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A Case Study of Students' Experiences and Nursing Educators' Leadership Practices to Facilitate RPN to BScN Professional Socialization

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Abstract

This interpretive qualitative case study of nursing educators' facilitation of bridging students' professional socialization in support of their transition from RPN to BScN in the context of one Canadian Registered Practical Nurse (RPN) to Baccalaureate of Science in Nursing (BScN) bridging program explored: (1) how nursing educators understand bridging students' professional socialization; (2) what leadership practices they use to facilitate professional socialization; (3) how bridging students understand these leadership practices in support of their professional socialization; and, (4) what programmatic support nursing clinical educators receive to support bridging students. Transition, professional socialization, and leadership practice constitute this study's conceptual framework. Kouzes and Posner's exemplary leadership practices framework was used to interpret nursing educators' leadership practices. Data were collected from interviews with nursing clinical educators and program coordinators, from focus groups with bridging students and graduates, and from one program document. Bridging students experience a unique professional socialization trajectory, not only impacted by interactions with nursing educators but by broader intra-professional, organizational, regulatory, and bridging program structural factors. Nursing educators across educational areas facilitate professional socialization using teaching and leadership practices in tandem; the use of a leadership theory with an instructional component is suggested. Nursing educators should consider the professional socialization trajectory in curriculum planning and to guide their leadership and teaching practices, and extend their influence on professional socialization outside the spaces where they typically interact with students. Nursing clinical educators are under-supported in their work with bridging students; improved programmatic support is needed.

Key words

RPN to BScN transition, RPN to RN transition, professional socialization, leadership, Kouzes and Posner

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Of course, my study would not have been possible without the time my research participants – students, graduates, clinical teachers, and coordinators - took from their busy lives to share their experiences with me.

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CHAPTER ONE: INTRODUCTION

Problem of Practice

It is estimated that, by 2022, Canada will be short 60,000 full time Registered Nurses (RN) (Canadian Nurses Association [CNA], n.d.). Registered Practical Nurse (RPN) to Baccalaureate in Science of Nursing (BScN) bridging/academic pathway programs were developed, in part, to increase the number of practicing RNs prepared with advanced knowledge and skill to care for the increasingly complex health needs of an aging population. However, RPN to BScN students (hereafter referred to as bridging students) experience significant personal, academic and professional challenges transitioning from the role of RPN to BScN prepared RN, placing them at risk of failure or program withdrawal (Melrose & Wishart, 2013; Ralph, Birks, Chapman, Muldoon, & McPherson, 2013; Tower, Cooke, Watson, Buys, & Wilson, 2015). RPN to BScN programs are marked by high attrition rates and high rates of loss of good academic standing (i.e. when a student's grade point average falls below a pre-determined level) (Coffey et al., n.d; Coffey, Lindsey, Cochrane, Cummings, Macdonald, & Mairs, n.d; Purdy et al., n.d.). This has consequences for the career success of students, the ability of employers to provide the proper skill mix (RPN versus RN) for the care of diverse patient populations, for nursing program student retention and attrition, and may have a negative impact on the national RN shortage.

Though bridging students face challenges in the interconnected personal, academic, and professional dimensions of role transition (as demonstrated in this study's literature review), the focus of this study is on the professional dimension (i.e. professional socialization), as literature highlights the professional dimension as an area where many challenges arise for bridging students. For the purpose of this study, professional socialization is understood as the dynamic interactive process through which RN knowledge, skills, and behaviors are adopted and a

professional identity as an RN is internalized. Nursing educators have been identified as key agents in the professional socialization process (Ralph et al., 2013; Tower et al., 2015). As professional socialization *primarily* occurs in clinical practice contexts (Coffey et al., n.d.; Lewin, 2007), the original focus of this study was on nursing clinical educators' (NCEs) facilitation of professional socialization. However, early in data collection, nursing program coordinators who also teach in classroom and laboratory settings were identified by NCEs as integral to bridging students' professional socialization and, therefore, were added as a participant group in this study following additional ethics board approval. Nursing educators facilitate professional socialization, yet little is known about what leadership practices facilitate bridging students' professional socialization in support of their transition from RPN to BScN-prepared graduate. For the purpose of this study, leadership practices are the actions, strategies, and behaviours used by nursing educators to facilitate bridging students' professional socialization in support of their transition.

Study Purpose

The purpose of this qualitative case study is to develop a better understanding of how nursing educators can facilitate bridging students' professional socialization to support their transition from RPN to BScN-prepared graduate. Specifically of interest is: how nursing educators understand bridging students' professional socialization; what leadership practices they use to facilitate bridging students' professional socialization; how bridging students understand these practices in support of their professional socialization; and, what programmatic resources are available to NCEs to guide their work with bridging students. While there are various role transitions within the discipline of nursing, this research study focused exclusively on the RPN to BScN transition.

Research Questions

The following research questions, grounded in this study's literature review with key concepts and their relationship elaborated in the conceptual framework, guided this study:

1. How do nursing educators understand the professional socialization of bridging students from RPN to the BScN-prepared graduate?

2. What leadership practices do nursing educators use to facilitate bridging students' professional socialization from RPN to the BScN-prepared graduate?

3. How do bridging students understand these leadership practices in support of their professional socialization to BScN-prepared graduate?

4. What programmatic resources are made available to guide the leadership practices of nursing clinical educators to facilitate bridging students' professional socialization?

Background and Context

Nursing in Canada: Practice, Education, Legislation, and Regulation

The legislative framework for nursing practice in Canada arises from the *Regulated Health Professions Act* (Government of Ontario, 1991) and the *Nursing Act of 1991* (Government of Ontario, 1991). Each Canadian province and territory determines its own methods for nursing regulation and licensure based on these two acts (CNA, 2018a). Nursing is a self-regulated profession and individual jurisdictions ensure nurses are accountable to the public by providing safe, competent and ethical care (College of Nurses of Ontario, 2014b). The CNA, the national professional nursing association, provides a voice for nursing on professional matters, certifies specialty nurses, and sets the Code of Ethics for Nursing Practice (CNA, 2017). Standards of practice, entry to practice competencies, and a single code of ethics guide nursing practice expectations and nursing education curriculum development for all nursing designations

across Canada (CNO, 2012a). These designations are: Registered Psychiatric Nurses, Advanced

Practice Nurses (Nurse Practitioner and Clinical Nurse Specialist), Licensed Practical Nurses

(most of Canada) or Registered Practical Nurses (exclusively Ontario), and Registered Nurses.

Levels of education, scopes of practice, and practice environments and expectations vary

depending on designation.

Registered *Psychiatric* Nurses exist in four Canadian provinces (Manitoba,

Saskatchewan, Alberta and British Columbia) and the Yukon Territory. These nurses work with

individuals, families, and communities with a specific focus on mental health and addictions and

developmental health (Canadian Institute for Health Information [CIHI], 2017). Advanced

Practice Nurses possess "an advanced level of clinical practice that maximizes the use of

graduate educational preparation, an in-depth nursing knowledge and expertise in meeting the

health needs of individuals, families, groups, communities and populations" (CNA, 2007). The

Nurse Practitioner (NP) designation and the Clinical Nurse Specialist (CNS) designation are the

two advanced practice nursing roles recognized in Canada (CNA, 2018b). Nurse practitioners are

RNs who autonomously diagnose, order and interpret diagnostic tests, prescribe medications and

perform specific procedures within their legislated scope of practice; whereas, CNSs are RNs

who provide expert nursing care for specialized client populations and play a leading role in

developing clinical guidelines and protocols. They promote the use of evidence, provide expert

support and consultation, and facilitate system change (CNA, 2008).

The term Licensed Practical Nurse (LPN) is used in all Canadian provinces and territories

except Ontario where they are called Registered Practical Nurses (RPNs) (The Canadian Council

for Practice Nurse Regulators [CCPNR], 2013). LPNs and RPNs have the same scope of practice

and vocational education. Both work independently and in collaboration with other health team

members in a variety of practice settings, work autonomously within their level of competence, and seek out other professionals when they determine care is out of their individual competence (CCPNR, 2013). As the context for this study is Ontario, the term RPN is used throughout this thesis. Registered Practical Nurses

> provide and coordinate care for individuals, families and groups in a variety of settings and with a variety of health professionals. They can work with clients of varying complexity, recognizing when consultation and collaboration with other health professionals is required (CIHI, n.d., para 1).

Registered Nurses are

> self-regulated health care professionals who work autonomously and in collaboration with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health. At all stages of life, in situations of health, illness, injury and disability, RNs deliver direct health care services, coordinate care and support clients in managing their own health. RNs contribute to health care systems through their leadership across a wide range of settings in practice, education, administration, research and policy (CNA, 2015).

To provide the reader with an understanding of the differences between RNs and RPNs in order to appreciate the RPN's transition to RN, and to provide context for this study, more detailed information about RN versus PRN education, practice, legislation and licensure in specifically in Ontario is provided.

      Nursing in Ontario. In Ontario, nursing is one regulated profession with two categories: RPN and RN (Health Force Ontario, 2013). In Ontario, RNs are considered general class RNs and NPs and CNSs are considered 'extended class' RNs (CNO, 2017). In 2017, there was a total

of 104,483 general class RNs, 3,083 extended class RNs, and 50, 803 RPNs in Ontario. The CNO, the provincial regulatory body for nursing, sets the eligibility requirements to write the provincial nursing licensing exam, the entry-to-practice competencies, the standards for nursing practice, and the annual quality assurance requirements for RPNs and RNs (CNO, 2012a). Individual nursing schools determine how to design their nursing curriculum to ensure students meet the entry-to-practice requirements to be able to write the national licensing examination. Successfully completing PN or BScN education allows the graduate to write the National Council Licensure Examination for either RPN or RN (NCLEX-RPN or NCLEX-RN), to become registered and practice as an RPN or RN (CNA, 2016; CNO, 2014d).

In Ontario in 2005, as the BScN was mandated as the minimum entry-to-practice for RNs, RPN college diploma education was simultaneously increased to two years in length (Registered Practical Nurses Association of Ontario [RPNAO], 2013). All but two Canadian provinces and territories have converted their entry-to-practice requirements for RNs to a baccalaureate degree (CNA, 2012). Quebec continues to offer RN diploma education and the Yukon territory has no entry level nursing education programs at this time (CNA 2018c). RPN education has a greater focus on procedural knowledge and occupation-specific training, whereas, the four year university level BScN degree emphasizes conceptual knowledge and theoretical understanding (Health Force Ontario, 2013; Karmel, 2011). Entry-level RNs have a strong foundation in nursing theory and concepts, and knowledge in health and sciences, humanities, research, and ethics (CCPNR, 2017). The CNO (2018a) states that

> RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer
>
> period of time, allowing for greater foundational knowledge in clinical practice, decision-
>
> making, critical thinking, leadership, research utilization and resource management. As a

result of these differences, the level of autonomous practice of RNs differs from that of

RPNs (p.3)

From a practice perspective, RNs autonomously care for more complex, unstable clients with

unpredictable health outcomes. RPNs have autonomy when caring for stable clients with less-

complex conditions and predictable health outcomes (CNO, 2014a; RPNAO, 2013). As client

complexity increases, there is a corresponding increase in the need for RPNs to consult with RNs

(RPNAO, 2013). Despite the distinct designation of an individual as 'RPN', what an RPN can

and cannot do in practice is often described in comparison to what an RN does, as opposed to

what is indicated by the RPN scope of practice (Kelsey, 2006).

The Three Factor Framework (CNO, 2018a) provides guidance for decisions about the

proper nursing category for specific client situations. Staffing decisions are influenced by:

- *complexity* (the degree to which a client's condition and care requirements are
  identifiable and established, the sum of the variables influencing a client's current
  health status, and the variability of a client's condition or care requirements;

- *predictability* (the extent to which a client's outcomes and future care requirements
  can be anticipated); and,

- *risk of negative outcomes* (the likelihood that a client will experience a negative
  outcome as a result of the client's health condition or as a response to treatment) (p.
  5).

The CNO attempts to provide further clarification of role differences by outlining RPN and RN

actions in practice. For example, under the category of 'direct practice assessment', an RPN

"recognizes changes; probes further; and, manages or consults appropriately with an RN or other

health care team member"; whereas, an RN would "anticipate and recognize subtle changes;

probes to assess further; identifies relevant factors; understands significance; and, manages appropriately" (CNO, 2018a, p. 8). Under the category of 'direct practice decision-making', an RPN would "transfer knowledge from similar situations through pattern recognition; makes decisions based on the analysis of available information; and, makes decisions by assessing a range of known options" (p. 8). An RN would "analyze and synthesize a wide range of information using a variety of frameworks or theories; makes decisions after actively seeking information; makes decisions by drawing on a comprehensive range of options to interpret, analyze and solve problems; and, anticipates many possibilities and makes proactive decisions" (p. 8).

Although CNO's guidance about the differences between RNs and RPN practice appears clear, how these differences are understood and enacted in the reality of everyday practice is less clear. The incomplete and erroneous understanding of nurses, administrators, and other health care team members about RPN and RN scopes of practice and roles differences is well documented in previous research in Canada and internationally (Eager, et al., 2010; Pearce & Cziraki, n.d.; RPNAO, 2014; White, Oelke, Besner, Doran, McGillis Hall, & Giovannetti, 2008). There are several reasons for this lack of clarity. First, RPN entry-to-practice requirements have expanded over time creating ambiguity and blurring between the RN and RPN role (Pringle, Green, & Johnson, 2004). Entry-to-practice competencies detail individual scopes of practice which outline the full range of roles, responsibilities and functions that a nurse is educated, competent and authorized to perform (Health Authorities Professionals Act Regulations Review Committee, 2002). Entry-to-practice competencies are intended to provide awareness of RN and RPN entry-level practice expectations (CNO, 2014a; CNO, 2018c,); yet the general ambiguity between RPN and RN competencies and dissimilar and inconsistent entry-to-practice

competencies for both RPNs and RNs across Canadian provinces and territories creates role confusion. Entry-to-practice documents demonstrate a significant overlap between the RPN and RN competencies so that the differences are almost undetectable. To address the issue of ambiguous and inconsistent entry-to-practice competencies, the CNO is currently undertaking a major initiative to create national competencies upon which an updated national RPN licensure exam will be based (CNO, 2018b). RN competencies are simultaneously under review to ensure they reflect the reality of health care and nursing practice contexts (CCRNR, 2017). Second, changes to PN education and an increased scope of RPN practice, as a result in changes to the *Nursing Act of 1991*, have created further role ambiguity. Third, additional blurring of roles is created by nurses' continued professional development following initial licensure. Individual RPNs and RNs are expected to enhance their knowledge and skill through "ongoing learning, education, experience and participation in quality assurance activities" (CNO, 2018a, p.7). An RPN who continually enhances their practice through these activities may appear to have the same or higher level of knowledge and skill as an RN who does so less often or not at all. Though this can create an additional lack of clarity between roles in practice, the CNO (2018a) cautions that "enhanced competence does not mean that an RPN will acquire the same foundational competence as an RN. This will only occur through the formal education and credentialing process" (p.7).

Researcher Positionality

The impetus for studying this problem of practice arose from my experience teaching and coordinating in the Ontario collaborative undergraduate nursing program upon which this case study is based. The perspective I bring to this research and the lens through which I see this problem is shaped by my experience as a nursing educator, particularly my close work with RPN

to BScN bridging students. I was privy to the issues of both nursing educators and students in this program. In my former role as the BScN third year coordinator, both the bridging students and the faculty teaching courses in year three voiced their concerns to me. The topic of bridging students' challenges was frequently discussed in faculty and coordinator meetings. However, the issues that were expressed by faculty members were quite different from those expressed by bridging students. Students' concerns were, for the most part, externally focused on concerns about program structure, educational processes, administrative policy; faculty attitude; and, perceived lack of support and faculty recognition and appreciation of bridging students' nursing practice experience and education. Faculty articulated challenges primarily related to bridging students' academic and technical skill achievement, their ability to demonstrate requisite RN critical thinking and clinical judgment in complex situations, their attitudes and perspectives about role differences, and their coping with the role transition itself. In particular, under-developed critical thinking skills – "a purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation, and inference, as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based" (Facione, 1990, p. 3) - were often cited as creating difficulties for bridging students in the BScN program. Critical thinking in the context of bridging students' professional socialization is revisited in chapters two and five. Much of what was discovered through the literature review resonated very strongly with both student and faculty concerns noted above and with my experience as a faculty member and former BScN program coordinator.

The methodology, study design, and ethical considerations were informed by my location to the study site and research participants. My proximity to the problem of practice served as both a strength and a limitation. My position allowed me an intimate understanding of the

program, the curriculum, and the participant groups that I would not have had otherwise. From an ethical perspective, it was important to declare that, although my research interest and research questions arose from my work, that my position in this study was that of doctoral student researcher, rather than an employee, faculty member, or program coordinator. I was continually aware of the potential ramifications of my 'insider' position in terms of the possibility of ethical issues, risk for researcher bias, and issues with retrieving 'true' responses to my interviews questions from participants who know me. I attempted to remain transparent with participants and administrators throughout the study and in the writing of this thesis. In chapter three, I discuss how my position had the possibility to affect the research process and findings and I address this again in the final chapter.

Thesis Organization

This chapter described the problem of practice that this study was designed to address, the study purpose, and the research questions. To situate the problem in context, background details about Canadian nursing practice, education, legislation, and regulation, and about nursing in Ontario more specifically where provided. The chapter concluded with a discussion about my position as a nursing educator and former program coordinator juxtaposed with that of a student researcher in the organization in which this case study is based and how this influenced my understanding of the problem. Chapter two briefly explains the need for bridging programs in Ontario and presents and evaluates literature related to nursing role transition, RPN to BScN role transition and professional socialization, and nursing educator leadership practices in support of these. The conceptual framework consisting of the concepts of transition, professional socialization, and leadership practice is introduced. Chapter three presents the methodology, the research design, the procedures for recruitment, sampling, data collection and analysis used to

respond to the study's research questions. The strategies used to enhance study quality and the ethical considerations are described. Chapter four presents a description of the study findings and chapter five provides the interpretation, discussion and implications of these findings grounded in the relevant literature. Chapter six presents the study limitations, the specific recommendations for practice, policy and for further research, and concludes this thesis with an overview of the study, the significance of the findings, and a brief discussion of how the findings resonated with the researcher's experience as a nursing educator and former program coordinator.

CHAPTER TWO: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

The purpose of this study is to understand how nursing educators can facilitate bridging students' professional socialization to support their transition from RPN to BScN-prepared graduate. Specifically, the researcher sought to understand how students and nursing educators understand RPN to BScN professional socialization, what leadership practices nursing educators use to facilitate bridging students' professional socialization, how current and graduated bridging students perceive these leadership practices in support of their professional socialization, and how NCEs are supported in their work with bridging students through programmatic resources.

This chapter first briefly outlines the need for RPN to BScN bridging programs in Ontario. Next, a critical review of literature related to RPN to BScN role transition and professional socialization, and nursing educator leadership practices in support of these is presented. The methodological strength of existing research, key insights gleaned from the literature, and gaps in knowledge are highlighted. The concepts of *transition, professional socialization,* and *leadership practice* are presented as constituting this study's conceptual framework. Professional socialization is situated as one of three dimensions of the RPN to BScN transition experience and constitutes the primary focus of this study. Nursing educators emerged as leaders in support of professional socialization and NCEs are highlighted as critical to professional socialization, specifically within the clinical context. The work of Kouzes and Posner on exemplary leadership (2012), is presented as a framework to interpret the leadership practices used by nursing educators to facilitate bridging students' professional socialization in support of their transition to BScN-prepared graduate. The review that follows is the culmination of the initial review that informed the study design and ongoing reviews of the literature during data collection, analysis and synthesis.

Several sources of information from several databases were used to conduct this literature review. Journal publications were accessed through ERIC, Proquest, CINAHL, and PsychInfo databases. Theses and dissertations were accessed through Proquest Digital Dissertations. Books, conference proceedings, and grey literature from national and international nursing professional associations and regulatory boards were accessed via a web search. The literature on transition and professional socialization was not limited to a specific timeframe as role transition and professional socialization are not new concepts; limiting the dates may have precluded a full understanding of the scope, breadth and depth of knowledge related to these concepts and may have overlooked seminal theoretical literature.

