirby, 2007, Landeen et al. 2017, Montague et al., 2022).

Several initial studies regarding collaborative nursing programs have been conducted and show that students' experiences in these partnership programs are concerning. The province of British Columbia implemented a collaborative nursing education program in 1989 across five post-secondary institutions (Zawaduk et al., 2014). Zawaduk et al. (2014) reviewed the history of the program and reflected upon their experiences since the beginning of the collaboration. The focus of their review was upon the faculty's experience in the partnership regarding the program structure; curriculum and faculty development; and scholarship. They concluded, "It is evident that relationships between universities and colleges are particularly challenging, given their different mandates and fiscal pressures to perform in increasingly demanding public policy contexts" (Zawaduk et al., 2014, p. 586). However, the relationships they explored were only between institutions and faculty. The experience of students was not addressed.

Cameron (2003, 2005) used mixed methods to explore the experience of transition for nursing students in an articulated program. She concluded the transfer experience was overwhelming to the point where "it distracts students from the most important academic activity: learning" (Cameron, 2005, p. 40). Since an additional layer in the transition for students in collaborative nursing programs is professional transformation, Cameron (2003, 2005) recommended her study be replicated with another cohort of collaborative nursing students to determine if the findings were program specific or system wide.

Zorzi et al. (2007), in their evaluation of the implementation of collaborative nursing programs in Ontario commissioned by the Ontario College University

Consortium Council (CUCC), found each collaborative nursing program had a distinctive program delivery model and funding structures developed from their own unique context and history. The complexity of the collaborations was costly, both in terms of time and money, "above and beyond what would normally be required for an undergraduate nursing program (Zorzi, et al., 2007, p. 50). They also found that students who started a collaborative program at a college were dissatisfied with the transition experience to university and described it as difficult. Furthermore, Zoril et al.'s recognition of the distinct nature of each collaborative program suggests in-depth studies of individual programs could further illuminate the experience of students in collaborative partnership programs. No studies were found explicitly addressing the transition of nursing students in hybrid collaborative nursing programs in Ontario.

The purpose of this study is to add to what is known about transitions in nursing education, particularly for students who begin at the college site in programs delivered collaboratively by colleges and universities in Ontario. This study utilized case study methodology to explore how students who initially enrol at the college site of one hybrid collaborative nursing program in Ontario experience the transition to the university site to complete the program. Understanding the experience of collaborative nursing students as they progress through programs can enable nursing academicians to deepen their understanding of the complexity of student transition in entry-level collaborative nursing education, enabling the development and implementation of strategies to support student retention, success, program completion, and transition to graduate nurse.

**Research Questions and Overview of Methodology**

My primary research question was: How do nursing students in a hybrid collaborative nursing program who start at the college site experience the transition to the

university site to complete the program? Drawing on Cameron's (2003, 2005) insights, I added the following secondary questions to deepen my understanding of this experience:

1. In what ways does being at the university site differ from being at the college site from the students' perspectives?

2. What supports to students feel were helpful in transitioning from the college to the university?

3. What are the challenges of transitioning from a college to a university site?

I employed single case study methodology to explore the phenomenon of the transition of nursing students from the college site to year three at the university site of a hybrid collaborative entry-level baccalaureate nursing program. I used purposeful sampling to invite third year students who started at the college site of the program to participate in the study. Data collection occurred in two phases: individual interviews which took place from October 2014 through March of 2015, and a focus group to validate the themes emerging from my analysis of the interviews. A more detailed description of the study's methodology can be found in Chapter Three.

**Context of the Study**

The program in which this study is situated has a hybrid delivery model. The college is one of the largest colleges in the province of Ontario with wide variety of full and part time certificate, apprentice, diploma, and degree programs offered at several campuses in the region. The university, located in the same city, has a broad range of undergraduate, graduate, and research programs. Both the college and university sites have a long tradition of entry level RN education.

The program has a joint admission process through the Ontario University Application Centre. The admission requirements are the same at each site. Each site is a

choice on the application form. The number of first year seats available is approximately the same at each site. Applicants are encouraged to apply to both, although many apply only to either the college or university. Students who apply to both sites could receive an offer of admission to both. Students who only apply to the university site could be offered admission to the college site if they do not meet the minimum final grade requirement of that admission cycle for the university site. The minimum final grade requirement is only slightly higher at the university each cycle.

The first two years of the program are delivered simultaneously at both the college and university with common course syllabi. At the time of data collection, each cohort was comprised of approximately 125 students. Third and fourth year are only offered at the university site. When students begin the program at the college site, they are registered at both the college and university; receive student numbers and photo identification from both institutions; and are aware upon application to the program that they automatically transfer to the university for third and fourth year. Progression requirements are the same at both sites. Tuition and ancillary fees at the college site are comparable to those at the university site. In order to progress to third year, students must pass all courses and achieve the minimum final average. Students who start at the university site remain there for all four years of the program and therefore, were not included in this study.

**Positionality of the Researcher**

My interest in the experience of college site students in collaborative nursing programs transitioning to the university partner site stems from my personal experience teaching in a hybrid collaborative baccalaureate nursing program at a college site. When students transferred to the university site after second year, our teaching-learning

relationship ended, and they seemed to disappear. I always wondered what it was like for them at the university as they completed the final two years of the program. How did they adjust to the university context? How were they received by the university community? Did they feel welcome and included by faculty and their university site peers? Did they believe their education at the college prepared them for third year? Whenever by chance I happened to former meet students, some would comment that their experiences at the university site were different than at the college but did not share many details. They did share that the university seemed less student-centred and less responsive to student requests. Some said they really missed the college and wished they could have stayed there to complete the program. I wanted to know what was behind these comments.

As I engaged in the research process, it was important for me to critically reflect upon my personal, educational, and professional history. This is essential for a researcher since examining one's own subjective reality is necessary to identify biases and beliefs in order to understand how these might shape data collection and analysis (Merriam & Tisdell, 2016).

My initial nursing education was in a diploma program in a hospital school of nursing affiliated with a community college. After working as a staff nurse in a hospital, I completed a post-RN baccalaureate degree and eventually a Master of Science in Nursing. My experience of nursing education across all these programs included many instances of oppression and hegemony. In the diploma program, there was only one right way to perform nursing procedures. For example, we were taught that tape must be cut with scissors and never torn; the open end of the pillowcase must be tucked in a precise way and not face the door when on the bed. When we were taught the procedure to give medications, all the left-handed students, of whom I was one, were asked to stay after

class. We were told if we could not learn to give an injection using our right hand, we would fail the program. This comment shaped my nursing practice. Throughout my career, I often must stop and think about which hand to use when giving an injection to a patient, even in an emergency, since I learned to use both hands.

In the post-RN program, all students were graduates of diploma programs and registered nurses (RNs). During the program, there always seemed to be an undercurrent that the post-RN students did not have the grades to get into university directly from secondary school. We had to "use the back door", the back door being graduating from a diploma nursing program.

When I started the Master of Science in Nursing program, I had been practicing nursing for some time, as had most of my classmates. During orientation on our very first day, we were told we should expect to fail our first paper. We were set up to have low expectations of our abilities and success. I recall at the time believing I would fail the first paper because I had been working as a nurse and away from academic writing. The discouraging message at the beginning of the program about our capabilities was not supportive of beginning graduate students, all of whom were experienced nurses.

These are only a few examples from my own nursing education of which I had to be aware. I needed to understand my experiences were rife with oppression and hegemony and this may not be the experience of others, particularly the participants in my study. I needed to continually reflect upon my own experience of nursing education and acknowledge my experience so I could be open to others.

I started teaching nursing at a community college in Ontario when the baccalaureate degree for entry to registered nurse practice was being considered across the province. Once approved by the Ontario government and the College of Nurses, I was

deeply involved in the development of the collaborative partnership and initial curriculum. However, just as this work was in full swing, half of the faculty members of the school of nursing at the time were laid off, including me. I moved on to work at an acute care hospital as a clinical educator, thinking I would never be able to teach entry level students again. Fortunately, I was rehired full time by a college in the summer of 2000. In 2001, I taught the first class of students at the college site of a collaborative program. Since that time, I was involved in the program in various roles. As part of all my roles at the college, I was a member of several collaborative program committees with my university colleagues. These committees included admissions, curriculum, evaluation, policy, programs council, the leadership team, and faculty development.

In any teaching role, a power relationship exists between teacher and students (Darbyshire & Fleming, 2008; Hills & Watson, 2011). Hills and Watson (2011) believe power is critical in teaching and learning situations and it is impossible to equally distribute power in the student-teacher relationship. Since I was responsible for evaluating students, I had a position of power over their programs and academic careers (Erlandson, 2005). This was important to acknowledge in order understand how my role might be perceived to influence the research (Merriam & Tisdell, 2016). When the students in this study progressed to university, and at the time of data collection, it was important for participants to know I had no power or jurisdiction over any academic matters at their university site. Therefore, their participation in the research study would not affect their grades or progression and they would remain anonymous during the research process.

In addition, the differing missions and contexts of the college and university, along with the reality that the university had governance over the degree, were sources of tension during much of my everyday work. The tensions were related to committee work,

clinical practice for students, the discipline of nursing, and curriculum. Therefore, in addition to my own experiences during my nursing education, I needed to engage in critical reflection to understand and develop insight into my ongoing experiences with my college's university partner.  It was imperative that I acknowledged the oppression and bureaucracy inherent in my work with the university so I could be open to the stories of my participants and recognize their experience is unique to them as is mine to me.

**Definition of Key Concepts**

The following key concepts are included in this study: betwixt space, communities, liminality, praxis, professional identity, professional formation, rites of passage, thresholds, and transition.

**Betwixt Space.**  A place of "in-betweeness" (Palmer et al., 2009) where people are "between the positions assigned by law, custom, convention, and ceremonial" (V. Turner, 2008, p. 95).

**Communitas.**   Communitas occurs when people change positions to find themselves vulnerable in a state of otherness, with status equal to their peers in the liminal group, but without status in the new position (Conroy, 2004; V. Turner, 2008). In communitas, people live in spaces between social structures on the margins, where they "occupy the lowest rung" (V. Turner, 2008, p. 125). Edith Turner (2012) believes people experiencing communitas have "an immediate and genuine sense of the other (p. 6) where they find unity with their peers to organize to work together.

**Liminality.** Victor Turner (1974). defines liminality as "the midpoint of transition in a status-sequence between two positions" (p. 237). For Conroy (2004), liminality "is a

metaphor which points to a space that is neither inside or outside but lies at the threshold of our social, political, cultural, and educational spaces" (p. 7).

**Praxis.** Friere (1970) defines praxis as "reflection and action upon the world in order to transform it. Hills and Watson (2011) state praxis is the "practical and applied application of knowledge from experience" (p. 109). They explain that praxis "grounds theory in practice rather than applying theory to practice" (p. 90), therefore, action and critical reflective dialogue are necessary for theory and experience to inform and build upon each other.

**Professional Formation.** Professional formation goes beyond knowledge and skill development as these are alone are inadequate to develop professional ways of being and becoming (Dall'Alba, 2009). Benner et al. (2010) state socialization theories cannot adequately explain the personal and professional transformations required to move a student from acting like a nurse to being a nurse. In nursing education, professional formation is a process that occurs over time when students experience caring for patients in practice contexts. During this process, the student embodies the values of nursing in order to care for vulnerable people ethically, safely with respect, empathy, and compassion (Benner et al., 2010)

**Professional Identity.** Godfrey and Young (2021) define professional identity as "a sense of one's self, and in a relationship with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse" (p. 375).

**Rites of Passage.** An anthropological concept first identified by Arnold van Gennup categorizing ceremonies that symbolize life transitions. Rites of passage encompass three phases: separation or pre-liminal where a person or group is separated

from a previous state; transition or liminal where a person or group is suspended between states and may bond with group members in communitas; and incorporation or post-liminal where people or a group are re-integrated into society and a new state (Barton, 2007; van Gennep, 1960; Watts, 2013).

**Threshold**. A threshold is the "entry and exit point between zones of experience or understanding" (Conroy, 2004, p. 53). A threshold only has meaning when connected to spaces that are different from each other (Mazzei & Jackson, 2012).

**Transition.** Transition is defined as "a change or shift from one state, subject, place, etc. to another" (Merriam-Webster Dictionary, n.d.). Gale and Parker (2014) expand on the dictionary definition and "define transition as *the capabilities to navigate change"* (p. 757)*.* Chick and Meleis (1986) add transition "is a multiple concept embracing the elements of process, time span, and purpose" (p. 239).  For students in higher education, transition can be planned or unplanned change involving significant changes in a student's understanding  and personal growth (Hussey & Smith, 2010, p. 156).

**Organization of the Thesis**

In this chapter, I provided an overview of my study, including the historical development of nursing education in Ontario, models of college-university collaborative programs, and the context of this study. Although collaborative nursing education partnerships have delivered baccalaureate nursing education since the early 2000s, little is known about the experience of students who transition to from the college to the university to complete the program. By understanding their experience, faculty can identify if strategies are needed to prepare students for the transition and support them during their move to the university site.

In Chapter Two, I review the literature focusing on transitions in nursing education, liminality, communitas, and professional identity, and professional formation in nursing. In Chapter Three, I describe the methodology, including the study's theoretical framework, case study methods and methodology, and data analysis. Chapters Four through Seven describe the findings from my analysis of the data. In Chapter Eight, I discuss my findings and my theoretical framework. Chapter Nine consists of my conclusions based on my data analysis; recommendations for the collaborative program and future research; and insights I developed regarding transitions in collaborative nursing programs.

**Chapter 2**

**Review of the Literature**

Life is a series of transitions from one stage or situation to another. Transition, defined as "change or shift from one state, subject, place, etc. to another" (Merriam-Webster, n.d.), is an inevitable human experience in response to change (Kralik et al., 2006), and a phenomenon of interest to researchers from a wide variety of fields. Transitions are the periods between stable states and occur over time in response to life events that may or may not be anticipated, causing individuals to alter their lives to adapt to new circumstances (Chick & Meleis, 1986; Morse, 2009; Sargent & Schlossberg, 1988; Schlossberg, 2011). Transitions involve process, disconnection, time span, perception, self-awareness, and patterns of response (Chick & Meleis, 1986; Ivins et al., 2017).

Post-secondary education represents a major life transition event for students, particularly when they leave home to attend school (Thurber & Walton, 2012). Hussey and Smith (2010) state students constantly experience transition during their education and believe "transition is a significant change in a student's life, self-concept and learning: a shift from one state of understanding, development and maturity to another …what transitions a student makes and how they are negotiated are of supreme importance" (p. 156). Nursing students experience an additional transition into the profession of nursing where their self-identities change as they begin to embody the values and responsibilities of the discipline, thus beginning the lifelong process of forming their professional nursing identity (Benner et al., 2010; Crigger & Godfrey, 2014; Fagerberg & Ekman, 1998; Johnson et al., 2012).

The following review of the literature provides an overview Meleis' transitions theory (Im & Meleis, 1999; Meleis, 2010; Meleis et al., 2000); rites of passage and liminality (van Gennep, 1960); and the concepts that emerged as my data analysis continued: communitas (E. Turner, 2012; V. Turner, 1967, 1979, 2008) and professional identity formation in nursing (Benner et al., 2010). These concepts shape the themes of Thresholds to Cross, The University as a Betwixt Space, Different Atmosphere-Different Culture, and The Transition to Registered Nurse.

**Transitions and Baccalaureate Nursing Education**

Entry-level baccalaureate (BScN) nursing education is a complex process of transition to become a professional graduate nurse, one often fraught with stress, anxiety, and uncertainty as students try to manage the theoretical learning and clinical practice demands of the program, along with financial, family, and personal responsibilities (Knight et al., 2012; Mills et al., 2020). Several researchers explored the initial transition into nursing education (Andrew et al., 2009; Bradby, 1990; J. Gale et al., 2015; Hughes et al., 2020; Leducq et al., 2012; M. McDonald et al., 2018; Payne, 2016; Porteous & Machin, 2018; Pryjmachuk et al., 2019). Others have examined the transition from student to new graduate nurse (Andrews, 2013; Aubeeluck et al., 2016; Bais & Huijser, 2013; Candela & Bowles, 2008; Chappy et al., 2010; Duchscher, 2008; Duchscher, 2009; Duchscher & Cowin, 2004; Hoffart et al., 2011; Kaihlanen et al., 2013; Kumaren & Carney, 2014; Lee, H. Y. (2013); Naylor et al., 2021; Phillips et al., 2013, 2014; Teoh et al., 2013; Wall et al., 2018). However, few studies were found on the overall experience of transition between and through years of university programs (Christie et al., 2016), much less in collaborative college-university programs.

Holland (1999) explored the transition from student to qualified nurse through a cultural lens. Using ethnography methodology, she found student nurses progress through three states: becoming a student nurse; being a student nurse; and becoming a qualified nurse (Holland, 1999). She identified these states as stages of separation and transition that parallel van Gennep's (1960) rites of passage (Holland, 1999). She concluded, however, that the transition was ill-defined because students have the dual role of both a worker caring for patients and a student.

Mature undergraduate nursing students, many of whom enter nursing as a second career, are a group with unique needs. Therefore, their transition experience is different from direct entry students. Drury et al., (2008) stated although increasing numbers of mature students are enrolling in nursing, little can be found in the literature about this group. They developed a grounded-theory study to "explicate the journey that mature students navigate when undertaking a graduate nursing degree" (p. 3). Informal support networks were found to be vital for the participants' ability to cope with the challenges of balancing their varied roles while in the program (Drury, et al.).  Drury et al. suggested support programs and career counseling be initiated to enable the transition of mature students through their nursing education. They also recommended that retention committees be formed to assess reasons for student withdrawal from programs.

Several studies regarding the experience of students enrolled in collaborative baccalaureate programs in Ontario were found. Cameron (2003, 2005) was interested in the experience of transfer students in an articulated collaborative nursing program in Ontario. The program consisted of four partners: three community colleges which offered the first two years and an urban university located in a large city that only offered only years three and four. Since the university was located 60 to 100 kilometers away from the

colleges, Cameron (2003) asked the question, "What is it like to begin a baccalaureate degree at a community college and then transfer to university to complete the degree in a collaborative nursing program?" (p. 5).

Cameron (2005) identified several major findings. Most participants reported that their grade-point average dropped in the first term at university. She also found that participants described the transfer as difficult, with the emergence of themes of transfer shock and academic shock, which were compounded for many by moving closer to the university. She concluded the transfer from the community college to university was harder than anticipated by students and faculty, which caused much stress for students. She found the transfer to the university site required a professional transformation for the students to adjust to a theoretical rather than occupational approach to health. Cameron recommended orientation programs be developed for transfer students and additional research, including replicating her study, be carried out to enhance the understanding of how transferring is experienced by students in collaborative nursing programs.

The Ontario College University Consortium Council (CUCC) commissioned an exploratory study consisting of document reviews, interviews with faculty and staff, and internet surveys of students and graduates to evaluate the implementation of collaborative nursing programs in Ontario (Zorzi, 2007). The purpose of the study was to provide a high-level analysis "to help government and institutions identify best practices in college-university collaboration and help guide policy and planning for future collaborative activity" (Zorzi, 2007, p. iii). They concluded the areas of success for most collaborative programs were the use of university and college resources, shared admission policy, standard length of all programs, integration of theory and practice, and the expectation that the collaborative partnership would continue (Zorzi, et al., 2007). They found issues

related to admission processes, joint program planning, and communication between the university and college. For students who had to transfer from the college to the university site, the transition was difficult. Funding was also an issue as collaborative programs were found to cost more in terms of time, travel, duplication of administration systems, and joint planning, resulting in financial challenges. Their recommendations for the partner institutions included developing plans to ease the transition for students from the college to the university and improved communication and decision-making processes (Zorzi, et al., 2007).

Landeen et al., (2017) used focus groups to explore the everyday perspectives and experiences of students simultaneously enrolled in three educational institutions in four collaborative programs: Bachelor of Science in Nursing; Medical Radiation Technology; and Bachelor of Technology. They found students possessed a dual identity in both the college and university, which was positive for some and challenging for others. Participants' sense of belonging varied from thriving to "perceiving themselves through a perpetual lens of being less than university-only students" (Landeen et al., 2017, p. 145). Across all programs, participants experienced a lack of communication, stigma, and discrimination. Since they questioned students' reasons for participating (Landeen et al.), they recommended multi-site follow up studies to explore the perspectives of collaborative faculty and staff at different institutions.

Montague et al. (2022) were interested in students' perceptions of belonging in a collaborative BScN program in Canada as they transitioned from the college to third year at the university site. Using Meleis' (2010) definition of transition, they interviewed third year students who started the program at the college site. Data analysis "revealed four emergent themes: journey of emotions; perceptions on challenges and barriers; facilitators

to a sense of belonging; and students' suggestions for change" (Montague et al., 2022, p. 4). They found participants "experienced quadruple levels of transitions" (Montague et al., 2022, p. 9), revealing their transition was "multilayered" where each level or layer presented a set of barriers and challenges. Montague et al. concluded connecting with faculty and the institution were crucial for student success. Their participants stressed the importance of clear communication and the need for more information about financial aid, bursaries, and student services. They also found participants experienced mixed emotions of uncertainty and excitement, confidence, and nervousness, and feeling overwhelmed. Also, Montague et al. acknowledge students may have chosen to participate their share their concerns in addition to their sense of belonging during their transition which is an additional limitation.

**Meleis' Transitions Theory**

Transition is a foundational concept in nursing since nurses work with people across the health-illness continuum. During health-illness transitions, people and families are vulnerable which often leads to health consequences needing nursing care to enable them to develop their strengths for transformative healing (Chinn, 2012; Gottleib, 2013; Meleis et al., 2000; Schumacher & Meleis, 1994). Meleis' transitions theory evolved through her program of nursing research and has application to further nursing research, practice, and education (Im, 2011).

In this theory, transition is defined as a "passage from one fairly stable state to another fairly stable state, and it is a process triggered by change" (Meleis, 2010, p. 11). In other words, transition "is a pause between what was and what will be" (Delaney & Piscopo, 2007, p. 167). Transition is an internal process that begins when the transition is foreseen and ends when stability in the new status or condition is realized (Chick &

Meleis, 1986). Through their analysis of the concept, Chick and Meleis (1986)

demonstrated how transition is central to nursing practice and that the concept is closely

related to nursing's metaparadigm of person, health, and the environment, concepts

common to nursing's conceptual frameworks (Chinn & Kramer, 2011).

Transitions are internal processes occurring over the course of time. Although

related, transition differs from change which can be abrupt and an externally imposed

process (Meleis & Trangenstein, 1994; Schumacher & Meleis, 1994). Meleis

conceptualizes four types of transitions: *developmental*, during which the individual

moves through stages of the life cycle; *situational*, requiring the redefinition of roles;

*health/illness*, where the individual moves back and forth on the health/illness continuum;

and *organizational*, where changes in the environment affect the lives of people within it

(Im, 2014; Meleis, 2012; Schumacher & Meleis, 1994). Common to all types of

transitions are the following properties: a process over time; identity, roles relationships,

abilities, and patterns of behaviour change; and changes in structure, function, and

dynamics occur (Schumacher & Meleis, 1994). People in transition are in a period of

disconnection and aware that the familiar is lost and the self must be redefined  (Meleis,

2012). Therefore, transition is a time of uncertainty (Chick & Meleis, 1986) during which

self-awareness is necessary to develop meaning from the experience (Schumacher &

Meleis, 1994).

Meleis (2020) states her theory is guided by the paradigms of role theory to

explain the personal experience of a transition, and feminist post-colonialism to

understand the effect power inequities have in shaping the transition. The theory of

transition is a situation-specific theory that provides a framework to describe and

understand the experience of transition. Identifying transition triggers, patterns of

response, and turning points facilitate the ultimate outcome of a sense of well-being

(Meleis, 2020). Therefore, context must be considered since this influences the entire

transition process (Chinn & Kramer, 2018; Im, 2014; Im & Meleis, 1999; Meleis, 2020).

**Figure 1**

*Meleis' Theory of Transition*
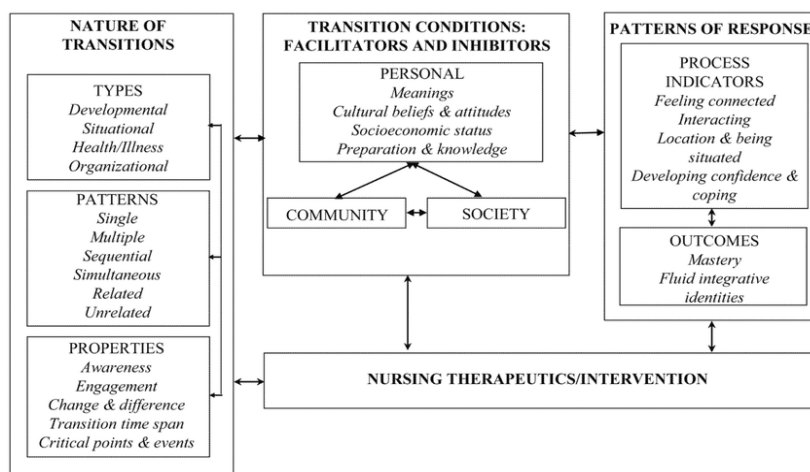


*Note:* From Meleis, A. I., Sawyer, L. M., I'm, E-O., Hilfinger Messias, D. K., &

Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory.

*Advances in Nursing Science, 23*, p. 17.

Meleis et al., (2000, p. 16) identified of six interrelated components (Figure 1) of

the theoretical framework of transitions theory:

- types and patterns of transitions

- properties of transition experiences

- transitions conditions: facilitators and inhibitors

- process indicators

- outcome indicators

- nursing therapeutics

Nurse researchers have used this theory to study a wide range of practice concepts. Studies include: the experience of hospital discharge of surgical patients (Weiss et al., 2007); older adults adjustment to a nursing home (Wareing et al., 2021); intensive care patients transitioning to a ward (Ramsay et al., 2014); perimenopause and menopause (Marnocha et al., 2011); living with moderate-stage Parkinson's disease (Beaudet & Ducharme, 2013); staff nurses transitioning to a nurse manager role (Pilat & Merriam, 2019); and nurses diagnosed with COVID-19 (Aydin & Bulut, 2022). These studies provide descriptions of peoples' unique experiences during transitions. Deepening people's understanding of transition can be used to develop interventions to improve health outcomes. However, only a few studies using Meleis' theory in educational contexts in addition to Montague et al. (2022) reviewed above, were found in the literature.

Using Meleis' theory of transition, Rew et al. (2012) studied adolescents to identify their concerns upon entry and exit from secondary school. They found that the primary concern of the participants was education, followed by social relationships, particularly with their parents. A surprising finding was that few participants identified physical attributes to be of primary concern, and those that did, were concerned about weight. Rew et al. concluded their findings were consistent with Meleis' theory.

Hughes et al. (2020) were interested in examining first year nursing students' experiences of transition to identify interventions to enable their success. From their focus group interviews with students at the end of first year, four main themes were identified, namely "learning through others, confronting postsecondary demands, importance of relationships, and transition of the self" (Hughes et al., 2020, p. 264). They recommended developing interventions to enhance the success of first year nursing students. Their

suggestions included an orientation program that specifically assists students to develop effective learning strategies in postsecondary nursing programs, programs to increase engagement in clinical placements to optimize learning, creating open forums using social media to enhance collaboration and peer discussion, and using intentional teaching strategies to nurture students' professional identity.

Meleis' transition theory was used to explore nursing students' experience of remote learning during COVID-19 (Wallace et al., 2021). The purpose of their descriptive phenomenological study was to "explore prelicensure baccalaureate nursing students' experience of the transition to remote learning during the Spring 2020 semester" (p. 612-613) when the program suddenly switched to remote learning.  Wallace et al. interviewed junior and senior nursing students between academic years and identified the themes of technological challenges, academic relationship changes with peers and faculty, role stress and strain, and resilience. Since students' perceptions of online learning were not studied before the pandemic, it is not known if these changed in any way. Finally, participants "may have self-selected to participate as a way of sharing their experiences and voicing their concerns" (Wallace et al., 2021, p. 617). Therefore, their findings might not be representative of all students in the program of the study.

Meleis' theory is useful to demonstrate the relationships between transition processes and people's transition experiences in their contexts (Bohner, 2017). Even through Meleis' theory has been used by many nurse researchers, Bohner contends the theory requires further development. Through her analysis of the theory, she concluded the extent to which researchers integrated and evaluated the theory differed widely. Although the four types of transition identified by Meleis (Schumacher & Meleis, 1994) were useful, Bohner found researchers utilized the types inconsistently and recommended

the concepts, components, and outcomes of the theory be clarified, refined, and evaluated to make the connections to research and practice more explicit and easier to apply.

**Rites of Passage, Liminality, and Communitas**

Arnold van Gennep developed the concept of rites of passage to describe events that signify transitions throughout people's lives (Watts, 2013). Van Gennep (1960) states "[t]he life of an individual in any society is a series of passages from one age to another and from one occupation to another" (p. 3) and the pattern is universal across societies. He identified three phases in a rite of passage: separation (preliminal); transition (liminal); and incorporation (postliminal). According to van Gennep, each phase is marked by rituals and ceremonies that enable individuals to transition from one life phase, or one social status, to another (Beech, 2011; Evans & Kevern, 2015; V. Turner, 1982; van Gennep, 1960). Victor Turner (1982) explained these passages involve an element of time and often "a parallel passage in space, a geographical movement from one place to another. This may take the form of a mere opening of doors or the literal crossing of a threshold which separates two distinct areas" (p. 58). Thomassen (2014) adds the individual's experience through the passage, that is, their transition from one status to another, must be considered.

Liminality is central to van Gennep's rites of passage. Liminality, derived from the Latin "limen" or threshold, describes the in between nature of the actual passage through the boundary between two stages or to something else (Hurlock et al., 2008; Szakolczai, 2009; Thomassen, 2014). Beech (2011) defines liminality "as a reconstruction of identity (in which the sense of self is significantly disrupted) in such a way that the new identity is meaningful for the individual and their community" (p. 287). The transition or liminal phase starts with a triggering event (Beech, 2011), causing

people to cross a threshold where they become "ambiguously separated from prior relationships and roles and has not yet acquired the attributes of a future state. Liminality is evidenced by solitude, alienation from social existence, and withdrawal from the present social structure" (Noble & Walker, 1997, p. 31). People in liminal spaces are insecure and vulnerable, faced with ambiguity and uncertainty while trying to find a path across the thresholds of liminality, while at the same time, redefining their roles (Cook-Sather & Alter, 2011; Thomassen, 2014). Along the path, which involves both space and time, they are faced with boundaries and borders that can be flexible or permanent (Conroy & De Ruyter, 2009). Therefore, journey through liminality is transformative during which thresholds must be crossed for the self to be redefined.

Victor Turner used van Gennup's rites of passage in his work to further develop the liminal phase, which he believed was a time of reflection (E. Turner, 2012; V. Turner, 1967, 1982, 2008). Victor Turner agreed that liminal people, also known as transitional beings and liminal entities, are ambiguous and invisible (V. Turner, 1967, 2008). They are "neither here nor there; they are betwixt and between the positions assigned and arrayed by law, customs, convention and ceremonial" (V. Turner, 2008, p. 95). Victor Turner called this state "communitas" where transitional beings come together to form relationships where they have equal social status and share common experiences for togetherness (E. Turner, 2012; V. Turner, 2008). Communitas occurs when people change positions and find themselves vulnerable in a state of otherness, with status equal to their peers in the liminal group, but without status in the new position (Conroy, 2004; V. Turner, 1967, 2008). People in communitas live in spaces between social structures and on the margins, where they "occupy the lowest rung" (V. Turner, 2008, p. 125) and "develop a comradeship that transcends distinctions of rank, age,

kinship position, and, in some kinds of cultic positions, even of sex" (V. Turner, 1967, p. 100).

Communitas differs from community, since it describes relationships people form rather than the physical area where they live (Crane & Abbott, 2021; V. Turner, 2008). Victor Turner (1967) states, "a liminal group is a community of comrades and not a structure of hierarchically arrayed positions" (p. 100). Edith Turner (2012) believes "communitas dwells with the powers of the weak" (p. 2), where people share common experiences through necessity while "engaging in a collective task with full attention" (p. 3). Edith Turner (2012) contends, however, that "communitas is a gift from liminality, the state of being betwixt and between" (p. 4). In communitas, people experience a shared transition as incomers "to organize and work together … with an immediate and genuine sense of the other" (p. 4, 6). Since transitional beings are going through the same liminal passage together, communitas develops to provide a support system (Ibarra & Obodaru, 2016). As transitional beings they are equal in communitas, understanding and helping each other, leading to a sense of equality, unity, mutuality, and long-term relationships within the liminal group.

Rites of passage, liminality, and communitas are useful in understanding transitions in higher education. Liminality in education is "neither inside nor outside but lies at the threshold of our social, political, cultural and educational spaces" (Conroy, 2004, p. 7). Higher education is a transitional space where students in all years of all programs have a liminal status, facing multiple transitions over time where they encounter multiple thresholds that must be crossed to be successful and become part of the university community (Christie et al., 2016; Field & Morgan-Klein, 2010; Rutherford & Pickup, 2015; Tett et al., 2017). Todd (2014) believes liminality enables a focus on the

ontology of education by recognizing transformation occurs in these spaces. Rutherford and Pickup (2015) contend using the lens of liminality enables educators to develop a more holistic understanding of the student experience in higher education. In professional education, Rantatalo and Lindberg (2018) suggest liminality exists between education and work, that is, "between spaces, roles, and activities associated with student and work practice" (p. 363) which can lead students to the reflection required to create new identities.

Researchers in higher education have used the concepts of liminality and communitas in a variety of studies. These include liminality and conflict in social work education (Hurlock et al., 2008); turning points for first year students (Palmer et al., 2009); student teaching and learning consultants (Cook-Sather & Alter, 2011); the liminal experiences of doctoral social work students (Adorno et al., 2015); students' experience of liminality in higher education (Rutherford & Pickup, 2015); students' use of Facebook® during first year (Baker & Stirling, 2016); the relationship between liminality and reflection in professional education (Rantatalo & Lindberg, 2018); communitas in soft skills programs (Fixsen & Ridge, 2019); military connected students (Kent & Buechner, 2019); and the role of liminality and communitas with transformative learning (Buechner et al., 2020) .

After briefly reviewing van Gennep's work, Watts (2013) suggested the rites of passage framework could enable nurse educators to gain a deeper understanding of the complexity of students' experience through nursing education to provide better support for their success. Similar to Watts, Crane & Abbott (2021), out of their concern for the crisis of the current global nursing shortage and nursing student attrition, examined the work of van Gennep and Turner in a discussion paper to explore how liminality and rites

of passage could enable nursing faculty to better understand the challenges nursing students encounter during their education. They were interested in potential relationships between student liminality and attrition to determine if supports could be helpful at particular points in a program. Based on their discussion, Cane and Abbott recommended faculty remind students that feeling betwixt and between is normal during education as this indicates they are learning and transitioning into a professional identity.

Evans & Kevern (2015) reviewed the literature on liminality, proposing "an understanding of liminality maybe be of value in aiding student mental health nurses gain a better appreciation of the challenges and opportunities this phenomenological position presents" (p. 1). They found transformative education requires liminality for students to engage in the deep learning required to understand their role in patient centred care, that professional socialization is a rite of passage, and the experience of liminality in mental health nursing education prepares students for the ambiguities and anxieties they will encounter in their future practice. Evans and Kevern maintain "it is not possible to limit all uncertainties and risks" (p. 6) in mental health nursing practice and the argument can be made this is not possible in any area of nursing practice. They conclude in order to enact patient centred care, students must experience the liminality of caring for patients and the accept liminality to resist providing care focused only on tasks.