The Need for RPN to BScN Bridging Programs in Ontario

One academic pathway to RN is to attend a university nursing program as a traditional entry student[1], often entering first year directly from high school. The other pathway is through an RPN to BScN bridging program, where the RPN with a college diploma and previous practical nursing experience completes BScN education. RPN to BScN academic pathways/bridging programs offer credit for, and build on, students' education, accumulated knowledge, skill, and experience (Suva et al., 2015). Receiving credit allows for an accelerated time for BScN program completion. Both programs are critical to increasing the numbers of practicing RNs to care for complex patients. Six Ontario schools of nursing offer an accredited RPN to BScN bridging program (Canadian Association of Schools of Nursing, 2014). These programs differ by entrance requirements, program length and structure, and by methods of curriculum delivery.

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[1] Students entering nursing via this pathway are hereafter be referred to as 'traditional entry students'.

Several factors have contributed to the need for RPN to BScN bridging programs. While the increasing complexity of client care necessitates the need for more RNs, the growth in the supply of RNs across Canada slowed in 2016 (0.7%), compared with the growth of 1.2% in 2015 (CIHI, 2017). In Ontario, the number of practicing RNs dropped from 71.8% of the overall CNO membership in 2013 to 62.5% in 2017. The percentage of the overall CNO membership for RPNs in 2013 was 26.8% compared to 29.1% in 2017. Additionally, in 2016, the average age of RNs in Ontario was 46.2 years causing unease about a worsening nursing shortage as nurses retire (CNA, 2018d). The RNAO has expressed concern about the dwindling numbers of RNs in Ontario as clients today are much sicker with more complex care needs and "require the expertise of RNs to prevent complications and death" (RNAO, 2016, para. 3).

Commonly cited reasons for entering a RPN to BScN bridging program are a desire for a leadership role, to think more critically, not get overlooked, the desire for a wider scope of practice due to the limitations as an RPN, better job and career opportunities and better pay, and the feeling of wanting to be a better nurse with more knowledge (Purdy et al., n.d.).

Nursing Role Transition

Literature about nursing role transitions demonstrates that the terms 'transition' and 'professional socialization' are often used interchangeably and that there is a lack of conceptual clarity between the two in this broad body of literature. To honour each author's intentions, the terms they used in their studies are reported as they appeared. The relationship between the two terms in the context of bridging students' experiences is addressed later in this chapter and in chapter five.

There is an extensive literature about role transition in nursing, an abundance of which focuses on the transition of traditional entry nursing students to graduate nurse (Beck, 2000;

Begley, 2007; Day, Field, Campbell, & Reytter, 2005; de Swardt, ven Rensburg, & Oosthuizen, 2017; Doody, Tuohy, & Deasy, 2012; Draper, Sparrow, & Gallagher, 2010; Dyess & Sherman, 2009; Higgins, Spencer, & Kane, 2010; MacIntosh, 2006; Newton & McKenna, 2007; O'Shea & Kelly, 2007; Price, 2009; Thomas, Bertran, & Allen, 2012), new graduates' transition to working RN (Boychuk Duchscher, 2008; Cowin & Hengstberger-Sims, 2006; Duchscher, 2001, 2003, 2007), and transition from associate degree (U.S.A) or diploma RN (Canada) to BScN-prepared RN (Adorno, 2010; Cragg, Plotnikoff, Hugo, & Casey, 2001; Boylston & Jackson, 2008; Delaney & Piscopo, 2004, 2007; Doering, 2012; Duffy et al., 2014; Einhellig, 2012; John, 2010; Kalman, Wells, & Gavan, 2009; Lillibridge & Fox, 2005; Megginson, 2008; Morris & Faulk, 2007; Osterman, Asselin, & Cullen, 2009; Perfetto, 2015; Pittman, Kurtzman, & Johnson, 2014; Roberston, Canary, Orr, Herberg, & Rutledge, 2010; Rush, Waldrop, Mitchell, & Dyches, 2005; Schwartz & Leibold, 2014). These particular transitions are distinct from the transition from RPN to BScN-prepared graduate, as the latter involves movement from one professional nursing designation to another producing a unique transition experience. Although the transition from diploma or associate degree RN to BScN-prepared RN may lead to more opportunities for career advancement, it does not necessarily lead to a change in roles in the practice context. Rather, it involves a "modification of an already-formed professional RN identity" (Perry Black, 2014. p. 118). RPN to BScN transition necessitates a shift from bridging students' former vocationally-prepared practical nurse role and identity to that of a university-level prepared RN.

RPN to BScN Transition

Literature illustrates that bridging students differ demographically from traditional entry nursing students. The former are generally older adult learners; have been away from post-secondary education for a period of time; have previous practical nursing education from a

vocational institution; have multiple competing responsibilities (e.g. employment, family and financial); and, between one and 34 years of experience as a practical nurse prior to entering university (Coffey et al., n.d; Cook, Dover, Dickson, & Engh, 2010; Dearnley, 2006; Hutchinson, Mitchell, & St. John, 2011; Miller & Leadingham, 2010; Porter-Wenzlaff & Froman, 2008; Rapley, Nathan, & Davidson, 2006). This study's literature review demonstrates that these characteristics present additional challenges for bridging students completing BScN education through bridging programs.

Several studies specifically focused on the transition from RPN, LPN, or the Australian or New Zealand enrolled nurse (EN) to BScN-prepared RN. The role of the EN is similar to the Canadian RPN or LPN role. In these countries, ENs and RNs are part of a two-tiered nursing system. Whereas, the RN directs and coordinates care and the EN functions as an associate under the direction and supervision of the RN (Nurse and Midwifery Board of Australia, 2016; Nursing Council of New Zealand, 2012), the RPN/LPN is autonomous seeking consultation with the RN as needed. Similar to Ontario RPNs and RNs, changes in educational preparation and requirements for supervision have narrowed the differences between ENs and RNs (Jacob, Sellick, & McKenna, 2012). Though the EN scope of practice is more limited as compared to the RPN scope of practice, this research shows that the experiences of ENs are similar to that of RPNs transitioning to BScN-prepared RN and provided a useful contribution to understand RPN to BScN transition and professional socialization. Canadian research is presented first, followed by international research.

Coffey and colleagues (2016, 2017) reported the results of a three-phase evaluation of an RPN to BScN bridging program in Ontario, Canada. A mixed methods design was employed to explore student academic performance, student characteristics, and experiences and outcomes of

bridging education. Data were collected over 12 months and included student registration and grades tracking data, previously collected focus group data with 110 students, and telephone interviews or online surveys with 30 graduates and a group of six representatives from graduates' employers. Phase one data showed that bridging students outperformed the traditional-entry students in terms of overall grade point average (GPA). However, of the 432 students enrolled, 85 students (20%) had withdrawn from the program, either voluntarily or due to failure to meet academic requirements. Data revealed a negative but significant relationship between years out of RPN school and entrance to the bridging program and bridge term GPA; the greater the time difference between RPN and RN education, the lower the GPA. Thematic analysis of qualitative data revealed that students perceived that program entry had positively affected their experience in nursing practice in terms of the acquisition of new knowledge, greater opportunity, increased confidence, and additional professional practice benefits. Negative outcomes included decreased outcome and accumulation of student debt; however, pay increased as a result of becoming an RN. Graduates described a dual transition from nursing student to RN and from RPN to RN simultaneously (Coffey et al., 2016). Graduates acknowledged heightened professional demands, a greater need for critical thinking and a broader perspective as an RN, increased professional responsibility in their new role, a stronger focus on inter-professional collaboration, and greater leadership knowledge and skills. Employer participants commented that LPN employees' transitioning to RN is a benefit to the student and to the organization and that they recognize the need for support for these students. The authors reflected that RPN to BScN transition students undertake "an external process of role transition as they become employed as RNs, while undergoing an internal process of personal and professional transformation through the experience of RN role enactment" (p.10). The authors also note that transition is a lengthy

process that begins upon program entry and professional socialization to the RN role extends beyond graduation. The program structure was not described making it unclear how closely this study population aligns with the population in the current study.

Purdy et al. (n.d.) evaluated the short and long term outcomes of their Ontario college/university collaborative nursing RPN to BScN part-time versus the full-time on-campus delivery model, and their part-time hybrid on-campus flex program versus the full-time program. A mixed methods descriptive comparative design was used to collect survey and interview data about challenges and success strategies, differences in outcomes between programs, and post-graduation student outcomes. Data were collected from student cohorts across one year (fall 2009 to 2010) with a reported response rates of 4-70% (n=139) across cohorts. Short term outcomes measured were academic success based on GPA and academic standing, student engagement, satisfaction with learning experiences, and professional socialization. Long term outcomes were success with registration exams, employment characteristics, and transition to the RN role. Reported challenges were related to difficulties with meeting other students for group work, balancing work, school and family, and accessing resources off campus. After the first term, 3% of students were on academic probation; 9% withdrew or quit. Graduates were asked how their practice changed as a result of the bridging program. The top five survey responses were: critical appraisal of the literature, critical thinking, decision-making ability, self-confidence, and leadership skills and abilities. Reported difficulties with the transition from student to BScN-prepared RN were related to: role expectations (e.g. autonomy, increased responsibility), lack of confidence with RN skills (delegation), workload (e.g. organization and prioritization), fear (e.g. patient safety), and orientation issues (e.g. information overload). Few significant differences were noted between the various program delivery models offered.

Melrose and Gordon (2011) conducted a longitudinal study to explore the barriers bridging students faced during online university education while transitioning to the role of RN. Interviews were conducted with ten bridging students in Alberta, Canada. Students reported a feeling of isolation, as having previous transferable course credits limited their opportunity to take courses with other traditional-entry students. Work and family demands additionally contributed to a sense of disconnectedness with peers. Repertory grids were used to guide content analysis. Researchers found that students considered the opportunity to receive credit for previous education was meaningful but they felt that their previous experience was not recognized. Students felt that their role as LPN was similar to the role of RN but with less pay; they were unable to articulate what additional knowledge was required for other nursing roles such as RN. Students reported academic challenges such as difficulty writing academic papers and reported engaging their spouses, adult children, and work colleagues in the editing of their papers. They reported little financial help from employers, although flexible scheduling was offered. Researchers noted that students suggested that they would grieve the loss of their former role which they perceived as more 'hands-on' than their new role would be. Students' experiences in an online program such as in this study may differ from those completing this current study's in-class program.

Cook, Dover, Dickson and Engh (2010) surveyed 24 students in their final two weeks of a 15 week transition course that mirrors the first year of traditional students' study. The purpose of the study was to understand the demographic characteristics of bridging students and the challenges they face returning to school for their RN education at a mid-Atlantic American community college. A 22-question survey asked about reasons for returning to school and challenges experienced while doing so. Results indicated that many students were working while

attending school and many respondents reported having family responsibilities, financial concerns, work-related stressors, concerns about the number of hours required to complete course requirements, and a feeling of disconnectedness with their school peers. The survey method used to collect data precludes a rich understanding of participants' experiences. Participants differ from this current study's population in terms of the practice experience requirement for program entry. Limited description of the program type limits comparisons to the current study's sample.

One study illuminated the *process* of transitioning from LPN to BScN. Melrose & Wishart (2013) used grounded theory to investigate the experiences of Canadian post-LPN students transitioning to BN to understand how they overcome difficulties associated with the transition from vocational learning to institutes of higher education and learning a more complex nursing role. Data from the authors' three previous studies were used as data for this study and included ten individual interviews with students conducted three times, four focus groups with 27 students in different geographic locations, and 16 pod-casted audio messages of encouragement to other students. Students initially *resisted* the idea that role differences existed (e.g. "I'm a nurse, what's new") but that once they acknowledged these differences, they *reached out* for help and affirmation and *re-imagined* the personal and professional opportunities that the RN role offered. Students grieved the loss of their old role, felt disrespected as an LPN, and struggled to develop independence. Students reported that feedback from instructors was strikingly important for legitimation but they needed less affirming feedback from others as they envisioned themselves in their new role. The authors commented that high levels of educator support enabled students to achieve a high degree of professional socialization and develop

independence in their new role. Insufficient description of the sample precluded a full understanding of how findings may be generalizable to other contexts.

Several studies focused on the experiences of ENs converting to RN in Australia and New Zealand. Hutchinson, Mitchell and St. John (2011) explored ENs' transition experiences to the second year of an Australian Bachelor of Nursing program to facilitate the development of tailored interventions to support transition. Focus groups were conducted at the end of the second semester with a diverse group of nine females and one male. Lizzio's Five Senses of Success Model was used to guide data collection and analysis. Deductive content analysis using the five coding categories of purpose, capability, resourcefulness, connectedness, and academic culture revealed that students felt ill-prepared and over-whelmed by the university-level expectations and the learning environment, and that a tension existed between their advanced academic standing based on their prior education, and their feelings of inadequacy in the program. Students generally felt under-supported by faculty and identified a need for improved transitional support. This study was intended to inform the development of contextualized support interventions; generalizability of these findings outside of the study context is limited.

Nayda & Cherie (2008) interviewed four Australian nurses who had just completed their transition from EN to RN. Researchers employed phenomenology to increase their understanding of the unique transition process and to increase the awareness of the specific needs of transitioning students. Graduates reported that they, and their colleagues, expected that their previous experience would make the transition easier. They recounted how having experience with general nursing care was helpful but not for the more advanced demands of the RN role. Additional findings relate to the challenges experienced working as a new RN in rural settings.

Rapley and colleagues (2006) used a qualitative descriptive design to describe the transition experiences of rural and metropolitan ENs undertaking an external tertiary level course after receiving considerable advanced standing, and to describe their transition experiences as novice RNs. Ten female recent graduates were interviewed using open ended questions. A grounded theory approach to analysis was used. Researchers found that students experienced challenges adjusting to higher education and they realized that they did not know as much as they thought they did. Students reported that others thought that their previous knowledge and experience would make the transition easier for them. The amount of reading was reported to be a challenge and they realized that they needed to be more disciplined to manage study time. Students reported that the adoption of higher level critical thinking was a major component of change in practice; they performed skills many times in practice without insight into the purpose and rationale. 'Walking in the shoes of an RN' brought clarity to the role differences. This study was specific to a rural context which adds unique practice challenges. Findings cannot be generalized to all contexts.

A single study explored both students' and nursing educators' experiences of bridging student transition. The primary purpose of Hylton's (2005) exploratory, descriptive grounded theory study was to examine the factors that assisted or hindered New Zealand nurses' transition to BN. One focus group of ten predominantly Maori students and another group of six teachers were conducted. Theoretical concepts grounding this study were adult learning, women's ways of knowing, and self-esteem; however, these concepts were not well developed nor were they linked to study findings. Findings from constant comparative analysis revealed that students felt out of their comfort zone in their new learning environment. They had little recognition that an active role in learning was needed and they reported needing to re-learn how to learn. They felt

that the recognition and validation of their previous experience by faculty was a catalyst to their adoption of adult learning styles. Students reported experiencing difficulty with conceptual frameworks as they were used to more concrete thinking. Faculty described students as 'concrete, technical thinkers' and as initially having difficulty with more conceptual thinking. Faculty felt that students experienced discomfort moving out of their previous role and recognized the need to avoid placing unrealistic expectations on them when facilitating the incorporation of critical thinking skills into existing knowledge frameworks. Both participant groups in this study identified NCE support as critical to raising consciousness and developing critical thinking skills. Findings are incongruent with the study purpose and methodology and it is difficult to associate findings to the study purpose, as the nature of focus group questions was not reported. Although power relationships were acknowledged by the researchers who were also the faculty of these students, no measures to address this ethical issue and potential bias were reported. Recruitment procedures were not reported. Findings cannot be generalized beyond this study as the small sample size of educators of predominantly Maori students is unique to this context. Findings support related studies in that nursing educator support for role transition is essential.

Analysis of RPN to BScN Transition Literature

Although there are some commonalities between various nursing role transitions, the bridging student transition is distinct as it involves movement from an expert nursing practice role to a novice in a new nursing role, producing a unique transition experience. This transition requires a fundamental shift in a student's previous ways of knowing, thinking, and acting. Existing research offers insight into the experiences of bridging students as they transition from RPN to BScN-prepared RN. Despite methodological limitations and variation in study contexts,

populations, program structures, and professional designation language and scopes of practice

(i.e. RPN, EN, LPN), studies reveal common transition experiences among participants.

Research presents the RPN to BScN transition as an intricate constellation of *academic, personal* and *professional* dimensions, all of which determine transition success. These dimensions resonate strongly with my experience as a nursing educator and former BScN program coordinator. Table 1 categorizes the research findings within each of the dimensions. However, I view these dimensions as inextricably linked; in my experience, one cannot be understood apart from the others. Challenges in one dimension impact another. For example, that a bridging student has to work a minimum number of shifts as an RPN to keep their seniority at the hospital means that they may miss classes, not be completely awake and alert for classes, or miss clinical practicum time due to illness from exhaustion. This has a direct impact on their study time, academic achievement, and completion of required clinical hours. Similarly, trouble achieving the breadth and depth of critical thinking that is necessary to manage complex health problems may prevent the student from meeting course and program academic outcomes. Likewise, poor work/life/school balance may cause a student to struggle academically which, in turn, may impact feelings of legitimacy in the new role.

Table 1 *RPN to BScN Transition: Summary of Student and Faculty Experiences*

Dimension	Findings	Studies
Personal	Difficulty balancing school and life demands	Cook et al. (2010)
	Disconnectedness with school peers and lack of peer support	Cook et al, (2010); Hutchinson et al. (2011); Melrose & Gordon (2011)
	Work while attending school; work-related stressors	Cook el. (2010)
	Competing responsibilities	Cook et al. (2010)
	Financial concerns	Cook et al. (2010)
	Concerns about number of required hours for program completion	Cook et al. (2010); Hutchinson et al. (2011)
	Feeling of isolation due to lack of courses with peers because of advanced academic standing	Melrose and Gordon (2011)
	Little financial help from employers; flexible scheduling and leave offered	Melrose and Gordon (2008)' Rapley et al. (2006)
Academic	Lack of preparedness and over-whelmed by the expectations of university-level education and the learning environment; out of comfort zone	Hutchinson et al. (2011); Hylton (2005)
	Tension between advanced academic standing and feelings of inadequacy	Hutchinson et al. (2011)
	Tension between credit transfer and lack of credit for experience	Melrose & Gordon (2008)
	Difficulty adopting adult learning styles	Hylton (2005);
	Recognition and validation of their previous experience by faculty prompted their adoption of adult learning styles	Hylton (2005)
	Needed to re-learn how to learn	Hylton (2005)
	Unrealistic expectations of themselves	Cubit & Lopez (2011); Hutchinson et al., (2011); Nayda

		& Cheri (2008); Rapley et al. (2006)
	Perceived educators and hospital staff to have greater expectations of bridging students than traditional nursing students	Cubit & Lopez (2011); Hutchinson et al. (2011); Nayda & Cheri (2008); Rapley et al. (2006)
	Difficulty writing academic papers	Melrose & Gordon (2008)
	Difficulty with conceptual thinking initially; used to more concrete, technical thinking	Hylton (2005)
	Amount of reading a challenge	Rapley et al. (2006)
	Realized that more discipline was necessary to manage study time	Rapley et al. (2006)
Professional	LPN role perceived as similar to the role of RN but with less pay	Melrose & Gordon (2008)
	Limited awareness of RPN and RN scopes of practice and role differences upon program entry	Gordon & Melrose (2011); Hutchinson et al. (2011); Janzen et al, (2013); Melrose & Wishart (2013)
	Unable to articulate the need for and the nature of additional knowledge necessary for more advanced RN role	Melrose & Gordon (2008)
	RN role practice brought clarity to the role differences.	Rapley et al. (2006)
	Perceived RN role as less 'hands-on' than their former role	Melrose & Gordon (2008)
	Grieved the loss of their former role	Melrose & Gordon (2008); Melrose & Wishart (2013)
	Students and their colleagues expected that their previous experience would make the transition easier	Nayda & Cheri (2008)
	Previous experience was helpful with general nursing care but not for the more advanced demands of the RN role	Nayda & Cheri (2008)
	Adoption of higher level critical thinking was a major component of change in practice	Rapley et al. (2006)

Performed skills many times in previous practice without insight into the purpose and rationale	Rapley et al. (2006)
Difficulty adjusting to, embracing and enacting advanced set of skills, new scope of practice and behaviours	Hylton (2005); Nayda & Cheri (2008)
Tensions between previous nursing experience and their role as 'nursing student' interfered with learning	Hutchinson et al. (2011)
Some students felt disrespected and undervalued by faculty and experienced a feeling of inadequacy	(Hutchinson, et al., 2011; Melrose & Gordon, 2008; Melrose & Wishart, 2013)
Faculty felt that students experienced discomfort moving out of their previous role	Hylton (2005)
Faculty recognized the need to avoid placing unrealistic expectations on students when facilitating the incorporation of critical thinking skills into existing knowledge frameworks	Hylton (2005)
Identity as 'nurse' well established prior to bridging program entry	Melrose et al. (2012)
Initially *resisted* the idea that role differences existed; once differences acknowledged, they *reached out* for help and affirmation and *re-imagined* the personal and professional opportunities that the RN role offered	(Melrose & Wishart (2013)
Clinical teacher support critical to raising consciousness and developing critical thinking skills; key agent in legitimation and professional socialization	Cubit & Lopez. (2011); Hutchinson et al., 2011; Hylton (2005); Melrose et al., 2012; Melrose & Wishart (2013); Rapley et al., 2006)

As demonstrated in this study's literature review, the professional dimension, specifically the acquisition of knowledge, skills, and behaviours of an RN, and the development of an RN identity have been universally identified as problematic aspects of RPN to BScN transition (Ralph et al., 2013; Suva et al., 2015; Tower et al., 2015). The professional dimension is distinct

from, yet inextricably linked to the personal and academic dimensions of RPN to BScN transition.

From this body of literature, one gets a sense that 'critical thinking' is viewed as an RN skill and one that is challenging for bridging students. This mirrors conversations I have had with nursing faculty. Critical thinking is required for both simple and complex nursing situations; thus critical thinking skills are used by RPNs and RNs. Critical thinkers demonstrate that they gather information, examine data, analyze data, and determine what intervention is best for a situation (Chan, 2013). RNs have greater foundation knowledge to draw from to support clinical judgment and critical thinking is emphasized in their university level education and practice CNO (2018a). Gillespie & Peterson (2009) stress that this foundational knowledge is an antecedent to critical thinking, and critical thinking is an integral component of nursing competence (Tilley, 2008). The term critical thinking arose often but it is not clear from empirical literature how critical thinking skills differ between RPNs and RNs.

Tower and colleagues (2015) suggested that "high levels of support and intervention are necessary for bridging students' success adjusting to a new skill set and professional identity" (p. 175). Nursing educators, particularly NCEs emerged as key agents of student support within the professional dimension (Cubit & Lopez. 2011; Hutchinson et al., 2011; Hylton, 2005; Melrose et al., 2012; Melrose & Wishart, 2013; Rapley et al., 2006). Several authors emphasized the NCE as a *leader* in the facilitation of students' professional socialization to support their role transition (Lai & Lim, 2012; Melrose et al., 2012; Price, 2009). NCEs may counsel students about matters situated in the personal and academic dimensions but NCEs have the greatest impact on the professional dimension due to the nature of their role in nursing education (i.e. facilitation of professional socialization) and the clinical practice context in which socialization to the BScN-

prepared RN role primarily occurs (Coffey et al., n.d.; Lewin, 2007). It is unclear what leadership practices are used by nursing educators to facilitate professional socialization; further review was necessary.

Nursing Educator Leadership Practices to Facilitate Professional Socialization

The literature reviewed previously in this chapter identified nursing educators as key agents of professional socialization during bridging students' transition to BScN. Lack of distinction between the concepts of transition and professional socialization in the literature made it difficult to distinguish whether nursing educator leadership practices identified in the literature were intended to facilitate transition in general (i.e. all three transition dimensions) or professional socialization specifically. The terms used by the authors were reported as they appeared. As the NCE role in the trajectory of RPN to BScN transition is located primarily within the professional dimension, it may be reasonable to assume that the leadership practices of NCEs reported in this literature may, in fact, be those used to facilitate professional socialization specifically.

Very little literature specific to nursing educators' leadership practices to support either RPN to BScN transition or RPN to BScN professional socialization was located. No literature addressed nursing program coordinators' support of either transition broadly or professional socialization specifically. Much of this literature highlights the preferred characteristics and skills of NCEs from the perspectives of traditional nursing students or from the perspectives of RNs transitioning to Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), or reports on how NCEs support traditional nursing students' professional socialization to RN. Findings from this body of research show that teaching and nursing competence, personal traits, interpersonal relationships, meta-cognition, ability to create a positive and enjoyable clinical learning

environment, support, role modelling, knowledge, feedback, communication skills, and student-centeredness are the qualities of clinical educators that traditional students prefer (Ali, 2012; Heshmati-Nabavi & Vanaki, 2010; Johnson, Farmer, & Frenn, 2009; Kelly, 2007; Lee, Cholowski, & Williams, 2002; Madhavanprabhakarah, Shukri, Hayyudini, & Narayanan, 2013). Clinical support, mentoring, and effective interpersonal skills were identified as important elements of nurse educator support for traditional entry nursing students' transition to new graduate (Higgins, Spencer, & Kane, 2010; Romyn et al., 2009). Various tools have been developed to measure clinical educator effectiveness (Bergman & Gaitskill, 1990; Lee et al., 2002; Madhavanprabhakarah et al., 2013; Zimmerman & Westfall, 1988).

Perhaps the closet comparison to RPN to BScN transition is the transition from RN to NP or CNS, as new NPs and CNSs bring previous nursing practice experience as an expert RN to the shift to novice NP or CNS (Barnes, 2014). Like RPN to BScN bridging students, this shift requires a profound adjustment to a new set of skills, knowledge base, scope of practice, and professional identity. As such, it was reasonable to draw from this literature to inform this present study; however, limited literature was located in this regard. Mentorship from professional colleagues in the clinical environment and formal orientation programs were found to be key to successful RN to NP or CNS transition (Bahouth & Esposito-Herr, 2009; Barnes, 2015; Cusson & Strange, 2008; Flinter, 2012; Hanna, 2007; IBM Business Consulting Services, 2005; Miga, Rauen, & Srsic-Stoehr, 2009; Neal, 2008; Sargent & Olmedo, 2013; Scholz, King, & Kolb, 2014; Yeager, 2010). Similar strategies to support role transition were identified in other health related disciplines (Wanat & Garey, 2013; Wimmer & da Costa, 2007; Zgarrick & Franks, 2013).

A single paper reported on nursing educator support of RPN to BScN students' role

transition specifically. Miller & Leadingham (2010) conducted a program evaluation using a

quasi-experimental survey design to determine whether American bridging student participation

in a voluntary, faculty-directed orientation and mentorship program would promote student

progression and to identify student perceptions of the program. Participants were more likely to

persist to program completion if they participated in the program but no differences were found

between participants and non-participants on student progression-related outcome measures such

as transition courses passed, clinical component passed, enrollment in subsequent nursing

courses within one year, and program completion. The study was limited by a small convenience

sample size (n=30). The leadership practices of either NCEs or nursing program coordinators

were not addressed in this study.

Evolving Emphasis on the Nursing Educator as Leader

Empirical literature has evolved from descriptions of desirable characteristics and skills

of nurse educators to a more recent focus on leadership theories to guide nursing clinical

education and role transition. For example, Livsey (2009) used a comparative survey design to

examine associations between traditional entry student perceptions of structural empowerment in

the clinical learning environment, student sense of self-efficacy, student perceptions of nursing

leadership behaviours, and self-reported professional nursing practice behaviours among

baccalaureate nursing students. Kouzes & Posner's Leadership Practices Inventory-Observer was

used to measure instructor leadership practices. Researchers found that the relationship between

variables in the model was significantly strengthened by student perceptions of strong leadership

behaviours of clinical faculty (ß =.15, p <.05). The authors suggest that schools of nursing need

to ensure that clinical educators possess not only the skills and knowledge to serve in their role but demonstrate positive leadership behaviours as well.

Giallonardo, Wong, & Iwasiw (2010) used a non-experimental, predictive survey design to examine the relationship between newly graduated Canadian traditional-entry nurses' perceptions of preceptor (i.e. hospital staff nurses who work closely with new graduates during their final semester clinical practicum) authentic leadership and new graduates' work engagement and job satisfaction. Work engagement was conceptualized as "the mechanism through which authentic leadership of preceptors predicts new graduates' job satisfaction" (p.994). Authentic leadership was measured using Avolio, Gardner and Walumbwa's Authentic Leadership Questionnaire. The response rate was 39% (n=170). Findings demonstrated that new graduates' perceptions of preceptor authentic leadership were positively associated with work engagement (r= 0.21, p <0.01) and job satisfaction (r=0.29, p <0.01).

Zilembo & Monterosso (2008) explored the leadership qualities of nurse *preceptors* that are considered desirable and contribute to positive practicum experiences from the perspective of undergraduate nursing students. Researchers developed the Qualities of Leadership Survey, comprised of items representing transformational, transactional, authentic, and congruent leadership theories. The survey was distributed to undergraduate nursing students at the beginning of a lecture with a response rate of 21.3% (n=23). Findings showed that 96% of respondents agreed that leadership was an important role of the preceptor. Most desirable characteristics were: support, motivation, approachability, consistency, organization, and effective communication. Least desirable were: negotiation, being analytical, and the use of reward and punishment. The specific leadership theory each characteristic was attributed to is not clear making it difficult to determine the suitability of each individual theory to clinical

nursing education. Although four of the respondents were ENs, data were reported in the aggregate preventing transferability of findings to RPN to BScN bridging students.

The studies cited in this section relate to supporting traditional entry students during role transition. Study findings are not directly transferable to nursing educator facilitation of bridging students' transition or professional socialization as they: (1) focus on the leadership practices of *preceptors* (i.e. staff nurses who work directly with students during consolidation), not nursing educators, and (2) relate to traditional entry nursing students. Bridging students are not specifically addressed.

A single paper addressed the leadership practices of NCEs specifically. Adelman-Mullally, et al. (2013) reviewed leadership literature within and outside nursing to identify leadership theories that appeared highly congruent with clinical nursing education. Five themes that demonstrate how NCEs exemplify transformational leadership, Gardner's tasks of leadership, and Kouzes & Posner's conceptualization of leadership were articulated. The authors submit that NCEs facilitate students' learning by role modeling, providing vision, helping students to learn, challenging the system and status quo, and seeking relational integrity. The focus of this paper is on nursing clinical education in general; how leadership practices might be tailored to support bridging students' unique transition was not discussed.

In summary, the literature related to nursing educators' support of either transition or professional socialization highlights the preferred personal attributes or characteristics of nursing educators from traditional entry students' perspectives or broader organizational-level strategies such as mentoring and orientation programs to support transition. More recently, several contemporary leadership models were suggested as appropriate to guide nursing education in general and nursing clinical education more specifically. Their effectiveness in the context of

facilitating professional socialization in support of RPN to BScN transition has not been established. Despite the centrality of nursing educators in students' professional socialization, little is known about the perspectives and leadership practices of nursing educators, or about what leadership practices facilitate professional socialization in support of RPN to BScN transition.

Conceptual Framework

The concepts of transition, professional socialization, and leadership practice constitute this study's conceptual framework. Literature revealed that transition involves three distinct, yet inter-connected dimensions: academic, personal, and professional. Professional socialization was situated as a sub-set of the RPN to BScN transition residing in the professional dimension. Relevant theoretical literature about transition is presented first, followed by professional socialization literature and leadership literature. Finally, Kouzes and Posner's exemplary leadership practices model is discussed as a framework used to interpret nursing educator leadership practices.

Transition

Transition is a "passage from one life phase, condition, or status to another" (Chick & Meleis, 1986, pp. 239-240). In the context of a professional or occupational transition such as the transition from RPN to RN, *role transition* is the "shift from one role to another, which involves changing how one thinks and acts" (Harrington & Terry, 2013, p.36). The goal of any transition is the "mastery of behaviours, sentiments, cues and symbols associated with new roles and identities" (Alligood & Tomey, 2010, p. 417). Transition involves change, yet the two terms are not synonymous. Transition usually involves internal processes; whereas, external processes normally characterize change (Bridges, 1980). Transition has been theorized through various

disciplinary lenses. Each perspective contributes to a collective understanding of the transition experiences of RPN to BScN students.

Schlossberg's Transition Framework. Developed from the need to counsel adults in transition, Schlossberg (1995; 2012) drew on the work of behavioural and developmental theorists to articulate transition from a psychological perspective. Her model addresses human adaption to change in life events - scheduled or anticipated events or unscheduled and unpredictable events. Schlossberg (1995) submits that transition is a process that occurs in stages and should be studied over time, as people's reactions to transition change over time. The transition process takes time; in the latter stages the person becomes conscious of the change.

Anderson, Goodman, and Schlossberg (2012) advanced theoretical concepts from Schlossberg's earlier work. Three major dimensions of transition emerged: moving in, moving through, and moving out. *Moving in* requires an individual to acknowledge that a transition is taking place, and that the nature of the transition, the extent to which it affects the individual's life, and where the individual is located in the transition process are identified. Those supporting individuals in transition should understand individuals' views of transition and the impact that it may have on their lives. It is the individual's "appraisal of the transition that determines its impact, the perceived challenges and the meaning this holds, and the specific needs for coping" (Schlossberg, 1995, p. 44). Contextual factors not only shape the transition experience but the individual's perception of the choices available to them. An individual's background can influence the way transition is understood and managed. Coping with transition "involves the person, the environment, and the complex relationship between them" (Schlossberg, 1995, p. 45). Supporters of transition must consider how context shapes the individual's experience.

There is a period of disruption as individuals become familiar with new roles, environments, norms and expectations, and new ways of thinking. Once familiar, *moving through* may take place. This dimension involves the identification of resources used for coping with the transition. These are referred to as the 4S's: the situation, self, support and strategies (Anderson, Goodman, and Schlossberg, 2012). An individual's perception of the situation affects their view of their ability and available resources to cope. Assessing self requires individuals to understand themselves in terms of the demographic and personal characteristics that shape their ability to cope. Social support from intimate partners, friends, family, and community is fundamental to an individual's ability to cope during a transition. Individuals can manage transition by identifying and implementing new strategies for coping with their particular transition (Schlossberg, 1995). *Moving out* occurs as individuals become comfortable with their transition and are fully integrated in their new role.

Bridges' Transition Theory. Bridges (2004) transition theory was developed from an organizational management perspective. He described three phases that are common to individuals undergoing a transition, whether it is planned or unplanned: endings, neutral zone, and new beginnings. He argues that each beginning starts with an 'ending'. *Endings* involve "disengagement, dismantling, disidentification, disenchantment, and disorientation" (p. 109), not all of which necessarily occur for each individual. Bridges believes that one must achieve this ending in order to adapt to their new role, as identity is closely linked to the people and places associated with the former role. This phase creates tensions between letting go of the old and embracing the new. Individuals disengage as they separate from familiar places, people, or roles. Dismantling necessitates letting go of old habits and behaviours that supported old roles. Disidentification requires an individual to relinquish a former identity and disenfranchisement

occurs when the former role is recognized as insufficient or not enough. Disorientation occurs as individuals experience this process.

Bridges' second transition phase, *neutral zones* are periods of emptiness or suspension between the old and new. Former roles have been left but individuals are not sure how to enact the new role. *New beginnings* arise when one has figured out what the new role entails and how to enact it.

Meleis' Theory of Transitions. Originally developed by nurse theorists to guide nursing practice, the Theory of Transitions (Meleis, Sawyer, Im, Hilfinger-Messias & Schumacher, 2000) has been used to develop and empirically test several situation-specific mid-range theories, including educational transition (Meleis, 2010). More recently, it has been used as an organizing framework for a literature review about RPN to BScN role transition (Suva et al., 2015). Meleis' work is heavily influenced by role theory which makes it a good fit for understanding the transition from the RPN to the BScN-prepared RN role.

Transitions central to nursing practice may be developmental, health or illness related, situational, or organizational. An educational or professional transition such as RPN to BScN transition is a situational transition (Schumacher & Meleis, 1994) in which nursing educators are intimately involved in the education and support of these students during their transition to their new role. Research demonstrates transitions as "patterns of multiplicity and complexity" where an individual may experience multiple transitions simultaneously (Meleis et al., 2000, p.18; Schmacher & Meleis,1994).

Despite the complex nature of transition, there are common properties underlying transition: awareness, engagement change and difference, time span, and critical points or events. *Awareness* is the perception, knowledge, and recognition that a transition is taking place and

engagement is the degree to which individuals demonstrate involvement in the transition process. Manifestations of engagement may include actively seeking out information or role models, preparing oneself for the transition, and modifying activities. Awareness must be present for an individual to be in transition; it must be present for engagement to occur. The authors question whether the awareness of a transition occurring triggers the beginning of the transition process for the individual (Meleis et al., 2000). The properties of c*hange and difference* illustrate that it is necessary to understand the meaning the individual attributes to change and confront any differences in understanding and expectations. Individuals may experience divergent expectations, or feelings of being different to themselves or others. Perceived differences may result in changed behaviours. The property of *time span* indicates that transition does not necessarily have well delineated starting and end points; it occurs over time. *Critical points or events* are defined as "marker events usually associated with increasing awareness of changes and differences or more active engagement dealing with transition experiences" (Alligood & Tomey, 2010, p. 421).

The meaning an individual attributes to transition, his or her expectations, level of knowledge and skill, environment, level of planning, and emotional and physical well-being are *transition conditions*. Transition conditions facilitate or inhibit progress toward achieving transition and may include personal, community, or greater societal conditions that impact transition. The presence of a supportive role model or mentor has been identified as an important resource during professional transitions (Chick & Meleis, 1986; Schumacher & Meleis, 1994). P*atterns of response* are the process and outcome indicators of achieving transition. Process indicators may include feeling connected and situated, developing confidence and coping, and interacting (Meleis et al., 2010). Feeling situated occurs as new meanings are created and

understanding of the new role develops as the old role is compared to the new one. Outcome indicators may include "mastery of new skills… and identity reformulation" (pp. 25-26). Mastery of skills may take place by blending old and new skills developed during transition but this is unlikely to be realized until later in the transition process. Identity reformulation is fluid and dynamic and may be characterized by ambiguity between the new and old.

In summary, theory provides the means to understand complex situations (Meleis et al., 2010) and the transition theories reviewed were useful to broadly understand the experiences of bridging students as they move from one role to another. Although these theories arise from divergent disciplines, together they illustrate that transition involves a complex, often multidimensional experience wherein new roles are enacted and embraced. Transition is influenced by the individual's awareness that they are, in fact, in transition; their perception and expectations of the transition, their preparation for the transition; the contextual factors in the environment; and, the availability of support systems. All three authors theorized similar transition trajectories but contrary to Schlossberg (1995; 2010) and Meleis et al (2000), Bridges (2004) stresses that one must completely disengage and disidentify with their former role to embrace and enact their new role. The authors agree that transition - whether expected, unexpected, planned or not – presents unique challenges to the individual in transition and to their support systems, but that transition concurrently presents opportunities for growth and transformation (Bridges, 1980; Schlossberg, 1995). Transition theory offers a broad but valuable framework to understand bridging student's experiences across the personal, academic, and professional dimensions as they transition from RPN to BScN-prepared RN. However, a greater understanding of professional socialization as a sub-set of transition is needed.

Professional Socialization

Few authors have articulated a distinction between transition and professional

socialization and these terms are often used interchangeably. Literature related to traditional-

entry students becoming a BScN-prepared RN more commonly uses the terms 'socialization',

'professional socialization', 'professionalization', or refers to various components of

socialization such as knowledge acquisition or identity formulation. The primary theoretical

model addressing the move from newly graduated nurse to working RN (Boychuk Duchscher,

2008) has the concept of 'transition' as its focus. Unlike RPN to BScN transition, challenges

within the personal and academic domains are not highlighted as a major finding of either

traditional-entry student transition research or new graduate nurse transition research. Factors

within the professional dimension constitute the main focus of these particular bodies of

literature. As previously stated, transition denotes a move from RPN to BScN with challenges

across all three dimensions, whereas professional socialization is conceptualized as a subset of

transition located within the professional dimension. In a systematic review of research related to

the transition from RPN to BScN, Suva et al. (2015) similarly identified professional

socialization as a component of transition in that role transition from RPN to BScN is "marked

by unique developmental phases of critical skill acquisition and professional socialization" (p.

365).