Several studies exploring the experiences of nurse practitioner students were found in the literature. Barton (2007) identified a "three-staged process of social, cultural, and professional transition" (p. 341) amongst her participants. Within this process, students experienced loss of their identity, a transitional role evolution, and a re-integration into clinical practice as a nurse practitioner. Barton concluded this process aligned with van Gennup's rites of passage which supported the universality of his theory.

Billay et al. (2015) studied the role of preceptors in preparing nurse practitioners (NPs) using grounded theory methods "to explore the process involved in preceptorship to prepare nurse practitioner students in the clinical setting" (p. 431). They found the preceptorship experience was one of navigating liminality during a transformative journey from expert registered nurse to the threshold of a beginning nurse practitioner. They recommended faculty ensure communication is accurate and timely and explore the effect teaching faculty who are not NPs have on the teaching-learning process.

## Professional Identity Formation in Nursing

Career programs in higher education have a responsibility to prepare "graduates who display a mastery of theoretical ideas, competence in applying theory in complex work settings, and professional dispositions that foster ethical and reflective professional practices" (Trede et al., 2012, p. 365). This preparation goes beyond the teaching of tasks, since graduates must be prepared to critically examine not only the status quo, but how their practice influences their community to "negotiate the complexity of different, and potentially competing, ways of enacting practice" (Dall'Alba, 2009, p. 95). In other words, education for professional practice involves more than epistemology, that is the learning of knowledge and skills, and must attend to the ontology of becoming and being a professional (Dall'Alba, 2009; Dall'Alba & Barnacle, 2007; Jenkins, et al., 2021). When attention is paid becoming a professional, graduates attain the "relevant contextual understandings and the familiarization with the situated practices that are enacted by the profession (Fellenz, 2016, p. 268). Changing the focus of nursing education to student becoming changes the relationship between epistemology and ontology to one where knowledge supports the transformation of students from layperson to nurse (Benner, 1984; Dall'Alba & Barnacle, 2007; Doane & Brown, 2011; Jenkins, et al., 2021). When

nurse educators create learning opportunities that focus on the process of being and becoming a professional, students broaden their views of nursing and begin to develop their professional selves during their education (Fellenz, 2016; Jenkins, et al., 2021; Johnson et al., 2012; Tan et al., 2017).

Benner et al. (2010) propose using the term professional formation to describe the process through which "the lay student moves from *acting* like a nurse to *being* a nurse" (p. 177). They argue socialization theories only consider enculturation into prescribed roles and sets of beliefs. Not only are these theories inadequate to describe the personal and professional transformation a person must undergo over time to practice nursing skillfully and ethically, socialization strategies are external influences and may not be formative for everyone (Benner et al., 2010). Formation recognizes that learning technical and procedural skills differs from those required to develop helping relationships with patients, clinical judgment abilities, ethical reasoning, and ways of being as a nurse (Benner et al., 2010; Benner, 2011; Dreyfus et al., 1996).

Ewertsson et al. (2017) argue a variety of clinical experiences are crucial for students to form a professional nursing identity and gain confidence and fluency when caring for patients. Benner et al. (2010) propose high stakes experiential learning is necessary for students to develop a response-based practice in complex clinical situations and a professional nursing identity. However, there is a lack of clarity in the literature regarding the definition of the concept of professional identity, including how students form one (Browne et al., 2018; Fagermoen, 1997; Fitzgerald, 2020; Halverson et al., 2022; Jensen & Jetten, 2016; Johnson et al., 2012; Landis et al., 2022; Ryan & Carmichael, 2015; Trede, 2012; Trede et al., 2012; Vabo et al., 2022; Willetts & Clarke, 2014; Williams & Burke, 2015). Differing definitions of professional identity used in the

health and nursing literature create challenges in understanding the concept and how

nursing professional identities are formed (Fitzgerald, 2020; Williams & Burke, 2015).

Without a clear conceptual definition, nurse researchers and educators may face

challenges developing evidence informed learning opportunities that engage students and

support their nursing identity formation (Fitzgerald, 2020; Halverson et al., 2022;

Williams & Burke, 2015). These difficulties are amplified by students who may hold a

stereotypical public image of nursing which is often one of a gendered profession, with a

simplistic view that nurses care for only for sick under the direction of physicians (van

der Cingel & Brouwer, 2021). Nevertheless, there is agreement that a nurse's professional

identity is context dependent and changes over time (Fitzgerald, 2020; Johnson et al.,

2012; van der Cingel & Brouwer, 2021).

In the nursing literature, professional identity formation continues to be a topic of

interest and provides some clarification of the concept. Fitzgerald (2020) analyzed the

concept and identified four common themes related to the definition of nursing

professional identity:

> The ability to perform the functions of the profession, knowledge as evidenced by
>
> education and/or certification, identification with a community of practice and the
>
> values and ethics of the profession, and personal identification as a professional
>
> within an identified professional group. (p. 470)

Halverson et al. (2022) expanded upon Fitzgerald's themes, identifying seven attributes

of the concept:

> Internalized values and ideas, a sense of self that is derived and perceived from
>
> the nursing role, professional identity as a component of overall identity,
>
> engagement in duty and responsibility responsive to public interest and a concern

for achieving social ends, perception of the self that is influenced by the image of

nursing, knowledge of what the role entails, and feelings of self-certainty in the

role. (p. 12)

These themes and attributes align with a pathway proposed by Johnson et al.

(2012), who stressed professional identity formation is a process which starts prior to the

student entering nursing education when their values and beliefs may or may not align

with those of the nursing profession. They contend educational experiences, the influence

of mentors, and clinical experiences enable the student to integrate the values and

attributes of nursing, which may reinforce or change their identity. Finally, when students

graduate and transition to registered nurse practice, they encounter additional identity

challenges, including constant reshaping of their professional identity as roles, context,

and technology change (Johnson et al., 2012).

Simmonds et al., (2020) undertook a scoping review to "identify pedagogical

practices that contribute to the professional identity formation in undergraduate nursing

education" (p. 1). They identified five components of professional identity: nursing

knowledge and skills; professional nursing role; beliefs and values; belonginess; and

personal attributes. They concluded professional identity formation occurs with a

transformative approach to learning, requiring a shift from primacy of teaching of

technical skills and the memorization of facts to activities focused on the cognitive and

affective domains of learning.

Understanding these themes and the proposed professional identity pathway

validate that nurse educators must attend to the ontology of becoming a nurse. Evaluating

curricula for concepts and content focused on professional values and beliefs and

determining if and how personal and professional growth are valued across program

curricula, could serve to guide curriculum revisions and future research into how nursing students develop professional identities (Halverson et al., 2022; Hensel, 2014).

Several studies were found that add to the understanding of professional identity formation as students progress through their nursing education. Nursing students experience high levels of stress due to academic demands and the responsibilities of caring for patients (Bhurtun et al., 2019; Ewertsson et al., 2017; Gibbons et al., 2011; Labrague et al., 2017; Wolf et al., 2015). Goodolf (2018) was interested how these stressors affect students during their education and developed a study "to construct a grounded theory that describes the experiences and explains the process of pre-licensure baccalaureate nursing students as they progress in a traditional nursing program" (p. 706). Goodolf discovered students were constantly trying to find balance while managing expectations during their professional identify development. In addition to trying to find balance, students had to reconcile their assumptions about nursing which was accomplished through the support of their families, peers, faculty, college services, and positive experiences in their clinical practice placements. She concluded participants were not prepared for the transition into nursing courses after their freshman year since they were unaware of program requirements, expectations of faculty, and the stress they would experience in the nursing program.

Since experiential learning is a component of nursing education, several researchers studied student's professional identity formation in clinical practice settings. Grealish and Trevitt (2005) were interested in students' perceptions of learning in the practice setting in their final semester clinical placement. They found students believed the theory learned in the classroom was irrelevant to their clinical practice, leading to the conclusion students approached clinical without any critique of traditional practices to fit

into the clinical context. Students also reported they were unprepared for the intensity of the embodied nature of nursing practice. Grealish and Trevitt recommended curricula be redesigned to shift from theory application to one grounded in reflexive clinical practice in practice settings that are receptive to change, where creativity is encouraged, and evidence informed practice is valued.

In a similar study, Arreciado Marañón and Isla Pera (2015) used participant observation to explore students' perceptions of how their theoretical and clinical learning shaped their professional identity formation. They found students needed clinical placements to make sense of theory taught in class and understand the realities of nursing practice (Arreciado Marañón & Isla Pera, 2015). Mentors were key to students' learning and problem-based learning enabled students to engage in reflection on their practice and development of their critical thinking skills (Arreciado Marañón & Isla Pera, 2015).

Recognizing the importance of clinical placements in nursing education, Walker et al. (2014), sought to understand how nursing students developed a professional identity in clinical practice settings outside of the university and the factors students identified that facilitated their professional identity formation. Based on their thematic analysis of an online survey, they concluded "immersing students in a learning environment with positive role models and adequate peer support, particularly early in their undergraduate programme, will contribute to a health professional identity" (Walker et al., 2014, p. 110). These findings about the importance of mentors, belonging, support, and critical thinking align with those of Arreciado Marañón and Isla Pera, (2015, Goodolf (2018), and Grealish and Trevitt, (2005).

Based on the principle that clinical experience is necessary for nursing students to develop as professionals, Ewertsson et al. (2017) brought another dimension to

professional identity formation. They identified a gap in the literature regarding understanding how students transfer skills learned in the clinical skills laboratory (CSL) to patient care in the clinical setting. Ewertsson et al. found "an overarching theme: 'Learning about professional identities with respect to situated power … illustrat[ing] the tensions involved in the mundane ways in which the students were socialized into practical skills in the nursing profession" (p. 4). Participants were afraid to speak up in situations where patient care was contrary to the principles, they were taught about evidence informed practice, which Ewertsson et al. contend was due to power differentials and hierarchies in the clinical setting. Ewertsson et al. concluded their participants' ability to transfer learnings from the CSL was dependent on situated power in the clinical placement which, in turn determined how they cared for patients and developed as nurses.

The findings about hierarchy and situational power in clinical placements are significant for nurse educators. When planning clinical practice placements, power relationships must be considered to prepare students for the tensions they may encounter between what they are taught and the realities of practice. Attention must be paid to recruitment so that students have preceptors who can facilitate students' transfer of CSL learning to patients can and facilitate their positive professional identity development.

Since most studies examined professional identity formation in clinical settings, Sue Jackson et al. (2021) used discourse analysis to explore how the language of professionalism is used by nursing students and their lecturers at the university in the socialization of student nurses. In year one, students adopted the discourses of a university student receiving instruction from lecturers about values of the profession (S. Jackson et al., 2021). Students began to adopt the discourses of student nurses and

belonging to the profession in year two, questioning the credibility of lecturers' clinical currency while preferring role models in the clinical practice setting.  Student talk in year three revealed discourses of becoming a professional nurse where they began to feel they belonged in nursing, recognizing professionalism was a journey of personal growth.  Sue Johnson, et al. concluded the interpretive repetroires they identified provided "some conceptualizations in terms of *how* professionalism might be socially constructed at any given point; *how* it is linguistically framed, and *how* the language of professionalism might be perpetuated" (p. 7).

In a more recent study, Fitzgerald and Clukey (2022) explored factors students graduating from a baccalaureate (BSN) and an associate degree program (ADN) identified that enabled or impeded their professional identity development. Like the studies reviewed above, Fitzgerald and Clukey found their participants identified clinical experience with opportunities to work independently to be most important in developing a professional identity, followed by role models and mentors, reflection, critical thinking, and confidence. These findings were similar in both the BSN and ADN participants. They concluded to facilitate students' development of a professional identity, "nurse educators must be intentional that the learning environments they create support the development of nursing professional identity" (p. 7). Fitzgerald and Clukey recommended programs must ensure students have sufficient experiential learning, adequate time in clinical practice settings, and opportunities to integrate theory and practice.

In 2018, The National League for Nursing (NLN), the voice promoting excellence in nursing education in the United States (NLN, 2022) began discussing professional identity in nursing by convening two invitation only think tanks (Brewington & Godfrey, 2020).

The purpose of the think tanks was "to explore professional identity formation and build the structure, purpose, definition, and direction to inform and impact the discipline" (Goodolf & Godfrey, 2021, p. 493). Both think tanks included nursing leaders representing the breadth of the profession, from schools of nursing; practice; regulatory and accreditation organizations; health care; and nursing students (Brewington & Godfrey, 2020).

The goal of the first think tank was to examine the literature regarding the concept of professional identity. According to Goodolf and Godfrey (2021), participants agreed upon Godfrey and Young's, (2021) definition of professional identity as "a sense of one's self, and in a relationship with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse" (p. 375). Four domains of professional practice were identified: Values and ethics; knowledge; leadershi; and self-awareness. Particpants developed the Tree of Impact, a visual representation of professional identity formation, illustrating the complexity of the concept (Figure 2).

Using the domains of professional identity developed during the NLN think tanks, Landis et al. (2022) developed a multi-phased national survey to measure the perceptions nurse educators and administrators from across America perceptions held regarding professional identity in nursing and the level of importance they ascribed to the key aspects of professional identity. They reported that "every scale item received at least a 90% endorsement as moderately to very important (p. 16). They found professional comportment to be the most highly valued subconstruct, followed by leadership and recommended nurse educators provide students with learning opportunities to develop

professional comportment and their leadership skills in order to facilitate their

professional identity formation (Landis et al.).

**Figure 2**

*Tree of Impact*
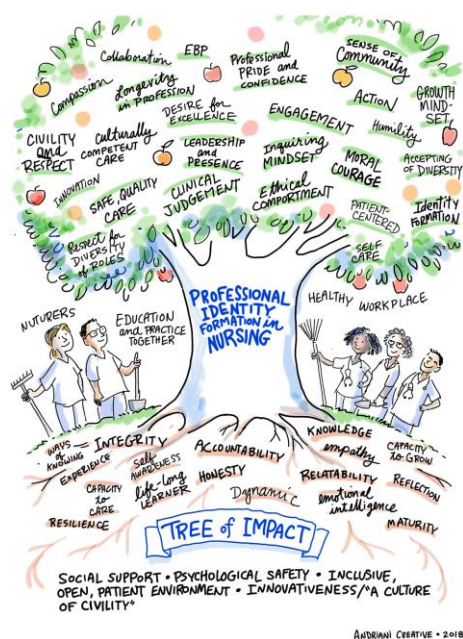


*Note:* From Goodolf, D. M., & Godfrey, N. (2021). A think tank in action: Building new

knowledge about professional identity in nursing. *Journal of Professional Nursing*, *37*(2),

493–499. https://doi.org/10.1016/j.profnurs.2020.10.007

     In conclusion, the concept of professional identity formation goes beyond

socialization to describe the process of being and becoming a nurse. However,

professional identity formation continues to be an ill-defined concept in the nursing

literature. Leaders in nursing education in the United States responded to these challenges

by forming the ISPIN and developing a national survey to measure educators' perception

of nursing professional identity. At this time, it not known if a similar iniative exists in

Canada.

Most of the studies found exploring professional identity formation in nursing students used qualitative methodology with small numbers of participants. However, findings common across these studies were students' identification of the necessity of positive clinical experiences with patients, supportive mentors in a welcoming clinical setting, feeling a sense of belonging, and opportunites to develop critical thinking and self-confidence. These findings provide nurse educators with direction to intentially develop curriucula giving primacy to the ontology of becoming a nurse and students' development of their professional identities as they transition through their program.

**Summary**

This review of the literature supports that little is known about how nursing students' transition through nursing education, much less from the college to the university site of a hybrid collaborative program. There is a paucity of literature not only about how students experience the transition throughout entry-level nurse education but how they form a professional nursing identity. In this study, rites of passage, communitas and Meleis' transition theory provide a framework to explore students' experience of transition. Although beyond scope of this study, this review raises questions about how students' experience transition in their nursing education shapes their professional identity transformation from student to newly graduated registered nurse and their intention to stay in nursing.

**Theoretical Framework**

Since I am interested in exploring the experience of nursing students as they transition from the college to the university site of a collaborative BScN program, I frame my study with van Gennep's (1960) rites of passage, the concept of communitas (E. Turner, 2012; V. Turner, 2008), and Meleis' transitions theory (Im, 2011, 2014; Meleis,

2010, 2012; Meleis, et al., 2000). The notions of movement, time, passage from one state to another, facilitators and inhibitors, and personal meaning are common constructs of transition.

I use the concepts of rites of passage and communitas to gain insight into the process of students' transition. Rites of passage explain that all transitions are comprised three phases: separation (pre-liminal); transition (liminal); and incorporation (post-liminal), each with rituals and ceremonies enabling passage from one phase to the next (van Gennep, 1960). Communitas is the unique social relationship people develop in the liminal phase of transition. Communitas occurs when people in transition share common incomer experiences of marginalization, ambiguity and uncertainty and come together for support (E. Turner, 2012; V. Turner, 2008).

Meleis' theory of transition provides additional lens through which to view the patterns and properties of the transitions students experience as they move to the university. The theory is useful to identify personal, community, and societal conditions along with the transition facilitators and inhibitors shaping students' patterns of response during their transition. Interventions to facilitate positive outcomes of transition can be developed from feedback and responses of students with the goal of enabling successful transition outcomes (Meleis et al., 2000).

**Chapter 3**

Transition is a complex phenomenon, situated in context (Christie et al., 2016; Meleis et al., 2000). The experience of any transition is unique to the individual (Maunder et al., 2013) with "the potential to engender some kind of change in the individual through the personal reflection and sense making that takes place" (Crafter & Maunder, 2012, p. 12). Transition in this study was viewed through the relativist ontological lens of constructivism, in which reality is socially constructed (Lincoln et al., 2011; Merriam & Tisdell, 2016; Schwartz-Shea & Yanow, 2012). The focus of a constructivist-interpretivist approach is the making of meaning in context to understand how persons "make individual and collective sense of their particular worlds" (Schwartz-Shea & Yanow, 2012, p. 46). Since little is known about how nursing students in hybrid collaborative programs experience the transition from the college to the university, and considering each participant has their own unique experience of transition to the context of the university, a single case study design with a constructivist-interpretivist approach was used (Merriam & Tisdell, 2016; Schwartz-Shea & Yanow, 2012). In this chapter, I discuss the study methodology, the case study research method, and the epistemological assumptions of a constructivist-interpretivist single case study design. The context of the study; my positionality; sampling and participant recruitment; ethical considerations; data collection and analysis; and trustworthiness are included. In addition, I review the rigour and limitations of the study.

**Methodology**

The purpose of this exploratory single case study, informed by a constructivist-interpretivist epistemology, was to develop an understanding of how nursing students who start at the college site of a hybrid collaborative baccalaureate (BScN) program

experience the transition to the university site for third and fourth year to complete the program. I used the pseudonyms of Linwell College and Scottlea University for the two sites where the study took place. The primary research question was: How do nursing students in a hybrid collaborative nursing program who start at the college site experience the transition to the university site to complete the program? Drawing on Cameron's (2003) recommendations, the following secondary questions added to the understanding of this experience:

1. In what ways does being at the university site differ from being at the college site from the students' perspectives?

2. What supports do students feel were helpful in transitioning from the college to the university site?

3. What are the challenges of transitioning from a college to a university site?

The purpose of the study and research questions emerged from my positionality as a registered nurse (RN) and my experience teaching nursing in entry-level nursing programs at a community college (Merriam & Tisdell, 2016; Schwartz-Shea & Yanow, 2012). In addition to teaching in all levels of these programs, I have experience as a BScN program coordinator and acting programs chair at the college site of a collaborative program. My subjective experience of nursing education triggered my curiosity about what happened to college students during their transition to the university site.  The research questions guided my thinking about the study design, the philosophical underpinnings shaping the study methodology, and my reflexivity about my relationship to the participants and the data (Merriam & Tisdell, 2016; Schwartz-Shea & Yanow, 2012; Stake, 1995).

**Epistemological Assumptions**

Transition is a profoundly human experience (Kralik et al., 2006; Schlossberg,

2011). To achieve a deep understanding of how students experienced their transition to

the university site, I chose a qualitative approach. Qualitative research is situated in the

life world (Denzin & Lincoln, 2018a) and encompasses multiple realities, many truths,

and subjectivities (Streubert & Carpenter, 2011).  Denzin and Lincoln (2018a) believe

"qualitative research is a set of complex interpretive practices" (p. 13) to "make the world

visible" (Denzin & Lincoln, 2018a. p. 10). The method of inquiry in qualitative research

is an inductive process of discovery during which patterns and themes emerge as the

researcher interacts with participants and the data (Merriam & Tisdell, 2016; Patton,

2015). Schwartz-Shea and Yanow (2012) call this a "puzzling-out process [where] the

researcher tacks continually, constantly back and forth in an iterative-recursive fashion

between what is puzzling and possible explanations for it" (p. 27), while engaging with

the theoretical literature.

Qualitative research paradigms have assumptions about ontology, epistemology,

and methodology (Denzin & Lincoln, 2018a). The constructivist-interpretivist paradigm

enables the researcher to develop a deep understanding of participants' experience in a

particular context. Since the purpose of this study was to develop an understanding of

how a group of students experience transition and each participant had their own reality

and unique experience of transition and its meaning to them, constructivist-interpretivist

methodology was appropriate (Merriam & Tisdell, 2016). In this paradigm, ontology is

relativist, that is, socially constructed leading to multiple interpretations of any event,

which in this study, is transition (Lincoln et al., 2011; Merriam & Tisdell, 2016;

Schwartz-Shea & Yanow, 2012). Epistemology is subjectivist and transactional,

therefore, the meaning of any event is embedded in the symbols the person uses to convey meaning, shaped by their subjective experience, and co-created through interactions with others situated in context, leading to multiple interpretations of the event (Crowe et al., 2011; Lincoln et al., 2011; Merriam & Tisdell, 2016; Schwartz-Shea & Yanow, 2012).

## A Heuristic Approach to Interpretivist Case Study

The constructivist-interpretivist epistemology of my study lead me to heuristics, a form of phenomenology, the study of human experience (Moustatkas, 1994; van Manen, 2016). Unique to heuristics is the inclusion of the researcher's experience and passionate interest in the phenomenon (Patton, 2015). Abbott (2004) states heuristic comes from "[e]ureka, the first-person singular prefect of the Greek verb *heuriskein*, meaning "to find". From this word comes the English word *heuristic*, which denotes the study of how to find things out – the discipline, as it were, of discovery" (p. 80–81). Douglass and Moustakas (1985) claim the researcher using heuristic process is inspired "to go wide open and to pursue an original path that discovers its direction and meanings within the self" (p. 53). The research question becomes deeply personal and embodied, requiring the researcher to undertake a reflexive process of self-discovery about their own experience to more fully understand the phenomenon of the study (Kenny, 2012; Merriam & Tisdell, 2016; Moustakas, 1990). This reflexive process enables the researcher to develop a more complete understanding of the phenomenon providing a starting point and an additional data source (Johnston, Wallis, Oprescu, & Gray, 2017). Wilkinson and Kitzinger (2013) contend the researcher's personal connection to the question and the phenomenon enhances the depth of data collection.

To engage in a heuristic process, the researcher must have experience with the phenomenon and be familiar with context. This situates the researcher as an instrument to

uncover the intimate personal meaning and essence of experience for not only the participants, but the researcher (Patton, 2015). Douglass & Moustakas (1985) contend heuristics seeks to keep the researcher and participants central in the experience by accentuating connectedness and relationships, personal significance, and creative synthesis grounded in intuition and tacit understanding (p. 43). The voices of the participants are present and the researcher "lives" with them while analyzing the transcripts (Dwyer & Buckle, 2009). My experience as a nurse, a post diploma college prepared RN to BScN graduate, graduate student, a nursing teacher, and my immersion in a collaborative BScN as a teacher, coordinator, acting programs chair, and curriculum developer allowed me to explore a "burning question" (Patton, 2015, p. 120) that arose from my own practice and to connect with my participants to uncover the richness of their experience of transition to the university site (Casterline, 2009; Douglass & Moustakas, 1985; Kenny, 2012).

The first step of the heuristic process is initial engagement, where the researcher embarks on a process of self-discovery to find a "passionate concern that calls out to the researcher, one that holds important social meanings and personal, compelling implications" (Moustakas, 1990, p. 27) to develop the research question. Once the question is defined, the researcher continues the heuristic process to guide the inquiry by entering the immersion phase, followed by incubation, illumination, explication, and creative synthesis (Moustakas, 1990; Patton, 2015). From the beginning of collaborative college-university entry-level nursing programs, I wondered what the experience of starting at a college and finishing the program at a university was like for nursing students. In this study, my passionate concern was to understand how college site students experienced their transition to the university and how this might shape their success in the

program, their development of their "nurse self", their transition to practicing as a

registered nurse, and longevity in the profession. When interacting with the data, I began

to question and interrogate my positionality in the nursing program. Adopting a heuristic

awareness enabled me to engage more deeply with the data to understand the experience

of my participants.

**Case Study Design**

Case study design was used to explore the phenomenon of transition for nursing

students from the college site as they progressed to year three at university site to

complete the program. A case study "investigates a contemporary phenomenon in depth

and in its real world context" (Yin, 2014, p. 237) to develop a holistic understanding and

insights of the everyday complexity of the phenomenon (Crowe et al., 2011). In other

words, case study research is appropriate to explore answers to "how" questions,

particularly when "the boundaries between the phenomenon and the context may not be

clearly evident" (Yin, 2014, p. 16) and consideration of context is necessary to truly

understand the phenomenon (Baxter & Jack, 2008; Yin, 2014). Since I was interested in

understanding the phenomenon of transition for a specific group of nursing students, a

single case study design was appropriate (Gay et al., 2012). Merriam and Tisdell (2016)

contend setting limits or "bounding" the case is the distinguishing attribute of case study

research. The bounded system, or case, was the third-year class of approximately 125

students who began the collaborative program at the college site.

**Data Sampling, Collection, and Analysis**

The choice of data collection methods must match the study research questions

and methodology (Schwartz-Shea & Yanow, 2012). Since constructivist-interpretivist

research emphasizes personal experience, connectedness, and relationships between the

researcher and participants (Patton, 2015; Schwartz-Shea & Yanow, 2012; Wilkinson & Kitzinger, 2013), data is best gathered through semi-structured interviews that can be enhanced by the researcher collecting art work, poetry, diaries, and other representations that convey the meaning of the experience (Casterline, 2009; Moustakas, 1990). In this study, face-to-face interviews were the primary method of data collection augmented by pre-interview activities.

Data collection occurred in two phases. In phase one, I interviewed each participant about their transition to the university site and requested they complete a pre-interview activity that portrayed their experience of the transition. Phase two consisted of a focus group interview to assist with the interpretation of the themes identified during the analysis of the phase one interviews and to provide an additional source of data collection (Morgan, 1988; Streubert & Carpenter, 2011). The focus group interview was also used to triangulate the data (Morgan & Spanish, 1984) for the establishment of credibility and dependability of the findings (Lincoln & Guba, 1985).

In the first phase, I anticipated I would need to interview up to 20 participants to reach data saturation (Patton, 2015; Suri, 2011). To be included in the study, participants must have attended the college site for the first two years of the program and be over the age of 18. Purposeful sampling was used to recruit participants in the third year of the program who recently transitioned from the college to the university site. I chose this sampling strategy as I was interested in selecting participants with intimate experience of the transition to the university site to gain an deep understanding of the phenomenon (Patton, 2015; Streubert & Carpenter, 2011).

On September 29, 2015, all third-year collaborative baccalaureate students were sent the recruitment email from the Research Office at the college site to their university

email account explaining the purpose of the study and inviting the students who started at the college site to participate in the study (Appendix A). Those interested were asked to respond to an email account created solely for this study. In the recruitment email, and prior to the face to face interview, participants were asked to prepare one of four pre-interview activities "to recall, reflect upon, and analyze their own experiences" (Ellis, Hetherington, Lovell, McConaghy, & Viczko, 2013, p. 492). This activity offered them another way to express their experience and provided an opportunity for both the participant and me as the researcher to deepen our reflection and understanding, adding additional meanings to a complex transition experience (Casterline, 2009; Keats, 2009; Moustakas, 1990). Although engaging in a pre-interview activity was optional and not a requirement for participation in the study, the time required and labour intensity of the work  may have been a deterrent for some students to participate in this study (Cristancho et al., 2014).

By October 5, 2015, three students responded expressing interest in participating. I replied using the email account created for the study with the follow-up recruitment email (Appendix A). I attached the Letter of Information (Appendix B) and consent (Appendix C) for the student to review before making the final decision to participate. In the email and Letter of Information, I explained the following to each participant: the researcher had no jurisdiction over their grades or progression when they are at the university site; their participation in the research would not affect their grades or progression; and that I would take concerted efforts towards the participants remaining anonymous during the research process and by removing identifying information from their transcripts. I asked the student to review the letter carefully to understand participation in the study was voluntary, they could withdraw at any time, the interview

would be audio-recorded, and their confidentiality was ensured. I followed this process

with all 12 of my participants.

**Table 1**

*List of Participants*

| Interview | Participant (chosen pseudonym) | Timing of Interview in Third Year |
|---|---|---|
| 1 | Madeleine | Beginning of fall term |
| 2 | Nel | Beginning of fall term |
| 3 | Billy | Middle of fall term |
| 4 | Jean | End of fall term |
| 5 | Ida | End of fall term |
| 6 | Callista | Start of winter term |
| 7 | Flo | Beginning of winter term |
| 8 | Cordelia | Beginning of winter term |
| 9 | Aiden | Middle of winter term |
| 10 | Trevor | Middle of winter term |
| 11 | Jane | End of winter term |
| 12 | Sue | End of winter term |

The recruitment email (Appendix A) was resent on October 14, 2015, and October

27, 2015, however this was at the time students were immersed in midterm exams and

evaluations. By January 5, 2016, I completed interviews with 6 participants.

Since data saturation had not occurred, and the participant response rate was low,

an amendment for two additional recruitment strategies was submitted to the university

Non-Medical Research Ethics Board on December 14, 2015. In January 2016, the ethics

amendment approval was received for a study recruitment poster to be uploaded to the

class social media site managed by the college site nursing students for their cohort. The

site was private, and membership was closed to this cohort. Once approval was received

from the university, the same amendment was also submitted to the Research Ethics Board the college site, and approval was received from the college in January 2016. The poster was uploaded by the student site administrator to the social media site in February 2016.  Approval was also received for an in-class recruitment script to be read to students during a class, along with in-class distribution of the Letter of Information. This was not needed as the social media recruitment was successful.

A reminder that study participants were still needed was posted by the student social media site administrator on the class site in February 2016. On February 23, 2016, the final recruitment email (Appendix A) was sent to the class from the college's Research Office. Three additional interviews were completed by mid-February 2016 and three others arranged for March 2016.  By the end of  March 2016, the twelfth interview was completed and data saturation was achieved as no new insights or themes arose (Creswell, 2014; Lincoln & Guba, 1985; Patton, 2015; Streubert & Carpenter, 2011).

Interview dates, times, and locations were arranged at the convenience of each participant. Two participants were interviewed in a private study room at the college at their request, whereas the other participants were interviewed in a private study room in the university library. At the beginning of each interview, I reviewed the Letter of Information (Appendix B) and consent (Appendix C) in detail to ensure participants understood the purpose of study, their rights as a participant, and that their consent to participate was informed. A copy of the letter of information and signed consent were given to each participant, and I provided information about counselling services should they find the reflection of their experience upsetting even though I did not anticipate any severe risks to participating in the research. Demographic data were not collected to further maintain anonymity. Since the letter of information clearly stated a pre-interview

activity was voluntary and not required to participate, 10 of the 12 participants completed

a pre-interview activity based on the options suggested. In the following chapters, I use

the visual representations, metaphors, and descriptions of the ten participants to frame the

themes.

A semi-structured interview guide was used in each of the one-to-one interviews

(Appendix D). As outlined in ethical considerations, participants chose a pseudonym.

This enabled the development of mutual trust by assuring each participant they would

remain anonymous, and facilitated the spontaneity necessary to let the interviews

naturally unfold (Moustakas, 1990). Interviews were audio-recorded and ranged in length

from 27 minutes to 1 hour 40 minutes. Interviews were conversational as it was important

to let the participant tell their story as it naturally unfolded. I did not take notes during the

interviews as I needed to be fully present with my participants hear their stories.

Immediately after the interview, I made notes in my journal of my observations,

reactions, intuitive thoughts, impressions, and wonderings arising from the interview

(Merriam & Tisdell, 2016; Patton, 2015).

Interviews were transcribed verbatim by a professional transcriptionist who signed

the confidentiality agreement required by the Ethics Review Board at the university.

Upon the return of each transcript, I listened to the recording while reading the transcript,

checking for accuracy, correcting errors, and to familiarize myself with the data (Merriam

& Tisdell, 2016). When I was satisfied about the accuracy of the transcription, and after

anonymizing the transcript, I sent each participant their interview transcript for their

review, clarification, and validation (Streubert & Carpenter, 2011) giving them a deadline

to return their revisions and comments to me if they choose to do so. One participant

returned the transcript with edits, which I incorporated, and I used the edited version for

analysis. One participant responded to add additional information recalled after the interview which they felt was important. I included this information in the participant's transcript. If the transcripts were not returned, and the participant did not respond by the deadline specified in the email, I assumed they were satisfied with the accuracy of the transcription and they had nothing else to add about their experience.

The phase two focus group for my data collection took place the after completion of the one-to-one interviews and the identification of several preliminary themes. I used the focus group so the participants could assist me with my interpretation of the themes. The focus group was another means of data collection to complement the interviews at another data point and a strategy to triangulate the data for the establishment of credibility and dependability (Denzin, 1978; David L. Morgan & Spanish, 1984; Patton, 2015; Streubert & Carpenter, 2011).

**Data analysis**

Moustakas (1990) identifies 6 steps of the heuristic research process. During the first step, initial engagement, I discovered my research interest, defined the purpose of my study, and developed my research question. In this section, I provide an overview of the next three phases of heuristic data analysis: immersion, incubation, illumination, explication. The final phase, creative synthesis is described in chapter four, where I provide a narrative of the study findings.

During the immersion phase, the researcher uses self-searching and self-dialogue to dwell deeply in the data, engaging in a nomadic process to follow hunches and intuitions to be open to emerging understandings and meanings (Douglass & Moustakas, 1985; Moustakas, 1990). Patton (2015) states this "is the stage of steeping oneself in all that is – of contracting the texture, tone, mood, range, and context of the experience" (p.

576). At some point, the researcher enters the incubation phase where for some distance from the focused intensity of data analysis. Becoming slightly detached from the question allows the researcher space, "permitting meaning and awareness to awaken in their own time" (Patton, 2015, p. 576). Detachment enables the researcher's tacit knowledge dimension of the phenomenon to clarify and deepen their understanding of the phenomenon (Moustakas, 1990; Patton, 2015).  When a breakthrough bringing new insights regarding the clustering of pieces of data into new understandings about themes, the researcher has entered the phase of illumination (Moustakas, 1990) where the sense of direction about the study becomes clear (Casterline, 2009). The researcher can then move on to the explication phase "to fully examine what has awakened in consciousness, in order to understand its various layers of meaning" (Moustakas, 1990, p. 31). The link between illumination and explication is indwelling, an inwardly focused deliberate concentration on the data where the researcher develops a clear picture of the core themes (Casterline, 2009; Moustakas, 1990; Patton, 2015).