Various definitions of professional socialization were noted in the literature (Chitty,

2005; Cohen, 1981; Dinmohammadi et al., 2013; Goldenberg & Iwasiw, 1993; Hinshaw, 1977;

Macintosh, 2006; Price, 2009; Weidman, Twale, & Stein, 2001). Common to these definitions is

the notion of professional socialization as a process whereby the skills, knowledge, values,

norms and behaviours expected of a member of a profession are adopted in order to achieve a

sense of identity and legitimacy in the new role. Hood & Leddy (2006) highlighted an important distinction between 'learning to nurse' and 'becoming a nurse'; one may learn and demonstrate the knowledge and skills of a BScN-prepared RN required by professional practice bodies and evaluated by academic institutions but may not internalize the identity of an RN. Socialization results in the permanent and internalized identity formulation reflective of a professional role (Lynn, McCain, & Boss, 1989; Mooney, 2007). In a nursing context, professional socialization is conceptualized as a "dynamic interactive process through which attitudes, knowledge, skills, values, norms, and behaviors of the nursing profession are internalized and a professional identity is developed" (Dinmohammadi et al., 2013, p.32). This definition is well suited for traditional entry student professional socialization. 'Nursing' identity is partly established through learning the foundational body of nursing knowledge, including the values and beliefs of nursing (Larson, Brady, Engelman, Perkins, & Shultz, 2013). It is through every part of nursing education that the student is transformed from lay person to a professional practicing the values of nursing through authenticating experiences (Benner, Sutphen, Leonard, & Day, 2010). As bridging students have previous nursing education and nursing practice experience, they have already been socialized to the values, attitudes, and norms of the nursing profession. Melrose et al. (2012) reported that bridging student participants in their study felt strongly that their identity as 'nurse' was already well established prior to bridging education. Indeed, nursing practice in Canada, whether one is an RPN, RN or extended class RN (NP or CNS) is guided by the same ethical framework and professional standards which articulate the profession's values, norms, and ethical practice expectations (CNO, 2017). For example, the CNO (2002) lists the following values as foundational to nursing practice: client well-being, client choice, privacy and confidentiality, respect for life, maintaining commitments, truthfulness, and fairness. As this

study specifically focuses on bridging students' professional socialization, the aspects of the definition above that apply specifically to bridging students (i.e. the aspects of the definition that differ between RPN and RN) were included in the definition of professional socialization. Therefore, for the purpose of this study, 'values', 'norms' and 'attitudes' were not the focus of the proposed definition, specifically for the context of this study. This does not suggest that individual nurses will have *personal* values that may, in fact, contradict professional nursing values or conflict with others' values (including nursing educators'). Nursing educators should model values clarification and reflective practice so that students may reconcile differences between professional and personal values. Professional nursing values, values clarification, and reflective practice would have been discussed during RPN education as part of professional and ethical nursing practice.

There is no one theory of socialization but various theories such as identity theory, role theory, and adaptation theory are grounded in the concept of socialization (Dinmohammadi, et al., 2013; Lai & Lim, 2012), and several models of professional socialization have emerged from a sociological perspective. For example, Hinshaw (1977) defined three stages of [professional] socialization: "transition from anticipatory expectations of role to specific expectations of role as defined by societal group; attachment to significant others in the social system milieu/labeling incongruences in role expectations; and internalization, adaptation or integration of role values and standards" (p.2). Hinshaw's work was informed by Simpson's model (1967) in which three components of professional socialization were identified: "the imparting of occupational knowledge and skills, [the] development of occupational orientations, and [the] forming [of] personal relatedness to the occupation" (p.29). These two models provide a broad understanding of how individuals socialize to a profession and demonstrate that the adoption of knowledge,

skills, values and standards, and a feeling of professional identity are components of professional socialization in the context of bridging students' professional socialization.

Cohen (1981) proposed a model of professional socialization to explain traditional-entry nursing students' socialization to nursing. Cohen identified four developmental stages that students move through during their educational program: unilateral independence, negative/independence, dependence/mutuality, and interdependence. This model is specific to traditional-entry nursing students and is not useful to inform this current study. The stages of traditional-entry students' professional socialization do not mirror the RPN to BScN socialization process as highlighted by Coffey et al (2016, 2017) and Melrose and Wishart (2013).

Professional socialization is both a process and an outcome that occurs as a result of the integration of education and workplace experience achieved through learning, interaction, professional growth and human development, and adaptation (Cohen, 1981; Dimitriadou, Pizirtzidou, & Lavdaniti, 2013; Dinmohammadi et al., 2013; Lai & Lim, 2012; Zarshenas, Sharif, Molazem, Khayyer, Zare, & Ebadi, 2014). It is through the professional socialization process that RPN to BScN students attain requisite knowledge and skills through formal and informal learning in educational and clinical settings, interact with others while learning their new role and developing their identity, and adapt to the different expectations of this role. There is agreement in the literature that the central aim and desired outcome of professional socialization is the formulation of professional identity (Dalton, 2008; MacIntosh, 2003; Price, 2009). Undesired outcomes such as low motivation and productivity, demoralization, and decreased care of patients may result from improper management of socializing experiences (Rejon & Watts, 2014).

The structural/functionalist and the interpretive paradigms provide valuable perspectives of professional socialization. The structural/functionalist approach espoused by Merton (1968) situates social structures as primarily determining an individual's behaviour. This view gives credence to the place of structures such as standards of practice and codes of ethics against which individual nursing practice is determined and judged. This theoretical orientation assumes individuals are "passive objects with no ability to react to the socialization process… and who adapt themselves to fit into the culture" (Kemunto Ongiti, 2012, p.33). It follows then that as students would be expected to assimilate, this approach would discount bridging students' previous knowledge and skills as an RPN. This approach has limited applicability to explain how the solid foundation of existing knowledge, skill, and practice experience the RPN enters the BScN program with is built upon as part of the professional socialization process. Conversely, rather than discounting an individual's knowledge and skill, Kemunto Ongiti argues that the interpretive view of professional socialization recognizes the experience the individual brings to the professional socialization process and this experience "acts as a springboard to the acquisition of new knowledge" (p.36).

The interpretive perspective of professional socialization places emphasis on human agency rather than on social structures. This view does not suggest that context has no bearing on an individual's experience; rather, human agency is cited as a central focus for study (Dinmohammadi et al., 2013). Human agency allows RPN to BScN students to determine the meaning of, and to subsequently decide how to respond to, the leadership practices of nursing educators. The interpretive view presents professional socialization as a complex, dynamic, and interactive "two-way process where individuals both influence and are influenced by the

socializing organization" (Tierney, 1997, p. 6). Teboul (1984) suggests that [individuals] actively engage in the process of socialization and the construction of their identity.

This interactive view of professional socialization is corroborated by Dinmohammadi et al. (2013). They discovered through a concept analysis of professional socialization in nursing, that professional socialization has been theorized as an interactive process between two sets of actors – the individuals (agency) and the socializing individuals (agents). The importance of interaction with nursing educators to students' professional socialization has previously been highlighted in this thesis. In this current study, nursing educators are key socializing agents situated in professional and educational organizations. It is partly through the interaction between the nursing educator and the student, mediated by these leadership practices, that the role of BScN-prepared RN is taken up and enacted.

In summary, for the purpose of this study, professional socialization is defined as a dynamic interactive process through which RN knowledge, skills, and behaviors are adopted and a professional identity as RN is developed. The structural/functionalist and interactionist perspectives of socialization provided two divergent, yet complimentary perspectives of professional socialization. The structural/functionalist view allows for the recognition of nursing professional practice documents as social structures that dictate nursing practice and the interpretive view helps us to understand the human agency of students as they act and interact with nursing educators to create their new identity. The interpretive view is consistent with the theoretical grounding of this study. However, theory and research arising from these paradigmatic assumptions do not provide an understanding of the specific actions, behaviours, or strategies nursing educators could use to facilitate professional socialization.

Leadership Practice in the Context of Nursing Education

The Leadership Role of Nurse Educators

Socializing from RPN to BScN-prepared graduate requires the student to engage in an ongoing process of knowledge and skill acquisition and identity (re)formulation. Bridging students come to understand and enact their new role in the environments where socialization occurs. This occurs primarily in clinical placements but also takes place in and out of classrooms. As nursing is a practice discipline, a large percentage of nursing education occurs in clinical practice environments under the supervision of an NCE (Ali, 2012). Nursing academic faculty teach in theory classes, labs, seminars, and clinical courses. They design, deliver, and evaluate nursing curriculum; whereas, NCEs specifically help bridge the 'theory-practice divide' by using current practice knowledge and clinical expertise to facilitate students' application of theoretical knowledge in practice, within a practice setting (e.g. hospital, community agency). Nursing clinical educators augment formal nursing education by providing expert clinical knowledge and skill and an understanding of the contemporary, highly contextualized clinical environment in which professional socialization primarily transpires (Adelman-Mullally et al., 2013; Gaberson & Oermann, 2010; Lewin, 2007). They do so by creating and facilitating experiential learning opportunities for students, much like a "human laboratory" (Adelman-Mullally et al., 2013, p. 32). Program coordinators broadly oversee academic program activities in collaboration with academic and clinical faculty, support students in their academic activities, and depending on the institution, may teach in the classroom, laboratory and clinical areas. As such, the manner in which program coordinators facilitate bridging students' professional socialization may differ from that of NCEs. Program coordinators may provide support across the three dimensions of transition: academic, personal and professional.

Leadership has been defined in many ways; there are as many ways to define leadership as there are those attempting to define it (Bass, 2008). For the purpose of this study, leadership is defined as a process whereby an individual influences a group of individuals to achieve a common goal (Northouse, 2016). Leadership is an expectation of nursing practice in every position, at every level, and in every practice context (CNO, 2002). Nursing educators are not responsible for providing strategic direction or administrative oversight, nor do they manage a large group of employees as one might in the traditional sense of 'leader'. They are leaders in that they are responsible for providing direction and influencing bridging students to achieve the goal of successfully transitioning to BScN-prepared graduate. Through nursing educator and student interactions, nursing educator leadership practices contribute to bridging students' development as a BScN–prepared RN.

Northouse (2009) defines *leadership practices* as the actions, strategies and behaviours a leader uses to provide direction and influence individuals or groups to achieve goals. In this study, leadership practices are conceptualized as the actions, strategies, and behaviours used by nursing educators to facilitate bridging students' professional socialization in support of their transition. Nursing educator leadership practices, expressed verbally or non-verbally, convey meaning to students. For example, if a NCE models a nurse/patient interaction using the advanced critical thinking skills expected of an RN, modeling may be regarded as a leadership practice to convey RN role expectations. The meaning the student attributes to this interaction may shape his or her understanding of both 'self as evolving RN' and 'nursing educator as leader' and shapes the way bridging students take up their new role.

Muldoon (2004) discusses four existing paradigms of leadership encompassing trait theory, leadership style theory, contingency/situational leadership theories, and

transformational/transactional theories. Trait theories share the notion that there are inherent traits or characteristics that leaders possess; leaders are born, not made. Leadership style theories purport that there are certain behaviours that effective leaders display and that these behaviours may be learned and reproduced by others; leaders are made, not born. The central premise of contingency/situational leadership theories is that "leadership depends on all sorts of factors, including leader, follower and other variables external to their relationship" (p. 6). Transactional leaders seek to support followers to effectively accomplish the tasks of everyday work; whereas, transformational leaders move beyond merely supporting these transactions to "challenge convention and help define a new vision of the future, to popularize new commitment, and to energize followers accordingly" (p. 8). Several leadership theories focus on leaders' making and managing of meaning (e.g. strategic influence, leader-member exchange). Although these models focus on leader-follower interaction and the social meaning within, importance is placed on how this interaction contributes to group cohesiveness, and ultimately, the good of the organization. These models provide various conceptualizations about how leaders can best engage followers to meet *organizational* objectives.

Common to many conceptualizations of leadership is that the relationship between the leader and the follower is critical (Bass, 1985; Burns, 1978; Kouzes & Posner, 2012; Northouse, 2010; Yukl, 2010). Consistent with the interpretive view of socialization, facilitating a bridging student's professional socialization is an interactive and innately relational process where the relationship between the nursing educator and the student is central. As such, it is insufficient to explore nursing educator leadership practices from a list of traits or styles associated with effective leadership; through myriad contextual factors that influence leadership; or through leadership competency frameworks, as these tend to reinforce practices that disassociate leaders

from the relational environment (Bolden & Gosling, 2006). Similarly, theories that focus more on administrative level leadership are sub-optimal to understand individual educator-student interactions. Indeed, nursing transition and professional socialization literature has evolved from listing preferred characteristics or necessary traits of educators to more of a focus on the relational process and practices of leadership to support an individual's professional socialization. Northouse (2009) explains that

> defining leadership as a process means that it is not a trait or characteristic that resides in the leader, but rather a transactional event that occurs between the leader and the followers. It emphasizes that leadership is not a linear, one-way event, but rather an interactive event" (p. 6).

For this present study, a framework that considers the relational nature of the nursing educator/student relationship in RPN to BScN professional socialization was required to interpret the leadership practices of nursing educators that emerged from the data.

Kouzes and Posner's Exemplary Leadership Model

Professional socialization is an interactive process that transpires between students, educators, and other key socializing agents. Kouzes and Posner's exemplary leadership model (2012), which emphasizes behaviours (Northouse, 2016) and takes into account the relational, interactive nature of leadership, was selected to categorize and interpret nursing educator leadership practices. Kouzes and Posner's model suggests that leadership is related more to the practices and behaviours an individual uses rather than to their position (Abu-Tineh, Khasawneh, & Omary, 2009).

Kouzes and Posner articulated five practices of exemplary leadership: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. This

framework was originally developed from empirical research with leaders in higher administrative positions where attaining *organizational* goals would be the central concern. The context in which nursing educators practice and the nature of their work necessitated that several of these practices be reimagined for leading *individuals* towards personal goals, such as becoming an RN. A leader *models the way* by clarifying their own values and philosophy, by communicating it to others, by affirming the values they share with others, and setting an example for others in everyday practice. As the collective *professional* nursing values of RPNs and RNs are established by the national professional nursing association (i.e. Canadian Nurses Association), re-affirmed by provincial nursing regulatory bodies (e.g. College of Nurses of Ontario), and learned in nursing education programs, modeling nursing professional values is significant for traditional entry students' understanding of the nursing role; demonstrating that RPNs and RNs share professional values may be reaffirmed for bridging students. Leaders *inspire a shared vision* by creating and affirming visions with others, and by inspiring others to transcend the status quo. Leaders *challenge the process* by being willing to step into the unknown and take risks. In the context of this study, *challenging the process* was conceptualized as how nursing educators challenge bridging students to move out of their RPN role to the RN role. They *enable others to act* by building trust and encouraging self-determination and collaboration. They "create environments where people feel good about their work" (Northouse, 2016, p. 174). For the purpose of this study, strategies used to 'enable others to act' were conceptualized as the strategies nursing educators use to help bridging students feel a sense of empowerment to attain their goal of socializing to the RN role. Finally, leaders *encourage the heart* by recognizing and rewarding others for their accomplishments.

Although the model was developed from the experiences of mid to senior level organizational leaders (Kouzes & Posner, 2012), it is a well-validated, evidence-based model that is suitable for this study as:

1. it is a practice-based model that situates the leader-follower relationship as central to leadership practice;

2. it stresses the process of leadership rather than leadership competencies or personality traits;

3. it includes elements of other leadership theories noted as relevant to nursing education and as ones that place importance on the leader/follower relationship, such as authentic, congruent, and transformational leadership;

4. it outlines strategies within each of the five leadership practices that aided in the interpretation of nursing educator leadership practices in this study;

5. it has been shown to be a 'good fit' for nursing clinical education leadership (Adelman-Mullaly et al., 2013; Livsey, 2009); and,

6. it has been used in numerous higher education studies to explore, describe, and explain educator leadership practices (see Potter, 1999; Solis Jr, 2011; Spence, 2005; Vasquez-Guignard, 2010).

This leadership model had not been studied in the context of the uniqueness of nursing educator leadership to facilitate bridging students' professional socialization. For this study, it was used following data collection to interpret the leadership practices used by nursing educators to facilitate bridging students' professional socialization.

Chapter Summary

In this chapter, literature exploring students' and educators' experiences with, and perspectives about transitioning to a new role was reviewed, which helped to broadly understand bridging students' journey to their new role across all three dimensions of their transition (i.e. personal, academic, professional). As a sub-set of transition, professional socialization specifically relates to the acquisition of RN knowledge, skills, behaviours, and identity, and was situated as the part of the RPN to BScN transition process that nursing educators as leaders can facilitate. The conceptual framework for this study, comprised of the concepts of *transition, professional socialization* and *leadership practice* was employed to explore how nursing educators understand bridging students' professional socialization from RPN to BScN, what leadership practices they use to facilitate bridging students' professional socialization, and how these practices are understood by bridging students in support of their professional socialization. Kouzes and Posner's exemplary leadership model was introduced as the framework through which to interpret the leadership practices used by nursing educators to facilitate professional socialization in support of RPN to BScN transition. In short, this framework was used to guide data collection and analysis; specifically, how to interpret the relationships between the concepts being explored in the study when responding to research questions.

CHAPTER THREE: METHODOLOGY, DESIGN AND PROCEDURES

The purpose of this qualitative case study was to understand how nursing educators can facilitate bridging students' professional socialization to support their role transition from RPN to BScN-prepared RN. A better understanding of this phenomenon in the context of an instrumental case will inform nursing educators' practice with bridging students, bridging program planning and design, and nursing educator training. This study was designed to address four research questions:

1. How do nursing educators understand the professional socialization of bridging students from RPN to BScN-prepared graduate?

2. What leadership practices do nursing educators use to facilitate bridging students' professional socialization from RPN to BScN-prepared graduate?

3. How do bridging students understand these leadership practices in support of their professional socialization from RPN to BScN-prepared graduate?

4. What programmatic resources are made available to guide the leadership practices of nursing clinical educators to facilitate RPN to BScN bridging students' professional socialization?

This chapter presents the methodology, the research design, and the procedures for recruitment, sampling, data collection and analysis used to respond to the study's research questions. The theoretical assumptions that underpin this study and how the research approach is situated in the broad methodological debates are detailed here so that the reader may judge the degree of consistency between the researcher's beliefs, guiding theoretical assumptions, and the research practices used. The philosophical and theoretical assumptions of interpretivism and social constructionism coupled with a qualitative case study research design constitute the

methodology used to guide this study. The strategies used to enhance study quality and the ethical considerations are described.

Methodology

This qualitative study is located in the interpretive paradigm and informed by the theoretical underpinnings of social constructionism. To demonstrate congruence between this theoretical orientation and the research approach, the epistemological, ontological, and methodological assumptions that guide this study are presented throughout this chapter. Whereas epistemology asks *how* we come to know about the world, ontology is concerned with the nature of reality and beliefs about *what* there is to know about this world (Snape & Spencer, 2007). Accordingly, the epistemological and ontological assumptions shape the perspectives used for analysis of the phenomena. Methodology connects these assumptions with specific procedures (methods) for conducting the research. The research questions, conceptual framework and methodology form the design of the study and guide the researcher's conceptualization of the entire research process (Creswell, 2013).

Interpretivism

The interpretive paradigm is grounded in the epistemological premise that it is not possible to understand the world independent of human perception of it (Patton, 2015). Snape and Spencer (2007) note that, in his 1781 *Critique of Pure Reason*, Emmanuel Kant stressed that understanding does not come simply from having had particular experiences; rather, how we think about these experiences contributes to our knowledge of the world. Guba & Lincoln (1990) assert that because the human world and the physical world are different, they cannot be studied in the same ways. We can only come to know reality through our interactions with the individuals who live it rather than objectively studying it. The exploration and understanding of

the social world is at the centre of the interpretivist project. Contrary to the positivistic paradigm traditionally associated with the quantitative goal of *prediction*, researchers guided by interpretivist assumptions focus on *understanding* the multiple meanings of a single phenomenon in the social world directly from the perspectives of those who live it (Alvermann & Mallozzi, 2010; Andrews, 2012).

The Theory of Social Constructionism

Social constructionism closely aligns with the interpretive paradigm as it shares similar epistemological assumptions. It too is concerned with discovering meaning and "seeks to capture the diverse understandings and multiple realities" of a phenomenon (Patton, 2015, p. 122). Social constructionists assert that reality is *socially constructed* as people interact inter-personally and inter-subjectively to co-construct their understanding of the world (Creswell, 2009; Crotty, 1998, Patton, 2015). The essence of a phenomenon resides within the group who constructed it, rather than residing in the phenomenon itself (reflecting a phenomenological orientation) (Patton, 2015). Crotty (1998) simplifies the idea of the social construction of a phenomenon when he explains that

> the *chair* may exist as a phenomenal object regardless of whether any consciousness is aware of its existence. It exists as a *chair*, however, only if conscious beings construe it as a *chair*. As a chair, it too, is constructed, sustained, and reproduced through social life (p. 54-55).

Importance of context. Wilhelm Dilthey (1833-1911) advanced the concept of *'verstehen'* or 'understanding' of context as critical to understanding reality (as cited in Snape & Spencer, 2007), as context shapes people's understanding of their world. Max Weber (1864-1920) built on this idea and submitted that an analysis of material conditions was insufficient to

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understand people's lives and that "researchers must understand the meaning of social actions within the context of the material conditions in which people live" (p.7). Research grounded in the interpretive paradigm seeks to understand this context and how it shapes people's understanding of a phenomenon.