The final phase of the heuristic inquiry process is creative synthesis (Patton, 2015). During creative synthesis, the researcher uses intuition and tacit knowledge to create a narrative representing the findings (Moustakas, 1990). To validate the process, meaning and accuracy are checked by going back and forth between the data and the synthesis and sharing the synthesis with the research participants (Moustakas, 1990; Patton, 2015). The creative synthesis of my findings is described in Chapters Four through Seven.

### Immersion, Indwelling, and Core Themes

In keeping with the immersion phase of the heuristic research process I began analyzing the data during the first interview (Patton, 2015) by "having a conversation

with the data – asking questions of it, making comments to it" (Merriam & Tisdell, 2016, p. 204). I used a process of open coding and began making notes in the margins as I read and re-read the transcripts. As I started the coding process, I carefully listened to the corresponding recording to check for accuracy (Patton, 2015), continuing the process of engaging in a conversation by jotting my reactions in the margins. When I felt the need to strengthen my connection with the nuances of my participants' stories, I listened to their recordings again and again, which helped me visualize the interview and more deeply reflection upon the data.

I used an inductive and comparative process to identify and group my notes on the transcripts that seemed to belong together and compared these to my field notes (Merriam & Tisdell, 2016). I then developed some initial common statements and themes (Merriam & Tisdell, 2016; Yin, 2014) to provide a holistic description of the participants' experience, using sticky notes and highlighters to signify the groupings. As part of this process, I returned to my conceptual framework and review of the literature. The initial themes that surfaced from the data were *feeling lost and uncertain; an outsider who is treated differently; disillusioned and disappointed;* and *need more clinical practice*. Having identified these themes, I was ready for to enter phase two of the data collection process.

### *Phase Two Data Collection: The Focus Group*

An email invitation (Appendix A) to attend the focus group was sent from the research study email account to all study participants using the blind copy address function. Ten participants responded. The initial themes were presented to the focus group participants for their review and were validated by the participants. The dialogue in the group interview not only confirmed the findings, but added depth and breadth to the

understanding of the experience of transition (Lambert & Loiselle, 2008). The focus

group was recorded but not transcribed and I kept notes during the session.  I listened to

the audio recording carefully for confirmation of common working themes that arose

from the individual interviews (Streubert, & Carpenter, 2011) and "to clarify areas in

which there seemed to be a number of different viewpoints in the individual responses"

(Morgan, 1988, p. 31). While listening to the audio recording, I made notes and jottings

about significant comments and my intuitive thoughts and compared these to the focus

group notes in my journal.

I listened and re-listened to the focus group interview recording, adding to my

notes, and continued to deeply immerse myself in the individual interview transcripts. At

the same time, I continued to search the literature seeking clarification of my notes,

jottings, and intuitive thoughts since these arose out of my own experience teaching

nursing and assisting in the curriculum development of the program. Through this self-

reflective process, I realized that the initial "category scheme did not tell the whole story

– that there was more to be understood about the phenomena" (Merriam & Tisdell, 2016,

p. 216). I refined the themes as follows: *Thrust into Liminality; "Not as Bad as I Thought

– But I'm Still Disappointed and Disillusioned"; Connected yet Disconnected; There's

Never Enough Time;* And *"Becoming a Registered Nurse".* However, my revised themes

still did not seem quite right. As Moustakas (1990) describes, the seed had been planted

but it had not yet grown to clear awareness. I realized I had entered the incubation phase

of heuristic inquiry.

### *Incubation and Explication*

I clustered the data, but I was having difficulty naming the clusters to accurately

reflect the experiences of the participants. I continued to search the literature, particularly

about professional socialization in nursing, professional identity formation, rites of passage, transition in post-secondary and nursing education, and becoming a registered nurse. I was able to have some distance from the research question while my own self-reflections, along those of my participants in their interviews and the focus group, steeped just below my conscious awareness.  Several worries kept bubbling up during my self-reflection. For example, since some experiences the participants shared could be considered to reflect negatively on the university site and the program, how would this shape my findings? Were there possibilities the participants, even though I was committed to guaranteeing their anonymity, might "be punished" if I revealed their honest telling of their stories? Could my telling of my participants' stories of their experiences affect the college site cohort as they completed the program? And finally, were my own experiences of hegemony and oppression in my education in a university context and my experiences teaching in the college site of a collaborative program influencing my data analysis?

To enter the illumination phase, I realized I needed to circle back and reflect upon to the purpose of my study and the research questions to make sense of the data. I re-read my clustered data, and then re-read and reflection upon the interview transcripts, my field notes, and the focus group notes. I listened to the focus group recording once again. During this process, I consciously engaged in deep self-reflection to be as open as possible to the data and recognize when the tacit knowledge from my own experiences might be influencing my theme development. I developed a new awareness of the themes that arose from the data, in that my participants' experience of their transition from the college to the university site was one of liminality during a multi-layered transition where they faced barriers or thresholds they needed to overcome to move forward. I named the

themes:  Thresholds to Cross; The University as a Betwixt Space; Different Atmosphere –
Different Culture; and The Transition to Registered Nurse, all of which are
interconnected. I explore these themes in the following chapters.

**Rigour**

Rigour in qualitative research is evaluated using the criteria of trustworthiness and
authenticity (Denzin & Lincoln, 2018b) to determine the credibility of the study (Patton,
2015).  Since the purpose of my study was to develop an understanding of how nursing
students in a collaborative program experienced the transition from the college site to the
university to complete the program the findings must accurately represent participants'
experience of transition for the study to be credible (Merriam & Tisdell, 2016; Streubert
& Carpenter, 2011). In this study, strategies used to determine trustworthiness and
authenticity were: triangulation, member checking, self-reflection, an audit trail, and rich
thick descriptions (Merriam & Tisdell, 2016).

*Triangulation*

Researchers use different data collection strategies to increase the credibility of a
study (Merriam & Tisdell, 2016). In this study, triangulation consisted of multiple
methods of data collection and multiple sources of data (Denzin, 1978). The focus group
provided two types of triangulation by including an additional method of data collection
and adding a source of data at a different point in time. Returning to the participants is
central to the validation phase in a heuristic approach to research (Moustakas, 1990).
Since the recruitment process took the complete academic year to achieve saturation of
the data, interviews also provided data at different points in time. Six participants were
interviewed in the fall term from October through the end of December and six were
interviewed in the winter term, with final interviews in March as the academic year was

coming to an end. After the interview, each participant reviewed their transcript, which is considered analytical triangulation (Patton, 2015). My field notes, self-reflections, and journals provided additional sources of data.

### *Member checks*

Member checking involves returning to the participants to determine if the findings accurately reflect their experience (Streubert & Carpenter, 2011). Creswell (2014) states only the final report, themes, or major findings are taken back to the participants for confirmation. In constructivist studies, member checking also includes asking participants to review and comment on their transcripts (Schwartz-Shea & Yanow, 2012). I achieved member checking by sending each participant their transcript for review and comment and by presenting the initial themes at the focus group interview. These themes were confirmed by the focus group participants.

### *Self-Reflection*

As part of the heuristic process, the researcher begins with self-awareness to become attuned to their own experiences in relation to those of their participants (Moustakas, 1990). Since the researcher's self is present in the study, reflexive discovery using self-dialogue and self-disclosure about their own experience is required (Kenny, 2012; Merriam & Tisdell, 2016; Moustakas, 1990). As I listened to the audio-recordings of the interviews, re-read interview transcripts, and I kept a journal and field notes to document questions and intuitive thoughts that arose along my journey of self-discovery from the intersection of my experience with that of my participants. Therefore, I engaged in a reflexive process throughout the inquiry to be cognizant of how my experiences and tacit knowledge might be shaping my data analysis, and findings.

*Audit Trail*

An audit trail "is a recording of activities over time that another individual can follow" (Streubert & Carpenter, 2011, p. 49). The audit trail must document in detail not only the procedures used, but the decisions made throughout the study (Merriam & Tisdell, 2016). My field notes and journal provide evidence of my audit trail in this study.

*Thick Description*

For the reader of a qualitative study to find resonance with their own experience and context, the descriptions must be rich and detailed (Merriam, 2009). Thick description allows the reader with experiences similar to the participants to enter the world of the of the study to come to their own understandings and meanings of the phenomenon (Patton, 2015). The methods I used for data collection enabled my participants to deeply reflect on their experience of transition. The pre-interview activity provided an opening to gather their thoughts about their transition before we met for the interview. My promise to maintain their confidentiality and anonymity offered them the sense of safety needed to be honest. The semi-structured interview guide allowed the flexibility necessary in the interview for the participants to talk about what was important to them. Therefore, the methodology and methods used in this study enabled me to provide the rich thick detail required for the reader to enter the world of the participants.

*Ethical Considerations*

Since study participants would be over the age of 18, I received approval for my study from the Non-Medical Delegated Board at the university (Appendix E) and from the college site where the participants spent the first two years of the program. Although I anticipated the risks of participation in this study would be minimal, there was the possibility that reflecting upon and engaging in dialogues could surface negative and

stressful memories about the experience of transitions for the participants. Therefore, contact information for counselling services was included in the letter of information and provided to each participant at the interview.

As outlined in my ethics protocols for both institutions, recruitment emails were sent from the Research Office at the college site after the start of the fall semester of third year to all the third-year students in the program. The recruitment email asked students who started at the college site and were interested in participating in the study to contact me using an email account created solely for the study. Participants were not compensated for their participation.

### *Protection of Data*

A master list of participants was created that included each participant's full name, email address, and the pseudonym chosen by each participant at the interview. The participants' full name was required to cross check the college second year class list to determine their eligibility for the study. The pseudonym had meaning for the participant, but could not be connected to their full name, birth date, social media, or college and university email account. The master list was stored in a password-protected laptop in an encrypted electronic Word file (AES 128-bit advanced encryption) in folder separate from the transcripts and data analysis. The signed consent forms, along with a paper copy of the master list, were stored in folder a locked filing cabinet drawer in the college's secure Research Office.

### Summary

In this chapter, I described the case study design and the epistemological underpinnings. I provided an outline of heuristic methodology, sampling, data collection and analysis methods, and ethical considerations. I discussed the strategies incorporated

to maximize trustworthiness.

In the following chapters, I weave the verbatim data from participants' interviews, their pre-interview activities, and the focus group to provide a holistic representation of their shared and situated transition from the Linwell College site to Scottlea University for the final two years of the program. Pseudonyms are used for each participant to protect their identity. An overarching theme of *liminality*, "the midpoint of transition in a status-sequence between two positions" (Turner, V., 1974, p. 237), where participants were stuck betwixt and between not only Linwell and Scottlea, but also between student and registered nurse was identified and is explored.

Although I present these themes in a linear fashion in the following chapters, it is important to note that transition is rarely experienced in a linear way (Gale & Parker, 2014) as people's lives are always in flux and change is constant (Quinn, 2010). Taylor and Harris-Evans (2016) contend that transition must be "reconceptualized as an entangled, nonlinear, iterative and recursive process, in which students travel in irregular ways through various landscapes of their experience (university, family, work, social life) and bring those landscapes into relation with each other" (p. 3). Hence, the themes cannot be considered as isolated entities that stand alone. The experience of the participants can only be fully understood by considering the themes as pieces of a larger whole.

**Chapter 4**

**Thresholds to Cross**

A threshold is the "entry and exit point between zones of experience or understanding" (Conroy, 2004, p. 53). Upon accepting their offer of admission to the collaborative program at the Linwell College site, participants were registered at both sites of the program and crossed the first threshold in becoming a registered nurse. They entered the liminal space of post-secondary education. When they finished their second year at the college, they entered another liminal space as they transitioned to third year at the university. During their initial transition to the Scottlea University site, participants encountered unexpected barriers or thresholds which are described in following sub-themes: the course registration process: stressful and Confusing; the online learning management system; and assumptions about the other.

**Course Registration Process: Stressful and Confusing**

The registration process for third year courses was the first threshold challenge participants faced in their transition to the university site. All participants described challenges registering online for all third-year courses when their portal appointments opened in the summer. Participants found the university process complicated, stressful, frustrating, and inconvenient.

At the Linwell site, students were automatically enrolled in mandatory nursing courses, therefore timetables were created for them. The only course students had to choose was their one elective credit in second year. Billy stated, "I really liked how Linwell just kind of put you in a section and that was it", adding, "keeping it simple, we're all in the same program, we all have to take the same number of courses to take, the

same classes to take each year." Since the Linwell timetable was created for students each term, Cordelia said, "All we had to do was come to class."

When I asked Madeleine what the transition to the Scottlea site was like for her, she began by recalling she was worried, particularly about difficulties she might have registering for year three courses at Scottlea. She found picking her elective courses at Scottlea very challenging, explaining, "I had no idea how to do my course registrations and stuff like that because courses in my other two years were pretty much picked for me." Nel made similar comments. Referring to her experience, she said:

> That was so hard, I knew it was going to be. I had heard the nightmares of course registrations … I didn't know anything about it … just trying to maneuver through subjects from A to Z, was so hard to try and pick what you want, to know what an essay course is.

Callista recalled the program representatives from the Scottlea site came to Linwell in the winter term for an information session about the university's intent to register requirement and the third-year course registration process. She said, "Even though she came and talked to us how it works that was a lot of information to take in and there was a lot of stuff we need to remember doing it. And it was just so overwhelming." According to Nel, the Scottlea academic counsellor sent out a very detailed email which she found beneficial. Jane did acknowledge the emails were intended to be helpful, however, she recalled, "It was kind of expected that you know what to do, but we were all lost, we were completely lost."

Trevor declared, "Trying to navigate the [course registration] system … That's not clear at all.  It's as clear as mud.  You have to dig really really far in to find that information." He found, "There's inconsistencies that made it challenging off the bat.

And then number two, just being from [the college] and never having to choose courses before … it really was tough when we were choosing classes." He stated, "I distinctly remember choosing class times, how rough that was; everyone consistently across the board from Linwell found that terrifying." Trevor explained his strategy, "I try and take the courses that [a counselor] suggests because she knows that they fit in our schedule … because I just don't know what else is going to fit." Trevor ended up taking an online elective. He lamented, "I just couldn't find another elective that would work around with the other ones that I had and my nursing courses … I took things that fit … definitely wouldn't have been in my top choices." Jean decided to take a psychology course, which she stated, "had 300 seats, so they weren't going to be anywhere near full, because it's a huge lecture."

Flo didn't know where to start. She said, "My friends from Linwell somehow figured it out, and I was like, you need to tell me what to do because I actually don't understand this at all." She added that one friend talked her through the process, stating, "So, he's like okay, you need to log on the [student centre site] and I'm like is that the thing with the weird white page with all the options?" His instructions had her accessing a schedule planner, a timetable, and then the academic calendar for course descriptions. To find the required courses, for which students also had to self-register by section, she said he told her, "Google the Scottlea University nursing program and go down to third year and see all your required courses." According to Flo, "That's how we figured out the required courses every year."

Even with detailed written instructions from the program, participants found the process overly complicated, particularly because they were required to enrol for all courses in both terms of the academic year. Participants went to their friends, social

media, and family members for assistance to walk them through the process. A counselor at Scottlea provided their office phone number, Skype™ username, and email address, however participants only contacted her in a desperate last resort when they were unable to enrol in courses. According to Flo, the counselor told her she "was so overwhelmed because all these people were signing up for the wrong things … and she's like 'this is a nightmare'."

Callista was attending summer school and had to leave class with her computer, only to find that she could not enrol in the same courses as her friends, or much of anything else. This left her feeling scared and panicking, recalling at the time, asking herself, "What am I going to do?" When she was unable to enrol in courses, she made a long-distance phone call to a counselor that went to voicemail. She continued, "Oh my God, what am I going to do? Panicking. I even sent her a message on Skype™ and left a voicemail, it was so much hassle." Since the counselor was not responding, she checked the class Facebook® site, which according to Trevor, "was going wild" the first day registration opened, and discovered the best method was to email the counselor. Finally, Callista recalled, "I got into the class but not the same class with my friends, which is understandable." She was relieved but, like other participants, could not take the electives she wanted due to conflicts with the scheduling of nursing courses.

Students found registering for lab and clinical practice courses particularly difficult. The sections were small, increasing the number of options available. Trevor explained, "When we were signing up for our labs, people were unaware that they happened at different times on different dates. That's not very clear or apparent online when you sign up." He continued, "When I was choosing my lab, it comes up with this great big list of 32 or 33 numbers that pop up … you have to click into every individual

one and see [the times]." Jean encountered similar challenges registering for labs, recalling, "It took me about six hours to get all my courses the right way, because you have to add two at the same time and if you don't, then it sends you back to the start."

The timing of the registration appointments in the middle of the summer proved to be quite inconvenient. There was a considerable length of time between winter term information session, the end of second year, and the opening of course registration. Participants thought they had to log on to the registration system the minute their appointment opened. Trevor said, "It was weird to all of a sudden in the middle of July have to think about picking courses, randomly on a Monday." Trevor took a morning off work, Billy tried to enrol during breaks at work, and Cordelia, who was also working said, "I was doing course registration on my cell phone." Reflecting on her experience registering for courses, Callista questioned, "Why do they make things so complicated? … I just had a very bad experience."

Several participants stated they received online appointments near the end of the registration period, which further limited not only their elective choices, but their desired sections in mandatory nursing courses. Billy wanted to be well prepared when his appointment opened and recalled, "I spent four days trying to figure out what classes I could take that didn't overlap, what section I would be in; also had one of the last registration times." He said his selections were already full. He lamented, "So all the planning that you did for pre-registration and all the courses that you've already selected … it's gone to shit … and then so you literally have to start over again."

Nel experienced additional stress when her appointment opened since she was working in a remote location where the Wi-Fi internet connection was not reliable. Nel stated, "I had one of the last days and by the time I tried to sign up, nothing was available

and that's not your fault." She added, "I tried to over prepare and still, you can't really."

She said, "I was only enrolled in two [courses]. And that's required courses and not

required courses, this doesn't make sense." She contacted a counselor and recalled the

conversation:

> And she's like, wow, you didn't get into much. I was like, no I didn't, I don't
>
> know what to do. Do you think I should change all my electives and apply for
>
> clinical on another day? And she's like, well, that's full too. I don't understand
>
> how required classes can be full if it's a required course? You can't not let me into
>
> a required class. So, that was really hard.

Nel suspected she would have the same challenges if she had been at home. She

continued, "Even at home it would have been hard because you're at work and you can't

just say, oh, sorry, I need the day off to do my courses. And then not get into any of them

anyways."

Participants found the scheduling of the mandatory nursing courses limited their

elective course choices. According to Madeleine, "There's a lot of courses that don't fit in

your schedule and it's unfortunate but that's nursing." She seemed resigned to having to

take electives that fit with the program's mandatory course schedule rather than choosing

electives that interested her. Eventually, Madeleine obtained special permission to take an

elective she liked. At the time of the interview, she was considering switching her elective

in the winter term from a social science course to one she believed would be more

interesting and more applicable to nursing.

Flo described how choosing electives was particularly challenging in the winter

semester when professional practices courses had additional hours. She said:

Literally for second semester, the only options I had was Monday morning, Monday night and then Tuesday nights. That's the only option because Wednesday is Sim lab which takes up a huge four-hour chunk in the middle of the day, unless you take a night class and Thursday and Friday, you can't have anything.

Flo said, "I got those two electives that I originally wasn't planning to be in … because I just needed something". However, she was satisfied with her choices, stating, "They're all fine."

Ida's registration appointment opened at the end of the time period, also limiting her elective options. She stated, "I had to really go and pick some things that I didn't want to do … I didn't do as well as I wanted to." She was able to switch her winter term elective to a course her friends suggested, which she called "a bird course … there is some relation to nursing, more of a public health aspect … there is no textbook so that's another benefit because we had almost an additional $1,000 on textbooks." Ida believed her overall grade point average was negatively affected by her lack of elective choice. Therefore, she switched to a winter course that she thought would be easier, yet with little direct relationship to nursing. Not having to purchase a textbook was a practical reason for Ida to switch electives.

During my interviews with participants, additional system issues surfaced with course registrations. Participants could go back into the system to adjust their enrolments. However, according to Billy, the lack of status notifications meant, as he discovered, "You have to stay active on it, because everything is changing as new people are put in through registration, classes are closing", adding to the time and stress of the process. He

declared, "I personally despise Scottlea's way of course selection" and questioned why students must register themselves in mandatory courses.

Nel remembered, "When you sign in, it doesn't flag you when things aren't open, it doesn't put you on a waitlist for some of your electives, you just have to constantly check." To try and register in the elective she wanted, she recalled:

I had to wake up every morning and let's check it. Before I went to bed every night, let's check. I just kept checking. And then when I got home from [her summer job], I just kept doing it and finally 2 in the morning one night, the class was open!

Despite all Nel's challenges, one month after her initial registration appointment, seats opened in the electives she wanted. Although excited, this created a dilemma for Nel. She explained, "You don't want to drop another class because you can't add it without dropping. And then, if I drop it and then I don't get it [the course that opened] because I press refresh and it's gone." Nel realized neither the course she dropped nor the course she wanted might be available by the time the system refresh was complete. Nel took a chance and finally was able to enrol in her desired elective. She summarized her experience, "It's just a different system, so you don't know how to do it, you're not familiar with it, and then when you do do it, it doesn't work for you anyways."

The reflections of my participants highlighted how the course registration process at Scottlea University was confusing, time consuming, challenging, and stressful. Their descriptions of their experience uncovered the complexity of the process for nursing students and gaps in the instructions they were given. Elective choice was limited, leading several participants to take courses not of their choosing just to get the credit. They recalled this experience as being chaotic (Trevor), rough (Jean), and difficult (Aiden and

Sue). In fact, Billy felt the process consumed so much of his time and caused what he

called "needless stress." The course registration process turned out to be a negative

experience before the academic year began at the university site.

**Adjusting to Different Learning Management System**

The next institutional system threshold challenge my participants encountered

during their transition to the university site was the learning management system (LMS).

LMSs are "enterprise-wide and internet-based systems … that integrate a wide range of

pedagogical and course administration tools … which can be used to support an entire

university's teaching and learning programmes" (Coates, James, & Balwin, 2005).

Although both sites had a LMS, different platforms were used, creating another barrier

for the Linwell site students.

In her pre-interview activity, Callista described using two different LMS as

"knowing both English and French as a Canadian." After reviewing her interview

transcript, she added further clarification in an email, stating, "Students from Scottlea

only need to know how to speak English using Scottlea LMS, I am learning how to speak

French as my second language. It is difficult and we are not familiar with using it." Thus,

the more "bilingual" participants were in the LMS, the more successful their adjustment

to the Scottlea LMS.

During the first two years of the program, participants had some degree of

familiarity with the Scottlea LMS through four online mandatory science courses offered

exclusively through the university site. However, according to Trevor, "there's just

certain aspects of [the Scottlea LMS] you never explored." He explained, "For the science

courses I would log on, look up the module, complete the module and log off … that was

basically the extent of my use of [the Scottlea LMS] for the first two years." The modules

included weekly quizzes, which Jean found to benefit her transition to the Scottlea LMS.

She recalled, "That was really helpful just do those online quizzes and to get a feel for

[the Scottlea LMS] otherwise [the Scottlea LMS] would have been a new thing compared

to [the Linwell LMS] – they're hugely different."

For Sue and Flo, the LMS threshold seemed easy to cross. Flo recognized the

Scottlea LMS did not parallel that of the Linwell, but for her, the systems were not that

different. Although she found "the screen is a little confusing at times", she added, the

Scottlea LMS was as she said, "a little more well organized", unlike Trevor who called

the university LMS "chaotic." Sue recalled she always seemed to have problems with the

Linwell LMS, stating, "There's a lot more glitches with [the Linwell LMS]", which she

found annoying.

The transition to the Scottlea LMS was almost seamless for Sue and Flo, however,

this was not the experience of other participants, who were less bilingual in both LMSs.

Aiden said, "The hardest thing I think was transitioning from [the Linwell LMS] to [the

Scottlea LMS]." When I interviewed Jane during the last few weeks of the academic year,

she said, "the [the Scottlea LMS] was "big adjustment … so that was a little stressful."

In the Linwell LMS, all course sites had a similar structure and appearance

making the system easy for students to navigate. Trevor said he found the Linwell LMS

"more straightforward" stating, "Things go here and that's it …go to the content section.

You find the syllabus. You find the learning activities. Dropbox is here. It's not labelled

anything else." According to Trevor, student ambassadors or "superusers" at the college

facilitated students' navigation of the Linwell LMS. Aiden recalled, "Every September,

you have the [Linwell LMS] ambassadors at every corner." She added, "You won't see

that at Scottlea". Trevor took advantage of the ambassadors who lived in residence. He explained:

> So many of them lived in my residence and one of them was friends with my roommate. So, it's like hey – can you take a look at my [Linwell LMS] and tell me why this keeps disappearing of how do I expand this box?

The ease of use and availability of assistance and support at the college was reassuring and facilitated students becoming confident using the Linwell LMS.

Trevor identified an additional challenge. Course site setup on the Scottlea LMS varied amongst professors. He shared:

> My five courses at Scottlea right now, each of the professors has the class slides under a different tab on [the Scottlea LMS]. So, every time I go online, I have to remember, okay, this one has it under lecture notes. This one has it under class resources. This one has it just on the home page.

He continued:

> This flexibility is great because it allows them to really design the page the way they like, but trying to find resources I'm looking for is … a complicated problem for me trying to find stuff, especially if I'm in a rush.

Trevor recognized the flexibility in the Scottlea LMS benefited all course professors across the university. Nevertheless, the wide variation in LMS course site set up and differing use of tabs and labels, was confusing and created time consuming navigation challenges for students. He proclaimed, "For the Scottlea kids it was so straightforward … they were used to the chaos of [the Scottlea LMS]". This was frustrating for Trevor since he believed they did not know any other system and had two years to figure it out.

The email function in the Scottlea's LMS took some getting used to for participants. Nel stated she liked the Linwell LMS "because your email is in with everything because that makes sense instead of having four accounts to log into. It's hard and you're always logging in constantly." Jean's reflection was similar. She stated, "[The Linwell LMS] has the email account right in there, so you just sign in and you've got your emails. You've got your notifications. It'll tell you if there's an exam coming up or due dates." She added, "My email address now is Office 365® or something and then [the Scottlea LMS] email is something separate. You have to sign into two different accounts. You just can't sign into one to get everything", even though she confirmed her username and password were the same to log into Office 365® and the LMS.

Without the notification function, Cordelia missed emails since she didn't realize email in the Scottlea LMS was specific to each course. She explained when logging into the Linwell LMS, students "get a little red bubble letting us know there's a new thing added to your course – nothing here. Last semester [a professor] sent us an email … I missed two emails from [my course professor] and that's not me." Logging into different email accounts with the same user identification was confusing, challenging, and time consuming for students.

The messaging function in the Scottlea LMS course sites was bewildering for several participants since this differed from email. Aiden described an incident from her fall professional practice course that illustrated Callista's comparison of using the university LMS to learning a second language. Aiden remembered, "When we started, our placement instructor asked us all to message our [evaluations] and I had no idea what messaging was. I assumed that was email." Aiden continued, "Actually all of us that were in the [the college] group with her, we all emailed it in to her, thinking that was what she

wanted." Aiden explained, "With [the college online learning system] all you have to do is look for a drop box all your assignment dates are there, and you just pick which one and you submit." She said:

> She [the instructor] didn't say anything to us that first week and the following week she sent an email saying that you guys are handing it in wrong, you need to message it, please don't email it to me or else it counts as late. Well, we have no idea of what you mean by message, can you please explain what messaging is?

According to the explanation given, Aiden said she understood "messaging over [the Scottlea LMS] is more secure than emailing and sometimes the things that you send over message don't get emailed to you." She added, "It's very confusing, I don't know", remembering that her clinical placement instructor "returned our assignments over messages and so for a couple of weeks I had no idea that I had anything back." Aiden recalled:

> I asked her if she could do that [add a drop box] for her next group because I had no idea what messaging was, and she said that she didn't know how to set up the drop box but so she said that she would look into learning how to do that.

> In addition to her experience in her placement, Aiden found inconsistencies in assignment submission instructions across all her courses, stating this was "pretty complicated" for her. She went on to say, "I didn't even know how to hand in my assignments most of the time." The Scottlea LMS was very challenging for Aiden, leading her to lament, "To this day, I really miss [the Linwell LMS] … how easy it was to use." Janes voiced a similar challenge, disclosing, "I still don't know how to use the drop box in [the Scottlea LMS], and we don't have to because there's a drop box and an assignment drop box … I can't figure it out."

The recollections of my participants revealed how the Scottlea LMS was a challenging threshold during their transition to the university site. Although Sue and Flo found the adjustment easy, others faced considerable challenges due to the variances in course site set up and their perceived lack of support at Scottlea necessary to develop the knowledge and confidence required to navigate the LMS competently.

**Assumptions About the Other**

Before starting third year, participants formed assumptions about the Scottlea site based on previous Linwell site students' descriptions of their experiences of their transition. They also faced preconceptions from university faculty about their learning at the college site. Billy claimed, "A lot of people from the university were like, oh, you went to Linwell, you guys are going to do poorly."

Madeleine talked about the stories she heard while in second year. She said, "I was afraid that there was going to be some sort of hierarchy with the professors when I came here … that I would be treated differently." Ida recalled, "I was told before transferring there might be some issues with the Scottlea students, they might look down on us." However, she found, "The Scottlea students are more inviting and really friendly" adding, "In our clinical group we got along. So, there is more of an alliance there than distance."

All was fine for Sue, even though she also heard similar rumours. She said, "There are rumours floating around they have this snooty kind of attitude they're better because they're from Scottlea and we're not because we're from Linwell. And so that was really interesting to me because I didn't see that at all." She added, "I felt the Scottlea students were extremely welcoming to us ... I didn't feel any kind of superiority from

them, or they were being condescending in any way. … I kind of expected it to be that way from hearsay."

Flo, who described herself as "very outgoing", recalled, "I felt part of some of the drama between Scottlea and Linwell, where, oh, Scottlea thinks they're better than us." She said, "They don't have enough time to care what we're doing. We need to stop overreacting. It's going to be fine." However, other participants did worry about how they would be received at the university.

Several participants mentioned their first day at Scottlea. Madeleine thought being welcomed made the transition a little easier, recalling, "The first day of class, each class would say welcome, we've been waiting for you and that kind of thing is nice, but it's not really been brought up since." She surmised, "Maybe I prefer it that way because I don't want to be singled out." However, Billy did feel singled out by faculty who, as he said, "like[d] to point out that we're all together now, which I think was brought up way too often. Oh, welcome Linwell students, blah, blah, blah, okay, we're all the same here, let's not bring it up a million times." There seemed to be a fine line between being welcomed and being identified as different.

Questions of equality did arise, even though Billy declared, "We're all the same here." These questions evolved from perceptions about the program's joint admission process whereby prospective students apply to both sites of the program through the university application portal. Several participants commented they encountered people who presumed they had to attend the college site because they did not have the minimum grades required for an offer to Scottlea. However, this was not the case for my participants. Cordelia stated:

I think that Scottlea has kind of the attitude that they're better than us but really, we're equal and they have a mentality that they have the higher average and that's why they went to Scottlea and, you know, people who got lower averages are at Linwell but that's not the case. I got accepted at both and I chose to stay at Linwell.

Cordelia sensed some people assumed she was not smart enough to receive an offer from Scottlea, even though she had a previous university degree and a pre-health sciences certificate from Linwell.

Starting at the college site was the right choice for Nel. However, when confronted with assumptions about Linwell College and Linwell students, she began to have some self-doubt. She stated, "Going to the college first and then coming to university was the best decision and I would recommend more people do it. A lot of people just have this idea that it's not good enough and people judge you." Nel wondered if assumptions about community colleges influenced other's opinions about her choice, leading to some stigma in her friends and family. She explained:

Even people like my family or my friends are like, oh, you're finally at Scottlea, that's really good for you. I was like, so the last two years were just a waste of my time? What are you talking about? What is that supposed to mean? We're so happy you're finally at Scottlea. Why? Obviously, nothing to do with them, it's you know, my decision and I should just be happy. But that makes you second guess yourself.

She continued:

A lot of people just associate Linwell with, oh, you must party a lot or you must go out a lot. You must not be smart enough to get into university. Whereas, I

probably would have had that same mentality if I didn't come here but that's just

ignorant.

Nel shared, "Perceptions of other people do affect you even though you don't want them

to." Despite this, she declared, "I would go back and do the collaborative again. It was

better for me to do it this way."

 At the beginning of the program, Callista disclosed, "I did feel ashamed that I'm

from Linwell but I'm like whatever now. I just tell everyone – I don't feel like the

Scottlea students are any better than the Linwell students." Although she tried to convince

herself of this, some doubt crept in later in the interview when she said, "Maybe they look

down on us. This is what I thought when I first came here. Maybe they don't like us

because we are from Linwell. Maybe they will discriminate against us." She seemed to

have these assumptions confirmed in conversation with a science professor. She recalled

this professor told her, "The Linwell students have lower average when they get accepted.

What she meant – how I interpreted it is, a lower quality of learning. I was so shocked she

said it that way." She continued, "I was so offended. Excuse me? They're from Linwell

so that's why they have the lower average than the Scottlea people? And I was like, we

are no different, at least this is what I tell myself." She repeated, "I was so shocked she

said it that way" but added, trying to convince herself:

> I know we're kind of different because I asked the Scottlea people, and they said
>
> they got 90 [%] for getting into Scottlea for the high school average. I'm 88 [%],
>
> so I'm the minimum … it's just the [science] professor, she has no idea but that
>
> day I was so offended. All these years the professors at Linwell told us you guys
>
> have the same tasks, same stuff, we're teaching you guys the same stuff, same

exam time. And then the professor would tell them, oh yeah you guys are from

Linwell. You know they're dumber, basically.

Callista wondered if the science professor was right. She suspected there actually were

differences in abilities between the Scottlea and Linwell students, contradicting an earlier

belief the program was the same at both sites. This question surfaced in Callista's pre-

interview activity, where she compared her transition from the college to the university to

that of moving from the country to the city. She explained, "You join with other people

from the city and then, you realize, oh, maybe they don't like us because we're from the

countryside. We're from Linwell, maybe they look down on us."

Jane received offers of admission to both sites. She accepted the offer to the

college site since she was familiar with the school from her previous post-secondary

education. She stated, "I really liked the school. I heard good things about the nursing

program there. I had a few friends whose parents were nurses, ~~and~~ they really like

Linwell nurses. So, I thought I'd give it a try." Jane was very comfortable at Linwell and

very happy with her decision to pursue nursing. However, her initial experience at

Scottlea was less than positive. She described her first day at the university site:

> The first discussion of the day with all the new professors, not our elective
>
> professors, but our nursing professors. Now, we've got the Linwell students here,
>
> … one [nursing professor] said, 'We know you're not going to do as well at the
>
> Scottlea students on papers. We expect that.' A lot of students were kind of like,
>
> what?

Jane said, "I felt confident with lab skills and things, and then it's kind of like well

we know you're not going to do as well." This bothered Jane since she wanted to excel in

the program. Based on this experience, Jane concluded, "By the professors, we're treated

very differently." Jane added, "Not by the students we haven't. I personally found we haven't been treated differently … the students have been great, super great to get along with, they're very helpful."  Jane recalled a similar experience in the winter term:

> In my lab this semester, the same thing. 'Well, we know you didn't have this experience at lab in Linwell,' my instructor made that remark. I'm like, what are you talking about? Our lab was much more organized than this.

She assumed the instructor was implying the Linwell lab course was lacking, even though the course learning outcomes were the same across sites which reinforced the comments made by a faculty member on her first day at Scottlea. Jane believed the Linwell students proved this instructor wrong, adding:

> But everyone did very well in the lab from Linwell, so hopefully by the end of the semester she saw that. That was at the beginning of this semester. So, maybe now she realizes, 'cause she's like, 'oh you did very well.' Oh, thanks, I think.