  Proximity of the researcher to the research. Interpretivist epistemology stresses the interdependent relationship between the researcher and the research participants in a naturalistic setting noting that the research account is heavily influenced by the researcher's values (Snape & Spencer, 2007). Thus, it is impossible to conduct objective, value-free research. The study's guiding philosophy is essentially "epistemologically subjectivist" (Patton, 2015, p. 122), wherein the researcher is simultaneously engaging in, and contributing to the narrative. To understand how researcher bias may have shaped the account, it was necessary for me to declare any potential bias and provide clarity about how this bias may have influenced the research process – from the choice of topic, research questions, participants, and methods to how data was analysed and reported. Consistent with interpretivist and constructionist research, a shared understanding of RPN to BScN professional socialization and how nursing educators can facilitate it is co-created by the participants, the researcher, and the readers of the research account. I attempted to make visible throughout the thesis, my proximity to the research topic, setting, and participants and how this proximity influenced the research account.

  The power to inform practice. Despite multiple realities and the lack of an empirical reference point to acknowledge one reality as truer than another, Snape and Spencer (2007) suggest that it is possible to discover a shared understanding of a phenomenon. Patton (2015) submits that "any notion of 'truth', then, becomes a matter of shared meanings and consensus among a group of people" (p.121). It is this 'group construction' and the implications it has on

people's lives that a qualitative researcher guided by social constructionism seeks to understand. The notion that a shared understanding is possible, and any findings emerging from the analysis of this study's data can be used to draw analytic generalizations may have important implications for informing nursing educator practice and bridging program design.

In this study, adherence to these assumptions of the interpretive paradigm and a social constructionist theoretical orientation informed the choice of research design, methods, analytic procedures and reporting of findings. This orientation facilitated the exploration of RPN to BScN bridging students' professional socialization from the perspectives of students, graduates, NCEs, and program coordinators and allowed for a deeper understanding of how nursing educators can facilitate this process through their leadership practices.

Research Design and Procedures

The purpose of constructionist research is to uncover the socially constructed meanings that individuals give to a phenomenon and how these meanings may contribute to a shared understanding. A qualitative approach was selected for this study as qualitative research seeks to understand experiences, perspectives, and meanings related to a particular phenomenon (Creswell 2013; Merriam, 2016; Patton, 2015). Qualitative research designs form the scaffold upon which researchers may construct a deep understanding of the phenomenon under study as well as the context in which it arises. Creswell (1998) explains qualitative research as:

> an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting (p.15).

Creswell (2013) suggests that a qualitative design is appropriate when a research question starts with *how* or *what*, when theories are not available to explain the behaviour of participants, and when a detailed view of a topic is desired. This study's literature review (chapter two) highlights that there is little understanding about how nursing educators can facilitate the professional socialization of bridging students from RPN to BScN-prepared RN. An exploration of the perspectives of those involved was necessary.

Case Study Design

The opposing paradigmatic assumptions that underpin qualitative and quantitative research necessitate fundamentally different approaches to research. A qualitative case study design was used to address this study's research questions, as case study research is appropriate to investigate a "contemporary phenomenon in its real-life context" (Yin, 2003, p.13). A qualitative case study design will allow for an in-depth understanding of not only *what* is happening but *how* participants understand the meaning of what is happening within the real-life context of the chosen case. The aim of qualitative case study research is not to produce findings that can be generalized across populations (Creswell, 2013; Thomas, 2011). Likewise, the intent of this study is not to seek a singular conclusion; rather, it is to discover commonalities in experiences that may be used to inform nursing educator practice. Data represents "multiple constructions to be taken into account in the move toward consensus" (Patton, 2015, p.123).

Various descriptors have been used to define case study research: a research design (Patton, 2015), a tradition of inquiry (Creswell, 2013), a methodology (Merriam, 1998), a method (Yin, 2009), a major approach to research (Simons, 2014), and a product (Stake, 1995). The variance in terms draws attention to the competing conceptualizations of case study

research and arises as a result of the various disciplinary perspectives from which case studies have been employed. For the present study, the author drew on the work of Creswell (2013), Merriam (1998), Merriam and Tisdale (2016), and Stake (1995) as their work is congruent with qualitative research guided by a social constructionist orientation. Creswell's (1998) defines case study as:

> an exploration of a "bounded system" (or multiple cases) over time through a detailed, in-depth data collection involving multiple sources of information rich in context. This *bounded system* is bounded by time and place, and it is the case being studied – a program, an event, an activity, or individual (p. 61).

Regardless of the term used, case study research has as its key foci: a detailed description of context and how it shapes people's understanding of a phenomenon, in-depth data collection from multiple sources, and clear boundaries to identify the parameters of the case itself. To gain a deep understanding of the topic, this study employed multiple methods and data sources drawn from one case bounded by both time and place.

Case Study Context

One Ontario RPN to BScN Bridging Program administered by a large, urban university/college collaborative nursing program was purposively selected as the context for study. Nursing educator leadership practices to facilitate professional socialization represented the case (primary unit of analysis) for study. This case was bounded by the following sub-units of analysis: graduate bridging students (graduated June 2016), year four bridging students (as of September 2016), NCEs who supervised year three and year four students in clinical placements at the time of data collection, program coordinators at the time of data collection, and the programmatic documents in place that guide NCE practice. This case in this specific context was

selected: (1) as it represents an information rich instrumental case to explore the professional socialization of bridging students from RPN to BScN-prepared RN - a typical case of a more generalized phenomenon (Merriam & Tisdale, 2016; Stake, 1995); and (2) as it is the basis of this study's problem of practice, findings may be used to inform the researcher's practice and that of other nursing educators in the program.

The RPN to BScN Academic Pathway or bridging program (Appendix A) is a three phase program developed and governed by the university/college partners (Lauzon, Foulds, & Beauvais, 2005). All of the nursing courses are delivered at the college site and several non-nursing courses in phase two and required electives are delivered at the university site. Phase one consists of a 15 week (one academic semester) classroom and laboratory based Prior Learning Assessment and Recognition (PLAR) course during which students demonstrate, through the development of a portfolio that they have the requisite education, professional experience, and life experience to receive advanced standing to enter the BScN portion of the program (phases two and three). During phase two (two academic semesters), required nursing and non-nursing courses are completed. Provided the requisite cumulative GPA is maintained, bridging students complete phase three, consisting of years three and four of the BScN program (four academic semesters). Graduates subsequently apply to write the NCLEX-RN to become registered to practice as an RN.

Due to my location as a nursing educator in the BScN program chosen as the context for this case study and my proximity to the participants, several issues were expected. First, I expected that I might encounter reluctance from both students and nursing educators to participate in the study, as both groups may not wish to speak about their experiences in the program while they are so closely connected to the research setting as students or employees.

Second, I expected that participants who consented to participate in this study may hesitate to communicate their true perceptions of their experience for fear of reprisal, either as a student or as an employee. Third, over several years, I had already had informal conversations with colleagues and bridging students about their experiences and challenges so that they may not feel that further discussion was necessary or fruitful. Many of the potential ethical issues associated with this study stem from these study challenges; how I addressed these challenges are detailed within the ethical considerations section of this chapter.

Participants

Ten nursing clinical educators (of thirty eligible), four program coordinators (of four eligible), three bridging students (of approximately twenty-four eligible), and three program graduates (of approximately twenty eligible) participated in this study. Due to the low numbers of eligible participants, to protect participant identity, demographic information is presented in the aggregate only.

Students. Following ethical approval and course professor agreement, a class in year four of the BScN program was visited to describe the study. Interested bridging students were asked to contact the researcher by email. A recruitment poster with study information and contact details was placed on the BScN Nursing Program bulletin board to capture the students not present in class that day.

To be eligible to participate in a focus group, bridging students must have been in year four of the RPN to BScN Pathway Program (as of September 2016) and must have completed at least half of the current semester's clinical practicum at the time of the focus group in order to be able to speak to their professional socialization experience. Approximately 20 bridging students representing a diversity of ethnicities, ages, genders, and years of prior nursing practice

experience were eligible for participation. All students and graduates meeting the inclusion criteria were invited to participate so that a maximum variation sample might be attained. To allow for a full representation of the diversity of the bridging student body, two groups of six to ten year four bridging students were planned (Gay, Mills, & Airasian, 2012). Due to time constraints during a busy time of the academic semester and because several bridging students either withdrew from courses or the program itself, only three students participated in a single student focus group. Student participants reported ages between 26 and 45 years and between six and eight years as an RPN prior to entering the bridging program; all participants identified as female.

Program graduates. A recruitment email and a letter of information were sent directly from the year four program coordinator to recently graduated bridging students (graduated June 2016) via their school email addresses. The program coordinator sent a follow up email to graduates two weeks following the first email. Responses to emails were sent directly to the researcher; which of these students opted to participate in the research study was known only to the researcher and not the program coordinator. As some students may have no longer been accessing their school email account, snowball sampling was used to recruit additional participants. The researcher asked the first respondent to identify additional respondents who might be interested in participating and to forward the original recruitment email to them. Interested participants were asked to contact the researcher for further information, to determine eligibility, and to provide focus group details.

To be eligible to participate in a focus group, bridging program graduates must have graduated from the RPN to BScN Pathway Program in June 2016. Individuals who had completed the program the previous year or more may not have been able to recall their

experience in detail. Approximately 15 bridging program graduates, representing a similar diversity as the year four students, met the eligibility criteria and were invited to participate. Two groups of six to ten program graduates were planned. Only three program graduates participated in a single graduate focus group due to time constraints, work schedules, travel plans, or family commitments. Graduate participants reported ages between 18 and 45 years and between one and three years of RPN practice prior to entering the bridging program; all participants identified as female.

Nursing clinical educators. Year three and year four program coordinators sent a recruitment email and a letter of information directly to the college email addresses of NCEs who were currently teaching clinical (fall 2016 semester) or had taught bridging students in the BScN program in the past two academic years (2014-2015 or 2015-2016), reducing the likelihood that poor information recall would affect data quality. Interested NCEs contacted the researcher directly for further information, to determine eligibility, and to make arrangements for an interview by telephone or at a mutually convenient location and time chosen by the participant. The program coordinators were not privy to which educators chose to or declined to participate in the study.

Nursing clinical educators with two or more years of experience as a NCE and who have supervised at least one bridging student in a clinical practice environment within the current (fall 2016 semester) or previous two academic years (2014-2015 or 2015-2016) were eligible to participate in this study. Purposive sampling (Patton, 2015) was used to select NCEs who represented: (1) a range of clinical specialties in year three of the program; (2) a range of clinical specialties in year four of the program; (3) a range of years of nursing practice experience; and, (4) a range of years of clinical educator experience. A total of ten NCEs participated in

individual interviews. No further NCEs requested an interview; however, no new findings emerged from the tenth interview representing data saturation (Patton, 2015). Five participants reported teaching exclusively in third year, two exclusively in fourth year, and three in both third and fourth year of the program. Participants reported teaching between two and eight bridging students over their clinical teaching career; between two and one-half years and forty-four years of RN practice experience; and, between one and one-half years and ten years of NCE practice experience. Greater than half of NCE participants reported having graduate degrees in nursing or a related field.

BScN program coordinators. Although the literature review informed the initial design and methods, the "relationship between design, data, and theory is a multi-directional one (Lewis, 2007, p.49). During the early phase of data collection, program coordinators were added as participants after the first two NCEs interviews highlighted the key role program coordinators play in the facilitation of bridging students' role transition generally, and professional socialization more specifically. An inductive approach allowed flexibility to revise design parameters as new information emerged (Patton, 2015). Program coordinators are responsible for supporting the BScN students (including RPN to BScN bridging students) during their transition to BScN-prepared graduate, as well as supporting the NCEs who facilitate the professional socialization aspect of this transition. The program coordinators oversee theory and lab courses that take place in the college classrooms and clinical courses that take place outside of the school in the community. Program coordinators provide the NCE orientation to clinical practicums and provide ongoing support as they facilitate the students' professional socialization to their new role. When bridging students experience challenges and may be at risk for not meeting program outcomes during clinical, the program coordinators are consulted and they provide support to

both the students and the NCEs. Given the nature of support provided to both the NCEs and the students by the program coordinators, it was reasonable to conclude that the facilitation of bridging students' professional socialization may take place not only in the clinical areas outside of the school but in the offices of the coordinators as well. The program coordinators are key informants as they have knowledge of: (1) the challenges faced by bridging students; (2) the leadership practices they use themselves as coordinators to facilitate bridging students' professional socialization; (3) the leadership practices used by the NCEs to facilitate bridging students' professional socialization: and (4) the programmatic resources that are made available to NCEs. The researcher felt that is was necessary to explore their understanding of how to support bridging students' professional socialization. Additional ethical approval was obtained to include this group. An invitation to participate in research was sent by the researcher directly to the publicly available email addresses of the four coordinators involved with RPN to BScN bridging students.

All four coordinators participated in individual interviews. To protect the identity of the participants, no individual demographic information is reported, nor is data linked to individual coordinators. Program coordinators had between 9 and 22 years of experience as a nursing educator, between 6 and 10 years of experience as a nursing program coordinator, and either a Master's or PhD degree.

Data Collection

Qualitative research seeks to understand a phenomenon from individuals with intimate knowledge of the phenomenon. Merriam and Tisdale (2016) assert that "because human beings are the primary instrument of data collection and analysis in qualitative research, interpretations of reality are accessed directly through their observations and interviews" (p. 243). Interviews

and focus groups were used to obtain the perspectives of nursing educators, students, and program graduates about professional socialization from RPN to BScN-prepared RN. Interviews allowed for an understanding of the meaning of professional socialization to participants and to gain access to the leadership practices nursing educators use to facilitate bridging students' professional socialization. Data were collected within one program (case) and allowed the researcher to obtain a deep understanding of how nursing educators can facilitate RPN to BScN professional socialization. Multiple methods and sources of data illuminated the richness and complexity of the support of bridging students' in their professional socialization to the RN role. Appendix B outlines the relationship between the research purpose and questions, the data collection methods, and the interview and focus group questions.

Data collection consisted of individual interviews with NCEs first followed by focus groups with year four students and program graduates. Individual interviews with program coordinators took place next followed by document review.

Individual interviews: NCEs and program coordinators. Semi-structured interviews are appropriate when a more focused exploration of a phenomenon is needed. They allow the researcher to clarify information and probe for additional detail (Bloomberg & Volpe, 2016; Creswell 2013; Denzin & Lincoln, 2013). Individual semi-structured interviews with NCEs (Appendix C) allowed the researcher to capture rich, detailed perspectives about NCEs' role as clinical educators, how they understand and facilitate bridging students' professional socialization, and what programmatic resources are provided to them to guide their practice with bridging students. Interviews with program coordinators (Appendix D) were used to elicit information about their experiences facilitating bridging students' professional socialization as well as supporting NCEs in their work with bridging students. Both NCE's and program

coordinators' understanding of two of the study's main concepts (i.e. professional socialization and leadership practices) was explored. Demographic information and consent were obtained prior to the start of each interview. NCE interviews lasted between 22 and 56 minutes and were conducted in person by the student researcher in a private room at the college, in participants' homes and by telephone. Interviews with program coordinators lasted between 49 and 66 minutes and were conducted in private offices at the college. Interviews were audiotaped to facilitate analysis. Researcher thoughts and initial impressions were documented following each interview.

Focus groups. Two separate focus groups were conducted in a private room at the college. The first focus group was with year four students and the second with program graduates. A focus group method was chosen as it was felt that it would create an atmosphere where open dialogue and debate could occur between participants who share similar experiences and where differences can be explored as they emerge (Bloomberg & Volpe, 2016; Ritchie & Lewis, 2003). Ritchie explains that focus groups provide:

> an opportunity to explore how people think and talk about a topic, how their ideas are shaped, generated or moderated through conversation with others. Because group discussions allow participants to hear from others, they provide an opportunity for reflection and refinement which can deepen respondents' insights into their own circumstances, attitudes and behaviours (p. 37).

Focus groups conducted by the student researcher lasted 65 and 70 minutes and were audiotaped with participant permission. Demographic information and consent were obtained prior to the start of the group discussion. Students and graduates were asked about NCE leadership practices that helped and hindered their professional socialization and the meaning of

leadership practices that NCEs described using were explored with bridging students. The researcher's perspective of the meaning of 'professional socialization' and 'leadership practices' was offered to help facilitate a conversation about participants' understanding of these concepts. Probes were used to stimulate ideas and discussion (Appendix E and F).

Documents. Documents are "products of the context in which they were produced" (Merriam & Tisdale, 2016, p. 183) and may reveal deeper meanings than can be elicited through interviews or observation (Ritchie & Lewis, 2003). The researcher was previously aware of one document which is given to NCEs by program coordinators during part time faculty orientation and is available to all nursing faculty on the program learning system (i.e. Blackboard). Following the completion of all interviews and focus groups, the [*name redacted*] *Part Time Faculty Resource Manual* was examined for evidence of suggested leadership practices to facilitate the professional socialization of RPN to BScN bridging students. NCEs and program coordinators were asked to identify any other resources that were available to them to guide how they work with bridging students. No additional resources were identified by NCEs or program coordinators.

Data Analysis

Audiotaped interviews and focus groups were transcribed word for word by the student researcher. Transcribed interviews and documents were printed in hard copy to facilitate analysis. All coding was completed using the track changes function in Microsoft Word and data tables were created using Microsoft Excel (Microsoft, 2010). Analysis of NCE and program coordinator data was completed first, followed by the review and analysis of the single program document, and finally, analysis of student and graduate focus group data. Analysis of data obtained from individual NCE and program coordinator interviews and students and graduate

focus groups followed the same procedures outlined below. Analysis of the single document is described separately.

Analytic procedures. All transcripts were read prior to analysis to allow a general sense of the data. Inductive analysis using constant comparative strategies described by Merriam & Tisdale (2016) were used to discover recurring regularities and emerging patterns between participants (Merriam & Tisdale, 2016; Stake, 1995). The first transcript was read line by line and open coded (i.e. each relevant segment of data was assigned a code). These codes were used to create an initial coding structure for each participant group (e.g. NCEs). Each subsequent transcript within the participant group was coded using this initial structure and codes were continuously added to the code book as they were identified forming a revised coding structure. Emerging concepts, analytic insights, and preliminary interpretations arising from analysis were recorded and explored during subsequent interviews.

Following the coding of all transcripts belonging to a participant group, initial codes were combined to construct themes and sub themes. These codes were first organized according to interview question, then grouped together by research question. The final code books for each participant group reflect the final themes, sub-themes, definitions of themes, participant quotes that illustrate the themes and codes, and memos that justify coding decisions. Finally, themes and sub-themes across participant groups were recorded in a matrix that allowed for a comparison of similarities and differences between participant groups and aided in the identification of patterns across groups. NCEs' and coordinators' leadership practices were interpreted using existing analytic categories based on the work of Kouzes and Posner (2012). Researcher thoughts (e.g. questions, connections) and emerging analytic insights gleaned during analysis were captured in

a separate log to support reflection and as an audit trail to account for the researcher's decisions and role in analysis (Koch & Harrington, 1998).

Documents. The researcher intended to apply the emerging coding structure from interviews to the document review; however, the single document that was identified and reviewed did not address the facilitation of RPN to BScN bridging students' professional socialization. No suggested leadership practices were identified in any document meant to guide NCE practice.

Strategies to Enhance Study Quality

There is a long standing debate about the relevance of applying the measures of reliability and validity typically associated with quantitative research, to qualitative research. The qualitative term 'trustworthiness' is akin to the terms 'reliability' and 'validity' and is a key indicator of a study's worth (Guba & Lincoln, 1985). In this study, trustworthiness was enhanced using strategies associated with credibility, dependability, confirmability, and transferability (Guba & Lincoln, 1985; Merriam, 2009; Merriam and Tisdale, 2016; Patton, 2015).

Credibility

Credibility refers to the confidence in the truth of the findings (Guba & Lincoln, 1985; Merriam, 2009; Merriam and Tisdale, 2016; Patton, 2015). Several strategies were employed to enhance study credibility. Member 'reflections' (Tracy, 2010) were used to check the accurateness of the researcher's initial interpretations of the information provided by each interview participant. The researcher summarized the major ideas as they arose during interviews. Participants were asked to confirm or correct these interpretations. Findings arising from previous participant interviews were discussed to a small extent with subsequent participants as "sharing and dialoguing about the study findings provide opportunities for

"questions, critique, feedback, affirmation, and even collaboration" (Tracy, 2010, p.844).   This

strategy was chosen over member 'checks' where initial themes are sent to participants for

review, reflection, and further feedback (Birt, Scott, Cavers, Campbell, & Walter, 2016).