These assumptions from some Scottlea professors created a distance between Jane and the university faculty.

Nel described a similar experience with a clinical instructor. She recalled, "Even our clinical instructor's comparing us, 'I can tell who the better writers are based on where you went to school.' But then didn't tell us who were the better writers. I don't know how to take that." Even though Nel stated she maintained her grades and did well at Scottlea, she seemed to experience a sense of insecurity in her own abilities based on the assumptions of others in authority.

Cordelia's unfamiliarity with the Scottlea campus made her feel disadvantaged compared to her university classmates. She claimed, "We felt inferior in a way. Inferior in the sense that they already are familiar with the campus. They're familiar with the

teachers as well and know what they expect." Cordelia explained, "It's just the inside rules. We haven't had a chance to get exposed to them," leading her to say, "I was pretty much thrown to the wolves in a sense, and you're left on your own to figure out how to escape that cage of wolves." Cordelia's description reveals those in authority at Scottlea seemed to lack any perception about the challenges the Linwell students faced in their transition to the university and how little information the Linwell students had about the day-to-day processes of the university. The lack of "insider knowledge" made Cordelia feel threatened and powerless.

**Figure 3**

*Nel: Pre-Interview Activity #1*



Nel also lacked insider knowledge of Scottlea, which she represented in her first of two pre-interview activities by being blindfolded amidst a flame (Figure 3). She revealed how unprepared she felt to be at Scottlea. Nel divulged her feelings of inferiority compared to her Scottlea peers. Pointing to her drawing, she explained:

This - the do not equal sign. I don't know. I don't feel as equal with my peers here as I did at Linwell. Maybe because, just because of some of the comments I've received or whatever. I don't know, I'm still compared to them grade wise. I'm still doing pretty well and we're all still here. It is clear from participants' reflections, the assumptions they believed others at Scottlea held about them affected their confidence, not only in their own abilities, but in their learning at Linwell.

**Summary**

Participants' stories in this chapter uncovered the barriers they encountered during their transition to the Scottlea site.  Registering courses, adjusting to the Scottlea LMS, and dealing with assumptions, combined with the time required to navigate through these thresholds on their own, left the participants confused, and frustrated and feeling disadvantaged compared to their Scottlea site peers. In the next theme, The University as a Betwixt Space, I continue to explore participants' experiences navigating Scottlea during their transition.

**Chapter 5**

**The University as a Betwixt Space**

Participants entered unknown physical and academic spaces when they arrived at the Scottlea site for third and fourth years. In this theme, I explore in more depth participants' of being in a betwixt or liminal space. The sub-themes of "It's Just Like Starting Over" and "It's Not Easy to Navigate on Your Own" reveal the disruption participants experienced in their transition to the university.

**"It's Just Like Starting Over"**

Typical of being in a betwixt space, participants were filled with uncertainty, feeling as if they were starting over at the beginning of the program and less confident about their ability to be successful (Palmer et al., 2009). Their transition was a journey from the known where they were comfortable, into a vast unknown full of ambiguity. For Madeleine recalled starting third year was "just like you start the first year all over again." Billy surmised, "I think you do kind of get a little bit lost in the crowd" at Scottlea. They had to navigate a larger campus, find support services, and become familiar with what was expected of them at the university.

Participants cited several reasons for starting the program at the Linwell site. They believed smaller classes and familiarity with Linwell were ways to ease oneself into Scottlea. Sue, in her pre-interview activity mused:

Linwell is kind of like giving birth in water and the water's Linwell. It's still a change but it's more gradual, so like giving birth in water and then coming out into the world. It just eases the shock a little bit.

Nel believed starting at the Linwell was right for her. She stated, "If I had just come to Scottlea, the shock would have been just astronomical … it was better for me to

do it this way." Even though moving to the Scottlea at the mid-point of the collaborative program was a planned and expected transition, she added, "There's no way to prepare yourself."

Several participants received offers of admission to both sites and accepted the offer to the Linwell site. Trevor's family members were familiar with Linwell which he thought would be helpful. He also chose the Linwell because of its smaller size and location. These factors were important to him. He shared, "I came from a very small high school and a small community … I wanted more of a small community atmosphere." Cordelia, Billy, Aiden, and Jane were alumni of various programs at the Linwell and chose to attend that site because they were very familiar with the college.

I interviewed Madeleine six weeks into the fall term of third year. She recalled, "My worries made [me] a little anxious to come Scottlea." Madeleine said moving to the university was, "Something new. It's just like you start first year all over again", adding, "It's overall just the big school, right? I mean just getting used to the campus is huge … you definitely have to adjust to the bigger sense of everything."

Nel disclosed third year was also "like starting school all over again". She said, "You don't really have a sense of what the year's actually going to be like … until you come in." The second of Nel's two pre-interview activities (Figure 4) revealed the uncertainty she felt heading into the unknown context of the university.

Comparing her experience at the college site to the university, Nel described herself feeling overwhelmed, going from "a big fish in a small pond to a small fish in a big pond", and going from being "valued" and "intelligent" to feeling "lost", "disconnected", and "not as smart." She said she sensed the atmosphere at Scottlea to be more competitive, causing her to be more "on her own."  In addition, some of her identity

was lost since she was "just a number" at the university. She stated, "I feel I had more control over everything Linwell", the loss of which is also suggested in her pre-interview activity statement "being the captain of the ship but sailing into stormy waters." She continued stating, "There's less to deal with Linwell, everything is so close … whereas here Scottlea it's so spread out. This campus is a lot bigger … you can go a whole day without seeing anyone I know."

**Figure 4**

*Nel: Pre-Interview Activity #2*



Looking back, Nel said she believed starting at the Linwell site:

> Was a really good way to go from high school. Even though I was taking Scottlea
>
> courses at Linwell, the smaller classes, just more controlled, it was a really nice

way to transition through, I think. Because it would have been too much for me probably. I could have done it, but I feel like it was better for me to do it this way.

Even though starting at the Linwell site was right for Nel, I return to her first interview activity List of Figures 3, p. 82) which illustrates the complexity of her experience of transition.

Nel began explaining her drawing by pointing to the figure in the middle, stating, "So this is me. So, I feel like coming to Scottlea, I was thrown a little bit into the fire. I'm blindfolded because sometimes here I feel lost, actually, I don't know where I'm going because it's so big."

Moving on to the picture in the bottom left, she compared the Linwell and the Scottlea while explaining how lost she was at the Scottlea:

All the buildings at Linwell connect, there's really good signage, everything is just nice. Whereas here Scottlea, buildings are everywhere, they're not always labelled from different directions, and floors don't make sense. … I don't want to walk into a class that's not mine … So lost that way and also lost, I don't know where to go if I need to pay my tuition, I don't know where I need to go to find [my counselor]. I don't know where to go to go to student health … when people [say], oh you can study in this room or this place has really good resources, or textbooks are here. I'm like, where? How? What? Just because I got so familiar with Linwell.

Nel repeated, "[I feel] so lost sometimes. But I'm getting through it. But it's, you feel lost physically and also emotionally and everything." Nevertheless, she said added the streamers, "because I was excited. I think going to Linwell and then coming here, it's like coming to school again, starting fresh … having a new place to do your thing, meeting

new people, just different experiences", indicating she experienced conflicting emotions about being at Scottlea.

Moving to the next picture in her pre-interview drawing, Nel referred to her to do list as "never-ending." She said, "The list is greater because I had to spend more time finding where I'm going." Even though her sense of being lost was overwhelming and affected her ability to complete the tasks on her to do list, she persevered.

**Figure 5**

*Jean: Pre-Interview Activity #1*



Jean brought two pictures to her interview (Figures 5 and 6). She referred to her first picture (Figure 5) explaining:

> So, this one was me – the end of second year, because I kind of figured what was
>
> on the campus at Linwell and I knew if I needed help with essays and stuff I knew
>
> exactly where I was going. I went online and googled a picture of confidence.
>
> And that kind of summed it up.

Jean pointed to the second picture (Figure 6), continuing:

This one – it's me here for the first month. I was so confused, and I was

wandering around. I didn't know where to go for paying tuition or stuff like that.

So that was me finding all of the buildings all over again.

**Figure 6**

*Jean: Pre-Interview Activity #2*



© Can Stock Photo - csp23597254

Jean explained:

This is me sitting at the bus here going hmmm. If I take the east bus, is it going to

take me east? … I had to relearn the entire bus route – and back to square one

there … I was pretty lost the first month.

She shared, "I have the PDF file of the entire campus map on my phone because I get lost

so easily."

As she continued to look at her second picture, Jean said she made good use of

writing resources at the Linwell. She recalled:

When I was at Linwell, I would go [to their learning centre] for English help and I

would get them to read over my essays and they'd just mark my APAs but when I

came here, I still don't know where I go to do that.

She added, "I like to have all my citations correct, all of my references at the end all in proper format. It's like a guaranteed 10 marks."  However, at the time of her interview at the end of the fall term, she still did not know where to go at Scottlea for assistance formatting assignments but said, "I'm kind of working through it on my own."

Aiden's experience of the transition, like that of Nel and Jean, was one of being lost. Aiden was excited to join her Scottlea classmates. However, she disclosed she found the transition difficult:

I didn't think there would be any struggle actually. That was probably an oversight on my part but no, I was excited and happy to try a new campus and it wasn't until I was actually being there and going through it that I really wanted to come back to Linwell.

Aiden believed the Linwell site students had "to do a bit more" than her Scottlea site classmates. She said they had "to catch up to them, even though we've been learning the same things over the past couple of years." She realized her Scottlea classmates experienced their own transition to third year, however for her, she explained:

[It] definitely does feel like we are starting brand new and have to catch up to them, even though we have been learning the same things over the past couple years. It does feel like we have to start over, do a bit more than they do.

Another aspect of starting over for Aiden, similar to Jean's experience, was getting around the Scottlea campus and finding parking. Thinking back to her time at the Linwell, she compared the sites:

I would say the campus is a lot different. I know that at Linwell, even if you are lost you are not really lost because it's so easy to find your way around and everything is connected. With Scottlea, I had to print out a map and I actually put

a map on my phone too, just so I could find things. … The campus is a lot harder

to find things with driving. I know when walking it's pretty easy the roads don't

really matter, you can cut through anywhere but with driving I was actually late

for a lab once because I couldn't find parking. I thought I was going one way to a

specific lot, but I actually wasn't and it was a little confusing.

As my interviews progressed over time, participants' sense of being overwhelmed

by feelings of being lost evolved into identifying challenges navigating the physical

campus and Scottlea systems. Their recollections described in the following sub-theme

*"*It's Not Easy to Navigate*"* *brought* to light they were very much on their own to find

their way.

**It's Not Easy to Navigate**

Participants continued to experience barriers with wayfinding as they progressed

through third year. They had to figure out the location of their classes, the libraries, and

support services on their own. Flo summed this up by concluding, "There's no one spot to

look and find everything you need. It's all over the place and you have to dig for it." Jane

equated these experiences to "kind of like navigating without a GPS. You're just kind of

hoping for the best."

Callista used her pre-interview activity to compare her transition to the Scottlea as

moving from the country to the city. She started with:

When I was at Linwell, I feel like I'm a countryside girl along with everyone. I

know everyone just like how a countryside works. You know your neighbours;

you know your teachers. I felt when I was at the Linwell, teachers were more

approachable, and you know everyone. And teachers know your names. … It's

friendly, approachable … it's like our little safe zone.

She went on to describe her impressions of the move to the university:

> Going to the Scottlea is like going to the big city where you join with other people from the city and then, you realize oh, maybe they don't like us because we're from the countryside. We're from Linwell. Maybe they look down on us. This is what I thought when I first came here. … If you're from a countryside and you just suddenly go to a city to work in one big company and you have to figure out everything.

Callista questioned where she fit. She stated, "We're not college students but we're here because we're in collaborative work, we're the Linwell students but as college students you don't fit in Linwell again … we don't fit anywhere."

When I asked Cordelia a to tell me about her pre-interview activity, she also described her transition as a journey, explaining, "I was riding a train, my first stop is at Linwell … it's simple. You know where the exits and the entrances are and how to get to the bus to the street cars." She continued:

> Once I finished Linwell, I jumped on the train and continued my journey and got off at Scottlea which to me is like Grand Central or Union Station. There's just multiple exits, multiple entrances. There's not exactly one person to help you. I feel like I'm just climbing up stairs and walking around and just kind of getting lost and just keep looking at the signs, the boards, just to figure out where I am and how to get myself to a classroom or to a lecture hall or to a library or to Tim Hortons.

Her description of her arrival at the station revealed how she felt lost and confused at the Scottlea site, and like other participants, figuring out how to find her way on her own was time consuming.

In addition to physically finding her way around the university campus, Cordelia had challenges navigating Scottlea web sites. Comparing her experience at Linwell, she stated, "Navigating the Scottlea site? Well, there's not even one site there's multiple sites that we have to navigate. There's just so many sites whereas at Linwell there's one site and it's user friendly." Referring to an assignment requiring a literature search, she added, "Finding the library and using their research site, it's completely different from Linwell. That was an additional barrier for the Linwell students to complete this assignment." On a positive note, Cordelia found the online library resources at Scottlea helpful, stating, "Once you find it [the library], then you can go miles with it, so it's been good in that sense." She summarized her experience, saying, "There's just a lot of navigation and that's what I feel like my journey is right now", revealing the challenges she experienced with several aspects of the spaces and systems at Scottlea and, as she said, having "to get used to a different kind of norm."

Mid way through the winter term, Trevor still was unfamiliar with the Scottlea campus and felt disconnected from the Scottlea community. He attributed this to the class schedule, since third year included clinical practice days off campus.  He explained:

> As enjoyable as the experiences of coming to Scottlea are and the great big school, it's tough in third year because we're only here, you know, two or three days a week. So that makes it tough to get accustomed to the campus and the have the experiences that make you feel connected to the Scottlea community.

He continued by comparing his experience at Linwell to Scottlea:

> At the Linwell site, I could rhyme off - I can tell you where the best place to study is. I can tell you which doors are unlocked after hours if you need to get in and get something. I know where the best food - and those things make your feel very

comfortable on the campus, right? And coming to Scottlea I still don't know. I

still feel like I'm looking for a place to study. I'm like well, do I go here, or do I

try there? Would this be better? I just don't know those things.

As Trevor brings to light, the way third year courses were scheduled with decreased

physical time on campus was an additional barrier for participants to become familiar

with the physical layout and resources at the Scottlea site.

Towards the end of third year, Jane stated she found her "transition difficult" in a

"new environment." She shared, "I felt like I was starting back at the beginning … you're

at a loss, you don't know where anything is." She added, "We're new and everything is

new and they just kind of expect we already know." She shared an example, recalling, "I

need a new nametag, and I'm trying to get an answer for where I go for this, it's like

pulling teeth."

Jane developed three metaphors for her pre-interview activity. Two relate to

wayfinding. She began:

So, if you're a musician and I go in and I'm playing with a new orchestra in a new

concert hall, and I sit down and introduce myself to everyone. And you start

playing and you see the conductor start, and then you play, and then all you can

hear is yourself, you can't hear anything else. You can't, you're just kind of on

your own, just fending for yourself.

Jane felt "out of sync" and alone at the university. Her second representation showed her

frustration with her perceived lack of guidance. She continued:

The second was, I guess more relatable, when you have to call tech support and

you just keep getting put on hold, and wait, we can't help you, wait for the next

person, we can't help you, and finally at the end of the call, I can help you and

then you lose your connection after three hours.

At the end of our interview, Jane summarized, "It's almost a year, it's easier, I can figure

things out for the most part … I just kind of go with the flow and try and figure it out."

Jane's descriptions of her experience reveal her frustration with the lack of direction and

assistance and her acceptance that she was on her own to find her way.

Sue had some familiarity with the Scottlea site before third year. She shared:

The transition in terms of my academics wasn't hard at all. It was more the

transition of the environment … the size of the campus and the change in the

routine of the day for sure. And it's just so much bigger. There's so many more

options Scottlea and it can be overwhelming.

Reflecting upon third year, she concluded, "The transition was fine. There were changes

but, you know, there are positives and negatives to both."

**Summary**

The theme The University as a Betwixt Space, revealed participants felt lost,

confused, and frustrated navigating the physical spaces and systems at the university site.

In the next chapter, I explore how participants' liminality at Scottlea shaped their

relationships with peers, professors, and the university itself.

**Chapter 6**

**Different Atmosphere — Different Culture**

Leaving the familiarity and comfort of Linwell College affected participants'

relationships. They found their Scottlea classmates well established at the university, not

only in the university context and culture, but in their relationships with the institution

and course professors. Participants were incomers at Scottlea unaware of the "inside

rules", feeling alone, isolated, and a little left out. System-centred institutional practices

disrupted participants' sense of community and trust, reshaped their relationships with

their Linwell classmates, and gave them a sense of what was valued at the university.

In this chapter, I explore how program timetables shaped participants'

relationships, their ability to complete group assignments. Grading of assignments and the

pressure to enrol in the fast-track program completion option met the needs of the system

not students.  The sub-themes Relationships are Different here, For the Convenience of

the Institutional System, and The Supremacy of Formatting describe these challenges.

**Relationships are Different Here**

Participants had much to say about relationships, even though this was not a

specific question in the interview guide. Comments about peer relationships were

frequent. Friendships participants developed at Linwell were sustained throughout third

year. Jean stated, "By the end of last year, I knew everyone in the nursing program at

least their face and basic names." Aiden made a similar comment, "You knew who

everyone was even if you didn't specifically talk to any person." However, Aiden noticed

a difference among her Scottlea classmates. Reflecting upon orientation to third year,

Aiden recalled:

I asked some of the Scottlea students, 'Oh are you guys friends? Do you know each other well?' And they would all say, 'We had classes together, but I don't know her.' So, they weren't very familiar with each other the same way that the students from Linwell were.

She added, "I think that it is kind of sad for them. I mean, I like knowing who I am going to school with and building up a relationship with them."

Jane made a similar observation. When she asked Scottlea students if they knew people in their class, she said, "They don't know who this person is. I'm like, you've been in the program for two years how can you not know them? None of them know each other unless they live together, been on a sports team." The lack of connection Aiden and Jane observed between the Scottlea students was apparent.

Flo valued the relationships she developed in the program for her future nursing practice. She said she was a peer mentor to the Linwell first year students and shared the advice she gave them:

When I talked to them, the big thing that I hit home with them is that they're gonna become a family with the people that they're with and I still hold true to that today. Everyone in my program is someone that I feel comfortable talking to so that is something I know that I'm gonna take away from my undergrad at the end is that I have a network of people now that I trust and feel good about taking too.

In contrast to Cordelia and Aiden who disclosed they were very shy, Flo said, "I'm a very outgoing person and not scared to talking to people." Flo's experience of relationships at Linwell varied from that of other participants. She explained:

I've thrown myself in front of crowds a lot, so it doesn't really bother me. I can

understand for some people why it would be anxious coming and seeing 125 new

faces but for me, it was like friends! I can meet new friends!

Flo went on to describe a difficult first year at Linwell which impacted her ability

to develop friendships at the college. Referring to her experience in residence, she

recalled, "I ended up moving around because you guys [roommates] don't understand

nursing at all and I need quiet." She said, "I had friends in the program, but it wasn't

close friends just because I was going home a lot. I was really sick in first year from

December and [it] lasted until April." Flo had fewer opportunities to forge deep

connections with her Linwell peers, which may have resulted in her being more open to

developing relationships at Scottlea.

Madeleine shared, "I was really afraid about making relationships with the other

nursing students. It was definitely scary. I was the only Linwell one [student] in my

group. I was really scared because all these people knew each other." Nevertheless, she

was surprised with the support she received from the Scottlea students. She explained,

"They have been really helpful, especially the members of my placement group. We're all

really close. They text me about different weekly assignments when my clinical instructor

was sick." After her initial fear, as she got to know her Scottlea peers, Madeleine felt

welcomed and included in her first clinical practice group in third year.

Supportive relationships were the focus of Madeleine's pre-interview activity

(Figure 7). Referring to the drawing, she said, "That's me in the middle." She explained

the figures at the top left represented family members affiliated with Scottlea who

supported her, including her brother, also a current student, and others who were alumni.

They provided opportunities, as she said, "to talk about things like where are the best

spots and have you learned about this tunnel and whatever. So, it's kind of nice to have someone to kind of go through it with."

**Figure 7**

*Madeleine: Pre-Interview Activity*
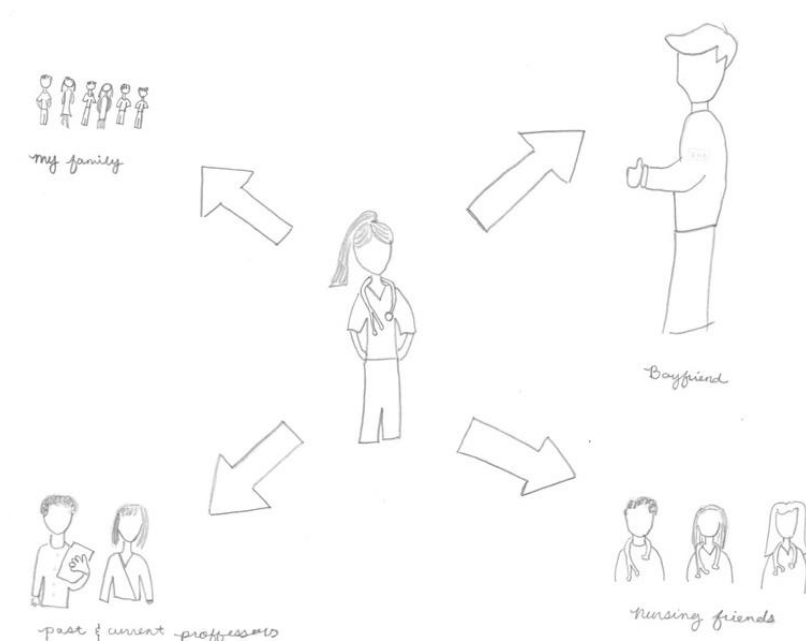


Next, she pointed to the large figure on the right, stating, "I have a boyfriend who studies here as well. He's in [another program] so he's always helpful, telling me where to go or how to get places - just overall really supportive." Moving to the bottom right, she added, "Of course my nursing friends, I would say they're still largely the ones that I came from Linwell with. Just because we both have the same experiences and stuff like that." Lastly, referring to the bottom left, she said:

> I always think of my past and current professors, especially the past ones. Although I'm obviously not in contact with a lot of them now, but they always have been open to talking to me or using them as references or if I ever have questions, to always come back to them.

These relationships Madeleine provided her with support and insider knowledge of the physical aspects of the university. Nel perceived her status changed when she moved to the university. She described the reputation of Linwell's nursing program:

Nursing is super respected. We're one of the top programs [at Linwell] and everyone is oh, you're in nursing, you're really smart. …people just look at you differently … I don't walk around thinking that but it's just, kind of nice in a way to feel valued and that you're intelligent and respected. It does come with a lot of responsibility, but it was nice to feel that way.

Referring to the brain in her pre-interview activity drawing (List of Figures 3, p. 82), she illustrated how her perception changed when she arrived at Scottlea:

Whereas here, everyone is so smart and everything. Everyone is just brilliant. … It's just amazing to be around such intelligent and motivated people. But you definitely feel not as special, in a way. And just the community there, I feel is more inclusive and better than the community here. … You knew at Linwell they're really trying to help you. Whereas here, it's like, okay, you can access this and you're on your own.

She explained, "I feel Linwell was more interested in success? And ensuring you're successful. I haven't been here that long, but I felt more valued, and that people were looking out for me there." She felt isolated from supports at Scottlea, which she portrayed in the top right corner of her drawing (Figure 3, p. 82). She said, "I just feel more disconnected from resources here. I think just because I don't know them all yet. So that's why it's kind of in a bubble. That's supposed to be a pharmacy, student health."

When I asked Billy to describe situations that stood out as being important, he responded:

I think that as a student nurse, it's important to have the support and understanding from your faculty. I'd say that's very important, especially too, if you have a family issue or something that comes up, that they show empathy that they're caring and that kind of stuff.

Later in the interview, Billy added:

From my experience at Scottlea, I feel that the faculty at Linwell definitely, they care a little bit more. They're more in tune with what their students are going through, oh you have eight assignments this week, you know what? Let's bump this assignment back. … Why are the faculty at Scottlea not realizing, wow, this is a lot to put on students? Why do you have 90 percent of your coursework in four classes due within the same two weeks? Why can't some of it be pushed back a little bit earlier or something like that? I think Linwell was very accommodating with that and very aware of the stress and stuff that was going on.

Faculty attunement with students was important to Billy. His comments revealed he did not find his university professors cognizant of the stress students experienced when assignment due dates were clustered in a short period of time.

Jane made similar comments about relationships with professors. She stated she declared:

It's very important to have supportive professors. I have personally found there's a big difference between the two sites. Linwell – it was very supportive, and I don't mean in the notion of hand holding, but if you've got a problem, we know we can go to our professor, or we can ask them questions and they're available. And I found that to be personally very different at the Scottlea site, which is a little frustrating.

She added, "The professors aren't around as much here. They might have just one day [where] they have an hour for office hours." Jane found the Scottlea professors to be less available which may have prevented her from reaching out for their support.

Callista also noticed differences between faculty regarding approachability, making her feel disconnected and isolated at Scottlea. She explained:

> Teachers are different at Scottlea, too. I really liked the Linwell teachers. They're really approachable and every time I emailed them, they reply to you. But the university, it just seems to me like they just come around every week, they present, and they leave. … if I have a question maybe I could just email them? Oh, when is your office hour? If I have one question, do I try and email and should I go over? It's one hour. Especially in the wintertime, it's like, oh I don't want to go. I don't have a car.

Callista assumed Scottlea professors were only available during their office hours and did not expect they would respond to her emails. She raised this later in the interview while bringing in the sense of family at Linwell:

> I feel like we're family, but not at Scottlea. At Scottlea, I don't feel like the professors care less, because they have all the other classes going on. I feel the Linwell professors, they're not as busy I guess and they're more approachable too. …I feel like a stranger in class here at Scottlea.

Callista assumed the reason college faculty were more available to students was due to lighter workloads. Even though this might not be the case, she tried to rationalize the changed relationships she experienced with university faculty.

The disconnected relationships Cordelia experienced with faculty at Scottlea affected her in a different way. She recalled:

At Linwell, I got to talk to all the teachers, got to know them, they got to know me. But here, I don't even speak in class anymore. I'm just so shy. I'm just more nervous of being judged by other Scottlea students and by the teachers. I don't know who they are, I don't know how they flow and so, at Linwell, I felt the environment was more inclusive and friendlier and [I] was able to speak my mind in class and stuff and share my ideas with other students.

Cordelia's felt silenced at the university. She added, "I pretty much just come to class and then just go home and that's pretty much it." Jane made a similar comment, stating, "I don't spend any more time on campus than I have to. I just don't feel comfortable here. I don't know, it's a very different culture; it's two very different schools." Jane had similar feelings. Her perceptions about Scottlea students' desire to fit in added to her discomfort on the university campus and distanced her from her Scottlea classmates. She explained:

Everyone here looks the same. Everyone dresses the same, they look the same, they do the same things. I don't know, it's kind of like they've lost some of their individuality along the way somewhere; they just want to fit in with the flock. Maybe it's just me. But everyone wears the same coat, the same pants, the same boots, the same hairstyle. What's going on? I can't tell anyone apart.

Jane's third pre-interview activity raised questions about her experience of relationships during her transition. She described her metaphor:

You have your bananas, and you grow your bananas, and you take very good care of our bananas. But then before they're ripe, they're cut off the plant, they are thrown on a boat, they are shipped to your factory, and then put on display for

people to choose, but people don't take care of them. If you're not careful, you

will bruise bananas, and then they will just sit on the counter and turn black.

When I asked Jane to explain this a little more, she continued:

You're not supported, you're not taken care of, you're just going to sit there and

get bruised. You're not going to know what to do. I don't know it's different, like

in the beginning when the bananas are supported, you know … you feel good

about that, but then you get shipped over. Okay all the way around, don't get

bruised or you won't get picked to kind of thrive, I guess.

Jane paints a stark picture the impact a non-supportive educational environment can have

on student's well-being and learning.

Trevor used his pre-interview activity to compare his experience of the college

and university. He began by identifying similarities between sites:

I drew a Venn diagram. Linwell is over here. Scottlea is over here. What's

consistent, what's different between the two. The middle of it ends up being very

consistent services. So, mental health services are relatively the same between the

two sites as far as we've discovered so far. Academic counselling services are

relatively the same between the two sites. In my position, I still have the option of

using whichever best fits my needs. And the generalized support systems are

pretty much consistent between the two sites.

He then described the variations:

Where it starts to deviate a little bit – I felt like I had more of a one-on-one

connection with the professors at Linwell versus Scottlea. I don't know if that's

just the college environment versus the university environment, but if I was going

to look for a reference for something right now, I could think of professors at

Linwell I would go back to. When I started thinking about the university, I'm like, I guess I could kind of go to him or her. Maybe they would remember who I am, whereas there are still professors from first year at Linwell that I'll see them in the shopping mall on Saturday and they'll wave, and they'll still recognize who I am and we can strike up a conversation.

He concluded:

So, it's different in that some of the intimacy is gone by third year in the program at Scottlea. So that makes it tough … the sense of local community I feel has narrowed now coming to the Scottlea site. There's been this switch between the two that's kind of made things a little bit tough for me. Just tough in getting used to it and feeling comfortable here and feeling like a Scottlea student.

Trevor felt more alone and sensed he did not belong at the university. He did not identify as a Scottlea student.

In the focus group, participants confirmed that supportive relationships with peers were important to their academic success. Jean shared, "We have more of a support system as a group." Madeleine stated, "Relationships help us get through. We all talk on Facebook®." Trevor explained:

Even people I don't know well from the Linwell site, I still feel comfortable approaching them for information and I hope they feel the same way approaching me for information. I don't have a problem posting on the Facebook® group or asking someone I don't know well, hey you posted this could you give me some more information? The people I do know from Scottlea, the few I do know say, we would just ask among our group of five or six people.

**For the Convenience of the Institutional System**

Many of the barriers participants identified were related to institutional processes, procedures, and policies. As discussed previously, the course registration system seemed to serve the institution but not the students. The flexibility of the LMS benefited professors but created confusion for students. Participants identified additional processes that were not student centred such as the student health plan, group assignments, and the fast-track program completion option.

When I asked Ida about her pre-interview activity, she explained, "It's [the transition] a string of disappointments." Her disappointment related to the student health plan, which she found out did not cover glasses. She recalled:

> I contacted them [the health plan] because I was pretty upset about that. I know
>
> that [Linwell] covered glasses and the excuse at the university was that a lot of the
>
> students here are covered by their parents. But that's not what this benefit is for.
>
> It is for people who aren't covered. I know it's one thing when you are covered by
>
> your parents but it's another when you are not and it's [finances] tight when you
>
> are in school.

The assumption was that undergraduate students not only had coverage through their parents but that parents had health plans, which was not the case for Ida.

Group assignments were common in nursing courses and could have provided opportunities for students to connect. However, a barrier was created when students chose their groups. Jane recalled, "I don't think I had to work with Scottlea students because they just say oh, pair up with somebody and I guess you grab who you know." Madeleine said, "Naturally I'm going to choose my friends I came from year one and two with. So, it really doesn't allow you a lot of opportunity to really get to know other people". She

added, when at Linwell, "The teacher would pick our groups and that forces you to meet new people."

During the focus group discussion, Trevor raised a system barrier to group work in the winter term. Students were assigned to off-campus clinical practice placements two days a week every other week. Trevor had a partner on the opposite clinical placement schedule. He stated, "I ended up doing most of the essay by myself. My partner edited it, not her fault. That's the way our placements and exams lined up and that was as much as she could contribute." He suggested, "If you're going every other week where our partners do not match up do not make us do a group project." When assigning or picking partners, students and professors may not have been aware of the impact clinical practice scheduling had on group work and the challenges students encountered to complete assignments. Once the groups were formed and the challenges realized, it was probably too late to reorganize the groups.

Students had the option to fast-track program completion to begin fourth year in the summer term immediately following third year. Although early program completion was appealing, the way the option was presented to the class and the clinical practice placement assignments upset participants.

Nel first heard about the fast-track option in the winter term of second year when the Scottlea site representatives came to Linwell to explain the university's intent to register process. Nel said she attended the session, but little information was shared about the option, other than they could complete fourth year sooner. She recalled, "It was more stress than everything else."

Students were not given more information about the fast-track option until a few weeks into third year. Nel said, "We didn't really have a lot of information and then we

had an information session and then within a week you had to decide what you wanted to do." Nel also wanted to apply for a summer clinical placement experience in a remote location. She said, "Even if I wasn't going on the [remote] placement, they only gave us six days to decide if we wanted to be enrolled in [the fast-track option] which is not enough time."

There were many factors Nel needed to consider in deciding about her summer options. She stated, "I thought it was absurd to have your response sent in six days. There are so many different things that affect that decision, not just financial but, in your own life", adding, "They're big decisions and you only have a little bit of time to decide what you want to do with them. I don't know what I want to do, I don't even know what I want to eat for dinner." She said she was "super overwhelmed" and added:

> Do you want another summer off, do you want to start your career that much sooner than everybody else? There's a lot of things that affect my decision and they didn't tell us it was going to have to be six days. They said in the next couple weeks. So, we were all expecting to have a little bit more time. I was debating it to the last second.

Nel needed to discuss her options and finances with her parents. The enormity of the decisions required an in-person conversation. She recalled:

> I almost didn't talk to my parents about it when I went home for Thanksgiving just because I didn't even know what I wanted. And I was happy that I did because I didn't go home again, it's hard to have that conversation just over the phone. Can I afford it? Where will I be living? Do you sign a lease again? Because if you're not from here, leases go May to May, but if you get in then you could only be here until December or, you could only be here for the summer

because if your placement is [out of town], why are you going to stay in [the city]? You won't find out until later either, so you're kind of stuck in this limbo and so you can't make your big decisions or the small decisions that go along with them.

Nel felt stressed and in a state of uncertainty, thereby deepening her liminality. More detailed information and more time to weigh the positives and negatives of each option might have made the decisions easier for her.

Eventually, the deadline was extended, but for Nel, the pressure was still there. She recalled:

I had a feeling she was going to extend the deadline. And I wouldn't have hit yes, I would have probably waited if they had said I'm going to extend the deadline by another ten days. Which still isn't enough time to decide in my opinion, 16 days is not enough time to make a decision. But I would have probably waited. Just because I didn't know yet. Just to figure things out more. But you don't really have that option.

Sue had a different concern about the fast-track option. The time between end of term exams and the beginning of the next semester was minimal. She said, "It was scary for me because I want to graduate with honours so my average is important because I hope to go on and do some post-grad stuff." She recalled, "They made it seem scary because you only have a certain amount of time to do exams. So, it's not condensed in terms of the classes but rather the exam time." Sue described this as "the biggest scare", therefore she did not register for the fast-track option until the deadline was extended. Even then, she was unsure about what this meant for her. She recalled:

The first time they extended it is when I was like okay. I'm going to do it. So, I enrolled in that, and it was kind of unclear as to what I was getting myself into, but I understood, once I was in, I was in. So, I can't back out once I'm in.

Participants felt coerced into signing up for the fast-track option. Flo said, "One thing that was also frustrating with the transition with Scottlea was the pressure they put on us to do [the fast-track option]. They're threatening us with [fast tracking]. If you don't do [the fast-track], you're not gonna have good placements." Flo was troubled since she believed fast-track students would not be able to work in the summer, claiming, "The people that don't have money to do [the fast-track], it's like you're scaring them for their financial status". Even though Flo was not interested in the fast-track option, she said, "It was a huge thing just thinking about the process." The fast-track option and the limited time to make the decision overwhelmed Flo, Nel, and Sue while they were dealing with the heavy workload of third year and practice placements while adjusting to the university site.

Jane assumed the rationale for the fast-track option was a lack of clinical practice placements in local hospitals. Nurses in her current placement told her students from other collaborative nursing programs had placements in their units. She recalled:

They told us that this year, there's not enough clinical spots, so they were pushing to get more people in the [fast-track option], because they were worried about spots in the hospital for the regular year in the hospital. I was talking to the nurses and they have students from [other collaborative programs], because they don't have placements for them in [other university cities].

Jane shared, "My pessimistic thought is, why are you letting so many people in the program? If you can't give them placements, cut back admissions a little bit." Jane

believed the need for additional funding led programs to admit more students, forcing

Scottlea to find clinical placements across the entire region and other nursing programs to

go beyond their local communities. She continued:

> They want more money, so then we have to be placed [across] our LHIN [Local
>
> Health Integrated Network]. How are the students affording to go? It's difficult,
>
> everywhere is taking more students than they can. I mean it would be wonderful if
>
> the program could be bigger. If they cut back on admissions they could acutally
>
> give people more placement opportunity. But the schools, they want their money.

The messages from the program and nurses in practice were red flags for Jane. She

assumed more students were admitted to nursing programs than the number of placements

available. Since local hospitals accepted placements for nursing students from programs

outside of the local region, she believed even fewer placements were available for

students in her program.

The fast-track option deadline extensions may have delayed the posting of

summer clinical practice placement assignments by the date initially promised.  Cordelia

said, "Well, we were supposed to know at the end of November.  We didn't find out until

January, after a lot of nagging."  The delay in notifying students about their placements

long past the date promised created frustration and tension. Students were initially given

only six days to enrol in the fast-track option, yet the program did not post clinical

placements in a timely manner. There may have been valid reasons for the delay, however

this was not communicated to students, further indicating the lack of understanding and

respect for their information needs.

For many students, the promise of a placement in the city was a deciding factor to

fast-track. However, some students were assigned to hospitals outside of the local area.

Sue said, "They made it seem like you'd get a placement in [the city]. And people didn't and they were like, this is why I did [the fast-track] because I wanted a placement in [the city]." Cordelia was more definite, stating, "They also told us that we wouldn't be placed outside of [the city] so that was quite a selling point for a lot of students. Flo said, "If you're doing [the fast-track option], you will have a placement in [the city]. Not true. My friend got a placement in [another community] and they're like, I thought that if I signed up for this, I would be in [the city]?" When they found out their placement was outside of the city, their trust and belief in the integrity of the program was eroded.

Although the assurance of a placement in the city was a selling point for the fast-track option, some students seemed to be aware placements could be in community hospitals across the region. Sue said her friend asked to be placed in a particular community and shared, "She had been told [community hospital] placements weren't even available." Her friend ended up with a placement in the city, whereas others who wanted to be in the city were assigned a placement in her friend's home community. Cordelia recalled, "My friend had reached out multiple times letting them know she's interested in a [community hospital] placement and she would be happy to do that and yet she wasn't given that."

Flo and Sue were annoyed fast-track students could not switch placements. Flo stated a student she knew:

> found four people that would take the placements at [the community hospital] because they live [there] and they said no. I was just like, why? They found someone that lives in [that community] and wants to work there who will take this placement from me. It's gonna take me 80 minutes to get there [to the community hospital] every morning, why can't you let me switch?

Sue did not understand the reason switching was not allowed. She said:

> This really doesn't make sense as to why you'd have somebody specifically say, 'Any way you can get me a [community hospital placement]?', then tell her, 'No, there are none available'. And then give somebody a [community hospital placement] who doesn't want one and then you can't let them switch. [It] just doesn't make sense. Why would you do that?

Sue continued:

> If you're from [the community], it's going to be a lot more convenient and cost efficient for you to go to a [community hospital] placement whereas a [city] person having to go all the way there and back after a 12-hour day. We have the back-to-back placement days. It makes no sense to come back, and you have to leave again at 3:00 in the morning or 4:00 in the morning.

> In addition to travel time, Cordelia added another transportation concern, pointing

out, "People who don't have a car, there's no bus to get to and from [the community hospital placement]".  She maintained:

> It's already hard for students to be in the program and deal with the courses and stuff. Why make it even more difficult in terms of having them then go out of their way to find transportation to get to placement? If you have to deal with the added expense of having to travel or maybe take a taxi and you're not working, that's another additional thing on their plate that's not necessary.

Cordelia stated, "I understand that we don't really have a choice in terms of where we choose for our third- and fourth-year placements." Referring to the out of town fast-track placement assignments she asked, "Why not work with students? Why work against them?" Sue argued, "The only reason they have this policy is to make it easier for them at

the end of the day because what's it going to cost to just switch the student?" She believed, "It's going to change their life. It's going to change the way they experience [the fast-track option].  If they've contacted you and extended a cry for help and you're saying, 'Nope. Sorry. Policy.' It just doesn't make sense." Sue then shared, "I just don't feel like I even know why they can't switch it. I do feel if this was student centred, they would be switching."

The fast-track option arose in the focus group discussion. Several participants commented on the recruitment strategy:

Trevor: I was floored the way they presented that to us. Pressuring and hanging the carrot before the donkey to come in the [fast-track option] so you get a better placement.

Billy: This will be the way to get the placement you want.

Madeleine: And then they don't do that.

Jean: Or, if you don't, there won't be enough placements in the fall for everyone and you won't graduate. They're pushing a problem with our program on to us to fix a solution.

Billy: What's going on? There's a disconnect.

Focus group participants also raised the issue of switching placements. Sue recalled in the fall, "As long as you had it [the request] in at a certain time, it was fine but all of a sudden, it's not. So that's weird to me." Flo explained:

The logic for not switching in winter catered to the placement they gave you in second [winter] semester and was based on what you previously had but some people got cardiology twice. They don't want you trying to get into a placement

twice. Honestly, the general consensus between us is they're lazy and they didn't

want to do it.

The change in process without an adequate explanation led Flo to conclude, "They're not

even lazy just they're neglecting it. It is their job and they're not doing it."

The disconnect between the program and students was evident in the lack of

understanding of students' need for transparency and reasonable explanations for changes

in processes.  Participants made their own negative conclusions about the rationales.

At the end of the academic year, participants' frustration, annoyance, and dismay with

group work, the disconnect between the fast-track recruitment messages and placements,

and the inability to switch fourth-year placements was very evident.

**The Supremacy of Formatting**

The established evaluation processes at Scottlea University, specifically the

grading of academic papers and the value placed on grades, surfaced as troublesome for

participants. They were frustrated with inconsistent requirements regarding American

Psychological Association (APA) formatting, the familiarity their Scottlea site peers had

with Scottlea professors who taught them previously, and the involvement of teaching

assistants (TAs) in grading assignments.

Rumors and assumptions about assignment requirements at Scottlea heightened

participants' confusion. Madeleine recalled:

I heard their requirements are a lot different than what we had at Linwell which

I'm not sure – I haven't written anything yet … and it was always Linwell

students that kept saying it.

She continued, "My one teacher made kind of a stink about the front page and what's

supposed to be on it." In the focus group she commented, "A lot of us did well and were

scared into working hard. It paid off." For Madeleine, the rumors were negative motivators.

Billy assumed some Linwell students at the Scottlea site were "going to do poorly" but for a different reason. One of his current course professors taught the Scottlea site students the previous year. He explained:

We're not used to these professors' writing or the marking style, I've never had this teacher before, but 125 people in the program have so they're probably going to do better because they know what [the professor] likes. They are very aware of how [the professor] likes to mark, whereas we're not.

Cordelia expressed similar concerns and believed the Scottlea site students were more advantaged. Cordelia said, "We felt kind of felt inferior in a way."

Jane acknowledged participants were told to follow the APA manual or use OWL Purdue, but stated, "Every professor marks differently, or every TA marks differently." The lack of consistency regarding APA formatting was frustrating for Jane when she lost marks on assignments. She explained:

We've had professors here who wanted quotes directly from a paper in a paper, and then last semester we were told you don't do that, you don't ever put quotes in a paper. We don't want that. Paraphrase everything. I don't want to see quotes. We'd lose marks for that. So that was a little frustrating.

Sue had a similar experience using direct quotes in an assignment. Referring to a paper she submitted in the fall, she recalled:

We spent so much time on it, and it was really well written. It was really well researched and everything and she just tore it up for things like direct quotations

aren't APA. Using direct quotations are not APA? I've never heard that this in my life. This is ridiculous.

Ida was frustrated with the weighting of APA formatting stating, "We were told that APA would be a third of our mark, so you better do that right." However, when she followed the APA manual, she said, "The person marking I guess didn't evaluate APA properly because it's in the book, but she marked it wrong."

Trevor found the lack of consistency exasperating, stating, "Sometimes I lost half of the marks in one section because what I did for one professor wasn't what the next professor wanted." He maintained, "I would lose marks on things that were consistent with OWL Purdue or the manual", adding to his frustration. I asked him if there were marking rubrics. He replied:

> The rubrics normally are fairly clear. It just seems to be specific to APA. The section under our rubric is always called structure and it'll say the word count, the spacing but then the rest of it will just say refer to the APA manual.

Trevor shared the Linwell site students were familiar TAs but not their role in marking written assignments. At Linwell, Cordelia recalled, "Our teachers marked it [papers] and it was nice to get that kind of reassurance from our teachers, knowing that we're on the right track." When she arrived at Scottlea, Cordelia said, "In my mind, I thought the professors were marking because that's how it works at Linwell for us." Jane shared, "Our Professor is only marking a few. She's picking randomly", leaving the rest for the TA to mark. Sue disclosed, "I think the ones that were not marked by the TA did well. But that's hearsay as well. So, who knows."

Trevor revealed a degree of tension with TAs grading papers. He stated:

I'm not used to there being TAs. And that's been infuriating at some points

because all the TAs have their own interpretation … so there's three levels of

information where the professor has one idea, we have an idea, and then

depending on the TA that receives the paper … you were lucky or you got

screwed … some were marking stiffer than others … we would line the papers up

side by side and say, okay, why did you get a mark for that and we didn't.

Ida shared Trevor's frustration with the inconsistencies between the course professor and the TA, stating, "I hope that the information we receive in class gets passed down onto the TAs. That's a major thing at the university." In the focus group, Flo said a TA who marked one of her papers "made up her own APA rules."

The lack of a personal relationship with some TAs led participants to question the legitimacy of their assignment grades. Callista said, "I felt better when a professor marks my essay" adding, "I just don't feel validated when I am marked by a TA." She mentioned several assignments returned with a grade but no comments or feedback. She asked, "Why do I deserve to get that mark? … I want to know why, and I want to improve on my mistakes … I just know I got 85."

When Trevor mentioned discrepancies in marking, I asked if the TA was available to review assignments. He responded, "I don't know these people – I know their first names. I don't know what their faces look like. I can't get access to their email or anything online." He added:

I don't know why it's structured like that. So that's a little bit frustrating because

then I have to tag team through the professor to contact the TA to discuss why did

you choose to do it that way? Why is there an inconsistency there?

Cordelia did not follow up with a TA to review a paper, even though she did not understand the grade she received. She recalled, "We never met the TA. We didn't know who she was or where she came from. We just knew she existed there. She's more like a virtual person." She clarified, "I know she's a real person but to me it's just like a virtual person … we never met her in class." She added, "[This] makes me wonder if she's a master's student but in what? Has she done nursing before?" Since Cordelia had no relationship with the TA and questioned their background in nursing, there was little value to take time to review her paper.

Participants did recall several instances where they felt connected to course TAs. Cordelia and Sue appreciated when a TA who was unable to attend a winter course orientation posted a video on the LMS course site. Cordelia said, "We got to see who she was and what she does and what her interest is and what her master's is in." Sue shared one of her course TAs, "has remained active on the postings, and I know her email. I know she's available" but added, "I didn't feel the same about [another course]." Jane found a TA in the fall term available and helpful recalling, "Last semester, we could meet with the TA if we wanted, and she was available to ask questions. I actually emailed her a lot asking about clarification for certain things … and she was great."

Participants believed TAs' workload impacted their ability to promptly return marked assignments. Ida wondered if the demands of the TA's own program was another explanation for inconsistencies in TA marking stating, "I know that grad students are under a lot of stress. They also have their schooling and they are pretty buried in work."

Aiden shared, "There was one group that didn't get an assignment back or their exam marked until January. Their TA was defending her thesis I think." She declared, "I definitely don't think it is very fair to let students write a [final] exam with only 20% of

their mark, especially if you're a Linwell student." She explained, "You don't know that professor, you don't know how they mark." Aiden's comment reflects she believed Linwell students, already disadvantaged by their unfamiliarity with the professor, were even more disadvantaged by this delay. Aiden disclosed, "The Linwell group on Facebook® were freaking about it" but shared, "Luckily, I didn't have to deal with that. My section got our marks back." She added, "I think that it is unfortunate but at the same time I think that they could have reworked the deadline perhaps if they knew she was going to defend, or they could of brought in someone else." Although participants had some understanding of the demands placed upon TAs, having papers returned after the end of the term prevented participants from reviewing their papers with the marker since they had moved on to the next term.

Cordelia shared a recent experience with a TA, stating, "We met our TA yesterday during our mid-term. We just know what her name is, but we don't know her background and stuff". She added during the exam, the professor told the class, "Don't displease her, don't be rude to her because she's marking your papers." The message was clear that a good mark on a paper depended on being nice to the TA.

In the focus group discussion, participants raised inconsistencies in APA grading. Billy questioned how one could develop writing skills and gain a better understanding of a topic when the marks allotted in the rubrics for APA format and content were the same. Trevor reinforced how well or how poorly one did on an essay was dependent on how the formatting was marked. Cordelia recalled she encountered a whole new set of APA rules. Madeleine agreed, adding, "You're told to follow the book [APA manual], then they create their own power point PDF and say these are the rules I want you to follow." Flo stated, "I want to meet the person who's marking my paper. That's great that the only

contact I have is my professor, but if it's the TA who's marking my paper then that's who I want to talk to." Participants even questioned if their TAs were nurses.

The primacy of formatting over ideas, critical thinking, and clarity in writing was evident. Variations in formatting requirements were confusing. The evaluation of formatting was inconsistent and often contrary to APA style, affecting participants' self-confidence and grades. Participants did not have the relationships with their professors and TAs to take the initiative to review an assignment or dispute grade, particularly when they were told they should not expect to do as well as their Scottlea classmates.

**Summary**

In the theme Different Atmosphere - Different Culture, I explored how the context of the university shaped participants' experience of transition, often in a less than positive manner. Their relationships at the university, or lack thereof, and evaluation practices were often the cause of stress, disillusionment, and frustration. Although many participants' experiences were negative, the relationships they established at Linwell College were sustaining and supportive.  In the next chapter, Becoming a Registered Nurse, I explore participants' professional identity formation and their worries about the future as they continued their transition to becoming a registered nurse.

**Chapter 7**

**The Transition to Registered Nurse**

In this chapter, I explore participants' experience of their ongoing transition to becoming a registered nurse. As they applied theoretical and technical skill learning in clinical practice placements, they were forming their professional nursing identities. The sub-themes illustrating this transition are Growing into Nursing, The Importance of Experiential Learning, and Barriers to Forming a Professional Identity.

**Growing into Nursing**

Participants shared stories about their decision to pursue nursing. Several entered the program directly from secondary school while others with previous work or post-secondary education made informed decisions to apply to the collaborative nursing program. All participants ended up choosing nursing because they liked the sciences, were interested in health, wanted to help people, and believed they would have a job upon graduation.

Several participants had previous post-secondary education, including completing a pre-health sciences college certificate. After secondary school, Billy said, "I knew I wanted to get into something science, something health oriented." He was unsure of the path to take so he enrolled in the pre-health science certificate program at Linwell, during which he realized nursing was a good career choice. He stated, "I knew that when I was done, I could pretty much get a job anywhere." Cordelia had a degree in science and health from another university. She said, "I was lacking some pre-requisites and averages", and chose to complete a pre-health sciences certificate at Linwell. She was focused on her future career goals, stating, "Once I finish nursing, my goal is to work in the NICU [Neonatal Intensive Care Unit] and then hopefully as a nurse practitioner."

Jane and Ida graduated from other community college programs before applying to nursing. Ida shared, "I always had an interest in the health sciences and the health care field, but I didn't have enough confidence in myself." She continued, "I was working for a bit, and it just didn't feel right. I had the opportunity to go back to school, and so I decided to go into nursing." Prior to entering the nursing program, Jane obtained a diploma and a post-graduate certificate at Linwell. She stated, "I always wanted to be a nurse," but shared, "I didn't think I could, 'cause I didn't do very well in math and science in school. And so, I worked a long time after high school." She continued, "I thought, I'm going to give it a shot. I was older and was kind of approaching it differently, went to pre-health and did really well, applied to nursing, and was accepted." Jean said, "I started working as a PSW [personal support worker] in a nursing home for a couple of years and that's kind of a dead-end job. I really like working with people, so I decided to go back for nursing."

This decision to pursue nursing required several participants to attain the required pre-requisites to be eligible for an offer of admission. For Jean, Jane, and Ida, working at other jobs made them realize the time had come for a career change. Most of the participants applying directly from secondary school drifted into the nursing program.

When Madeleine, Nel, and Sue were in grade 12, they were unsure about their career paths. Madeleine stated, "I had no idea what I wanted to do, and I applied to a bunch of different programs and a bunch of different schools", adding, "I always knew I wanted to care for people, just didn't know which way." Madeleine recalled her parents thought she would be a great nurse. She said, "They kind of truly chose [nursing] for me and I'm so happy they did, and it worked out really well." Madeleine stated, "Now I'm in

placements so that really kind of confirms things for me … you have to start thinking like a nurse and now I think I always think like a nurse".

Nel shared, "I always knew I wanted to do something in relation to health, but I also really like helping other people." She had not considered nursing until her mother suggested it might be a good option for her. She applied to kinesiology and nursing and received an offer to both. She recalled, "I still didn't know what I wanted to do, even down to the last day of the deadline. What am I going to choose? And then, I chose nursing." She explained the rationale for her decision:

> Nursing had a little bit more structure, a little bit more comfort knowing that I'm going to come out of this with something tangible. I think that influenced my decision a bit too. But it was a way for me to have helping people and science mixed together.

Initially, Sue wanted to go to medical school. She recalled:

> I never really thought about being a nurse. It wasn't that I didn't want to be one. It just wasn't even something I considered. I actually applied for sciences, medical sciences and the general. For the applications, you have to have a third option, so I was like, whatever, I'll just put nursing down, not even thinking about it.

Sue received offers of admission to all the programs to which she applied. She remembered thinking, "I have to decide what to do with the rest of my life. I'm 18 years old. … There's a nurse in my family and she's like, 'Oh, just take nursing. It's the best. You're going to love it.'" Sue accepted the offer to nursing and shared, "It was the perfect fit for me. It ended up working out really well." She explained why she chose nursing over science programs, "Nursing was a way that I could have the best of both worlds. I

could be guaranteed a job and stay in [the city] and I'd still have that basis of medicine and that knowledge. It ended up being so much better because it had so much more."

Flo applied to nursing directly from secondary school because she wanted to be in a medical field. Before starting the nursing program, Flo believed the Scottlea–Linwell collaborative program provided options if she found nursing was not a good fit. She explained, "I figured Scottlea was the best because if I didn't like nursing, Scottlea had other programs that I would have liked, and I wouldn't have to move across to another university. So that was an option for me." She added, "I have a lot of opportunities here, so it's been a good choice for me so far." All participants, even those who drifted into nursing following suggestions from family, were future focused and considering the employment opportunities the career of nursing could provide.

Callista and Trevor were the exception among participants who entered directly from secondary school. Both deliberately took steps to make an informed decision about pursuing nursing as a career. In grade eleven, Callista had a co-op placement in a hospital clinic, which led her to consider nursing, even though her mother was not supportive. She stated, "My mom doesn't want me to be a nurse … she was like, 'You have a weak immune system'". Her mother feared for Callista's health. Callista said she told her, "Mom, calm down. … I'm helping people and imagine, if you have a health problem, at least I'm a professional. I can help you."

Trevor completed a fifth year in secondary school. He said, "I actually waited a year to start the program because I didn't feel I was ready or hadn't made a choice yet." He explained:

> I used it to boost my grades because I knew some of my pre-reqs for the program were not as high as they could be to get into the program. And I worked too, and I

tried to enjoy some extracurriculars, you know, just take a little break, and

thoroughly make sure I was ready to make the choice I was making before I did

make the choice.

Reflecting on his experience of the program, he recognized how much he had grown as a

person and a nurse. Trevor shared:

There's been ups and there's been downs and there's been tons of learning

experiences. Sometimes it's an uphill battle. I've overall enjoyed the time I've

spent in the program. And I've taken not just nursing related things but just life

skills away from the program as well.  So, it's been really – it's been really good

so far.

Participants entering the program directly from secondary school were also

experiencing transitions from adolescence to adulthood. Nel shared the practical day to

day responsibilities she had to assume when she moved away from home. She said, "I

don't live at home so I've all that to deal with, like groceries, laundry, stuff I'd never

done before."

Flo believed her experience of the transition in third year had more to do with her

age rather than the change in educational institutions. Reflecting upon her life experience,

she said:

I was thinking of myself in first year. I was like oh my God, I was a kid. What was

I doing trying to get into bars when I was 18? I did not need to be doing that at all.

I should have just waited. Just should have acted my age but I've never been a

person who acts my age at all.

Flo's comment revealed she recognized she had matured since staring the program. Flo's

pre-interview activity drawing (Figure 8) illustrates not only of the experience of her

transition into third year, but also her developmental growth. Referring to the left side of her diagram, Flo described herself in first year, recalling, "In your head, there's a lot going on." She encountered many challenges living in residence and with her health.  As described in the previous chapter, she dealt with health and roommate challenges. She was also testing boundaries.

**Figure 8**

*Flo: Pre-Interview Activity*
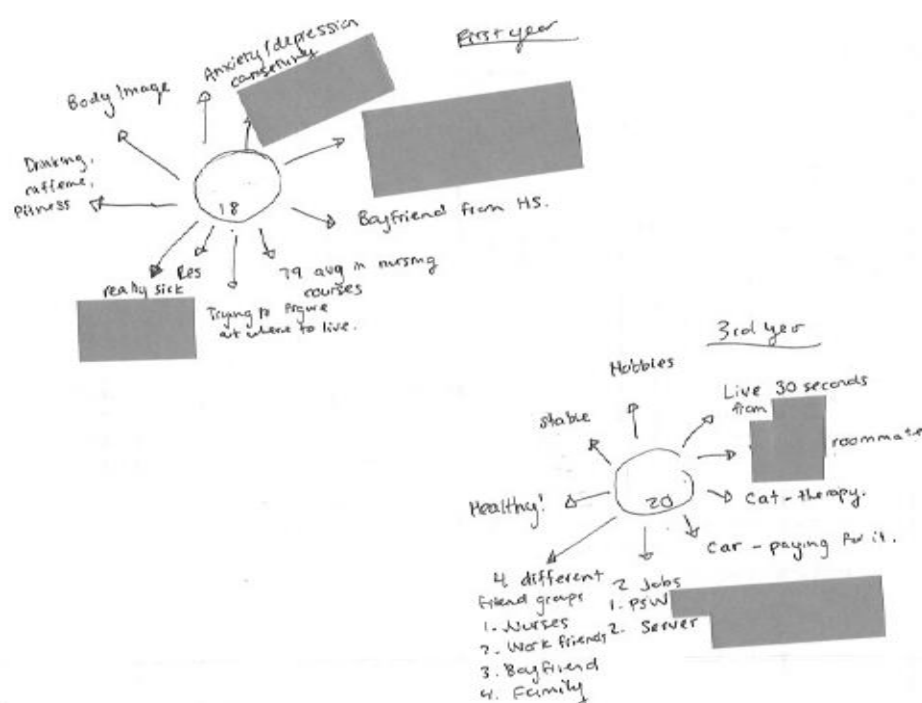


*Note.* This drawing has been modified to protect the anonymity of the participant.

She continued:

> I was trying to figure out drinking, caffeine, never got into the drug situation. I
> just thought that was stupid. A lot of people in residence did. Drinking, caffeine,
> fitness. It was a huge – a lot of body image stuff coming in first year.

She said her grades at the time reflected what she was experiencing, along with her bewilderment in first-year theory classes. Flo shared, "I had the lowest average that I ever

had. Probably a 79 average in nursing courses." Flo made special mention of a Linwell professor who, she recalled:

> Made me understand what nursing is about and more about being the person as a
> nurse rather than a job or career as a nurse. So, she was the person who really
> made me feel this is something I want to be.

> Moving to the right side, Flo summarized how she saw herself in third year. She

was two years older and feeling more settled. She was healthy, had figured out her boundaries, and was happy with her living arrangement, sharing, "I live 30 seconds away from Scottlea. It's great. I love the location." Flo recognized her personal growth, much of which she believed occurred through the personal reflection required in the program. She added:

> I compare university to high school in the sense that grade 9 was a year for me
> where I was just figuring out all the things, I was able to do now that I was in high
> school. I was being an idiot; I was making stupid choices, but it was fun. Grade 9
> was kind of really low key and then grade 11 and 12, I was okay, I know what I'm
> like, I'm gonna pack into my schedule as much as I can because I like being busy
> and that's kind of what it's like now. It's like first year and second year, I just got
> on my feet, figured out my limits and now I understand those limits. I'm gonna
> push them as much as I feel comfortable.

She continued to stress the value of reflection, stating:

> You think about your decisions so much better than you used to and that also
> comes with age, but just the reflection skills that I've learned from being in
> nursing school have definitely helped me look at myself from outside of what I'm
> doing, what my intentions are and am I manipulating someone and am I

manipulating myself here. And yeah, I have more trust in myself now. I trust that

I'm doing what's right.

Flo's pre-interview activity reveals how the learning experiences in the nursing

program were transformative, enabling her personal growth.  She was already looking

ahead to fourth year. She shared, "The biggest thing on my mind right now, is next year."

She was concerned about her final term of the program, musing, "I'm gonna be sitting on

my computer in a couple of months figuring out where I'm gonna be working for 560

hours. I'm so nervous."

All participants were happy with their decision to pursue nursing. However, they

were unhappy with what they perceived as a lack of adequate clinical practice

experiences across the program. Participants questioned if they would be prepared to

practice in registered nurse roles upon graduation.

**The Importance of Experiential Learning**

In this sub-theme, I explore participants' perceptions about their clinical practice

experiences in patient care settings and skills laboratories during their transition to the

university, and how these influenced their transition to practicing as RNs. All participants

agreed that hands-on experiences in labs, simulation, and patient care settings were

important to enable them to see themselves as nurses. Trevor declared, "Anything that is a

practical experience is essential." Flo said, "Just getting those first hands on skills and

being okay, I now know more that the average person."

Nel recalled, "The lab was a big step." She described how she felt getting dressed

for lab in first year:

> You were wearing your scrubs, your stethoscope, white shoes. It all seemed super
>
> legit and I remember being really excited, looking in the mirror and being like

wow, okay, I wasn't even sure about nursing and now I look like one. So, that was

really important to me.

The symbols of the uniform and stethoscope helped Nel to see herself as a nurse and

begin to form her professional nursing identity.

Sue suggested students would have benefited from participating in several labs at

the beginning of third year. She stated, "I didn't know what they did at Scottlea. I didn't

know if the things I learned at Linwell would be consistent" and suggested, "If they had

some labs at the beginning just to be okay, we're on the same page now."

Jane's experience working as a personal support [PSW] in the summer aligned

with Sue's concerns about consistency, also leading her to question the similarity of the

labs across sites:

I know our programs are the same, but I worked with a few students from the

other site through the summer, and they learned the same things, but they didn't

know how to do any of them. They didn't know how to use the lifts, they didn't

know how to move people in a bed, how to ambulate patients. I was surprised

because I thought we had the same program. So, I don't know what they focus on

more there. They said they watched videos, and things like that. I don't know

what they did in lab.

Their questions about the consistency of learning across sites, particularly in the skills

labs, added to participants' uncertainty about their learning at Linwell.

In the focus group discussion, Madeleine's comparison of teaching styles in the

labs may shed some light on the differences Jane observed. Madeleine found the style

more directive. She stated:

Labs are very different. At Linwell, you needed to go prepared and had to know

what you were doing, go do it, and then afterwards we would meet and point out

what we didn't do right and did well and what we could improve upon. This one

[at Scottlea], this is what you are going to do, then this is what you are going to do

which doesn't let you learn for yourself. It's what you tell me to do and then I'm

just going to do it.

Participants were disgruntled with the scheduling and independent preparation

required for three simulation labs embedded in the winter term clinical course.  Cordelia

and Jane were frustrated with the amount of time required. Jane recalled, "I guess that

was a bit of a stress … but that's more hours than an actual class, they didn't tell us about

it all." Cordelia explained:

As part of the sim lab, we have 48 hours of online modules to complete, and we

have to do it on our own. It took me a long time and a lot of screaming and a lot of

frustration. That's time that could have been better used for something else.

Reflecting on her experience of completing the modules, she shared, "By the end, it sort

of lowered your confidence about what you knew going into the sim[ulation] so it kind of

did the opposite of what it was supposed to do."  Cordelia could have been set her up less

than positive learning experiences in the simulations.

Participants shared their perspectives on the use of mannequins and standardized

patients [SPs]. Nel described mannequins as being "really cool" but added, "They're

limited in what you can learn from them." She found assessing respirations and heart

sounds on a mannequin difficult, stating, "I like doing it more on people because it gives

you a better idea because everyone is so different."

Flo shared an experience from her clinical practice placement, which for her, highlighted a limitation of mannequins. Recalled the time when her patient died, she said, "I was the last person who was with him. When he died, he was a DNR [do not resuscitate]." She declared, "No doll will ever prepare you for feeling the cold hands and the stiff skin. Definitely a raw experience that you have to get in clinical."

Participants appreciated experiences in the lab with SPs and live actors, particularly for developing therapeutic relationship skills. Billy found working with SPs helpful since, as he said, "They're actual people. They react, they have emotions, even if they're acting." Trevor believed interactions with SPs were beneficial in learning how to communicate in a therapeutic manner. He explained:

There's only two types of speaking I've been used to growing up. There's the business type, you know very structured and rigid. I call it the meeting style of speaking and then there's the laid back with your friends and your family. It's almost like therapeutic relationship falls on this intermediate ground in between being their friend and being their nurse. There's this middle ground where therapeutic conversation happens.

He added, "They [SPs] gave us a stranger to approach", claiming:

It's just not the same when we practice those skills on each other. You know, we're joking, we're fooling around. We think it's funny. And it's hard because if you're familiar with the people already, it's hard to put yourself in a mindset where this is a stranger or this is a new patient.

Trevor wanted more opportunities for spontaneous conversations with SPs. He shared, "It would have been nice to have a couple of experiences where I was able to

approach the person as if they were a patient … run off the script and learn how to cue off other questions." He explained:

> Every time we were approaching real live actors in the lab, it was almost always
>
> when we were being tested. I would like more opportunities to approach people
>
> without the testing pressure placed on top because when I was under the testing
>
> pressure, it felt like I was reading a script. You walk in. Hello. My name is so and
>
> so. I would just start running through the motions of the list I'd memorized.

Participants identified several drawbacks to working with SPs. Ida said, "It almost feels phony with SPs", adding, "I know that some have found it better than nothing but it's still not the same as attending to someone who is in real need and in a real situation." Nel had a similar opinion, sharing, "With a standardized patient it's harder because you really have to use your imagination. Which is good but at times it's also hard to be fully in the moment because it's not as real." Nonetheless, Nel appreciated the role standardized patients played in engaging students in therapeutic communication when performing technical skills. Nel claimed:

> For actual interactions with the patient, standardized patients are a lot better
>
> because that's a huge step that's on top of everything else technical that you need
>
> to know. I find that hard right now to balance because I haven't had a lot of
>
> experience doing my clinical things like injections. So, you're focused on all those
>
> steps that you're like oh wait, but I have to talk to you, but I have no time. How do
>
> people do this? So, I think that really helps you develop your communication
>
> skills.

Billy gave an example of the value of SPs over mannequins, which aligned with the concerns Jane and Sue raised about the similarity between labs across sites. Billy said

he volunteered to assist with medication administration testing for second year Scottlea students. According to Billy:

> At Scottlea, they had to do one medication and they had a couple of [medication] cards to memorize. They had one medication; no pre- or post-assessment and it was on a mannequin with their teacher. Whereas when we did it [at Linwell in second year], it was on a standardized patient, you had to do a pre-assessment. And then you had to give four medications based on that patient's parameters. Did they have a fever? They have something PRN [pro ne rata] for fever. Are you going to give it to them, yes or no. It was more realistic.

Billy stated, "I definitely feel that the Scottlea students are missing out because what's going to prompt them to do that pre- and post-assessment when they're administering medications?" Ida maintained, "The knowledge about the meds was more important than the administration. I mean anyone can give out meds." Billy and Ida highlighted administering medication requires critical thinking and clinical judgement in addition to the mechanics of the procedure.

Several participants shared negative learning experiences in the Scottlea simulation lab that impeded the development of their self-confidence, competence, and skill performance. Nel believed the lab instructors' teaching styles interfered with her development of critical thinking and clinical judgement skills. She recalled:

> The instructor interrupts me frequently while I'm doing it and will come around and see what I'm doing which changes my thinking. If I was just left alone to do it like I was at Linwell, I would feel like I am developing more of my own thinking skills rather than someone interrupting me while I'm trying to do it and giving me hints. I don't want that. I want to try and do it my myself.

Flo recalled, "When I came to sim lab in third year, it was like I was talking to a textbook." She said, "Scottlea is by the book" adding, "You know the gold standard but you're not telling me what I'm actually going to have to do in the hospital." Aiden found this to be problematic, stating:

> It's tricky going from lab to placement. In lab they teach us the proper way to do things but not necessarily the most practical. Then we go to placement, and we learn the more practical way rather than the proper.

The implied inflexibility in "going by the book" led to challenges adapting a procedure to a particular context or unique patient situation.

Flo recalled, "Linwell has a real EMR [electronic medical record]. That was awesome." According to Flo, the university did not have similar product. She described Scottlea's EMR as "a brutal, a little Excel® sheet that makes no sense." During the simulation scenarios at Scottlea, she was required document patient care in the EMR. She said:

> My prof screamed at me and asked if I had ever seen an EMR before because I didn't know how to use her stupid Excel® sheet and I'm like this is not the same thing. This is not like the 15-million-dollar EMR that I'm used to.

Being screamed at during a lab session was upsetting and certainly detrimental to Flo's learning. Flo surmised, "I was a lot more skilled than what the program gave me credit for." Flo's memories of this incident might have increased her anxiety and silenced her in future labs, negatively affecting any relationship she and this instructor could have in the future.

All participants completed the winter term simulation labs before the focus group session. During this discussion, it was obvious that participants, including those whom I

interviewed in the fall term, were unhappy with the online modules and believed their time could have been better spent. Madeleine stated, "I'm paying to take a course with online modules which aren't ones made by the school and our professors. I'm paying X amount of money for work they didn't create. They're just redirecting me to another website." Flo said, "All it's teaching me is how to finish a test as quickly as possible to get 100%." Madeleine responded, "That's not hard when all the quiz answers are posted on the site where the module is posted."