According to Tracy (2010), member checking in this manner is not a useful strategy for research

underpinned by a philosophical stance that assumes each participant has a different 'truth'; it is

counter-productive to ask participants to ascertain the truth of the aggregate findings. Moreover,

the final interpretive product is decontextualized making it difficult for participants to locate

themselves as individuals.

Field notes of the researcher's thoughts and observations were recorded following each

interview and focus group to aid in capturing a reflexive account of choices made during

analysis. Study findings were grounded in the data and participants' own words were used to

label themes where relevant. The account of the findings across research questions and

participant groups is presented with direct quotes from participants woven into the narrative

(Merriam & Tisdale, 2016). Negative or disconfirming cases were explored and accounted for in

the final interpretation of the findings. Finally, findings are compared and contrasted to

published literature.

Triangulation. Patton (1999; 2015) explains that triangulation helps to increase the

credibility of a study by allowing the researcher to cross-check the consistency of the

information obtained. It "counters the concern that a finding is merely an artifact of a single

method, source, or investigator" (2015, p.674). In this constructionist study, however,

triangulation was not used to check the consistency or validate the truth of the research account

as this would not be appropriate given the constructionist notion of multiple realities. Rather,

triangulation of methods and data sources was intended to compare perspectives of individuals

with different points of view on the same subject and to provide breadth and depth of information to increase understanding of the phenomenon and its context.

Dependability

Dependability refers to the consistency of research findings and the potential for study replicability (Guba & Lincoln, 1985; Merriam, 2009; Merriam and Tisdale, 2016; Patton, 2015). To enhance dependability, this final research report outlines each step taken during the execution of the study and the interpretation of the data and study findings. An audit trail was maintained to capture analytic memos and coding decisions.

Confirmability

Confirmability is the extent to which study findings are shaped by the respondents and not researcher bias, motivation, or interest (Guba & Lincoln, 1985; Merriam, 2009; Merriam and Tisdale, 2016; Patton, 2015). The audit trail that was maintained throughout the research helped ensure confirmability of study findings. Reviewing this audit trail together with the interpretation of findings can help determine that researchers not involved in the present study would arrive at similar conclusions.

Transferability

Whereas quantitative designs, sampling strategies, and tightly controlled research procedures permit generalization of research findings to the broader population, discovering one truth that can be directly extrapolated to contexts outside the study is rarely the aim of qualitative inquiry. In qualitative research, 'transferability' relates to the applicability of study findings in other contexts and is best determined by the readers themselves (Guba & Lincoln, 1985; Merriam, 2009; Merriam and Tisdale, 2016; Patton, 2015). A detailed description of this present

study's case, its context, and participant demographic data allows readers the opportunity to relate the study findings to their own particular context to determine transferability.

Ethical Considerations

The section addresses the ethical considerations that influenced the design and conduct of this study and includes a discussion of both 'procedural ethics' and 'ethics in practice', particularly as they relate to 'insider research'. The strategies used to mitigate potential ethical issues are reported.

Guillemin and Gillam (2004) suggest that there are two separate, yet interconnected, dimensions of research ethics: procedural ethics and ethics in practice. Procedural ethics includes the procedures employed to ensure the ethical conduct of one's research (e.g. risks versus benefits of the research, potential harm that may arise due to research participation and how one proposes to reduce the risk of harm or respond if it occurs). In this study, procedural ethics was addressed by adhering to both the Tri-Council Guidelines for Research Involving Humans (TCPS-2, 2012) and the ethics policies of Western University. Ethical approval was obtained from Western University (Appendix G) and the Research Ethics Board of the college research site and was supported by the researcher's employer.

Ethics in practice refers to ethical issues that may occur day to day while conducting research (Guilleman and Gillam, 2004). Until the time of participant recruitment, the researcher was a program coordinator and educator in the BScN program in which potential participants were students, coordinator colleagues, or clinical educators. There was a risk for tensions between my researcher role and my professional role to occur. Further, the risk of undue influence on potential participants to participate in this study was high because of my professional roles and relationships with them. To reduce potential ethical issues the decision

was made to resign the coordinator position and to avoid teaching in any course in which student participants may be enrolled during the study year or the year following study completion. To prevent confusion, all researcher-participant contact occurred through the researcher's Western University student email only. Letters of information to participants provided clarity about the researcher's role, purpose of the research, and the use of the research findings. This study, before or during data collection, was not discussed outside of the context of the research study.

In this study, ethics in practice is extended to include the notion of 'insider research'. Sikes (2006) suggests "insider research" (p.110) presents a potential tension between the role of a researcher conducting research at their place of employment and their responsibility to rigorous knowledge construction. While a researcher has a responsibility to accurately interpret and represent data, there may be a tension between factually and transparently reporting findings (in terms of disclosing potential negative findings) and how this may impact the organization and the research participants within it (Sikes, 2006). I was cognizant that care must be taken when reporting findings that no participant could be identified and that any potentially undesirable findings were discussed in general terms. Further, an insider researcher must be clear and transparent about the ultimate goal of his or her research. It was important that I presented my research as a dissertation in practice and that this organization represents an instrumental case for my study, one of the goals of which was to bring findings from this research back to my organization to contribute to student retention efforts and to student success.

CHAPTER FOUR: FINDINGS

The purpose of this research was to provide a better understanding of how nursing educators can facilitate bridging students' professional socialization in support of their transition from RPN to BScN-prepared graduate. Data from interviews, focus groups, and document review were used to respond to four research questions:

1. How do nursing educators understand the professional socialization of bridging students from RPN to BScN-prepared graduate?

2. What leadership practices do nursing educators use to facilitate bridging students' professional socialization from RPN to BScN-prepared graduate?

3. How do bridging students understand these leadership practices in support of their professional socialization from RPN to BScN-prepared graduate?

4. What programmatic resources are made available to guide the leadership practices of nursing clinical educators to facilitate RPN to BScN bridging students' professional socialization?

The purpose of this chapter is to describe the findings of a qualitative case study of one collaborative college/university RPN to BScN bridging program in Ontario. Addressing research questions one and four, four main themes with sub themes emerged from triangulated data from individual interviews with NCEs and program coordinators, from focus group interviews with students and graduates, and from the review of one available document identified as relevant to guiding NCE practice with bridging students. The four themes are: phases of professional socialization; it's hard to fit in; broader impacts on students' professional socialization; and, support for bridging students' professional socialization. Research question three is partly informed by these four themes as well, as bridging students provided rich information about their

own understanding of their professional socialization during discussions about nursing

educators' leadership practices. This allowed for a more fulsome understanding of RPN to BScN

professional socialization and provided the context to understand how bridging students perceive

the value of the leadership practices nursing educators use to guide their professional

socialization. Triangulated data related to research questions two and three are addressed using

Kouzes and Posner's (2012) five practices of exemplary leadership: enable others to act,

encourage the heart, inspire a shared vison, model the way, and challenge the process. These

practices were used as the analytic categories to interpret the leadership practices used by nursing

educators to facilitate bridging students' professional socialization from RPN to BScN-prepared

graduate and students' and graduates' perspectives about these practices. The interpretation and

discussion of these findings, including key insights and implications, are presented in chapter

five.

Participants' Understanding of Bridging Students' Professional Socialization

Four main themes and several sub-themes emerging from data analysis are summarized

in Table 2. Each theme and sub-theme are described in detail; verbatim participant quotes

illustrate each theme and add to the thick rich description that characterizes qualitative research.

As themes emerged from within and across group analyses, there are necessarily several quotes

per sub-theme to illustrate how each group contributed to theme development. Most themes were

constructed from data from all of the participant groups (i.e. coordinators, NCE, students, and

graduates).

Table 2: *Participants' Understanding of Professional Socialization*

Theme	Sub Theme
Phases of professional socialization	• readiness to professionally socialize • reality sets in • "the light goes on"
"It's hard to fit in"	• dual identity • devalued • higher expectations • competing commitments • multiple transitions • "we pushed through"
Broader impacts on students' professional socialization	• organizational • intra-professional • bridging program structure
Support for bridging students' professional socialization	• "we are different" • understanding of bridging students' support needs • supporting NCEs to support bridging students

Theme One: Phases of Professional Socialization

This theme illustrates that there are several phases of professional socialization that bridging students commonly move through as they journey through the bridging program.

Readiness to professionally socialize. A majority of participants across all four participant groups indicated that bridging students begin the program with an advantage over traditional entry students. Several comments illustrate that this advantage is particularly apparent in clinical settings.

So the RPN students are who are really confident… they start maybe a little bit ahead of the RN students…they come into clinical and they are five steps ahead of the fresh ones. (NCE 4)

They have an edge; they come in and they have an edge. They know that they're ahead of everybody else. You know all these core students are just learning to do a physical assessment; they've got that. [Bridging students] don't need to worry about that. You know, [traditional entry students are] just learning to organize their days. [Bridging students] know how to do that. (coordinator)

Students and graduates perceive this difference as well and feel that others see them as more advanced.

They can tell the difference. I am already experienced as a nurse and even there are RN students because of lack of experience, their performance is a little bit slower than me. (year 4 student)

[Others think] "I have someone who has great experience, great clinical judgment already."... So they know that my skills are a little bit more sharpened than a novice nursing student. (year 4 student)

They would say "Your confidence walking into a room is more than the other students or "The knowledge that you have is more than the other students." Like "Do you have any medical experience?" Things like that. (graduate)

One NCE also commented that a student's RPN status is obvious.

*So, I was unaware that I had bridge students in my clinical when I went into it. So the very first day I picked up quite quickly that there was something different about two of my particular students. (*NCE 2)

Many NCEs and coordinators expressed that bridging students begin with a solid foundation upon which to build as a result of their previous practical nurse education and nursing practice experience. They are able to draw on prior knowledge and experience to respond to clinical situations and to answer NCE questions. *"Building on top of an already built foundation"* is how one NCE described bridging students' learning in clinical (NCE 8). Traditional entry students were represented as *"fresh palates"* (NCE 4) and much like sponges just *"learning, learning, learning"* (NCE 9).

I think that the PN bridging student has already some kind of foundation in there. So they are learning to adjust or adapt or something in there. Or morph knowledge...whereas the generic student is taking it for face value for the first time. (coordinator)

...on the average I found the RPNs were linking things quicker [than traditional-entry students] and relating to similar situations. And I think I mean maybe it was a bit of repetition. Maybe they had seen a patient do that before or maybe they couldn't identify that before but they have that knowledge to say well last time this happened and the patient ended up doing this. So I wonder if that is what they are bringing back through? (NCE 7)

However, there is substantial variation in the level of knowledge, skill, experience, and preparedness between bridging students in clinical practice settings. More than half of NCE participants suggested that the ease at which bridging students adapted to the clinical environment and practice expectations of an RN was partly determined by bridging students' clinical specialty and place of previous RPN practice and their length of nursing practice experience. For example, several NCEs noted that bridging students they supervised in clinical who had practice experience in areas where patient complexity was greater, progressed with less difficulty and at a greater speed than bridging students who were used to practicing in areas with less complex patient care, such as long term care. The latter students required greater support from NCEs.

It depended on the type of experience they had. And how much, the number of years, where they worked. So the ones that were in the nursing home were not as strong as the ones that worked in the community or in acute care facility. (NCE 5)

I certainly don't see the same critical thinking in the students that come from those kinds of places maybe early on. So needing more of that push. (NCE 3)

Coordinators and graduates validated this idea. One graduate noted

I think it depends on the student and what their past experiences were because each RPN comes with varying experiences. So the people who work long term care, I feel like any experience might have been fairly new experience for them (graduate)

All program coordinators and a majority of NCEs stressed that upon program entry, bridging students are primarily focused on the completion of basic nursing care and technical nursing skills; they are *"task masters"* (coordinator) sometimes to the detriment of socializing to the RN role, particularly adopting critical thinking skills.

I feel like they just sort of have this RPN mind set and as an instructor it's like breaking that down and pushing them into the RN scope of practice really. So whether it's their critical thinking and their decision making, I find specifically when I think of the ones that I had challenges with, I think of them being very nursing care oriented…. (NCE 4)

This focus on technical, hands-on skills was evident in the way the roles of RN and RPN were

discussed by all student participants. Comments during interviews illustrated that students felt

that the two roles were not that different or that they primarily differed in the technical skills

each were allowed to perform in practice.

But where I work, depends on the patient population, the care needs, we pretty much work at the same level. Almost at the same level… I don't feel like there is a big gap between RPN and RN on the unit (year 4 student)

I was on the medicine unit, I didn't feel like I had difficulties transitioning to the RN because all the skills I was allowed to do, I already have [those] skills. (year 4 student)

The patient 'complexity' underlying an RN patient assignment was described in terms of the

technical skills involved. One student commented

It's just that the patients [an RN is assigned to] are a lot more complex. They have back to back IVs that need to be completed so I can go prime the lines and set up the pump. I just can't connect it to the PICC line. (year 4 student)

Bridging students' initial limited understanding of role differences and preoccupation with

technical skills was confirmed by both NCEs and program coordinators.

[What] are they thinking about in this new RN role and the things they are doing? Their comments will tell you. I know it will be focused on "I did this skill and this skill and this skill." They are very, very skill focused. (coordinator)

NCEs noted that this initial lack of understanding was particularly evident when bridging

students were working on units where the difference between an RPN patient assignment and an

RN patient assignment is not readily evident, such as a maternal-child postpartum unit. On these

units, however, bridging students seemed less open to adopting the RN role than on other units

where there is a much more obvious difference in roles. It was a challenge for them to enact the

RN role in these situations.

Several NCEs perceived that the critical thinking skills of bridging students were more developed than traditional entry students but not yet where a BScN student is expected to be.

You know the questions that they asked me, it was clear they had thought out and planned in their head before coming to me with, the generic students were coming to me without a plan in their head of what they would do in that situation, that critical component. It wasn't quite as developed. It is definitely more developed with those RPN to RN students…but they are not quite at that RN level and I found that was the biggest component of working with those students. (NCE 6)

So there is critical thinking around that and understanding what is normal and not, when to get help. But there is also looking beyond the skill. So I guess beyond "I've checked all the boxes and I've got all the tasks done" and looking beyond tasks. I guess is what I am seeing. There is a spectrum of how people see that but I think that is one of the big changes towards professional socialization. when they get that, when that light goes on I think more changes occur (coordinator)

But then when it comes to answering the question on a test they pick, they pick the lesser role response. So, when you go over the questions with them they just say, "But I've had a patient like this and that's what I was doing." (coordinator)

Several NCEs and coordinators cautioned 'not to be fooled' by bridging students with an obvious level of experience and confidence in clinical. A heightened awareness was discussed as necessary to evaluate bridging students' progress toward meeting clinical outcomes as a result of the greater autonomy that bridging students are afforded because of their practice experience, apparent confidence, and noticeable comfort with nursing care.

Don't assume somebody knows it because they look like they are confident…Some of the RPNs do have higher hands-on skill ability to do it but don't have the understanding behind why they are doing it. Any of the other higher level stuff, the critical thinking pieces, putting it together. And they haven't made those connections. (coordinator)

 "I would just say I have heightened vigilance I think [with bridgers]... but a different kind of vigilance I think with the two groups" (NCE 9).

Reality sets in. As bridging students move through the program, the reality that they are not as advanced as they first imagined starts to set in. Every coordinator discussed how the

'edge' bridging students initially have often erodes during the third year of the program. Neither

the students nor the graduates discussed this idea.

...somewhere in that third year they lose that edge. So they come in with a leg up, they have an edge and they ride that edge until probably med-surg in third year, and then suddenly they don't have an edge any more. (coordinator)

But certainly in year three when they first come to the program, that's where the biggest drop happens…the drop in confidence and who they are. They come in year three, in the fall of year three and join all the other students and the first few weeks, they look like they are pretty darn on top of it because they've got the skills that these new ones don't… it doesn't take long for even instructors and everybody to see and the student to realize it's different and no, I'm not up here and that confidence drops .(coordinator)

One coordinator commented that proportionately speaking, bridging students in third year

seek faculty and coordinator help more often than traditional entry students do.

So, probably, I talk to them more, if I have to look at the ratio of how many of them there are and how [many] of their core program there are and how often I meet with them and how often I meet with the core program, I'm finding that I talk to [bridging students] more. (coordinator)

Several NCEs noted that bridging students tend to stagnate in their comfort zone of the

basic skills of nursing practice, the patient care routines, and the practice expectations of an RPN

that they are comfortable with and used to. Moving bridging students out of their comfort zone

was described as a challenge for several NCEs. One NCE noted

I found that often they divert back to what they know as their RPN role. So it often takes a bit more effort to sort of push them out of that RPN bubble and into the RN bubble. (NCE 4)

"The light goes on". Coordinators and graduates commented that sometime around the

middle of the third year of the BScN program, some bridging students start to understand some

of the differences between the RPN and the RN role.

I think for me for the transition piece of that, between the RN program and the RPN program, there was a lot more of kind of specific knowledge for general anatomy. Like the anatomy and physiology courses were a lot more in-depth (graduate)

I think that we were challenged to have more critical thinking with our clinical experience. So I did notice that piece of transition for sure between the RN and the RPN (graduate)

Year four bridging students commented that they began to notice that their work as a practicing RPN was becoming more advanced around the middle of the third year.

But then all of a sudden mid-year, around level three, when I went to work, all of a sudden what I was doing I started noticing that my level of practice was getting a lot more advanced than it was without even realizing that I had integrated that more in-depth critical thinking… Middle of third year. Right around Christmas and I was starting to notice stuff I was doing at work. I was like "Oh I'm practicing differently at an RN scope. It was starting to come. I could tell. (graduate)

As third year progressed into fourth, further understanding takes place.

And definitely see towards the latter half of third year or fourth year they get it. "Wow this is actually totally different." But it isn't there in second year and it isn't there at the beginning of third year. (coordinator)

Fourth year, you know, I'm thinking a few from last year came and said, "I see what the difference is. Like there's a big difference in the role and I just never really got it." Up until then you can tell them there's a difference in the role, but I would say 95% of them don't see it. They don't see it because they know what they do at work, and it seems like a lot (coordinator)

Year four students tended to attribute any progress towards socialization to RN to the fact that they were practicing on new units that they had not experienced as part of their previous RPN practice. One student commented, and the others all agreed that

I think there are skills that if I had just gone and worked on that unit, you know what I mean? There are a few things that I picked up, not because I am in school but because I haven't been on that unit before… Like it's just units I haven't been on so I'm like "Oh that makes sense now." And it's something I've gained because it's that particular unit or whatever… I don't think it's anything…not theory related or not lab related. I mean that's always going to be cases when you start working…of interesting cases you haven't seen before. That's part of the job. It's never the same. But I'm going to get that just by working. I'm not going to get that in the student role. (year 4 student)

Community clinical was cited as the one area that bridging students begin with little advantage over traditional entry students. Graduates and coordinators discussed this as a product

of the fact that a majority of RPNs would not have practiced in this environment as an RPN given that predominantly RNs work in these areas.

Most RPNs have not had experience doing that kind of work, and they're very autonomous in that position… they found it really a different role than, you know, most of them worked at the hospital or whatever. They were in an environment where they went in, they were told what they did today, you know, and they went and looked after their people. And in the community clinical they're very autonomous. They have to figure out what project they're going to do. People look to them and say, "What's your idea?"(coordinator)

Like nobody would have worked community necessarily. Being an RPN or a mainstream student coming through it was one of those off shoots… Like what we had to do was so different than being in the hospital environment...(graduate)

Despite the advances students make across years three and four, there is variation in the ease at which bridging students socialize to their new role.

Some of them will make more of a transition and to start to think more RN like…and you see some of them do it but they don't all. I have some of them in preceptorship and the transition has not been made. (coordinator)

Theme Two: "It's Hard to Fit In"

This second theme illustrates the challenges that arise as a result of the bridging student's simultaneous roles as nursing student and practicing RPN. Sub themes include *dual identity, devalued, higher expectations, competing commitments, multiple transitions,* and *we pushed through.*

Dual identity. Tensions between bridging students' RPN practice experience and being a student simultaneously were evident from the comments of all participant groups: students, graduates, NCEs and coordinators. Many of the bridging students continued to work as RPNs while completing education to become an RN.