Flo recalled the information posted on the home page of the LMS course site advised students certificates of completion for each module could be used when applying for a job. She announced, "I would much rather be telling the person who wants to hire me that I was doing three hours of simulation lab every week based on these interventions rather than these modules." Nel believed, "We could find these modules on our own since they are all free courses offered through websites", adding they should be supplemental. Participants questioned the value of the modules since the amount of preparation required did not seem to add value to their theoretical knowledge and skill development.

Experiential learning in point of care clinical placements outside of the school was important to participants. Callista argued:

We need to have placements, so you know you're in the right program, because first year I was like oh my God, I'm not in the right program because all the theories you guys are teaching us don't come alive until we see the real thing.

Reflecting upon her fall placement in third year, she said, "I loved it. I learned so much. I had a good clinical instructor and I saw many things that shocked me and inspired me."

Other participants made similar comments. Ida shared, "In my first year, the concepts were all just so out there and we just didn't realize their application for the

future, so why do we need to know this and how is this going to help us?" She added, "It is different when you are putting it into practice versus reading it. You can read it, but it is so different to integrate it physically."

There was consensus across participants' interviews the program should be structured so that students had more opportunities for clinical practice experiences right from the very beginning of the program.  Jane shared:

> There were students at Scottlea who dropped out this year because they finally got into the hospital, and they hated it. And I think we lost a couple of Linwell students too. At Scottlea this year, it's like God, you've spent $20,000, well more if you lived in residence. That's so much money gone to waste to discover, oh wow, this is not what I thought it was."

Jane wondered, "What if they could put clinical throughout the whole nursing program?" She explained, "That would be amazing for first year, to have the community placement in first year because that would get people comfortable with their therapeutic communication. Talking to people because that's so much of what nursing is."

Billy wanted more practice, claiming, "Reading about a therapeutic relationship and discussing it is different than actually engaging in a therapeutic relationship." He believed, "It would be more beneficial to address the therapeutic relationship aspect of nursing, to go to a retirement home and talk with the citizens there. If you're not doing that until third year, then that's not very good." Sue shared Billy's opinion, stating:

> Starting [placements] somewhere like maternity or care of the elderly, you're still doing that basic stuff, rapport, and therapeutic stuff. I think having placements like that first might be easier because getting thrown into an acute care setting is like oh my gosh. I'm not ready for this yet.

Participants believed more clinical practice opportunities early in the program would help them be more confident in developing therapeutic relationships with patients, lessen their stress in high acuity placements, and increase their self-confidence.

Participants were frustrated with the scheduling of the third-year clinical practice courses. Billy described the fall course as, "one day a week, which again is not very beneficial because you don't get to follow your patients." Cordelia concluded, "Once a week you just barely scratch the surface, two days in a row fills your confidence significantly and you get to know family members. They see you the next day."

In the winter term, students were in clinical practice placements two days a week every other week. Jane appreciated having the same patient two days in row, but reflecting on clinical placements being every other week, she said, "I kind of wished it was, even if we only got one day, it was every week. It's hard going every two weeks." Flo declared, "The every other week concept seems so weird. It's kind of annoying and I feel like I just forget things between the weeks." Flo took advantage of the week off, sharing, "It's nice every other week now that I'm done sim[ulation]. I have every other week Wednesday, Thursday, Friday off so I go home and reboot and stuff like that, so it is nice." Even so, she added, "Honestly, I know it's not realistic, but I wished that we could just have Thursday and Friday every week. I wish that could just be a thing. It makes such an easier routine for people." Participants were of mixed minds as to which scheduling format for clinical placements optimized their learning and competence development. Although they appreciated the week away from placement, the interruption in providing hands-on practice to patients undermined their development of fluency and self-confidence in the care they provided.

Billy raised an issue the scheduling of the fall clinical placements created with a theory course assignment. He said, "We had to write a paper that's worth 30 percent of our grade about our patient's transition through the health care system." He found completing the paper problematic and frustrating. He asked:

> How the heck and I supposed to do that when I don't follow my patient, 'cause one day of the week I have one patient, and then 90 percent of the time, that patient's not going be back in the same area. So how can you really get an idea of the processes that are involved in nursing 'cause there's so much that goes on behind the scenes besides hands on care.

Sue stated, "It was hard to see someone's journey when you're only there once a week for 12 hours", even though she stated they had what she described as "a really good case".

Trevor faced the same challenge trying to complete this assignment. He said, "Sometimes there would be a really interesting person I talked to, but I'd go back the next week and they've passed on." He recalled, "We probably chose a case that was a little bit less interesting but had some consistency so we could kind of see how they progressed." However, he disclosed, "Honestly, we had to make up some things. … We made up a few facts to beef it up to support our position" because he said, "[We] needed to do something to finish it." Cordelia shared:

> As nice as it is to be creative, I want to know the process and unfortunately, I didn't get to see the whole discharge from the beginning in terms of admission and what happened during their hospitalization. It was great to write that paper and think about what actually happens, but I wish I really saw one rather than having to make one up.

Cordelia added, she and her partner sought the assistance of a fourth-year student since she recalled, "We weren't getting much guidance from our teacher. It's very vague and if anything, I needed more structure."

During the focus group, participants reiterated the challenges they encountered to complete the patient journey assignment. Trevor shared when he asked the professor about the assignment, "Literally, the answer they gave me is that you'll have to make stuff up. But that's not the point of the essay." Callista agreed, adding the professor told her, "Go to the literature." Trevor then suggested, "Then why don't I make the whole thing up because that's easier and why would I bother looking up stuff at the hospital?" Based on participants' comments during interviews and the focus group, there was a disconnect between the theory and clinical practice courses The knowledge gained from this assignment was questionable since the scheduling of the clinical course impeded participants in gaining a realistic understanding of a patient's progress from admission to discharge.

Participants described a second-year clinical practice placement at [Memorial Hospital] that was unique to the Linwell site. The three eight-hour days at [Memorial] validated their career choice and was beneficial to their clinical placements in third year. Trevor recalled, "I felt prepared to communicate with people." Jean said:

> I felt like [Memorial] helped me out a whole lot because when I got there [third
>
> year placement] I already had seen the electronic chart and I'd seen charting. And
>
> I'd already done an eight-hour shift, so a 12-hour shift wasn't that much longer.

Along the same lines, Aiden shared:

> I had a lot of anxiety about going into placement. I had never been in a caretaking
>
> role. You learn how to establish a therapeutic relationship, but do you actually

know how to establish one? I know those three days at [Memorial] helped me get over my anxiety about starting placement and made us more familiar with how things work at the hospital.

Callista recalled her first day of her fall clinical practice placement in third year:

Because of [Memorial], I'm feeling confident on the day. I'm not panicky and I'm not nervous. I am so confident when I walk into the hospital. I know what to expect, I know there will be reports. I know this because I was at [Memorial]. I stand there proud because I'm from Linwell.

Participants recognized how the [Memorial] experience prepared them for their acute care clinical practice placements in third year. In the focus group, Billy summarized the value of this experience, stating, "[Memorial] set us up for more success by being more prepared in the hospital."

During the focus group discussion participants reflected upon the curriculum. Several students worked as PSWs since they believed the program was lacking in practical experience. Trevor argued, "Students shouldn't feel compelled to get a summer job in a health care field to fill your gaps in learning." Madeleine responded, "It's unfortunate your program isn't doing what it's intended to do." However, Billy reminded everyone, "The program prepares you to be entry level nurses. That's all they have to do." He added, "We only have three hours of class a day and two days off every other week and we're paying thousands of dollars and there's gaps in our learning and people are graduating not feeling ready", implying the program only met minimal requirements and students had space in their schedules for more clinical practice experience. Participants clearly articulated their opinions about the necessity and value of practical, hands-on experiences across the entirety of the program.

**Barriers to Professional Identity Formation**

In the Chapter six subtheme For the Convenience of the Institutional System, I explored how certain university practices were barriers to not only forming relationships but were frustrating and inconvenient for participants. In this sub-theme, I delve into barriers related to professional identity formation, including participants' worry about passing the NCLEX-RN® registration examination and if they were being prepared to practice competently as a registered nurse.

Participants assumed the lack of clinical practice experience was related to the unavailability of placements in practice settings. Reflecting upon third year, Trevor revealed, "You only get 12 shifts a semester." He shared, "I was sick for two, that's tough. And there's no space in the program to make up those kinds of things." He recalled he was told by faculty, "We can't get more clinical time. It's not available. What do we do? There's this kind of back and forth that happens." He said, "It's tough in a teaching city with a big university and a big college finding placements that aren't in the middle of nowhere. It's tough. It's an uphill battle we're facing."

Billy stated, "We need more practice, hands-on. There's a good amount of theory and I think your theory does relate to practice, but practice makes perfect." He outlined the clinical experience in the last two years of the program, "I have 144 hours of placement this year, first semester of next year, and then I'm by myself for my integrative practicum and then I write the exam and that's it. In my opinion, is a very minimal amount." Billy added, "Going from third to fourth year to graduating is a year and a half away… it's scary. I'm going to be responsible for four or more patients in a year and a half and is that safe really?" Along the same lines, Cordelia stated students in the program have only four clinical practice placements, lamenting, "Right now they're just hospital,

hospital, hospital", indicating a blindness to opportunities in other health care settings.

She said students were not applying for home care placements for their final integrative

practicum, suggesting, "That's because they're not exposed to it … if we're given the

opportunity to be part of a home care organization … the more this will be appreciated for

what it is, and maybe more students will apply." With such a limited introduction to the

broad range of nurses' work and work contexts she asked, "How do we know what we

want to do?"

Billy associated the minimal amount of clinical practice to a lack of competence

in graduates from the program. However, he was uncertain about the relationship between

clinical placements and development of competence, adding, "Maybe it's due to lack of

placement, maybe it's not, but in my opinion from what I've heard, that's definitely a

major contributor. … We hear at placement about the Scottlea students being subpar

compared to other schools." Although Billy did not clarify where he heard this, other

participants did perceive some lack of support for students and mixed messages about the

Scottlea-Linwell program from nurses during their clinical practice placements. Billy

argued, "I think the university has an ethical responsibility to spit out competent,

prepared, and confident nurses rather than nurses who are sub-par and not confident in

their abilities."

Participants felt unprepared for the complexity of acute care placements in third

year. Referring to his fall placement, Trevor shared, "I don't know if I felt fully prepared

for that experience because it was kind of a bit of a shell shock, the number of skills and

things we were starting to perform and working with people and getting used to the

structure of the floor." Trevor added, "The nurses look at you bug eyed and they're like

you've only had how much experience up to this point? It's very hard not to feel in the

way in the position you're in as a nursing student." Jane recalled, "The nurses were very frustrated with us because you're in your third year and you don't know anything, and I don't want to work with you." She coped by telling herself, "I just need to get through this and I'm going to do what I need to do. I tried not to let it get to me."

Aiden shared a similar experience:

When the nurses on the floor would ask us oh what year are you in and you say your third year and you also tell them here are all the things, I haven't done which is just almost everything, they kind of give you this funny look because a lot are grads from other schools.

She explained, "I don't think they really understood why we couldn't do a lot of the things we couldn't and instead of thinking oh it's our program structure they thought it was more us, that we weren't taking opportunities to learn." Aiden's self-confidence was affected. She revealed, "It kind of made me afraid to ask questions. I didn't want to ask questions. There have been a couple of times that I have asked a question and I have gotten a look."

Participants seemed unable to advocate for themselves and explain how they could contribute to caring for patients. The focus on the performance of procedures and technical skills and perceptions their program curriculum was not preparing students for current practice made participants feel inadequate and on the margins in placement contexts. They sensed people did not want them there, which created a negative learning environment.

Flo had a more positive experience in a placement. She stated, "Nurses make or break you. How lucky I am that everyone [in my placement] … wants to have a student nurse. They love us. They fight for us which is just the best feeling." However, she

recognized others did not have the same support. Flo shared, "I have friends that are like, none of them [nurses] won't to talk to us. Or you get floors that are mainly RPN [registered practical nurse] based and they're sour towards you because they don't like RNs." The messages students received from nurses were mixed and not always understanding and supportive. Participants often felt unwelcome and their curiosity, self-confidence, and learning in the clinical setting were stifled, affecting their professional identity formation.

In addition to concerns about their competence, participants were worried about passing NCLEX-RN®, the national nursing registration examination, one of the requirements to become registered with the CNO and for employment as a RN (College of Nurses of Ontario, 2016, 2018). Ida was the first participant to express concern about NCLEX-RN® examination. Even though she still had a year and a half of the program to complete, she stated, "I've been wondering how to put it all together to study for the NCLEX-RN®. I wonder whether I am prepared enough for it … will I be able to get through it?" Thinking about the possibility of not passing the registration exam after graduation, she lamented, "To go through all those four years just to fail that one exam is intense and intimidating." She suggested, "It would also be nice if we had some prep for the NCLEX-RN® incorporated into the program."

Jane mentioned discrepancies between information in their textbooks and lectures. This concerned her as she looked ahead to writing the NCLEX-RN® examination. She stated, "We're not taught the latest evidence informed practice." She clarified, "We're being taught things in class that aren't even in practice any more at the hospital and that's frustrating … I don't know what you want me to learn." Jane worried this would cause confusion during the NCLEX-RN® examination. She said, "Everyone

just goes with what they say for the [course] exam, but when they get to NCLEX, they're

going to be all messed up." Jane provided an example regarding a medication for pain

control. She recalled:

> The textbook said you do not give Demerol for pancreatitis. We were taught in
>
> class that is the number one thing you are giving in pancreatitis, that is the
>
> expectation in the hospital … that's what we're tested on, but this is not the
>
> expectation in clinical, and I know things are different.

Jane asked her clinical instructor, who also worked in an intensive care unit, about the use

of Demerol. She recalled the clinical instructor told her, "We never use Demerol". Jane

shared, "Trying to remember what is expected and right, that's a little stressful."

Jane cited another example where students were misdirected. There were

discrepancies between the information professors gave them about NCLEX-RN®

examination blueprint. She said they were learning about mental health in class; however,

she recalled a professor told them, "You're never going to see a mental health question in

NCLEX®." This was contrary to information she had from friends, who she said:

> Have taken the NCLEX®, and 20 percent of the NCLEX® is mental health and
>
> relationships and things like that. But oh no, you won't have a mental health
>
> question on the NCLEX®. A friend of mine wrote it two weeks ago and she said
>
> she had all kinds of mental health questions.

Jane's frustration and concern was evident. She declared, "When it comes down to it, if

you're in a test, and you're anxious and you're upset, and you see these options in front of

you, your brain is going to do to, oh that one." She believed students would answer

questions based on information taught in class, which may or may not be evidence

informed or current practice and would the answer incorrectly on the NCLEX-RN® examination.

Sue disclosed she was "really nervous" about the NCLEX-RN® examination. She shared, "I've definitely started to think about it. I think I'm going to take a NCLEX-RN® prep course." She added, "I have the NCLEX-RN® app on my phone that I play sometimes. So that's how I'm preparing." Sue was already developing her study plan, even though she had another academic year to complete the program.

Concern about the NCLEX-RN® examination arose during the focus group. During the discussion about the mandatory modules students had to complete for the simulation labs, Callista declared, "The modules weren't professional [and are] not helping with my NCLEX® exam." She said, "I was so angry since the stuff we really need to know on NCLEX® we're not learning it. That should be a course." Callista did not clarify exactly what she thought students should be learning, but stated a professor told her, "Students don't need clinical skills to pass NCLEX®. You learn those on the job." As discussed previously, participants believed skills had to be learned in the program to meet the practice competencies of the RN role.

Callista's comment led to a discussion about beliefs regarding nursing practice, which were often were grounded in the performance of procedures and technical skills. Madeleine stated, "In third year it's being emphasized that I don't know enough", adding, "It's unfortunate your educational program isn't doing what it's supposed to do." Flo said, "I took risks in order to learn", disclosing, "I did a flu clinic with a doctor because I wasn't being taught and allowed to do proper injections in placement." Billy reminded the group that practicing as a RN was more than performing tasks:

As RNs, we shouldn't be thinking task oriented but higher clinical judgment since

we're hired and are paid more for higher clinical judgment, and we're supposed to

look after people with more acuity. If this isn't taught or emphasized in school or

placements, how is that going to benefit us in the long term?

However, participants were bewildered about the nursing practice for which they

were being prepared. Referring to her limited clinical opportunities, Madeleine stated, "I

don't know about other things to do with a BScN." Jane said, "In class a couple weeks

ago, [the professor] said you're here to be managers. You're not here to be nurses. Your

intention is that you are going into management not bedside care." She concluded,

"That's how the program is made." Billy responded by saying, "We're really prepared for

post-grad studies" but asked, "Shouldn't you be good at nursing first?" He added,

"What's the benefit to students and society in general if you're just pumping out people to

be put into management but don't have any idea how to care for patients?" Trevor agreed,

proclaiming, "You don't learn how to look after a person without looking after a person.

We have to work with people. You don't learn to get more comfortable with people

without being with people." Again, participants illustrated the importance of experiential

learning to develop competence and form their professional nursing identities.

**Summary**

In this chapter, I discussed how participants' desire to help people influenced their

decision to become nurses. Those entering directly from secondary school tended to drift

into nursing, influenced by their family. Mature students with previous education and

work experience deliberately chose nursing as a career path. All participants believed

they made the right career choice and would have employment upon graduation.

However, they were disillusioned and unhappy with the lack of experiential learning across all years of the program. They believed hand-on clinical practice with "real" patients in a broad range of clinical contexts was necessary to develop competence in their nursing skills, including therapeutic relationships. Even though they had another year in the program, they questioned their readiness to practice competently upon graduation and their ability pass the high stakes NCLEX-RN® examination. They were uncertain about their future and continuing to experience liminality.

# Chapter 8

## Discussion

In this chapter, I discuss the findings from my analysis of participant interviews, pre-interview activities, and focus group data. I begin with my primary research question: How do nursing students in a hybrid collaborative nursing program who start at the college site experience the transition to the university site to complete the program? To deepen my understanding of this experience, I continue my discussion to address my secondary questions:

- In what ways does being at the university site differ from being at the college site from the students' perspectives?

- What supports to students feel were helpful in transitioning from the college to the university?

- What are the challenges of transitioning from a college to a university site?

From an institutional perspective, students' transition to Scottlea university was straightforward. Since the program was hybrid, a common admission process managed through the university meant Linwell students were registered with Scottlea from day one of the program. Both sites delivered the same courses in first and second year with the same syllabi and evaluation criteria. Students simply moved from one site to the other to finish the program. However, from the student perspective, the transition was complicated. Participants' stories revealed a number of challenges posing barriers to a smooth transition, not only to the university but to becoming a nurse. Despite the challenges, participants stated they made the right choice to become a nurse and to start the program at the Linwell College site. They confirmed would do so again despite the disruption caused by the transition to Scottlea University.

I contend that participants' experience of transition was one of multi-layered liminality during which participants were undergoing interconnected situational, organizational, and developmental transitions (Im, 2014; Meleis, 2012, 2020). While they were transitioning to the context and culture of Scottlea University, they were also progressing to the next year of the program, reshaping their student identities, and continuing to form their professional nursing identities. Their transition experience was one of disconnection in the physical, social, and academic spaces of the university and between their nursing education and current nursing practice. Stories of being on a journey, becoming lost in an unknown environment, feeling unsupported, and worry about their ability to be a knowledgeable and competent registered nurse arose from the interviews and focus group data. From these stories and reflections, I developed the themes of Thresholds to Cross; The University as a Betwixt Space; Different Atmosphere-Different Culture; and The Transition to Registered Nurse to describe their experience.

**How Participants Experienced the Transition to the University**

All education is a form of transition where students have "transitory status" in a liminal or a betwixt space since they are in between school, the world, and their future identities (Buechner et al., 2020; Cook-Sather & Alter, 2011; Field & Morgan-Klein, 2010; Lichtmann, 2010; Palmer et al., 2009; L. Turner & Tobbell, 2018). Tett et al. (2017) contend transitions in education are not one-off events that occur only when students first enter universities, but develop over time through an on-going process, shaped by students' capacity to engage with, and become part of the university community. Rituals are integral to any transition during rites of passage, often acting as triggers that begin a particular transition (Beech, 2011; van Gennep, 1960). Rituals can be

thresholds or barriers that must be successfully completed to move forward (Beech, 2011; Hockey, 2002; van Gennep, 1960).

By choosing to start at the Linwell College site, participants anticipated their move to Scottlea University in third year. At the college, participants achieved a degree of stability until their successful completion of second year triggered their move to the university site. Suspended in a betwixt space between years of the program and student and RN, they entered the separation phase of transition. They left the familiar and comfortable spaces of the college for the university where they had to learn to navigate a different postsecondary system. Typical of living betwixt space, participants experienced uncertainty, loss, doubt, confusion, and disconnection during their transition (Beech, 2011; Hawkins & Edwards, 2015; Ibarra & Obodaru, 2016; Land et al., 2014; Thomassen, 2014). Their move to the university site added situational and organizational transitions to their developmental transition, creating additional complexity and liminality during their nursing education (Meleis, 2020).

At the university, participants encountered assumptions and stigma which affected their self-confidence and sense of belonging. Several professors told participants the Linwell students had lower admission averages and they would not do as well as Scottlea students on written assignments. These findings align with Zorzi et al. (2007), Landeen et al., (2017), and Montague et al. (2022) who found college students enrolled in collaborative college-university programs often experienced judgment and stigma from university students and faculty about their academic ability due to assumptions about colleges. Cameron (2003, 2005) found her participants experienced academic shock and a drop in their grades when university faculty assumed their knowledge was deficient. The findings of this study differ since participants did not report a change in grades and

several participants stated they remained on the Dean's honour role. Unlike Zorzi et al. and Landeen et al., participants in this study found the university students friendly and helpful, particularly in their small clinical practice groups.

These mis-assumptions may be rooted in perceptions that Ontario colleges have not changed since their establishment over fifty years ago. However, Ontario colleges have evolved over time and now engage in research and innovation, and grant applied degrees (Hogan & Trotter, 2013; Trotter & Mitchell, 2019). Assumptions and perceptions that community colleges are less academically rigorous may indicate bias against them resulting in stigma about the quality of education they offer (Wiseman et al., 2012). Landeen et al. (2017) suggest, "faculty may also inadvertently or consciously contribute to stigmatizing experiences through in-class comments (p. 148), which was the finding in this study.

When participants started classes at Scottlea, they were incomers in a context where their Scottlea peers had established relationships with professors and the wider university. They shared experiences of being outsiders on the margins of the university where uncertainty, disconnection, and feelings of inferiority and otherness were common. Since they were "all in the same boat" (E. Turner, 2012, p. 4), communitas developed amongst the Linwell students. Although Montague et al. (2022) found some of their participants had difficulty maintaining the friendships they made at the college during the transition, findings differed in this study. My participants spoke about the ongoing supportive relationships they had with their Linwell peers. Although scheduling meant they spent less time on campus, their class Facebook® group became "the 'social glue' " (Madge et al., 2009, p. 148) needed to maintain connection and build a strong social network with their Linwell classmates. For my participants, and as suggested by

Montague et al. (2022), Facebook® was a space to share their common experiences for social and academic support within the liminal space of the university. Therefore, Facebook® was a "liminal tool" participants used to stay connected and seek information when negotiating their liminality and changing identities during the transition to Scottlea (Baker & Stirling, 2016).

Less time on campus and the communitas participants developed with their Linwell peers affected their ability to develop relationships with the Scottlea site students. Although relationships developed in small clinical practice groups, these did not seem to extend across the combined cohort. Participants observed that unlike their class, the Scottlea students were not familiar with everyone in their cohort, concluding the Scottlea students did not have the same deep sense of community. Their observation and conclusion is not surprising since the Scottlea students continued at the university where they were insiders with status and identity (Conroy, 2004; E. Turner, 2012; V. Turner, 2008).

Several additional barriers to developing relationships across cohorts were identified.  Group work could have been a facilitator to relationships, but groups were formed by students who chose their friends, adding to the separation between cohorts. Clinical practice course placements were off campus across the city. The heavy course load and demands of clinical practice left students with little time, desire, and energy to seek out new relationships. Lastly, several participants revealed they felt inferior and uncomfortable at the university in a context that was less inclusive, preventing them from reaching out to strangers.

Professional identity was not a specific question in the interview guide, however concern about becoming a competent registered nurse and passing the NCLEX-RN®

examination arose during the interviews and focus group. Participants considered the theory component of the program satisfactory, yet they were adamant about the need for more clinical practice opportunities across the program. They believed "hands-on" practice was necessary for praxis in complex patient care contexts. Participants shared comments from faculty implying more clinical time was not possible. This may indicate the organization of the clinical courses fit the needs of the program and practice partners rather than optimizing the contextual learning experiences students believed were required to form a professional nursing identity.

Participants were frustrated the fragmented scheduling of clinical practice courses in both terms of third year impaired their ability to learn to provide continuity of patient care, hampering their development of confidence in their knowledge and skill. Looking ahead to fourth year and graduation, they were concerned their experiential learning was not sufficient to develop their competence for skilled practice upon graduation. In addition, they were worried they would not be prepared to pass the NCLEX-RN® examination. The inconsistencies participants described between what was taught and tested in class and current clinical practice raised an additional concern, not only for success on the NCLEX-RN® exam, but for their professional identity formation since evidence-informed care processes are a component of the knowledge domain of professional identity (Goodolf & Godfrey, 2021).

Participants' perception of the imbalance between theoretical knowledge and practice, along with the focus on hospital-based acute care implies the program privileged epistemology over ontology and biomedical knowledge over other ways of knowing in nursing (Doane & Brown, 2011; Jenkins, et al., 2021). As a result, participants lacked opportunities to become aware of the broad range of contexts where nurses work and

where people would benefit from nurses' care. When they were told they were being prepared to go into management and research, not "bedside" care, along with their perceived lack of clinical practice placements, participants assumed direct patient care was not valued in the upper years of the program. Participants were bewildered since they chose nursing out of their desire to care directly for people in a health care field. Without a variety of supervised clinical practice experiences across a diversity of patient populations in over time, participants could be challenged to make sense of classroom and lab theory in settings other than acute care. In addition, they may have difficulty developing the skilled know-how necessary to respond in complex situations and cope with the realities of the workplace (Benner et al., 2010; Ewertsson et al., 2017; Hills & Watson, 2011; S. Jackson, 2017).

Perceptions and understanding of the concept of personal identity and professional identity formation across the Scottlea-Linwell program are not known. If faculty do not share a clear conceptual definition of professional identity, have different meanings of professional identity formation, and focus on biomedical epistemology in nursing, they may be challenged to develop learning activities that foster students' professional identity formation (Fitzgerald, 2020; Halverson et al., 2022).

Clear and open communication between the program and students is important during nursing students' transition from the college to the university (Cameron, 2003; Landeen et al., 2017; Montague et al., 2022). Participants' reflections indicated communication across a wide range of areas was inadequate at Scottlea. The lack of direction about how to register for courses, how to navigate each online course site, the role of the TA, formatting assignments, misinformation about current practice, and the NCLEX-RN® blueprint, revealed the university was not student-centred or transparent in

their approach to communication. Since the program seemed to be unaware of participants' need for information and explanations, participants muddled through by going to their peers for information and by posting on their Facebook® group site.

The promotion, recruitment, and clinical practice assignment processes of the fast-track option were additional examples of the lack of recognition of students' information needs. Participants were not given fulsome information about the option, yet a decision to enrol was expected within a short period of time. The decisions students had to make about finances, transportation, and housing did not seem to be considered. Participants became angry and distrustful with a process they perceived to be secretive and manipulative. Switching placements was suddenly not allowed, however a rationale about the change in procedure was not given to students. The program did not seem to be attuned to students' situational needs and, for that reason, was unaware a response was needed (Dall'Alba, 2009).

**Differences Between Linwell College and Scottlea University**

Participants identified a number of differences in the institutional, physical, social, and academic spaces of university. The physical space of the campus was larger and less compact which was challenging to navigate. To be on time for classes, participants had to reorganize their routines by adjusting to new bus routes, find a place to park, and locate their classrooms in various buildings spread across a larger campus.

The first barrier students encountered in the institutional space of the university was a different course registration process. In contrast to the college where students were pre-registered in mandatory courses, participants had to figure out how to register for all courses for the whole academic year. The process of registering for courses during the summer between second and third year was a ritual or threshold participants had to

complete to begin their integration into the university (Beech, 2011; Crane & Abbott, 2021; van Gennep, 1960). However, before they set foot on the university campus, they had a negative experience of the university. Participants described the process as complicated, challenging, and frustrating. Registering in elective courses relevant to nursing was especially arduous due to the inflexibility of the nursing timetable. These findings align other researchers who also found college students in collaborative program faced similar challenges with the university course registration processes (Cameron, 2003; Landeen et al., 2017; Montague et al., 2022; Zorzi et al., 2007).

When course registrations were complete, participants entered the liminal phase of transition. Since participants were officially in third year, they were treated as such at the university. They attended an orientation session with their Scottlea classmates where they were welcomed to the school of nursing and met their nursing professors. However, this orientation was only to the third year of the program, not the wider university. They missed the usual orientation week activities for first year students that serve as induction rituals to incorporate students into the university (Palmer et al., 2009). Unlike beginning first year students, participants completed two years in a university level program at a college, indicating their orientation needs may have differed (DeWine et al., 2017; Gawley & McGowan, 2006; Percival et al., 2016).

The next institutional barrier participants faced at Scottlea was adjusting to a different learning management system (LMS). At Linwell, participants used the university LMS in several mandatory four first- and second-year science courses. The extent their use was logging on to the LMS course site, completing a module and test, then logging off. In third year, online course sites were used more extensively. The appearance, content management, and use of task functions differed in every course site.

The inconsistencies in the functional setup of course sites were confusing and time consuming for participants. University faculty may not have realized Linwell students were unfamiliar with the university LMS, or that each course site in the program was set up very differently. Well into their third year, without specific instructions and guidance from professors about how to navigate their individual course sites and site tabs, several participants still did not know how professors expected them to communicate or submit assignments through each course site.

Relationships changed in the social spaces of the university. Since participants were only on campus two days a week, they had fewer opportunities to connect with people in person. Although Linwell students were welcomed on orientation day, they were incomers in spaces where relationships were established over the previous two years. As incomers in a new context, they felt lost and invisible. Participants were very aware one of their professors taught the Scottlea students previously. They believed the familiarity between the Scottlea students and this professor left them disadvantaged regarding grades.

Since classes were larger, participants perceived professors were busier, less approachable, less available, and less interested in their individual success. Professors had an office hour each week, but students had to take the initiative to connect. In a previous study, Cameron (2003) reported most students felt connected and supported by professors. The findings in this study differ. The difference could be that the collaborative program context of her study was two plus two model where the university only offered the third and fourth years of the program. Therefore, all the college students were new to the university in third year, unlike participants in this study who were joining an established cohort.

The disconnect between students and professors has implications for participants' professional identity development. Hills et al. (2021) believe the creation of relationships between students and teachers is required for learning and praxis. Transformative learning with a shift away from the memorization of facts is necessary for a student to develop positive professional identity formation (Simmonds et al., 2020). Transformative learning requires a collaborative caring relationship, critical dialogue, reflection, and a caring culture "based on trust, integrity, authenticity, caring, mutual respect, and shared power" (Hills et al. 2021, p. 83). Although this kind of relationship may have existed with some professors, the stigmatization participants experienced from others demonstrates transformative learning was not possible in all courses.

Along with being incomers in an unfamiliar context, the disconnections with faculty and the wider university affected participants' sense of belonging. They questioned where they fit, feeling as if they did not belong at either the college or university. This finding aligns those of Landeen et al. (2017) who concluded the nursing students in their study had an ambiguous sense of belonging, not belonging anywhere since they always felt "less-than" their university peers. Montague et al. (2022) also found students' sense of belonging was affected by their transition. They identified support from the institution, program, and faculty facilitate student belonging during complex transitions. These supports were mostly absent in this study; however, participants had a strong sense of belonging and solidarity in communitas with their Linwell peers which they maintained through Facebook®.

Evaluation practices differed between sites. TAs were another source of disconnection and frustration for participants in third year. Participants had some experience with teaching assistants as tutorial leaders at the college but were surprised

when TAs marked assignments in their university courses. Although there were instances at the university when participants felt connected to the TA marker, participants did not seem to have any relationship with the TA in most courses. Even with rubrics, participants found assignment grades revealed inconsistent expectations and inaccurate application of APA formatting. Participants stated they were conscientious about following APA style but lost marks when the TA made their own interpretations of APA "rules". According to participants, formatting took precedence over their development of ideas and support of a thesis statement. They were frustrated when a paper was retuned without feedback, giving no direction about how to improve their writing. The lack of feedback raised questions for participants about the TA's knowledge of the subject and their experience. Since participants did not know the TA, they did not arrange to review the assignment even when upset about their grade.

No studies were found about the student experience with TA markers in collaborative university–college nursing programs. However, these finding align with research in other disciplines. Muzaka (2009) identified the lack of communication between TAs and professors, TAs' lack of familiarity with program marking standards and assessment criteria, lack of subject matter knowledge, and time pressures regarding their own work were problematic. Doe et al. (2013) acknowledged giving meaningful feedback is a difficult and complex act, influenced by multiple factors such as motivation, time pressures, previous grading experience, and scholarly writing ability. They suggested rubrics can lead to accuracy and consistency in grading that can be eased with the use of rubrics, however both depend on the detail of the rubric and the marker's understanding of it. In the current study, TAs may have may have been less familiar with subject content and the intricacies of APA style. Depending on their background and

demands of their own program of studies, they may not have the time or the necessary

expertise in writing and grading to provide written feedback.

**Supports for the Transition**

Participants had little support during the transition. Many expressed they had to

figure things on their own since they felt isolated as incomers at the university. Although

participants accessed support resources at the college, several stated they did not know

where to find similar services at the university. Counselors were helpful, but participants

found they were often delayed in responding to their emails, leading them to assume they

were overworked. As a result, they went to their Linwell peers first and tended to contact

a counselor only as a last resort. Similar to Cameron's (2003) findings, participants' main

supports were their peers. These findings differ from Montague et al. (2022) who found

students had difficulty sustaining relationships first made at the college. Montague et al.

also noted students in their study were more aware of resources at the college and found

them easier to access than at the university, which aligns with the findings in this study.

Due to class schedules and clinical practice placements off campus, participants

were challenged to find the time and opportunities required to develop relationships with

other students at the university. Participants found support within their clinical groups but

had the most support from college site classmates through the communitas they

developed and maintained through their Facebook® site.

**Challenges of the Transition from Linwell College to Scottlea University**

The previous sections in this chapter describe the many of the challenges

participants encountered during the transition. Institutionally centred processes and use of

TAs as markers fit the needs of the system but were confusing for students. Participants

struggled to find the information they needed to navigate university systems. Developing

relationships at the university was challenging in a context where they felt disadvantaged as incomers at the margins of university spaces. Their sense of belonging and identity as a student were disrupted. The betwixt space in which participants found themselves was full of uncertainty which led them to develop communitas with their Linwell peers, who were their main source of support.

Challenges to professional identity formation surfaced in this study. Participants were dissatisfied with the amount of experiential learning in the program. They worried it was inadequate to prepare them for realities of RN practice upon graduation, adding to their liminality. The primacy the program seemed to place on epistemology overshadowed the ontology of students becoming nurses and their ability to develop praxis. Even with the focus on theoretical knowledge, participants worried they would not be prepared to pass the NCLEX-RN® examinatiion. Regardless, participants faced all the challenges by staying committed to their goal of becoming a nurse.