…at the time they are in this program they are working still as RPNs so they are still trying to be a student RN and hold that professional identity the same time they are working as an RPN at a time they are getting new skills and knowledge. (NCE 7)

And yet they are continually being drawn back into that RPN professional role as student because often they are working at the same time. So they don't really get a sense to submerge themselves and come out on the other side with focus because they're not...it's more challenging to evolve when you are still taking on the different roles, right? If you left one role behind that would be one thing but they are kind of pulled from one role to the other continually. It's not a transition, it's they are actually still living one role while they are doing another role. (coordinator)

Because when they get to that third year, they're full time into this. So, they're an RN student, now. They're an RPN, but it's like they have to be two different people because they go to work and they're RPNs and they're part of the RPN group... So they're part of the RPN group, but when they come here, they're an RN student and they're expected to be part of the RN group. And so they're expected to live like this dual life for like a year-and-a-half. And I think it's hard; I think they struggle with it... And that why I think the ones who don't work as much while they're in the program transition better and seem to cope better with the changes and move forward better because they're not constantly being put back into that identity that they're trying to separate themselves from. (coordinator)

And then try to dance this delicate role of transition between RPN and RN. Which is really difficult... I have to get somebody to co-sign or double check a Tylenol. Where I'm used to handing out Dilaudid left, right, and centre. I go to clinical for eight hours and then I have fifteen minutes to get to my work. Once I'm there, I'm completely autonomous... I hate signing student nurse for half the day and then going somewhere else and OK, RPN. (year 4 student)

Bridging students' dual roles as RPN and student nurse created some confusion for the nursing

staff on the clinical units as well. One NCE remarked

...and it was a challenge because some of them have previously worked on those units and worked with those RNs and have done those skills with those RNs who they were buddied with. So this was something that was not fully clear to staff on the unit either. (NCE 6)

Bridging students' role confusion was compounded by the fact that some students completed

BScN clinical placements on the units where they worked or currently work as an RPN. As part

of their work role, they mentored BScN students who are their peers at school. This created

confusion for other students as well.

I've actually had people who are in my current clinical... Some of us have taught some of the students that we are in the same clinical with. Everyone that I am in my complex with, I taught them for their long term care. They were buddied up with me. On my current unit that I work on professionally. (year 4 student)

It was very odd because when I would go to work I'd be buddied with my fellow students and I'd have to teach them yet the next day I'd have to go and be a student and have someone teach me what I just taught the other student yesterday… But the students were also confused. People were like what are you doing here. I'm like I work here as an RPN because the students didn't really know about us because we had just started with them so they didn't understand why I was buddied with them. (graduate)

Students and graduates felt additional tensions related to the differences in autonomy levels between working RPN and student in clinical. Moving back and forth between practicing RPN where they function autonomously and student nurse where they are directly supervised by NCEs and staff nurses created frustration for bridging students. Students and graduates commented that they felt limited in what they could do and, at times, weren't certain what they could do independently. Coordinators and NCEs commented on this as well.

Because it is already frustrating as a student nurse…to not be able to do certain things. Like you can't, like Tylenol…that was always our biggest thing. We have to get someone to check our dose… having to run and find someone to do everything with me. Definitely frustrating but also time consuming. And hard on your time management. (year 4 student)

[referring to needing to be supervised for everything] …that's where you really need to humble yourself and you feel like you had the rug pulled out from under you… And it compromised my critical thinking…It was a very strange kind of feeling. Because you get used to practicing autonomously but you are not really practicing autonomously. (graduate)

…when it comes to dealing with faculty and staff I found myself kind of having to dumb it down a bit because they don't like you acting autonomously in clinical areas. (graduate)

 "And she had a hard time too because she worked in the community and where she was allowed to do all these things independently so she had a hard time working under all these restrictions...I'll do this alone in my job this evening but I have to...I'm so restricted when I am working here. So that frustrated her a lot."(NCE 7)

…when they go into work, especially if they work in that institution, they have trouble, you know, not stepping in and doing things that they think they could already do because they're here as a student and they can't do that. And they have trouble, almost like putting their knowledge on the back burner while they do this kind of thing. (coordinator)

Devalued. This lack of autonomy resulted in a feeling of being devalued and not recognized for their experience and knowledge. Two participants commented

I just feel like we weren't given enough credit……for our previous role as an RPN coming into the RN… life experience, validation, school credit like anything. (Year 4 student)

…they have all that extra angst of making this transition and no recognition. You are just one of the rest of them all. (coordinator)

Yet there appears to be an internal conflict between wanting to be validated for their experience by being given greater responsibility and challenge but not stand out from other students.

I think that's hard because we keep saying that we want to be the same as the general population but at the same time I kind of don't. Like I do want to be challenged more and I think I don't want to be different from the other students (graduate)

Higher expectations. Despite being limited in what they could do in their practice as a student, bridging students and graduates unanimously perceived that NCEs, lab teachers, other students, and staff have higher expectations of them than they do for the traditional entry students and that these higher expectations were unfair as they are still students despite their background.

So I find that the RNs when they find out that I'm already an RPN they'll turn and say "You should have known better because you're already an RPN… They set a higher bar. (year 4 student)

I found that the teachers, the clinical teachers have different expectations. They always ask us to introduce our background. The minute I told them that I'm an RPN they go "Oh you should already know this, this, this, this." (year 4 student)

I don't think it's fair. I think that I'm a student here and I'm the same class with the…like…maybe my clinical experience will make me like a little bit advanced like the critical thinking but still, I'm just [an] RPN at this time and it doesn't give me much more advantage knowledge wise. (year 4 student)

Yet, there was a mix of responses from NCEs as to whether they, in fact, have higher expectations of bridging students than they did of traditional entry students. Many NCEs submitted that despite bridging students' previous education and clinical experience as an RPN, they do not have greater expectations of bridging students than they do of traditional entry students. One participant commented that

I have to say that I find when I get RPNs they're more mature than many of the ones that come through just out of high school…um.. and so…I don't think I expect more of them but I am more impressed with them to begin with. (NCE 1)

Two NCEs reported having greater expectations in that bridging students should come to BScN clinical with some level of knowledge. Some commented that they do not expect skills to be significantly better than other students. Only one NCE reported that they expect more from bridging students in terms of simple things such as interacting with patients or waking them up. One NCE agreed that staff nurses working with bridging students expect more of them as well.

Several graduates expressed that even colleagues at work had higher expectations of them than they did of new graduates who were not already RPNs prior to beginning the BScN program.

It's just that now that my…they have higher standards for me than the other grads that I started with because I already worked on the unit, I should already know a bit more. (graduate)

All graduates discussed the higher expectations they had placed on themselves as students.

Even though we are adding to our skill set even if I was working in an environment that I wasn't necessarily familiar with I would still question myself…" Why do I need to ask this question? Why do I need to look up what this med is or right?" I kind of felt stupid some days. (graduate)

I feel that I am someone who can ask questions but I felt a little awkward at times because I feel like I should already know this because I am a nurse. So for me, asking the question was harder. I still would but I just felt that I had the expectation of already knowing it. (graduate)

A difference in perspectives between NCEs, students and graduates about the mentorship of traditional entry students by bridging students in clinical was evident. Students and graduates reported that they were often asked by NCEs to help the other students because of their experience and that this sometimes became an issue for them.

And I also have had times where my clinical teacher will buddy me up with another student and say "This student is struggling in a certain area and I know that this is an area of expertise for you, can you please go and help them with this?" I don't mind but if it is taking away from a

learning opportunity for me to go and see a certain procedure or taking away time I can spend on my workload and now I'm falling behind then I have a problem with it…(year 4 student)

Whereas, several NCEs reported that bridging students put themselves in this mentorship role and that often the students seek out the bridging students for help.

…and I'm going to use the term RPNs…took on the role of teaching the other students as well. So they were constantly saying" Oh we're going to do this. Why don't you come with me and I'm going to do this teaching. Do you want to come with me when I'm doing this discharge?" And they worked together that way. (NCE 2)

This presented a challenge for the NCEs as well. One NCE noted

…[bridging students are]often they are seen as leaders, the go-to person from the other students and I'm not too sure if they felt this way but their expectations [were] not only to meet the expectations of the instructor but the students as well. Then it pulled time away from their patients' care sometimes when other students felt that they build a relationship with the students more than the instructor and they would go to that student instead of approaching the instructor. I'd say that was a challenge for me. (NCE 6)

Most students and graduates reported that once it was known that they were RPNs, others treated them differently. NCEs confirmed that bridging students are treated differently by staff nurses once they know their status as RPN. Their expectations for these students increased over what they expected from traditional entry students.

Sometimes the staff will either discriminate against me… Some RNs don't favour towards RPNs. They'll give them a hard time or in another sense, they go "Oh this is great, this is wonderful. I have an experienced nurse on my hands so I don't kind of have to babysit" (year 4 student)

…the lab teacher will destroy you and pick you apart in front of the other students… I've seen other RPNs have that and I personally have been there…(year 4 student)

…sometimes I'll discuss with the student are you OK that I share that you are an RPN. And sometimes they've already told the nurse that. But I've just some comments like well she's an RPN so she know how to do that better and things like that coming from them so I wonder if that impacts things too. So they are being treated differently by the staff nurses. Just knowing that they have that background… (NCE 7)

This is the reason bridging students decide whether or not to disclose their RPN status to others. Comments revealed a 'tell/don't tell' conundrum.

So I've asked clinical teachers in the past not to tell the nurses than I'm already an RPN …sometimes I'll tell my clinical teachers that I don't want them to tell the staff that I'm already an RPN because I find that it can go either way. (year 4 student)

Sometimes I would tell them, sometimes I wouldn't tell them. It was just a decision I made in the moment…depends on the teacher… I would read the situation. (graduate)

Perceptions about the supervision and support of bridging students varied substantially between NCE, students, and graduates. Many NCEs reported that more of their time was generally needed for traditional entry students as they had more to learn, asked more questions, and wanted to debrief their experiences more often. The beginner level of the traditional entry students coupled with the knowledge, skill, and comfort level of bridging students resulted in less time spent with bridging students.

… maybe it just means that I don't need to give them as much attention on certain skills. They are more comfortable with medication administration, or simple dressings and they can actually go into those tasks with their RN buddy on the floor and feel comfortable with that. (NCE 4)

However, students and graduates reported feeling under-supported by NCEs and being 'left to their own devices' in clinical. They commented

I've actually had clinical teachers… and I'm quoting their actual words…that they've abandoned me in clinical and they've apologized to me for it. "I'm sorry I've abandoned you for the last couple of hours and I haven't seen you but it's because I know that you are already an RPN. And I checked in with the nurse and they said you were fine… I don't have the same advantage as the other students. And I pay the same price for tuition. (year 4 student)

I found sometimes more attention was paid to the other students because it was always assumed that I knew what was going on… It is still an example of how we were treated, you know. And how we were kind of left to our own devices. (graduate)

One coordinator commented that

…the truth is when they have six students out there, if you've got one that looks like they can do the bloody skills, you back off as an instructor because you have to be hypervigilant with the ones that don't know the skills who are really green. (coordinator)

Competing commitments. The ease at which bridging students socialized to BScN-prepared RN was impacted by the numerous responsibilities they faced in addition to completing undergraduate education. Many bridging students have financial commitments, work while going school, and have families they are responsible for. This creates a lack of time for studies and exhaustion. Students, NCEs and coordinators remarked

…supporting our families and doing what we have to do outside of work. We don't just get to come to university and then go home and study. And maybe maintain a part time job outside of that. We have to maintain our profession on top of this. (year 4 student)

[Bridging students say]…"I wish I could be a student like the other ones." And then there is almost a lament that enters. So it goes from anger to lament. Because they say "I wish I didn't have all this other stuff and I could just be like them." The others…so I hear that. (coordinator)

I think it impacts their ability to transition from a professional point of view. It interferes. It interferes because their personal lives are bigger and their professional lives are bigger. And so they have other things that influence their ability to transition that the core people don't have. (coordinator)

Multiple transitions. Bridging students experience multiple simultaneous transitions. Several coordinators commented about the difficulty this presents for students. One graduate pointed out that the focus has been on the transition from RPN to RN but that bridging students also experience a transition from professional nurse to student nurse as well. This latter transition was a source of frustration for bridging students. There may be additional personal transitions that may be transpiring that are not immediately obvious to others.

…they are living the RPN role, they are getting comfortable in the student role, and they are trying to figure out the RN role…they're making so many different role transitions. (coordinator)

We keep touching on the RPN to RN transition but the transition back to student when you already have this experience. I think that maybe we should have touched on a bit in the program at the beginning… I brought it up to my clinical instructor and she said that it's best just not to tell the patients that you are an RPN and you are in the student role… I would like to have known what to say in that situation. (graduate)

"**We pushed through**". Bridging students felt that they could not or should not express the frustration they experienced, particularly the perspective of little recognition or credit given for their experience. Each graduate commented on this.

Keep focused on the bigger picture…Do you want to have this fight with them or do you want your degree? That's what it came down to. It was frustrating but we pushed through. (graduate)

I just not given enough credit. I have this much time left. And that's what kind of helped me. (graduate)

Sometimes it was pick your battles, just don't say anything and you'll be Ok. (graduate)

Theme Three: Broader Impacts on Students' Professional Socialization.

This theme encompasses the *organizational, intra-professional*, and *bridging program structural* factors that are perceived to impact bridging students' professional socialization.

Organizational. Several challenges arising from within clinical practice environments affected bridging students' professional socialization. These challenges are rooted in RPN and RN role ambiguity, the variation in RPN and RN role enactment between clinical settings, and in the staff mix on clinical units.

In clinical, bridging students were challenged to tease out the RN role from the RPN role. For example, sometimes they were unable to clearly identify which of the staff were RNs and which were RPNs simply by the tasks they carried out. On some clinical units, RPNs and RNs appear on the surface to have similar roles and it is sometimes difficult to physically identify who is who.

*In this team, there are different roles for RNs and RPNS but they are very blurred. And part of it is the level of care, a secondary level of care, so you've got a secondary level of care aspect. So you'll see, you need to really look closely to see what the RNs role to be able to see a difference. And I can't identify who is who. And what their role is by just looking at the list because they are not identified by skill level. So it makes it a little more difficult for the students. (*NCE 3)

And their scope of skills is very similar to that of an RN but it depends on what field they worked in. (NCE 8)

Some of the clinical units use a greater number of RPNs than RNs. This means that there are not enough RNs for students in clinical to work with. This affects students' ability to understand the RN role and, therefore, to socialize to their new role.

I was struggling with how I deal with RN/RPN mix at the institution that I am working in. ...there isn't a large number of staff so you have to take what you've got so the challenge is helping them understand that at the level they are at now, most of the roles that they are performing or most of the tasks and skills that they are performing are maybe on a level of RPN now but how do we get them now in this clinical spot in this year of the program?... "Why am I being buddied with an RPN versus an RN and what's happening there?" It makes it a challenge because you can't get enough patients and they are overloaded with an RN. (NCE 3)

Colleagues at bridging students' place of employment were a source of support for many of the students during the program.

But now because they know I'm studying RN program, they always grab me to have a look. "Oh you're going to be an RN so come have a look." (year 4 student)

And then the nurses on the floor that I work at in my own professional practice have since given me very complex patients and then the doctors that I work with as well because they know that I am in the nursing program. They take me aside and like on my breaks they'll talk with me and explain things. They'll see me working on my cue cards and studying and they'll kind of explain things further. And it has really just helped me understand things. (year 4 student)

Challenges continued past graduation and colleague acceptance and workplace support for role transition appeared to end once the student graduated, according to most graduates.

I think even in the short time that I was back in the work environment as an RN as a new grad it was hard to wrap my head around. Especially for me as I was working on the same unit that I did as an RPN... maybe it's a bit of confidence because I am in the same environment and I am working for the same people, their expectation of me also has to change because they always saw me in a separate role for the last five years, right? (graduate)

Because even, again now I feel that I am struggling with it and when I go back from mat leave and start again I am really going to have a fresh face and say you know I am an RN only, RPN is just gone. (graduate)

I am having the same problem. One of the jobs that I work, I can't seem, even though they knew from the beginning when I applied for the job that I'd be an RN one day I cannot seem to get them to accept me in that role… And why should the transition be that hard… for whatever reason, and they are all well aware like right from the get go I was honest about what I was

doing. And that's great. We are an educational hospital, we support, but I've gotten no support for that role transition whatsoever. (graduate)

And in my other job where I work I got hired part time as an RN right off the bat. Even though they knew I was an RPN before it's been really good there. Like between myself, the RN, the other RPNS. I don't know if it's because it is a fresh environment. (graduate)

Several graduates reported holding both RPN and RN registrations and some continue to

work as an RPN. One graduate explained

Let's say that there is an emergency going on and there is no RN staff. They'd have me, who is now registered with the college for both. I'd have to work at my RN scope even if I haven't practiced as an RN yet. But the hospital isn't allowed to give me an RN assignment… They can't give me the assignment but if the need comes and they cannot fill it for whatever reason, I have to meet that need. As an RN. And all of my RPN assessments skills need to be at an RN level even though I practice as an RPN. (graduate)

Intra-professional. Ongoing tensions between professional nursing designations affected

bridging students' socialization to their new role. NCEs discussed that, as RPNs in practice,

bridging students perceive a hierarchy between RPNs and RNs and this has caused discord

between professionals. One NCE shed some light on these tensions.

I've seen a lot of discord between the two professions and then some challenges, some challenges that some of them have with their limited scope. And some of the way that they feel they are being treated and not valued as much…at the hospital there [have] been cuts in terms of RPNs being replaced by RNs. So then they are getting the message that they are not as important and they are getting their scope limited in a couple of areas which again tells them they are not important. And sometimes between colleagues they struggle with how to, for instance, if a patient goes sour I would take over the care of that patient, how to communicate that with each other but then how to still remember that RPNs are valuable in the workplace and they still have something to offer. (NCE 7)

The feeling of being devalued carries over from their practice to the BScN program and

impacts the nature of their relationships with RN staff. Graduates shared stories that represent

these intra-professional tensions.

[An RPN]is calling out…" those RNs are just wanting to take all our RPN jobs". This is in the middle of a staff meeting… That whole hierarchy is really still going strong. (graduate)

I had a client in urology and they did not have RPNs on the floor and the staff did not know that I was an RPN and I guess they had a sick call that they couldn't fill with an RN so they were getting an RPN from another floor. And the staff nurses were just talking about how they didn't want the RPN, what can they even do? We'd be better off without them and they had no idea that I was an RPN. (graduate)

Coordinators and NCEs relayed their perceptions of this.

*...in some clinical settings it is the practical nurses versus the nurses. They are not at loggerheads but there is a very defined difference in the roles and a hierarchy. A real hierarchy... And so while they aspire to do the things that the RNs do, they don't necessarily value that disparagement that they may have felt as an RPN. So just how do you encourage that inter-professional, inter-collegial relationship and foster that and build on that? (*NCE 3)

I mean but they are coming somewhat wounded in...from a perspective of wounded. They are not wounded but by their own perceptions they are. I'm not saying by their workplace but their perception is that they are less than, they are bullied...(coordinator)

I think some of them get, you know maybe from their colleagues at work there might be a little bit of a, how do I say this...I've had a few say that some of their colleagues at work, especially if they're younger and coming back, some of the older RPNs at work kind of give them grief about going back because they're going to the other side. And "Oh you think you're better than us now because you're in the BScN program." That kind of thing. (coordinator)

Bridging program structure. Structural components of the bridging program itself caused professional socialization challenges for students directly and indirectly because of challenges experienced by NCEs and coordinators.

Many clinical groups are comprised of a combination of traditional entry students and bridging students. This mix of students presents a challenge for NCEs to meet the diverse needs of each group. Once NCE commented

And I was worried that I didn't want to sort of minimize their learning because I was focusing the whole group too much on maybe the skill level of the rest of them. (NCE 7)

This NCE questioned whether it might be better to facilitate the professional socialization of both traditional entry and bridging students if they were in separate clinical groups. All students and graduates agreed.

I wonder if it may have been easier if they were all RPN bridging students in one group versus if there was just one. Again there is going to be individual differences regardless of whether or not they are RPNs but it might have been easier knowing they all had a background of nursing already… I would have been able to tailor all of what I do the same for all of them to an extent of course then doing some individualized adjustments but the education I was providing them, the way that I was making them all think, what I was doing for each of them would have been a little bit more alike than it was for five students being new and one being an RPN. (NCE 7)

If they ever had a stream for RPNs where you are all together and you are not going back to the basics constantly for everything. And you can say like OK. Do you guys know how to do this? Let's step it up a notch. I feel like we are always at…you know we still have to be at the basics. (year 4 student)

All graduates reported that they had returned to clinical units that they had been on either as an RPN student or working as an RPN. Students perceived that they repeated a clinical experience with no new learning despite that fact that they were now learning a different professional role.