**Theoretical Framework**

Taken together, the components of my theoretical framework capture the breadth of students' experience of transitioning from the college to the university. Rites of Passage, the concept of communitas, and Meleis' transition theory helped me to gain insight into the complexities of the process of transition in collaborative programs and the barriers students face moving to a different post-secondary system.

Watts (2013) suggestion that Rites of Passage could be a framework understand participants' journey to university and becoming a RN resonated with me. van Gennup's (1960) rites of passage helped me understand that life transitions are comprised of distinct phases, each with rituals that must be completed before moving to the next phase. Through his work, I concluded participants were in the midst of the liminal phase of

transition, which was triggered by successfully completing second year and the ritual of course registration.

van Gennup's Rites of Passage did not explain complexity of the transition experience or the relationships the Linwell site students had with each other at the university. Victor Turners' (2008) concept of communitas clarified their experience as one of being betwixt and between the positions of Linwell students and Scottlea students and student and RN where their identities and sense of belonging were disrupted. They shared the transition to the university and a unique position as third year students in the program, yet first year students at the university. They experienced disadvantage since they were incomers on the margins of university space which brought them together in communitas for mutual support.

Meleis' (2020) theory of transition was originally developed for two reasons: to guide nurses in providing care before, during, and after health-illness transitions; and to develop research questions. As the theory developed, researchers have widened its application to explore transitions in nursing education. In this study, Meleis' theory guided my understanding of the complexity of the process of transition by delineating types, properties, responses, and outcomes of transition. Using this lens, I understood participants were undergoing several types of transition simultaneously. For example:

- Developmental:
    - Several participants were transitioning from adolescence to early adulthood.
    - Each participant was in the process of becoming a nurse and forming a professional nursing identity.

- Situational:

  o change in identity from college student to university student

  o learning to care for patients in clinical practice placements

- Organizational:

  o leaving the college for the university and adjusting to the processes

  policies and procedures in a different post-secondary system

- Health-Illness:

  o One participant described a health challenge in first year of the

  program which had resolved by third year.

Reflecting upon the properties of Meleis' theory during my data analysis helped me to

recognize and interpret participants' multi-layered experience of transition, particularly

the disconnection, uncertainty, and their sense of loss of the familiar.

From my analysis of the data based on my theoretical framework, participants had

not reached the incorporation or post-liminal phase of transition to the university. They

did not identify as university students, still questioning where they belonged. They had

not developed many new relationships at the university, relying on their Linwell

classmates through communitas. Their stories revealed they remained unsettled and had

not integrated into the university. Their uncertainty about their nursing practice

development indicates they were still forming their professional identities.

**Chapter 9**

**Conclusion**

In 2005, a baccalaureate degree become the entry-to-practice education requirement for registered nurses in Ontario. To meet implementation and capacity demands, collaborative university-college partnerships were created to educate nurses. Even though these programs have been in place for some time, little can be found in the literature about the experience of students in these programs (Cameron, 2003; Landeen et al., 2017; Montague et al., 2022). The purpose of this study was to add to what is known about nursing student transition by exploring how students who begin a hybrid collaborative baccalaureate nursing program at a community college experience transitioning to the university site to complete the program. Using a qualitative case study approach informed by constructivist-interpretivist epistemology, I found their experience to be one of liminality, where they were simultaneously going through developmental, situational, and organizational transitions. Their pre-interview activities and stories shared in their interviews revealed they were betwixt and between the college and the university and student and registered nurse, facing barriers in the institutional, social, and academic spaces of the university. Through their common experience as incomers on the margins at the university, the college students formed a relationship of communitas for mutual support.

**Recommendations and Implications for the Program**

This study has implications for nursing education curricula, policy, and research. The transition from the college to the university was stressful, time consuming, disruptive, and marginalizing for participants. Several strategies could be implemented at the university to ease the transition and lessen students' anxiety.

Participants' concern about the paucity of experiential experience, particularly off-campus clinical practice settings indicate a review of the curriculum is needed. The findings suggest the review include assessment of the alignment and gaps with current nursing education best practices in Canada, professional identity formation, and entry-to-practice competencies for Ontario registered nurses. Benner et al. (2010) state "staff nurses are essential to the clinical education of student nurses" (p. 61). Therefore, the review should include clinical partners from agencies representing the breadth of nurses' work contexts. In addition, I recommend collaborating with clinical practice partners to determine the alignment of learning opportunities available in their agencies with students' stage of professional identity formation. Such a review could lead to the optimization of learning opportunities in a wide range of clinical practice placements to enable students to integrate theoretical concepts taught in class with a variety of patient populations. At the same time, I recommend exploration and development of innovative models of clinical supervision and evaluation to accommodate increased experiential learning in the program across a practice placements reflecting the scope of nurses' work.

From my findings, I suggest integrating preparation for the NCLEX-RN® examination throughout the program, along with a practice exam in the final term. These suggestions may lessen students' anxiety about their preparedness for the exam. However, with an increased focus on the NCLEX-RN® blueprint, professors must ensure preparation for this exam does not take primacy over the ontology of becoming a nurse.

Faculty development seminars focused on professional identity formation, student nurse becoming, and supporting students in transition are recommended. I suggest consideration be given to designing these activities to include opportunities for faculty to reflect upon their personal meaning of professional identity and how their experience and

teaching style might shape the experience of students. The mis-assumptions revealed by participants indicate faculty development must be inclusive of full and part-time faculty at both sites and include representation from clinical practice partners. Resources should be easily accessible online.

To respond to the lack of support participants identified, I suggest developing strategies to raise faculty awareness about the complexity and challenges college students encounter when moving to the university in third year. I propose a peer mentorship program be developed for the incoming college students as they begin the fall term. I recommend this program be created in collaboration with and led by upper year students who started at the college site, with support from faculty mentors from each site. The mentorship program could include the creation of an orientation plan for incoming college students with the goal of beginning their familiarization the "inside rules" of the university. To accommodate student schedules, a specific recommendation is that the orientation plan be flexible with synchronous and asynchronous activities and all resource information easily accessible online. Following the recommendations from Montague et al. (2017), and the findings in this study, the orientation should include essential information about the university, wellness strategies, and opportunities to meet people.

The challenges participants experienced registering for third year courses suggests the university should automatically pre-register students for all mandatory courses. I recommend a streamlined process to switch sections be put in place so students can organize their schedules to accommodate their home and work lives. Knowing their schedule section when their registration window opens would facilitate students self-registering in elective courses. Students could have fewer challenges with elective courses registration and have a more positive beginning experience with the university.

The flexibility in the LMS created challenges for participants, adding another burden in their transition. To achieve some consistency across course sites at the university site of the program, I suggest developing a LMS course site template guide for nursing theory and clinical practice courses. If course sites were created using a standard template guide, site functions and tabs would be consistent so students could able to navigate sites more efficiently.

The findings suggest faculty teaching assignments be considered. Although assigning faculty to teach the same students in consecutive years of the program is advantageous for continuity, participants revealed as college students they were disadvantaged in classes with the combined cohort. I propose two strategies that could "level the playing field" for college students. First, for the third-year fall term, faculty assigned to teach nursing courses should not have taught the university site students in second year. Secondly, since the first- and second-year courses are the same at both sites, cross teaching in all years of the program would facilitate relationship development between students and professors from the beginning of the program.

Participants' reflections surfaced issues with TAs and evaluation and lead to several recommendations. My findings indicate the orientation teaching assistants receive should be reviewed and revised as necessary to ensure the incorporation of strategies that enable TAs to understand the importance of connecting with their students and improve their accuracy, consistency, and the giving of feedback when grading assignments. Participants commented they lacked understanding about how their assigned grade was determined, therefore I propose a review of marking rubrics to evaluate alignment with assignment goals and expectations. Quality assurance mechanisms to assess and improve

the consistency and quality of TA grading and the support they receive should be explored.

Several policy recommendations for the future of the program emerged from this study. Twenty years ago, Cameron (2003) concluded there was little advantage for collaborative students to physically move to the university site since they only spend two days a week on campus. She recommended the program assess the feasibility of offering all four years at each of the college sites in their collaborative partnership. Similar to Cameron's findings, participants in this study were only on campus two days a week and felt disconnected, disadvantaged, and challenged to integrate into the spaces of the university. Therefore, in the short term, I recommended the renegotiation of the Memorandum of Understanding between the university and college so that all four years of the program are delivered at the college site. Looking to the future, I propose the college explore the feasibility of offering a stand-alone degree program now that Ontario colleges have approval to do so (Dickson, 2020).

**Recommendations for Future Research**

Little has been written about Ontario college students' experience in collaborative university-college programs. Since this study explored the experience of students in one hybrid collaborative nursing program, studies with students in other programs and other models of collaboration could be considered. This study could be repeated with another cohort of students in the program with data collection extended through to their graduation to provide a more comprehensive understanding of transition to the university.

The findings of this study raise additional areas for research. For example, how do college and university faculty experience teaching in collaborative programs? How do diverse nursing students experience the transition from the college to the university? Are

students who start a collaborative nursing program at a college site more resilient as RNs? What is the experience of transition shock in graduate nurses who start at the college site of a hybrid collaborative program? Does the experience of transition from a college to a university site affect intention to stay and retention of nurses in the workplace?

**Limitations**

There are several limitations in this study. The context of the study was one hybrid university–college collaborative nursing degree program in Ontario. Therefore, the findings may not be transferrable to other collaborative programs in different contexts with different delivery models. Since only a small number of third year students who started the program at the college site participated in the study, their experience may differ from other college site students. Also, students may have volunteered for reasons other than sharing their experience of their transition. They may have perceived participation in the study as an opportunity to voice their concerns.

My own experiences in nursing education as a student, professor, and program coordinator shaped my views of the phenomenon of transition and participants' experience at the university. I attempted to mitigate any biases I might have by continually reflecting on my positionality to distance my experience from that of my participants. I noted my reflections during all phases of the research in an attempt to separate my experience from that of my participants.

The context of nursing and health care has changed since the data was collected during the 2015–2016 academic year. The COVID-19 pandemic "exacerbated issues that have repeatedly failed to be addressed, including an aging workforce, poor salaries and the pull of higher-paying international jobs" (Stewart, 2022). Nursing vacancies in Canada increased by 133% between 2019 and 2021 leading, and by the fall of 2021, there

were over 34,000 nursing vacancies in the country (Ben Ahmed & Bourgeault, 2022). In February 2020, the Ontario government announced their decision to allow colleges the option to grant stand-alone nursing degrees (Dickson, 2020). Since that time, several colleges have submitted proposals to the Post-Secondary Education Quality Assessment Board (PEQAB) and the College of Nurses of Ontario for a stand-alone degree, dissolving a number of university-college collaborative programs. Several colleges have received preliminary approval for a stand-alone degree (College of Nurses of Ontario, 2022). Regardless, the findings of this study may enable nursing faculty to understand the challenges students can face during their transition to the university and their journey to becoming a RN. The findings may add substance to the rationale for colleges to explore the feasibility of offering a stand-alone nursing degree.

**Final Reflections**

I found my participants experience of transition to be more complex and challenging than I anticipated, even though I had taught in a collaborative program since the inception of the program. I found some of the stories they shared difficult since they reflected much of my own experience. I am saddened the same disadvantage and marginalization I experienced as a college graduate in a university program still exists. I am saddened my participants experienced so many difficult challenges at the university and that their college experience was not always valued.

I have much respect for my participants' perseverance, commitment to becoming nurses and their ability to come together as equals to support each other. I was amazed by their insight into what it means to be and what they believed they needed to become a competent, caring, and compassionate nurse. I am so privileged they trusted me and took

the time to reflect deeply upon their transition and to share their experiences so honestly and openly.

My research journey entailed much personal reflection upon my education, my nursing identity, and my experience throughout my nursing career. I needed untangle my stories from theirs, so their voices were the ones present. I often needed space and time away from the data as I was experiencing similar assumptions and marginalization in my roles as a professor and program coordinator in a collaborative nursing program. At the end of this long and sometimes fraught journey, and with thanks to my participants, I have more insight not only into their experience and strategies to ease college student's transition to the university, but my own transition throughout my career as a nurse.

# References

Abbott, A. (2004). *Methods of discovery: Heuristics for the social sciences*. W. W. Norton & Company.

Adorno, G., Cronley, C., & Smith, K. S. (2015). A different kind of animal: Liminal experiences of social work doctoral students. *Innovations in Education and Teaching International*, *52*(6), 632–641. https://doi.org/10.1080/14703297.2013.833130

Andrew, N., McGuinness, C., Reid, G., & Corcoran, T. (2009). Greater than the sum of its parts: transition into the first year of undergraduate nursing. *Nurse Education in Practice*, *9*(1), 13–21. https://doi.org/10.1016/j.nepr.2008.03.009

Andrews, D. R. (2013). Expectations of millennial nurse graduates transitioning into practice. *Nursing Administration Quarterly*, *37*(2), 152–159. https://doi.org/10.1097/NAQ.0b013e3182869d9f

Arreciado Marañón, A., & Isla Pera, M. P. (2015). Theory and practice in the construction of professional identity in nursing students: A qualitative study. *Nurse Education Today*, *35*(7), 859–863. https://doi.org/10.1016/j.nedt.2015.03.014

Aubeeluck, A., Stacey, G., & Stupple, E. J. N. (2016). Do graduate entry nursing student's experience "Imposter Phenomenon"?: An issue for debate. *Nurse Education in Practice*, *19*, 104–106. https://doi.org/10.1016/j.nepr.2016.06.003

Aydin, R., & Bulut, E. (2022). Experiences of nurses diagnosed with COVID-19 in Turkey: A qualitative study. *International Nursing Review*, *69*(3), 294–304. https://doi.org/10.1111/inr.12735

Bais, K., & Huijser, M. (2013). Power and privilege. In *The Profit of Peace: Corporate Responsibility in Conflict Regions*. https://doi.org/10.9774/gleaf.978-1-909493-51-3_6

Baker, S., & Stirling, E. (2016). Liminal spaces, resources and networks Facebook as a

    shaping force for students' transitions into higher education. *Learning and Teaching*,

    *9*(2), 42–65. https://doi.org/10.3167/latiss.2016.090203

Barton, T. D. (2007). Student nurse practitioners - A rite of passage? The universality of

    Van Gennep's model of social transition. *Nurse Education in Practice*, *7*(5), 338–

    347. https://doi.org/10.1016/j.nepr.2006.11.005

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study Design and

    implementation for novice researchers. *The Qualitative Report Volume*, *13*(4), 544–

    559. https://doi.org/10.2174/1874434600802010058

Beaudet, L., & Ducharme, F. (2013). Living with moderate-stage parkinson disease:

    Intervention needs and preferences of elderly couples. *Journal of Neuroscience*

    *Nursing*, *45*(2), 88–95. https://doi.org/10.1097/JNN.0b013e3182828ff4

Beech, N. (2011). Liminality and the practices of identity reconstruction. *Human*

    *Relations*, *64*(2), 285–302. https://doi.org/10.1177/0018726710371235

Ben Ahmed, H. E., & Bourgeault, I. L. (2022). *Sustaining Nursing in Canada About the*

    *CHWN About the CFNU*. https://nursesunions.ca/wp-

    content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-

    Canada2022_web.pdf

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing*

    *practice*. Addison-Wesley Publishing Company.

Benner, P. (2011). Formation in professional education: An examination of the

    relationship between theories of meaning and theories of the self. *Journal of*

    *Medicine and Philosophy*, *36*(4), 342–353. https://doi.org/10.1093/jmp/jhr030

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for*

*radical transformation*. Jossey-Bass.

Bhurtun, H. D., Azimirad, M., Saaranen, T., & Turunen, H. (2019). Stress and coping among nursing students during clinical training: An integrative review. *Journal of Nursing Education*, *58*(5), 266–272. https://doi.org/10.3928/01484834-20190422-04

Billay, D., Myrick, F., & Yonge, O. (2015). Preceptorship and the nurse practitioner student: Navigating the liminal space. *Journal of Nursing Education*, *54*(8), 430–437. https://doi.org/10.3928/01484834-20150717-02

Bohner, K. (2017). Theory description, critical reflection, and theory evaluation of the transitions theory of Meleis et al according to Chinn and Kramer (2011). *Advances in Nursing Science*, *40*(3), E1–E19. https://doi.org/10.1097/ANS.0000000000000152

Bradby, M. (1990). Status passage into nursing: Another view of the process of socialization into nursing. *Journal of Advanced Nursing*, *15*(10), 1220–1225. https://doi.org/https://doi.org/10.1111/j.1365-2648.1990.tb01715.x

Brewington, J., & Godfrey, N. (2020). The Professional Identity in Nursing Initiative. *Nursing Education Perspectives*, *41*(3), 201. https://doi.org/10.1097/01.NEP.0000000000000667

Browne, C., Wall, P., Batt, S., & Bennett, R. (2018). Understanding perceptions of nursing professional identity in students entering an Australian undergraduate nursing degree. *Nurse Education in Practice*, *32*(October 2017), 90–96. https://doi.org/10.1016/j.nepr.2018.07.006

Buechner, B. D., Dirkx, J., Konvisser, Z. D., Myers, D., & Peleg-Baker, T. (2020). From Llminality to communitas: The collective dimensions of transformative learning. *Journal of Transformative Education*, *18*(2), 87–113.

https://doi.org/10.1177/1541344619900881

Buechner, B., Dirkx, J., Konvisser, Z. D., Myers, D., & Peleg-Baker, T. (2020). From

Liminality to Communitas: The Collective Dimensions of Transformative Learning.

*Journal of Transformative Education*, *18*(2), 87–113.

https://doi.org/10.1177/1541344619900881

Cameron, C. (2003). The lived experience of transfer students in a collaborative

baccalaureate nursing program (Order No. NQ78480) [The University of Toronto].

In *Proquest Dissertations and Theses Global*.

https://www.proquest.com/dissertations/docview/305241703/30A7D35276104FC3P

Q/1?accountid=15115

Cameron, C. (2005). Experiences of transfer students in a collaborative baccalaureate

nursing program. *Community College Review*, *33*(2), 22–44.

Canadian Association of Schools of Nursing. (2011). *CASN Position Statement on the*

*Education of Registered Nurses in Canada: Education of Registered Nurses in*

*Canada Background* (Vol. 5). https://casn.ca/wp-

content/uploads/2014/10/EducationofRNsinCanadaEng.pdf

Candela, L., & Bowles, C. (2008). Recent RN graduate perceptions of educational

preparation. *Nursing Education Perspectives*, *29*(5), 266–271.

Casterline, G. L. (2009). Heuristic inquiry: Artistic science for nursing. *Southern Online*

*Journal of Nursing Research*, *9*(1), 1–8.

Chappy, S., Jambunathan, J., & Marnocha, S. (2010). Evidence-based curricular

strategies to enhance BSN graduates' transition Into practice. *Nurse Educator*, *35*(1),

20–24.

Chick, N., & Meleis, A. I. (1986). Transitions: A nursing concern. In P. L. Chinn (Ed.), *Nursing research methodology* (pp. 237–257). Aspen Publications.

Chinn, P. L., & Kramer, M. K. (2011). *Intergrated knowledge development in nursing* (8th ed.). Elsevier Mosby.

Chinn, P. L., & Kramer, M. K. (2018). *Knowledge development in nursing: Theory and progress* (10th ed.). Elsevier Inc.

Christie, H., Tett, L., Cree, V. E., & McCune, V. (2016). 'It all just clicked': a longitudinal perspective on transitions within university. *Studies in Higher Education*, *41*(3), 478–490. https://doi.org/10.1080/03075079.2014.942271

Coates, H., James, R., & Baldwin, G. (2005). A critical examination of the effects of learning management systems on university teaching and learning. *Tertiary Education and Management*, *11*, 19–36.

College of Nurses of Ontario. (2022, December 12). *Baccalaureate Nursing (RN) Programs*. http://cno.org/en/become-a-nurse/approved-nursing-programs/rn-programs/

College of Nurses of Ontario. (2016). *Fact Sheet: NCLEX-RN: One step tin ensuring safe care*. https://cno.org/globalassets/trending-topics/nclex/nclex-factsheet-05.pdf

College of Nurses of Ontario. (2018). *Registration requirements: Reviewed September 17, 2014*. http://www.cno.org/en/become-a-nurse/registration-requirements/

Conroy, J. C. (2004). *Betwixt & between: The liminal, imagination, education and demoncracy*. Peter Lang Publishing, Inc.

Conroy, J. C., & De Ruyter, D. J. (2009). Contest, contradiction, and security: The moral possibilities of liminal education. *Journal of Educational Change*, *10*(1), 1–12. https://doi.org/10.1007/s10833-008-9072-z

Cook-Sather, A., & Alter, Z. (2011). What is and what can be: How a liminal position can change learning and teaching in higher education. *Anthropology & Education Quarterly*, *42*(1), 37–53. https://doi.org/10.1111/j.1548-1492.2010.01109.x.37

Council of Ontario Universities. (n.d.). *Council of Ontario Universities position paper on collaborative nursing programs in Ontario (COU No. 837)* (Issue 837). http://www.cou.on.ca/publications/reports/pdfs/cou-position-paper-on-collaborative-nursing-progra

Council of Ontario Universities. (2010). *Position paper on graduate education in Ontario (Report No. 837)* (Issue 837). https://cou.ca/wp-content/uploads/2015/05/COU-Position-Paper-on-Collaborative-Nursing-Programs-in-Ontario.pdf

Crafter, S., & Maunder, R. (2012). Understanding transitions using a sociocultural framework. *Educational and Child Psychology*, *29*(1), 10–18.

Crane, J., & Abbott, M. Lou. (2021). Mind the gap: The relationship between liminality, learning and leaving in pre-registration nurse education. *Nurse Education in Practice*, *50*, 102952. https://doi.org/10.1016/j.nepr.2020.102952

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage.

Crigger, N., & Godfrey, N. (2014). From the inside out: A new approach to teaching professional identity formation and professional ethics. *Journal of Professional Nursing*, *30*(5), 376–382. https://doi.org/10.1016/j.profnurs.2014.03.004

Cristancho, S. M., Bidinosti, S. J., Lingard, L. A., Novick, R. J., Ott, M. C., & Forbes, T. L. (2014). What's behind the scenes? Exploring the unspoken dimensions of complex and challenging surgical situations. *Academic Medicine*, *89*(11), 1540–1547. https://doi.org/10.1097/acm.0000000000000478

Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, *11*(1), 100. https://doi.org/10.1186/1471-2288-11-100

Dall'Alba, G. (2009). *Learning to be professionals: Innovation and change in professional education*. Springer Publishing Co. https://doi.org/10.1007/978-90-481-2608-8

Dall'Alba, G., & Barnacle, R. (2007). An ontological turn for higher education. *Studies in Higher Education*, *32*(6), 679–691. https://doi.org/10.1080/03075070701685130

Darbyshire, C., & Fleming, V. E. M. (2008). Governmentality, student autonomy and nurse education. *Journal of Advanced Nursing*, *62*(2), 172–179. https://doi.org/10.1111/j.1365-2648.2007.04571.x

Delaney, C., & Piscopo, B. (2007). There really is a difference: Nurses' experiences with transitioning from RNs to BSNs. *Journal of Professional Nursing*, *23*(3), 167–173. https://doi.org/10.1016/j.profnurs.2007.01.011

Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.). McGraw-Hill.

Denzin, Norman K., & Lincoln, Y. S. (2018a). Introduction: The discipline and practice of qualitative research. In Norman K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 1–26). Sage.

Denzin, Norman K., & Lincoln, Y. S. (2018b). Part II: Paradigms and perspectives in contention. In Norman K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 97–107). Sage.

DeWine, P. R., Bresciani Ludvik, M., Tucker, M., Mulholland, S., & Bracken, W. (2017). Exploring a successful community college Student transition to a research-university

environment. *Community College Journal of Research and Practice*, *41*(12), 809–822. https://doi.org/10.1080/10668926.2016.1232669

Dickson, A. (2020, February 11). *Stand-alone nursing degrees at Ontario colleges will strengthen health-care training*. Colleges Ontario. https://www.collegesontario.org/en/news/stand-alone-nursing-degrees-at-ontario-colleges-will-strengthen-health-care-training

Doane, G. H., & Brown, H. (2011). Recontextualizing learning in nursing education: Taking an ontological turn. *Journal of Nursing Education*, *50*(1), 21–26. https://doi.org/10.3928/01484834-20101130-01

Doe, S. R., Gingerich, K. J., & Richards, T. L. (2013). An evaluation of grading and instructional feedback skills of graduate teaching assistants in introductory psychology. *Teaching of Psychology*, *40*(4), 274–280. https://doi.org/10.1177/0098628313501039

Douglass, B. G., & Moustakas, C. (1985). Heuristic Inquiry the internal search to know. *Journal of Humanistic Psychology*, *25*(3), 39–55. https://doi.org/10.1177/0022167885253004

Dreyfus, H. R., Dreyfus, S. E., & Benner, P. (1996). Implictions of the phenonmenology of experise for teaching and learning skillful ethical cmportment. In Particia Benner, C. A. Tanner, & C. A. Chelsea (Eds.), *Expertise in nursing practice* (pp. 258–279). Springer Publishing Company.

Drury, V. B., Francis, K., & Chapman, Y. (2008). The crusade – a metaphorical explication of the journey made by mature female undergraduate nursing students. *Rural and Remote Health*, *1*, 1–13.

Duchscher, J. B. (2008). A process of becoming: The stages of new graduate. *Journal of Continuing Education in Nursing*, *39*(10), 441–450.

Duchscher, J. E. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, *65*(5), 1103–1113. https://doi.org/10.1111/j.1365-2648.2008.04898.x

Duchscher, J. E. B., & Cowin, L. S. (2004). The experience of marginalization in new nursing graduates. *Nursing Outlook*, *52*(6), 289–296. https://doi.org/10.1016/j.outlook.2004.06.007

Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods - ARCHIVE*, *8*(1), 54–63. https://doi.org/10.1177/1468794112446107

Ellis, J., Hetherington, R., Lovell, M., McConaghy, J., & Viczko, M. (2013). Draw me a picture, tell me a story: Evoking memory and supporting analysis through pre-interview drawing activities. *Alberta Journal of Educational Research*, *58*(4), 488–508.

Erlandson, P. (2005). The body disciplined: Rewriting teaching competence and the doctrine of reflection. *Journal of Philosophy of Education*, *39*(4), 661–670. https://doi.org/10.1111/j.1467-9752.2005.00462.x

Evans, C. A., & Kevern, P. (2015). Liminality in preregistration mental health nurse education: A review of the literature. *Nurse Education in Practice*, *15*(1), 1–6. https://doi.org/10.1016/j.nepr.2014.08.004

Ewertsson, M., Bagga-Gupta, S., Allvin, R., & Blomberg, K. (2017). Tensions in learning professional identities - nursing students' narratives and participation in practical skills during their clinical practice: An ethnographic study. *BMC Nursing*, *16*(1), 1–

8. https://doi.org/10.1186/s12912-017-0238-y

Fagerberg, I., & Ekman, S.-L. (1998). Swedish nursing students' transition Into nursing during education. *Western Journal of Nursing Research*, *20*(5), 602–620. https://doi.org/10.1177/019394599802000507

Fagermoen, M. S. (1997). Professional identity: Values embedded in meaningful nursing practice. *Journal of Advanced Nursing*, *25*(3), 434–441. https://doi.org/10.1046/j.1365-2648.1997.1997025434.x

Fellenz, M. R. (2016). Forming the professional self: Bildung and the ontological perspective on professional education and development. *Educational Philosophy and Theory*, *48*(3), 267–283. https://doi.org/10.1080/00131857.2015.1006161

Field, J., & Morgan-Klein, N. (2010). Studenthood and identification: Higher education as a liminal transitional space. *Standing Conference on University Teaching and Research in the Education of Adults, University of Warwick*. http://www.leeds.ac.uk/educol/documents/191546.pdf

Fitzgerald, A. (2020). Professional identity: A concept analysis. *Nursing Forum*, *55*(3), 447–472. https://doi.org/10.1111/nuf.12450

Fitzgerald, A., & Clukey, L. (2022). Factors influencing nursing professional identity development: A qualitative study. *Nursing Forum*, *57*(6), 1346–1353. https://doi.org/10.1111/nuf.12816

Fixsen, A., & Ridge, D. (2019). Shades of communitas: A study of soft skills Programs. *Journal of Contemporary Ethnography*, *48*(4), 510–537. https://doi.org/10.1177/0891241618792075

Friere, P. (1970). *Pedagogy of the oppressed*. Seabury Press.

Gale, J., Ooms, A., Newcombe, P., & Marks-Maran, D. (2015). Students' first year experience of a BSc (Hons) in nursing: A pilot study. *Nurse Education Today*, *35*(1), 256–264. https://doi.org/10.1016/j.nedt.2014.08.016

Gale, T., & Parker, S. (2014). Navigating change: A typology of student transition in higher education. *Studies in Higher Education*, *39*(5), 734–753. https://doi.org/10.1080/03075079.2012.721351

Gawley, T., & McGowan, R. A. (2006). Learning the ropes: A case study of the academic and social experiences of college transfer students within a developing university-college articulation framework. *College Quarterly*, *9*(3), 1–18.

Gay, L. R., Mills, G. E., & Airasian, P. (2012). *Educational research: Competencies for analysis and evaluation* (10th ed.). Pearson Education, Inc.

Gibbons, C., Dempster, M., & Moutray, M. (2011). Stress, coping and satisfaction in nursing students. *Journal of Advanced Nursing*, *67*(3), 621–632. https://doi.org/10.1111/j.1365-2648.2010.05495.x

Godfrey, N., & Young, E. (2021). Professional identity. In J. F. Giddens (Ed.), *Concepts for nursing practice* (3rd ed., pp. 363–370). Elsevier, Inc.

Goodolf, D. M. (2014). Growing a professional identity: A grounded theory of the educational experience of baccalaureate nursing students. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 74, Issues 10-B(E)). http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&res_dat=xri:pqm&rft_dat=xri:pqdiss:3570584%5Cnhttp://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc11&NEWS=N&AN=2014-99080-156

Goodolf, D. M. (2018). Growing a professional identity: A grounded theory of

    baccalaureate nursing students. *Journal of Nursing Education*, *57*(12), 705–711.

    https://doi.org/10.3928/01484834-20181119-02

Goodolf, D. M., & Godfrey, N. (2021). A think tank in action: Building new knowledge

    about professional identity in nursing. *Journal of Professional Nursing*, *37*(2), 493–

    499. https://doi.org/10.1016/j.profnurs.2020.10.007

Gottleib, L. N. (2013). *Strengths-based nursing care: Health and healing for person and*

    *family*. Springer Publishing Company.

Grealish, L., & Trevitt, C. (2005). Developing a professional identity: Student nurses in

    the workplace. *Contemporary Nurse*, *19*(1–2), 137–150.

    https://doi.org/10.5172/conu.19.1-2.137

Halverson, K., Tregunno, D., & Vidjen, I. (2022). Professional identity formation: A

    concept analysis. *Quality Advancement in Nursuring Education*, *8*(4), article 7.

    https://doi.org/https://doi.org/10.17483/2368-6669.1328

Hawkins, B., & Edwards, G. (2015). Managing the monsters of doubt: Liminality,

    threshold concepts and leadership learning. *Management Learning*, *46*(1), 24–43.

    https://doi.org/10.1177/1350507613501736

Hensel, D. (2014). Typologies of professional identity among graduating baccalaureate-

    prepared nurses. *Journal of Nursing Scholarship*, *46*(2), 125–133.

    https://doi.org/10.1111/jnu.12052

Hills, M., & Watson, J. (2011). *Creating a caring science curriculum: An emancipatory*

    *pedagogy for nursing*. Springer Publishing Company.

Hills, M., Watson, J., & Cara, C. (2021). *Creating a caring science curriculum: A*

    *relational emancipatory pedagogy for nursing* (2nd ed.). Springer Publishing

Company.

Hockey, J. (2002). The importance of being intuitive: Arnold Van Gennep's The Rites of Passage. *Mortality*, *7*(2), 210–217. https://doi.org/10.1080/135762702317447768

Hoffart, N., Waddell, A., & Young, M. B. (2011). A model of new nurse transition. *Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing*, *27*(6), 334–343. https://doi.org/10.1016/j.profnurs.2011.04.011

Hogan, B. E., & Trotter, L. D. (2013). Academic freedom in Canadian higher education: Universities, colleges, and institutes were not created equal. *Canadian Journal of Higher Education*, *43*(2), 68–85.

Holland, K. (1999). A journey to becoming: The student nurse in transition. *Journal of Advanced Nursing*, *29*(1), 229–236.

Hughes, M., Kenmir, A., Innis, J., O'Connell, J., & Henry, K. (2020). Exploring the transitional experience of first-year undergraduate nursing students. *Journal of Nursing Education*, *59*(5), 263–268. https://doi.org/10.3928/01484834-20200422-05

Hurlock, D., Barlow, C., Phelan, A., Myrick, F., Sawa, R., & Rogers, G. (2008). Falls the shadow and the light: Liminality and natality in social work field education. *Teaching in Higher Education*, *13*(3), 291–301. https://doi.org/10.1080/13562510802045311

Hussey, T., & Smith, P. (2010). Transitions in higher education. *Innovations in Education and Teaching International*, *47*(2), 155–164. https://doi.org/10.1080/14703291003718893

Ibarra, H., & Obodaru, O. (2016). Betwixt and between identities: Liminal experience in contemporary careers. *Research in Organizational Behavior*, *36*, 47–64. https://doi.org/10.1016/j.riob.2016.11.003

Im, E.-O. (2011). Transitions theory: A trajectory of theoretical development in nursing. *Nursing Outlook*, *59*(5), 278-285.e2. https://doi.org/10.1016/j.outlook.2011.03.008

Im, E.-O. (2014). Situation-specific theories from the middle-range transitions theory. *Advances in Nursing Science*, *37*(1), 19–31. https://doi.org/10.1097/ANS.0000000000000014

Im, E.-O., & Meleis, A. I. (1999). Situation-specific theories: Philosophical roots, properties, and approach. *ANS: Advances in Nursinig Science*, *22*, 11–24.

Ivins, T., Copenhaver, K., & Koclanes, A. (2017). Adult transitional theory and transfer shock in higher education: Practices from the literature. *Reference Services Review*, *45*(2), 244–257. https://doi.org/10.1108/RSR-08-2016-0048

Jackson, Debra, Hutchinson, M., Everett, B., Mannix, J., Peters, K., Weaver, R., & Salamonson, Y. (2011). Struggling for legitimacy: Nursing students' stories of organisational aggression, resilience and resistance. *Nursing Inquiry*, *18*(2), 102–110. https://doi.org/10.1111/j.1440-1800.2011.00536.x

Jackson, D. (2017). Developing pre-professional identity in undergraduates through work-integrated learning. *Higher Education*, *74*(5), 833–853. https://doi.org/10.1007/s10734-016-0080-2

Jackson, S., Steven, A., Clarke, A., & McAnelly, S. (2021). Student nurse socialization: A model of professional discourse adoption. *Nurse Education in Practice*, *56*(October), 103198. https://doi.org/10.1016/j.nepr.2021.103198

Jenkins, K., Kinsella, E. A., & Deluca, S. (2021). Being and becoming a nurse: Toward an ontological and reflexive turn in first- - year nursing education. *Nursing Inquiry*, *April*, 1–9. https://doi.org/10.1111/nin.12420

Jensen, D. H., & Jetten, J. (2016). The importance of developing students' academic and professional identities in higher education. *Journal of College Student Development*, *57*(8), 1027–1042. https://doi.org/10.1353/csd.2016.0097

Johnson, M., Cowin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing: Contemporary theoretical developments and future research challenges. *International Nursing Review*, *59*, 562–569.

Johnston, C. M., Wallis, M., Oprescu, F. I., & Gray, M. (2017). Methodological considerations related to nurse researchers using their own experience of a phenomenon within phenomenology. *Journal of Advanced Nursing*, *73*(3), 574–584. https://doi.org/10.1111/jan.13198

Kaihlanen, A.-M., Lakanmaa, R.-L., & Salminen, L. (2013). The transition from nursing student to registered nurse: The mentor's possibilities to act as a supporter. *Nurse Education in Practice*, *13*(5), 418–422. https://doi.org/10.1016/j.nepr.2013.01.001

Keats, P. (2009). Multiple text analysis in narrative research: Visual, written, and spoken stories of experience. *Qualitative Research*, *9*(2), 181–195. https://doi.org/10.1177/1468794108099320

Kenny, G. (2012). An introduction to Moustaka's heuristic method. *Nurse Researcher*, *19*(3), 6–11. https://doi.org/10.7748/nr2012.04.19.3.6.c9052

Kent, S. M., & Buechner, B. D. (2019). Beyond transition: Personal and social transformation through co-inquiry among military-connected students. *Journal of Humanistic Psychology*, 1–26. https://doi.org/10.1177/0022167819841702

Kirby, D. (2007). Change and Challenge: Ontario's collaborative baccalaureate nursing programs. *The Canadian Journal of Higher Education*, *37*(2), 29–47.

Kirby, D. (2008). Advancing articulation: Models of college-university collaboration in

    Canadian higher education. *College Quarterly*, *11*(4), 1–14.

Knight, J., Corbett, A., Smith, C., Watkins, B., Hardy, R., & Jones, G. (2012). "What

    made me stay?" A review of the reasons student nurses enrolled in a Bachelor of

    Nursing programme completed their studies: A descriptive phenomenological study.

    *Nurse Education Today*, *32*(8), e62–e65. https://doi.org/10.1016/j.nedt.2012.03.007

Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal

    of Advanced Nursing*, *55*(3), 320–329. https://doi.org/10.1111/j.1365-

    2648.2006.03899.x

Kumaran, S., & Carney, M. (2014). Role transition from student nurse to staff nurse:

    Facilitating the transition period. *Nurse Education in Practice*, *14*(6), 605–611.

    https://doi.org/10.1016/j.nepr.2014.06.002

Labrague, L. J., McEnroe-Petitte, D. M., Gloe, D., Thomas, L., Papathanasiou, I. V., &

    Tsaras, K. (2017). A literature review on stress and coping strategies in nursing

    students. *Journal of Mental Health*, *26*(5), 471–480.

    https://doi.org/10.1080/09638237.2016.1244721

Lambert, S. D., & Loiselle, C. G. (2008). Combining individual interviews and focus

    groups to enhance data richness. *Journal of Advanced Nursing*, *62*(2), 228–237.

    https://doi.org/10.1111/j.1365-2648.2007.04559.x

Land, R., Rattray, J., & Vivian, P. (2014). Learning in the liminal space: A semiotic

    approach to threshold concepts. *Higher Education*, *67*(2), 199–217.

    https://doi.org/10.1007/s10734-013-9705-x

Landeen, J., Matthew-Maich, N., Marshall, L., Hagerman, L., Bolan, L., Parzen, M.,

    Pavkovic, M., Riehl, C., Carvalho, J., Bilau, N., Zhang, Z., Oliver, S., Cottreau, J., &

Shukla, B. (2017). Experiences of students enrolled in integrated collaborative college / university programs. *Canadian Journal of Higher Education*, *47*(2), 135–155.

Landis, T., Godfrey, N., Barbosa-Leiker, C., Clark, C., Brewington, J. G., Joseph, M. L., Luparell, S., Phillips, B. C., Priddy, K. D., & Weybrew, K. A. (2022). National study of nursing faculty and administrators' perceptions of professional identity in nursing. *Nurse Educator*, *47*(1), 13–18. https://doi.org/10.1097/NNE.0000000000001063

Leducq, M., Walsh, P., Hinsliff-Smith, K., & McGarry, J. (2012). A key transition for student nurses: the first placement experience. *Nurse Education Today*, *32*(7), 779–781. https://doi.org/10.1016/j.nedt.2012.05.022

Lichtmann, M. R. (2010). Community college as liminal space. *New Directions for Community Colleges*, *150*, 17–28. https://doi.org/10.1002/cc

Lincoln, Y. S., Lynham, S. A., & Guba, E. A. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed., pp. 97–128). Sage.

MacMillan, K., & Mallette, C. (2004). Unintended consequences: Two critical events from the 1960s and '70s and their legacy for nursing in Ontario. *Nursing Leadership (Toronto, Ont.)*, *17*(1), 46–59. http://www.ncbi.nlm.nih.gov/pubmed/15503915

Madge, C., Meek, J., Wellens, J., & Hooley, T. (2009). Facebook, social integration and informal learning at university: "It is more for socialising and talking to friends about work than for actually doing work." *Learning, Media and Technology*, *34*(2), 141–155. https://doi.org/10.1080/17439880902923606

Marnocha, S. K., Dempsey, L. F., & Bergstrom, M. (2011). The lived experience of

    perimenopause and menopause. *Contemporary Nurse*, *37*(2), 229–240.

    https://doi.org/10.5172/conu.2011.37.2.229

Maunder, R. E., Cunliffe, M., Galvin, J., Mjali, S., & Rogers, J. (2013). Listening to

    student voices: Student researchers exploring undergraduate experiences of

    university transition. *Higher Education*, *66*(2), 139–152.

    https://doi.org/10.1007/s10734-012-9595-3

Mazzei, L. A., & Jackson, A. Y. (2012). In the threshold: Writing between-the-two.

    *International Review of Qualitative Research*, *5*(4), 449–458.

McDonald, C., & McIntyre, M. (2014). The political nature of knowledge generation and

    utilization: Nursing research in Canada. In M. Mcintyre & C. McDonald (Eds.),

    *Realities of Canadian nursing: Professional practice and power issues* (4th ed., pp.

    223–236). Wolters Kluwer Health.

McDonald, M., Brown, J., & Knihnitski, C. (2018). Student perception of initial transition

    into a nursing program: A mixed methods research study. *Nurse Education Today*,

    *64*(July 2017), 85–92. https://doi.org/10.1016/j.nedt.2018.01.028

Meleis, A. I. (2010). *Transitions theory: Middle-range and situation specific theories in

    nursing research and practice*. Springer Publishing Co.

Meleis, A. I. (2012). *Theoretical nursing: Development and progress* (5th ed.). Wolters

    Kluwer.

Meleis, A. I. (2020). Afaf Meleis' transitions theory. In M. C. Smith & D. L. Gulllet

    (Eds.), *Nursing theories and nursing practice* (5th ed., pp. 353–370). F. A. Davis.

Meleis, A. I., Sawyer, L. M., Im, E.-O., Hilfinger Messias, D. K., & Schumacher, K.

    (2000). Experiencing transitions: An emerging middle-range theory. *Advances in*

*Nursing Science*, *23*(1), 12–28. https://doi.org/10.1097/00012272-200009000-00006

Meleis, A. I. (2020). Afaf Meleis' transitions theory. In M. C. Smith & D. L. Gullet (Eds.), *Nursing theories and nursing practice* (5th ed., pp. 353–370). F. A. Davis.

Meleis, A. I., & Trangenstein, A. (1994). Facilitating transitions: Redefinition of the nursing mission. *Nursing Outlook*, *42*(6), 255–259.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Mills, A., Ryden, J., & Knight, A. (2020). Juggling to find balance: Hearing the voices of undergraduate student nurses. *British Journal of Nursing*, *29*(15), 897–904. https://doi.org/10.12968/bjon.2020.29.15.897

Molzahn, A. E., & Purkis, M. E. (2004). Collaborative nursing education programs: Challenges and issues. *Nursing Leadership (Toronto, Ont.)*, *17*(4), 41–53. http://www.ncbi.nlm.nih.gov/pubmed/15656246

Montague, J., Tsui, J., Haghiri-Vijeh, R., & Connell, M. (2022). Quest to Belong: Nursing students' perceptions while transitioning from college to university. *Quality Advancement in Nursing Education - Avancées En Formation Infirmière*, *8*(2). https://doi.org/10.17483/2368-6669.1316

Morgan, D. L. (1988). *Focus groups as qualitative research*. Sage Publications.

Morgan, David L., & Spanish, M. T. (1984). Focus groups: A new tool for qualitative research. *Qualitative Sociology*, *7*(3), 253–270. https://doi.org/10.1007/BF00987314

Morse, J. M. (2009). Exploring transitions. *Qualitative Health Research*, *19*(4), 431. https://doi.org/10.1177/1049732308328547

Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Sage
Publications, Inc.

Moustatkas, C. (1994). *Phenomenological research methods*. Sage Publications.

Muzaka, V. (2009). The niche of graduate teaching assistants (GTAs): Perceptions and
reflections. *Teaching in Higher Education*, *14*(1), 1–12.
https://doi.org/10.1080/13562510802602400

National League for Nursing. (2022). *Mission and strategic plan*.
https://www.nln.org/about/about/mission-and-strategic-plan

Naylor, H., Hadenfeldt, C., & Timmons, P. (2021). Novice nurses' experiences caring for
acutely ill patients during a pandemic. *Nursing Reports*, *11*, 382–394.
https://doi.org/https://doi.org/10.3390/nursrep11020037

Noble, C. H., & Walker, B. A. (1997). Exploring the relationships among liminal
transitions, symbolic consumption, and the extended self. *Psychology and
Marketing*, *14*(1), 29–47. https://doi.org/10.1002/(SICI)1520-
6793(199701)14:1<29::AID-MAR3>3.0.CO;2-Q

Palmer, M., O'Kane, P., & Owens, M. (2009). Betwixt spaces: Student accounts of
turning point experiences in the first-year transition. *Studies in Higher Education*,
*34*(1), 37–54. https://doi.org/10.1080/03075070802601929

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and
practice* (4th ed.). Sage.

Payne, C. (2016). Transitions into practice: First patient care experiences of baccalaureate
nursing students. *Nurse Education in Practice*, *16*(1), 251–257.
https://doi.org/10.1016/j.nepr.2015.09.011

Percival, J., DiGiuseppe, M., Goodman, B., LeSage, A., Longo, F., De La Rocha, A., Hinch, R., Samis, J., Sanchez, O., Augusto Rodrigues, A., & Raby, P. (2016). Exploring factors facilitating and hindering college-university pathway program completion. *International Journal of Educational Management*, *30*(1), 20–42. https://doi.org/10.1108/IJEM-04-2014-0051

Phillips, C., Esterman, A., Smith, C., & Kenny, A. (2013). Predictors of successful transition to registered nurse. *Journal of Advanced Nursing*, *69*(6), 1314–1322. https://doi.org/10.1111/j.1365-2648.2012.06123.x

Phillips, C., Kenny, A., Esterman, A., & Smith, C. (2014). A secondary data analysis examining the needs of graduate nurses in their transition to a new role. *Nurse Education in Practice*, *14*(2), 106–111. https://doi.org/10.1016/j.nepr.2013.07.007

Pilat, M., & Merriam, D. H. (2019). Exploring the lived experiences of staff nurses transitioning to the nurse manager role. *Journal of Nursing Administration*, *49*(10), 509–513. https://doi.org/10.1097/NNA.0000000000000795

Porteous, D. J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. *Nurse Education Today*, *60*(September 2017), 56–61. https://doi.org/10.1016/j.nedt.2017.09.017

Pryjmachuk, S., McWilliams, C., Hannity, B., Ellis, J., & Griffiths, J. (2019). Transitioning to university as a nursing student: Thematic analysis of written reflections. *Nurse Education Today*, *74*, 54–60. https://doi.org/10.1016/j.nedt.2018.12.003

Quinn, J. (2010). Rehinking "failed transitions" in higher education. In K. Ecclestone, G. Biesta, & M. Hughes (Eds.), *Transitions and learning through the lifecourse* (pp. 118–129). Routledge.

Ramsay, P., Huby, G., Thompson, A., & Walsh, T. (2014). Intensive care survivors' experiences of ward-based care: Meleis' theory of nursing transitions and role development among critical care outreach services. *Journal of Clinical Nursing*, *23*(5–6), 605–615. https://doi.org/10.1111/jocn.12452

Rantatalo, O., & Lindberg, O. (2018). Liminal practice and reflection in professional education: Police education and medical education. *Studies in Continuing Education*, *40*(3), 351–366. https://doi.org/10.1080/0158037X.2018.1447918

Rew, L., Tyler, D., Fredland, N., & Hannah, D. (2012). Adolescents' concerns as they transition through High School. *ANS. Advances in Nursing Science*, *35*(3), 205–221. https://doi.org/10.1097/ANS.0b013e318261a7d7

Rutherford, V., & Pickup, I. (2015). Negotiating liminality in higher education: Formal and informal dimensions of the student experience as facilitators of quality. In A. Curaj, L. Matei, R. Pricopie, J. Salmi, & P. Scott (Eds.), *The European Higher Education Area Between Critical Reflections and Future Policies* (pp. 703–723). Springer International Publishing. https://doi.org/10.1007/978-3-319-20877-0

Ryan, M., & Carmichael, M.-A. (2015). Shaping (reflexive) professional identities across an undergraduate degree programme: A longitudinal case study. *Teaching in Higher Education*, *2517*(January), 1–15. https://doi.org/10.1080/13562517.2015.1122586

Sargent, A. G., & Schlossberg, N. K. (1988). Managing adult transitions. *Training and Development Journal*, *42*(12), 58–60.

Scaia, M., & McPherson, K. (2014). Challenges and change in undergraduate nursing education. In M. McIntyre & C. McDonald (Eds.), *Realities of Canadian nursing: Professional practice and power issues* (4th ed., pp. 183–201). Wolters Kluwer Health.

Schlossberg, N. K. (2011). The challenge of change: The transition model and its

applications. *Journal of Employment Counseling*, *48*(4), 159–162.

https://doi.org/10.1002/j.2161-1920.2011.tb01102.x

Schumacher, K., & Meleis, A. I. (1994). Transitions: A central concept in nursing.

*IMAGE: Journal of Nursing Scholarship*, *26*(2), 119–127.

Schwartz-Shea, P., & Yanow, D. (2012). *Interpretive research design: Concepts and

processes*. Routledge.

Simmonds, A., Nunn, A., Gray, M., Hardie, C., Mayo, S., Peter, E., & Richards, J.

(2020). Pedagogical practices that influence professional identity formation in

baccalaureate nursing education: A scoping review. *Nurse Education Today*,

*93*(April), 104516. https://doi.org/10.1016/j.nedt.2020.104516

Stake, R. E. (1995). *The art of case study research*. Sage Publications.

Stewart, A. (2022, January 6). *Canada headed for nursing shortage 'beyond anything

we've ever experienced': Experts*. Global News.

https://globalnews.ca/news/8487144/canada-covid-nursing-shortage-alarm/

Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing

the humanistic perspective* (5th ed.). Wolters Kluwer Health.

Suri, H. (2011). Purposeful sampling in qualitative research. *Qualitative Research

Journal*, *11*(2), 63–75. https://doi.org/10.3316/QRJ1102063

Szakolczai, A. (2009). Liminality and experience: Structuring transitory situations and

transformative events. *International Political Anthropology*, *2*(1), 141–172.

http://www.international.politicalanthropology.org/images/articles/2009_1/1_2009_s

zakolczai.pdf

Tan, C. P., Van der Molen, H. T., & Schmidt, H. G. (2017). A measure of professional

   identity development for professional education. *Studies in Higher Education*, *42*(8),

   1504–1519. https://doi.org/10.1080/03075079.2015.1111322

Taylor, C. A., & Harris-Evans, J. (2016). Reconceptualising transition to higher education

   with Deleuze and Guattari. *Studies in Higher Education*, *0*(0), 1–14.

   https://doi.org/10.1080/03075079.2016.1242567

Teoh, Y. T. E., Pua, L. H., & Chan, M. F. (2013). Lost in transition - A review of

   qualitative literature of newly qualified Registered Nurses' experiences in their

   transition to practice journey. *Nurse Education Today*, *33*(2), 143–147.

   https://doi.org/10.1016/j.nedt.2012.08.016

Tett, L., Cree, V. E., & Christie, H. (2017). From further to higher education: Transition

   as an on-going process. *Higher Education*, *73*, 389–406.

   https://doi.org/10.1007/s10734-016-0101-1

Thomassen, Bjørn. (2014). *Liminality and the modern: Living through the in-between*.

   Routeldge Taylor and Francis Group.

Thomassen, Bjørn. (2014). Liminalty and the modern: Living through the in-between. In

   *Liminalty and the modern: Living through the in-between*. Routledge.

Thurber, C. A., & Walton, E. A. (2012). Homesickness and adjustment in university

   students. *Journal of Amercian College Health*, *60*(5), 16–18.

Todd, S. (2014). Between body and spirit: The liminality of pedagogical relationships.

   *Journal of Philosophy of Education*, *48*(2), 56–72.

   https://doi.org/10.1002/9781118944707.ch4

*Transition*. (n.d.). Merriam-Webster Dictionary; Merriam-Webster, Inc.

   https://www.merriam-webster.com/dictionary/transition

Trede, F. (2012). Role of work-integrated learning in developing professionalism and professional identity. *Asia-Pacific Journal of Cooperative Education*, *13*(3), 159–167.

Trede, F., Macklin, R., & Bridges, D. (2012). Professional identity development: A review of the higher education literature. *Studies in Higher Education*, *37*(3), 365–384. https://doi.org/Doi 10.1080/03075079.2010.521237

Trotter, L. D., & Mitchell, A. (2019). Academic drift in Canadian institutions of higher education: Research mandates, strategy, and culture. *Canadian Journal of Higher Education*, *48*(2), 92–108. https://doi.org/10.7202/1057105ar

Turner, E. (2012). *Communitas: The anthropology of collective joy*. Palgrave MacMillon. https://doi.org/ISBN 978-0-230-33908-8

Turner, L., & Tobbell, J. (2018). Learner identity and transition: An ethnographic exploration of undergraduate trajectories. *Journal of Further and Higher Education*, *42*(5), 708–720. https://doi.org/10.1080/0309877X.2017.1311993

Turner, V. (1967). *The forest of symbols: Aspects of Ndembu rituals*. Cornell University Press.

Turner, V. (1974). *Drama, fields, and metaphors: Symbolic action in human society*. Cornell University Press.

Turner, V. (1979). Frame, flow and reflection: Ritual and drama as public liminality. *Apanese Journal of Religious Studies*, *6*(4), 465–499.

Turner, V. (1982). Liminal to liminoid, in play, flow, and ritual: An essay in comparative symbology. In *From ritual to theatre: The hunan seriousness of play* (pp. 20–60). PAJ Publications.

Turner, V. (2008). *The ritual process: Structure and anti-structure*. Aldine Transaction.

Vabo, G., Slettebø, Å., & Fossum, M. (2022). Nursing students' professional identity development: An integrative review. *Nordic Journal of Nursing Research*, *42*(2), 62–75. https://doi.org/10.1177/20571585211029857

van der Cingel, M., & Brouwer, J. (2021). What makes a nurse today? A debate on the nursing professional identity and its need for change. *Nursing Philosophy*, *22*(2), 1–7. https://doi.org/10.1111/nup.12343

van Gennep, A. (1960). *The rites of passage*. The University of Chicago Press.

van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routeldge.

Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T., & Edwards, K. (2014). Constructing a nursing identity within the clinical environment: The student nurse experience. *Contemporary Nurse*, *49*(1), 103–112. https://doi.org/10.1080/10376178.2014.11081960

Wall, P., Fetherston, C., & Browne, C. (2018). Understanding the enrolled nurse to registered nurse journey through a model adapted from Schlossberg's transition theory. *Nurse Education Today*, *67*(April), 6–14. https://doi.org/10.1016/j.nedt.2018.04.017

Wallace, S., Schuler, M. S., Kaulback, M., Hunt, K., & Baker, M. (2021). Nursing student experiences of remote learning during the COVID-19 pandemic. *Nursing Forum*, *56*(3), 612–618. https://doi.org/10.1111/nuf.12568

Wareing, S., Sethares, K. A., Chin, E., & Ayotte, B. (2021). Entry and passage variables associated with nursing home adjustment in older adults with dementia. *Geriatric Nursing*, *42*(5), 1084–1092. https://doi.org/10.1016/j.gerinurse.2021.06.016

Watts, T. E. (2013). Big ideas: "Les Rites de Passage" Arnold van Gennep 1909. *Nurse Education Today*, *33*(4), 312–313. https://doi.org/10.1016/j.nedt.2012.09.010

Weiss, M. E., Piacentine, L. B., Lokken, L., Ancona, J., Archer, J., Gresser, S., Holmes, S. B., Toman, S., Toy, A., & Vega-Stromberg, T. (2007). Perceived readiness for hospital discharge in adult medical-surgical patients. *Clinical Nurse Specialist*, *21*(1), 31–42. https://doi.org/10.1097/00002800-200701000-00008

Wilkinson, S., & Kitzinger, C. (2013). Representing our own experience: Issues in "insider" research. *Psychology of Women Quarterly*, *37*(2), 251–255. https://doi.org/10.1177/0361684313483111

Willetts, G., & Clarke, D. (2014). Constructing nurses' professional identity through social identity theory. *International Journal of Nursing Practice*, *20*(2), 164–169. https://doi.org/10.1111/ijn.12108

Williams, M. G., & Burke, L. L. (2015). Doing learning knowing speaking: How beginning nursing students develop their identity as nurses. *Nursing Education Perspectives*, *36*(1), 50–52. https://doi.org/10.5480/12-908

Wiseman, A. W., Chase-Mayoral, A., Janis, T., & Sachdev, A. (2012). Community colleges: Where are they (not)? (pp. 3–18). In A. W. Wiseman, A. Chase-Mayoral, T. Janis, & A. Sachdev (Eds.). *Community colleges worldwide: Investigating the global phenomenon*: *International Perspectives on Education and Society, Vol. 17*, Emerald Group Publishing Limited. https://doi.org/10.1108/S1479-3679(2012)0000017004

Wolf, L., Stidham, A. W., & Ross, R. (2015). Predictors of stress and coping strategies of US accelerated vs. Generic baccalaureate nursing gtudents: An embedded mixed methods study. *Nurse Education Today*, *35*(1), 201–205.

https://doi.org/10.1016/j.nedt.2014.07.005

Wood, M. J. (2011). Entry to practice: Striving for the baccalaureate standard. In J. C. Ross-Kerr & M. J. Wood (Eds.), *Canadian nursing: Issues and persepctives* (5th ed., pp. 359–373). ElsevierCanada.

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Sage.

Zawaduk, C., Duncan, S., Mahara, M. S., Tate, B., Callaghan, D., McCullough, D., Chapman, M., & Van Neste-Kenny, J. (2014). Mission possible: Twenty-five years of university and college collaboration in baccalaureate nursing education. *The Journal of Nursing Education*, *53*(10), 580–588. https://doi.org/10.3928/01484834-20140922-04

Zorzi, R., Engman, A., Lauzon, C., MacCoy, D., & Yen, W. (2007). *Implementation evaluation of Ontario's collaborative nursing programs*. http://oncat.ca/files_docs/content/pdf/en/oncat_research_reports/oncat_research_reports_3.pdf

# Appendices

# Appendix A: Recruitment Emails

## Email Script for Recruitment (MKrahn)

Subject Line: Invitation to participate in research

You are being invited to participate in a study that we, Dr. Vicki Schwean, Professor Melody Viczko and Mary Anne Krahn are conducting.  Briefly, the study involves exploring the experience of transition for baccalaureate nursing students in collaborative programs who start at the college site and transfer to the university.
The study consists of two phases. For Phase One, you will be asked to participate in a one-hour face-to-face interview during the fall semester at a time convenient for you at a location of your choosing. The interview will be recorded and transcribed. You may refuse to answer any questions. If you do not want a comment recorded, you may turn off the recorder and continue talking.

In preparation for the interview, I am asking you to complete a short task before we meet. It is anticipated that one hour will be required to complete the task. The four choices are:

- Draw two pictures, one to show what your life was like attending the college and a second to show what your life is like at the university.
- Draw a picture using three colors representing how you experience transitioning to the university.
- Draw a diagram representing your current support systems now that you are at the university.
- Developing a metaphor to describe what it was like for you to transfer to the university site.

The transcript of your interview will be emailed to you for your review, clarification, and validation.

Phase Two of the study consists of a one-hour focus group in the winter term follow up on some of the topics that were brought up in the interviews. The focus group will be recorded to ensure accuracy of transcription. Your participation in the focus group is voluntary.
If you would like more information on this study or would like to receive a letter of information about this study, please contact the researcher at the contact information given below.

Thank you,

Mary Anne Krahn
Faculty of Education
Western University

Professor Melody Viczko
Faculty of Education, Western University

Dr. Vicki Schwean
Faculty of Education, Western University

**Email Script for Follow-Up for Recruitment (MKrahn)**

Subject Line: Invitation to participate in research

Thank you for your interest in the study that we, Dr. Vicki Schwean, Professor Melody Viczko and Mary Anne Krahn are conducting to explore the experience of transition for baccalaureate nursing students in collaborative programs who start at the college site and transfer to the university. The letter of information and consent are attached to this email. Please read them carefully.

If you agree to participate in the study, please indicate this by replying to this email ████████████████████████████ A copy of the consent will be available for you to sign at the beginning of the interview *after* the letter of information is reviewed with you. The interview will be recorded and transcribed. You may refuse to answer any questions. If you do not want a comment recorded, you may turn off the recorder and continue talking.

In preparation for the interview, I am asking you to please complete a short task before we meet. It is anticipated that one hour at most will be required to complete this task. Please choose from one of the following pre-interview activities:

- Draw two pictures, one to show what your life was like attending the college and a second to show what your life is like at the university.
- Draw a picture using three colors representing how you experience transitioning to the university.
- Draw a diagram representing your current support systems now that you are at the university.
- Develop a metaphor to describe what it was like for you to transfer to the university site. The transcript of your interview will be emailed to you for your review, clarification, and validation.

Phase Two of the study consists of a one-hour focus group in the winter term to follow up on some of the topics that were brought up at the interviews. The focus group will be recorded to ensure accuracy of transcription. Your participation in the focus group is voluntary.

Thank you for agreeing to participate in this study. You will be contacted by Mary Anne Krahn to arrange for an interview at a time and location convenient to you.

Thank you,

Mary Anne Krahn
Faculty of Education, Western University
████████████████████████

Professor Melody Viczko
Faculty of Education, Western University
████████████████

Dr. Vicki Schwean
Faculty of Education, Western University
████████████

**Email Script for Focus Group Recruitment (MKrahn)**

**Subject Line:** Invitation to participate in Phase Two of the Transitions Study

Thank you for participating in the study that we, Dr. Vicki Schwean, Professor Melody Viczko and Mary Anne Krahn are conducting to explore the experience of transition for baccalaureate nursing students in collaborative programs who start at the college site and transfer to the university.

You have indicated that you agreed to participate in Phase Two of the study, which consists of a one-hour focus group. The purpose of the focus group is to follow up on some of the topics that were brought up in the interviews. The focus group will be recorded to ensure accuracy of the transcription. Your participation in the focus group is voluntary.

Please check the boxes below indicating the times that you are available for the focus group.

    \_\_\_\_     1 pm Monday March 21, 2016

    \_\_\_\_     3 pm Tuesday March 22, 2016

    \_\_\_\_     4 pm Monday March 28, 2018

    \_\_\_\_     1200 Tuesday March 29, 2016

Thank you again for agreeing to participate in this study. You will be contacted by Mary Anne Krahn to confirm the date, time, and location of the focus group.

Thank you,

Mary Anne Krahn
Faculty of Education, Western University

Professor Melody Viczko
Faculty of Education, Western University

Dr. Vicki Schwean
Faculty of Education, Western University

**Appendix B: Letter of Information**



**Project Title:** Transitioning from College to University: The Experience of Collaborative Baccalaureate Nursing Students

**Co-Principal Investigators:** Professor Melody Viczko and Dr. Vicki Schwean, Faculty of Education, Western University

**Doctoral Student Investigator (EdD):** Mary Anne Krahn

### Letter of Information

You are being invited to participate in this research study about the experience of transition for nursing students who begin a collaborative nursing baccalaureate program at a college site. You are being asked to participate because you began your nursing education at the college site of a collaborative program.

The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research.

The purpose of this study is to add to what is already known about transitions in nursing education, particularly for those students who start at the college site of a collaborative program in Ontario. By uncovering the experience of students, nursing academics can deepen their understanding of the complexity of transition in entry-level collaborative nursing education, enabling the development of strategies to support student success, program completion, and transition to graduate nurse.

Individuals who started the collaborative nursing program at the college site and are over age 18 are eligible to participate in this study. Individuals who started at the university site are not eligible to participate in this study.

If you agree to participate, you will be asked to participate in a one hour face-to-face interview in the fall semester and a one hour focus group in the winter semester. It is anticipated that the entire task will take three hours over two semesters. The interview will be conducted in the fall semesters at the time and location of your choosing. The focus group will take place at Western University in the winter semester. There will be approximately 20 participants in the study. Both the interview and focus group will be recorded. You may refuse to answer any questions. If you do not want a comment recorded, you may turn off the recorder and continue talking. All comments will be combined and findings reported as an aggregate which means you will not be identified by any of your comments. Your participation in the research will not affect your grades or progression. You will remain anonymous during the research process.

Although it is anticipated that the risks of participation in this study are minimal, there is the possibility that reflecting upon and engaging in dialogues could surface negative and stressful memories about the experience of transition for you. Counselling is available at the university through Psychological Services in the Student Development Centre by calling **519-661-3031**, or

making an appointment in person at Reception Desk, on the 4th floor of the Western Student Services Building (WSSB). http://www.sdc.uwo.ca/psych/index.html

The benefit to participating in the study is that you will have the opportunity to reflect upon your experience of transition from college to university, enabling increased self-awareness and personal growth. Since little is known about the experience of students transitioning from the college site to the university site, this research has to potential to add to what is known about college to university transition. The findings of this study could enable nursing academic leaders and faculty to develop and implement strategies to enhance the transition experience of nursing students who complete their education at the university site, including the transition to graduate nurse.

You will not be compensated for your participation in this research.

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on your future academic status. All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used.

In order to maintain anonymity, you will be asked at the beginning of the interview to choose a pseudonym so your identity cannot be recognized. All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. While we will do our best to protect your information there is no guarantee that we will be able to do so. The inclusion of your initials and your date of birth may allow someone to link the data and identify you. Any data we have will be stored in an encrypted electronic file to lessen this possibility.

Representatives of The University of Western Ontario Non-Medical Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

If you require any further information regarding this research project or your participation in the study you may contact Professor Melody Viczko, at ██████████████ , Dr. Vicki Schwean at ██████████████ , Co-Principal Investigators and Mary Anne Krahn, student researcher at ██████████████

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics (519) 661-3036, email: ethics@uwo.ca.

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please contact ██████████████

*This letter is yours to keep for future reference.*

**Appendix C: Consent Form**

Western Education

**Project Title:** Transitioning from College to University: The Experience of Collaborative Baccalaureate Nursing Students

**Co-Principal Investigators:** Professor Melody Viczko and Dr. Vicki Schwean, Faculty of Education, Western University

_____        **No**, I do not choose to participate in the pre interview activity.

_____        **Yes**, I agree to participate in the pre interview activity.

_____        **Yes**, I agree to participate in the focus group.

_____        **Yes**, I agree that my pre-interview activity artifact can be used by the researcher.

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Full Name (please print):
_____

Birth Date:
_____

Participant's Signature:
_____
(*sign at interview*)

Date (*at interview*):
_____

Person Obtaining Informed Consent (please print):
_____

Signature:
_____

Date:
_____

**Appendix D: Interview Guide**

Thank you for agreeing to participate in this interview. As a student who started at the college site of the program, you are in a unique position to describe what the transition to the university is like. Before we start, I would like to go a few things with you. I know that you have read the letter of information and signed the consent. Your interview with me will be kept strictly confidential. Your participation will in no way affect your grades for progression in the program as I have no jurisdiction over your grades or progression when you are in third and fourth year at the university. I am interviewing approximately 20 students for this study and all comments will be combined so nothing you say can be identified with you. You may refuse to answer any question. If you do not want a comment recorded, you may turn off the tape recorder and continue talking.

Tell me a little bit about yourself.

Could you describe some situations that stand out in your mind as being important to you as a student nurse?

Tell me about your pre-interview activity.

What is the transition from the college to the university like for you?

Is there anything else that you would like to tell me about your transition from the college to the university?

**Appendix E: Ethics Approval**

**Western Research**

**Research Ethics**

**Western University Health Science Research Ethics Board**
**NMREB Delegated Initial Approval Notice**

**Principal Investigator**: Prof. Melody Viczko
**Department & Institution**: Education,Western University

**NMREB File Number**: 106744
**Study Title**: Transitioning from college to university: The experience of collaborative baccalaureate nursing students
**Sponsor**:

**NMREB Initial Approval Date**: July 03, 2015
**NMREB Expiry Date**: July 03, 2016

**Documents Approved and/or Received for Information:**

| Document Name | Comments | Version Date |
|---|---|---|
| Other | Focus Group Recruitment Email Script | 2015/05/05 |
| Instruments | Semi-Structured Interview Guide | 2015/04/22 |
| Instruments | Semi-Structured Interview Guide | 2015/04/22 |
| Revised Western University Protocol | | 2015/06/09 |
| Revised Letter of Information & Consent | | 2015/06/08 |
| Recruitment Items | Revised Follow-Up Recruitment Email Script | 2015/06/07 |
| Recruitment Items | Revised Recruitment Email Script | 2015/06/07 |

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00009941.

Ethics Officer, on behalf of Riley Hinson, NMREB Chair or delegated board member

Ethics Officer to Contact for Further Information

| ___ Erika Basile ebasile@uwo.ca | ___ Grace Kelly grace.kelly@uwo.ca | ___ Mina Mekhail mmekhail@uwo.ca | ___ Vikki Tran vikki.tran@uwo.ca |
|---|---|---|---|

*This is an official document. Please retain the original in your files.*

**Appendix F: Curriculum Vitae 1**

**Name:**                       Mary Anne Krahn

**Post-Secondary**      Victoria Hospital School of Nursing
**Education and**        London, Ontario, Canada
**Degrees:**              Diploma: Nursing

                            The University of Western Ontario
                            London, Ontario, Canada
                            Bachelor of Science in Nursing

                            The University of Western Ontario
                            London, Ontario, Canada
                            Master of Science in Nursing

                            Western University
                            London, Ontario, Canada
                            Doctorate of Education

**Related Work**        Staff Nurse
**Experience**           Ill Infant Nursery
                            Victoria Hospital

                            Head Nurse
                            Ill Infant Nursery
                            Victoria Hospital

                            Professor
                            School of Nursing
                            Fanshawe College,
                            London, Ontario, Canada

                            Clinical Educator
                            Children's Hospital of Western Ontario
                            London, Ontario, Canada

                            Professor
                            School of Nursing
                            Children's Hospital of Western Ontario
                            London, Ontario, Canada

**Unpublished Master's Thesis**

Krahn, M. A. (2000). *Nurse educators' experience of their jobs in a diploma programme at a college of applied arts and technology* [Unpublished thesis]. The University of Western Ontario.