I had been there for three and a half years so going into that. I think the [name of hospital] because it would be more high risk and I was hoping to see, to try and get that from experience there because pretty much it is exactly the same. It's the same assessments, I still catheterize, I still do blood work. There wasn't anything different that I would be doing. (graduate)

Me being a surgery nurse, I also work in orthopedics at a different hospital. For my surgery rotation I had orthopedics and I really feel I didn't learn a lot. Like I really had to seek out specific opportunities because day in and day this is the exact specific patient I would work with. I did not feel challenged whatsoever. (graduate)

Again it was the exact same placement that I did in the RPN, there really wasn't much difference besides the electronic charting at that time. So I didn't feel that there were extra learning opportunities that I could have gotten. (graduate)

From an administrative perspective, coordinators reported that they do not know who the bridging students are unless they are told by the previous year's coordinator or by the students themselves. One coordinator discussed that she often did not know the bridging students until issues arose and they discovered their identity by chance.

I don't often know who is a bridger and who isn't. Some of them I know, some of them I don't. If they've had any issues in the past, generally those are the ones I am going to be told about and I'm going to know. (coordinator)

They're not as easily identifiable because they're kind of mixed in, I find, all the way through because they take courses here and there, so they're not as easily identifiable (coordinator)

Well I think our way of blending them in doesn't allow them any other... they are not getting any other additional support. (coordinator)

Theme Four: Support for Bridging Students' Professional Socialization

This theme relates to participants' understanding of bridging students' journey to BScN; their awareness that different support strategies may be required for them; and, to the programmatic support of NCEs so they may support bridging students during their professional socialization. Sub themes include *"we are different", understanding of bridging students' support needs, and supporting NCEs to support bridging students.* The specific leadership strategies that nursing educators use to facilitate students' professional socialization are addressed separately later in this chapter.

"We are different". Students and graduates expressed that although they do not wish to stand out from other students, they felt that because they enter the program with prior nursing education and experience, they have unique learning needs that should be attended to by nursing educators.

Without making us stand out… We are still within the general population. We don't want special treatment necessarily…but we do have separate learning needs, to an extent. (year 4 student)

I feel like we were told at the beginning of the bridging that we would be treated a bit differently because we really were a different population thrown in with another population of students. Doing the same program but with different needs and sometimes I definitely felt like some of those needs weren't met… we might not have had the proper opportunities for our stages of learning as the other students who were just jumping into it and learning for the first time (graduate)

Like yes we are a separate population but we also want to stay within the other RN population and not make them think that we are special. But we are different and I really feel like we didn't feel that way. We really felt like part of the crowd. We should have been treated slightly different than everybody else. (graduate)

Several coordinators validated that bridging students' experience professional socialization to BScN graduate differently than traditional entry students.

So their pathway is just not as direct as the [traditional entry student] [who is] generally your high school student who goes through or something like that. They have a different story. (coordinator)

The core people coming in don't have a professional identity already…most of them. And so to transition to a professional identity is kind of a straight line whereas… the RPNs coming in have a professional identity. So now we have to go around the block to get to this professional identity. (coordinator)

Nursing clinical educators challenged their own understanding of the differences between bridging students and traditional entry students' professional socialization experience.

You know, accepting that, that there is a difference between the generic and the RPN…and that I understand it. (NCE 9)

Understanding of bridging student support needs. One coordinator indicated through her comments that a high level of coordinator support is necessary for bridging students early in the program in phase one, prior to entering the BScN courses.

Another coordinator perceived that bridging students need support but that very little is done from a coordinator or program perspective to differentiate bridging students from traditional entry students or to support bridging students' as they journey through the program.

Several NCEs disclosed that they had not really considered that bridging students' experiences socializing to BScN-prepared RN would necessitate different support or that they questioned whether the support given to bridging students was adequate. One NCE commented

I never had experience with the RPN students. In my first group there were three of them which surprised me. So three RPN and three others. And at first my initial thought was that this could be so easy. And then it wasn't. Because they were [at]very different levels. So I had one RPN

who was ready to be an RN... So on that first day I did [think it would be easy] and then when I realized the level that they were actually at, that changed things. And then I don't think I did [think that] (NCE 5)

...I mean that I worry sometimes that we might not make any adjustments for those students. That is something that I am thinking about as I am doing the interview with you. (NCE 7)

So I mean maybe we don't touch on helping them transition how they feel about themselves. Maybe we need to look more into how they feel in that transition. I wonder now looking back perhaps there was more to their struggle. But I did really think about it in the moment and I did really try to do things differently. It wasn't because I read an article that made me do it. It was because I felt I should. (NCE 7).

NCEs who were aware of bridging students' challenges felt uncertain about how to best support bridging students and unprepared to do so. NCEs commented

I'd say that the first time I had an RPN student I had a little bit of anxiety about it. So I was like I don't feel necessarily prepared and how will I make sure that I am providing the right support to them compared to their colleagues who are sort of a year into nursing and not necessarily RPNs. So I think it was a little bit nerve racking at first and [I] worried that I didn't necessarily have what I needed to provide for them. (NCE 7)

All students and graduates perceived that there was significant variation and inconsistency in the approaches NCEs took to support them in clinical settings.

Like it was really a mixed bag depending on who I got and where it was. It would be nice to have a little bit more consistency... They have a plan. What are we going to do about these bridging students? How are we going to incorporate the program to incorporate some of their needs as well? Across the board. (graduate)

... they do follow certain guidelines of the schools but other than those guidelines, they seem to just vary really widely by individuals. You know, if [name of school] in general could get their clinicals a little more stream-lined, like their teachers a little more stream-lined. (graduate)

Bridging students acted as each other's' support system, often separating themselves from other students. Several NCEs and most coordinators commented on this.

And I notice that they support each other greatly. They tend to sit all together and they tend to present their issues as a group and all of that. (coordinator)

...so they didn't really integrate that much with the other students. They stick to themselves. (coordinator)

Generally, students and graduates felt that their needs for nursing educator support changed very little over the course of program. One student explained that there was less need for support as they advanced through the program due to *sharpened critical thinking skills and greater autonomy* (year 4 student), while graduates expressed that bridging students' need for support stayed very much the same. Graduates stressed the need for early and continued support for role transition throughout the program, and after graduation from employers. One graduate commented

I think a bit of guidance as to role transition would have been very helpful. I think there could have been a bit more preparation for us as RPNs going into the RN world. I feel like there wasn't a lot of experienced people who had done the program before to tell us what it would be like in a clinical environment and what we would experience differently than working as an RPN. I think definitively in third year when you really start to go into clinical, the first time that the RPN bridging students need to be sat down separately and talked to about role transition...we kind of talked about it and then there was no follow up after that. (graduate)

Supporting NCEs to support bridging students. Nursing clinical educators were asked to describe any programmatic support, including any documents, they received to guide their work with bridging students. Program coordinators were asked how they support NCEs' work with bridging students.

Two coordinators explained that, to their knowledge, there is no program level support for NCEs to guide their work with bridging students. The support that coordinators give to NCEs is likewise limited. That coordinators often do not know who the bridging students are as they are mixed in with the traditional entry students in years three and four was cited as part of the reason for a lack of guidance for NCEs. One coordinator commented about her level of direct support to NCEs that *"It's not much."* Two coordinators explained

There is no support that I know of. There's no…I don't ever have conversations about… only one on one with an instructor if there was a problem. (coordinator)

I haven't had a whole lot of conversation with the clinical instructors because I don't know all the bridgers. There's too many of them so I don't know them all. And I know them by face a lot of them but I don't know a lot of their names. (coordinator)

All ten NCEs related that they received insufficient programmatic support to guide their work with bridging students. NCEs comments illustrated that some guidance came from coordinators but that this guidance did not specifically address any helpful strategies to facilitate bridging students' professional socialization. Nursing clinical educators explained that they received guidance from either the bridging students themselves, or from an internet search for information about how to best support bridging students. The following comments illustrate this lack of guidance.

I didn't really get any guidance. I guess the most guidance I got was from the students themselves … when going over their learning needs and what they were able to give me the best. I never received any guidance from educators or coordinators or anyone else... I think it was probably the second RPN student I started googling things like resources for bridging students because it was definitely a challenge and I felt like the students needed more of a challenge and I wasn't familiar with teaching these bridging students and at that time I wasn't quite too sure how to approach it. (NCE 6)

No. I haven't. The first group I had when I was in clinical, I figured it out. I was trying to learn how to be an instructor while figuring out how to support RPN students…And it's not a part of what we're taught or what we get in orientation. We don't even discuss it at all. We are just told you have one or two RPN students and that's it. That's all we know. (NCE 7)

The only conversation I think that in our orientation as clinical educators, the coordinator did speak to us about the bridging students and that they are part of the program and they will have different needs and to also make sure to assess them well and be strong in assessing them but that was it. There was no help in how to do that… just the RPNs and what their scope of practice is. I did look that up myself. (NCE 9)

Some of the strategies coordinators used to guide NCEs' work with bridging students include alerting them that they might have bridging students in their clinical group, encouraging them to offer bridging students greater complexity in clinical, warning them that just because

they appear confident and experienced, they need to be evaluated on their progress towards

meeting clinical objectives, requesting updates about bridging students from NCEs if a problem

exists, and having one-to-one conversations with NCEs about students once a concern has been

identified.

Most graduates suggested that there is a need for better programmatic support and

education for NCEs about effective approaches to working with bridging students to better

support their professional socialization in clinical practice environments. One graduate spoke

about the need for NCE education about the RPN role, role differences between RPNs and RNs,

and that a different NCE approach is needed when working with bridging students.

I think [NCEs] could have a bit more education into what the roles of an RPN is, what the difference between the RPN and the RN role in hospitals, in long term care or wherever that is. To be aware of maybe up front do I have any RPNs? The education isn't there. It's all RNs that we are working with and sometimes they don't understand the position… The staff nurses, and the clinical teachers… both. (graduate)

…and again because we only worked with instructors who were RNS. They didn't necessarily have the experience of being an RPN or truly know the role of an RPN I felt that they weren't really able to help us with the transition of what it was going to be like from an RPN to an RN. (graduate)

Programmatic documents to guide NCE practice. During part-time teacher orientation,

NCEs are provided with only one document that guides their practice with students in clinical

environments. The [name redacted] *Part Time Faculty Resource Manual* provides an overview

of the responsibilities of the clinical teacher, the student, and the BScN year coordinator. It also

directs NCE practice in terms of guidelines for clinical practice related to knowledge, skill,

communication, and promoting critical thinking; school and agency policies related to clinical

practicums; evaluation of student learning; guidelines for addressing student issues; and,

suggestions for orientation to the clinical unit and for clinical conferences. The direction

provided in these sections relates to all BScN students in clinical; nothing specific to NCE work with bridging students was located.

A hyperlink is embedded in this document that directs NCEs to a preceptor education program website (Western University and Fanshaw College, n.d). This website offers interactive learning modules for both clinical teachers and students. Modules include: orientation and preparation, learning objectives and feedback, clinical reasoning and reflective practice, conflict, evaluation, peer coaching, and optimizing learning. No specific information was located that specifically addresses PN to BScN bridging students.

Nursing Educators' Leadership Practices and Students' and Graduates' Understanding of these Practices

For the purpose of this study, leadership practices are the actions, strategies and behaviours used to facilitate the professional socialization of bridging students to support their movement toward attaining their goal of transitioning to a BScN-prepared RN. The leadership practices NCEs and program coordinators use to facilitate bridging students' professional socialization and students' and graduates' understanding of these practices in support of their professional socialization are described in this section. Kouzes and Posner's five practices of exemplary leadership (2012) were used as the analytic categories to interpret nursing educator leadership practices. The five practices that constitute the main analytic categories are: *enable others to act, encourage the heart, inspire a shared vision, model the way, and challenge the process*, each with several specific strategies that embody each of the five exemplary practices. The leadership practices used by NCEs and program coordinators and students' and graduates' understanding of these practices are described in detail within each analytic category. Participant

quotes that best represent each category are included. Table 3 presents a summary of these findings.

Table 3: *Nursing Educators' Leadership Practices*

Analytic Category	Sub Category
Enable others to act	• Build trust • Foster collaboration • Help to increase self-determination and empowerment • Encourage to identify past experiences to identify current learning needs
Encourage the heart	• Validate past experience • Recognize contributions • Recognize bridging students as leaders • Allow greater responsibility • Positive feedback • Allow to mentor other students
Inspire a shared vision	• Help to envision future as RN
Model the way	• Model RN practice • Model nursing values
Challenge the process	• Challenge bridging students to understand RPN and RN role differences • Challenge bridging students to move out of RPN role and enact RN role • Challenge bridging students' assumptions and expectations of RN role • Challenge bridging students' ways of thinking • Push bridging students out of their comfort zone • Provide bridging students challenging assignments

Enable Others to Act

Leaders enable others to act by building trust, fostering collaboration, and helping to increase an individual's self-determination (Kouzes & Posner, 2012). Nursing educators described various strategies to do this.

Nursing clinical educators helped bridging students to feel empowered by fostering their own relationship with them, bridging students' relationships with other students and staff nurses, and by building trust and encouraging team work. One NCE commented

So I had to work on establishing a good rapport with her as a strategy, I guess you'd call it. So that, you know, she might feel comfortable that I would respect her as being an RPN. And that she would feel comfortable in coming to me and not feel like as embarrassed or whatever. And not come to me with an issue or a problem. Or if she did not know something, thinking that because she was an RPN and knew all this kind of things… she might feel that she couldn't come to me about that. (NCE 9)

Team work and trust was fostered when bridging students were asked by NCEs to mentor their student peers in clinical.

… go do your assessments together but maybe you can go with so and so and help her out. And I may not identify that they need extra help but you know what, if she's having, you're not having a problem identifying where the fundus is [an] example of doing this particular thing, can you go help her? (NCE, 3)

What are we using these [laboratory] values for? I put them into a teaching role buddying them with another student. So that they can teach that to reinforce their [own] knowledge. (NCE 2)

NCEs facilitated bridging students' self-determination by allowing them to choose their own patient assignments based on their past experiences and self-identified learning needs. One NCE noted

And I would say "Go to the charts and find yourself a diagnosis you are not familiar with and that is your patient." As opposed to being like "You can have the same thing over and over again, whereas the other students, anything is new for them. (NCE 8)

Program coordinators likewise encouraged bridging students' self-determination by encouraging them to value their nursing and life experience and what this brings to their current journey to RN, by urging them to identify their learning gaps to tailor their learning, by encouraging self-direction, and by validating to bridging students that they have a right to be a student. One coordinator commented

...you have every right, You are one of them, You're in the class. You are a student. But you have to give yourself the space to be a student. (coordinator)

...and what I'm really doing is just helping them to see actually what they do. And to see the value of their role currently, at this moment. (coordinator)

... even individual reviews, saying "OK where did you go, where do you work right now?" (year 4 student)

Students stressed that they appreciated NCEs enabling then to act on their prior

experience by being given some autonomy in clinical after having been judged as practicing

safely by NCEs and would like more of this. Students noted that this varied between NCEs.

...most often my clinical experience after the second clinical day they allowed me to go [off on my own]. Just check with the other staff nurse on the unit. (year 4 student)

I appreciate that they give us the option to be able to do things ourselves (year 4 student)

... [a] little bit more leeway with being autonomous [would be nice]. (year 4 student)

I know you are an RPN and I know you already know medication but I still need to be there. Like for almost like the first three weeks. Altogether six weeks for one clinical. And the first two weeks I still have to go through everything with clinical teachers. (year 4 student)

Maybe if we've demonstrated a couple of times and said "OK listen. I've demonstrated to you enough times to prove that I can successfully complete simple wound care, or the dressing on a JP drain and a sterile technique. Now can I autonomously perform this?"... Then they say "Oh you can go with the other nurse, you don't have to go through me." (year 4 student)

Although being afforded greater autonomy by being allowed to perform skills

independently was cited as appreciated by students, they stressed that too little supervision and

being *"left to own devices"* (year 4 student) hindered their professional socialization. Students

commented

I found sometimes more attention was paid to the other students because it was always assumed that I knew what was going on. (year 4 student)

 [Referencing too little supervision]… *then I'm going to do the same thing that I have always been doing.* (year 4 student)

Encourage the Heart

Strategies within this category include those that provide recognition, celebrate victories by creating spirit of community, and link rewards with performance (Kouzes & Posner, 2012). Program coordinators and NCEs identified several leadership strategies in this category. The strategies used by both groups were intended to fulfill a similar goal of validating bridging student's prior experience; the context in which these strategies were used varied.

Program coordinators validated bridging students' past experience and that they will be able to draw on that experience as they socialize to the RN role. Valuing their experience was intended as a strategy to elevate their confidence.

I find that I have to start from the premise that I have to start building them up, not faking it…it's true. Look here at this particular college, we educate people at this level. At the RPN level and the RN level. We validate them. We validate it so much that we save seats in our BScN program because we want to have pathways for RPNs. That's again, I presented in a light of that's value. That's value in that we want you here. And you don't have to compete for those 30 seats per se because they are saved for you. And, I have to do that. I almost have to massage, not massage, but put salve on wounds. (coordinator)

…and it's when they're way down here trying to encourage them and point out that they do have these skills that they can still use, and they do have an advantage in that they do have this base to draw on, and that they're more mature, usually. And all those things that helps them get up here. (coordinator)

NCEs discussed leadership practices that they used to build trust; recognize bridging students' contributions to the clinical group; recognize and value their previous nursing education, experience, knowledge, and skill; and, recognize them as leaders to others, particularly to the traditional entry nursing students in the clinical group. Only two of ten NCEs did not discuss using leadership strategies relevant to this category.

Several NCEs felt that it was important to recognize and validate the past experience and education of bridging students.

"they do have a valuable experience and knowledge prior…and that we want to make sure that we realize that and we want to use it. We don't want to tell them they have to forget all that they've done before". (NCE 7)

In post conference when we are discussing our day and that sort of thing, I'll ask some of the RPNs if they can relate their personal experience. It kind of gives their background validation… (NCE 8)

Most NCEs demonstrated to bridging students that they recognize their experience by giving

them an increased workload and responsibility and allowing them greater independence and

autonomy in their practice as a student. Bridging students are assigned more complex patients

and challenging assignments overall more quickly than is afforded to traditional entry students.

By extension, traditional entry students' awareness that NCEs are allowing more responsibility

to bridging students helps them to also recognize bridging students' education and experience.

I think supervision is the biggest one. I still assessing them and I need to be there to watch them. It's a little less mother hen I guess. A little less come with me…(NCE 8)

I was giving them more independence in that way that they could work more closely with the RN…(NCE 10)

Specifically for those particular RPNs for their assignment I encouraged them to do report onto the next shift so that they were reporting. Doing complete charting on everything, making sure that they had constant communication with their nurse that they were buddied with throughout the shift that was primarily responsible. Putting them more into a leadership role. Making sure that they did all the patient education. Went through the discharge, went through the admission, did all their assessments. Making sure they weren't missing any components what-so-ever. (NCE 2)

Sometimes bridging students needed to be reminded that they have valuable experience and

NCEs encourage them by reminding them through the use of positive feedback.

…was really hard on herself. And I would always give her the feedback that it's OK, you're still learning and don't worry and I would try to give her positive feedback… (NCE 7)

She was struggling... she worked in a nursing home and knew her meds really well and then she would get really nervous in front of me and her hands were shaking when she was trying to draw

up insulin. And "OK, Stop. You know what you are doing, you know how to do this." And really actually reminding her of her skills and what she knew did help her. (NCE 4)

So it was just trying to make sure they weren't getting down on themselves and say you're still learning. Just because you have that background doesn't mean that this is not a new experience. (NCE 7)

Some NCEs illustrated to bridging students that their experience is valued by allowing them to mentor traditional entry students in clinical. Sometimes NCEs requested this of bridging students. However, how this leadership practice was interpreted by NCEs and students differed substantially. While NCEs considered that this strategy elevated bridging students, students perceived that the expectation that they mentor other students is unfair and hinders their own socialization. This difference is exemplified by the comments below.

…taking them out of the norm, allowing them to buddy with students and take on a teaching role. I think that really elevated not only them but the other students as well. I did find that with both of them, when I wasn't there, the next thing I'd find when I came around the corner. Those bridge students would be teaching or answering questions to the other BScN students… I put them into a teaching role buddying them with another student. So that then can teach that to reinforce their knowledge. (NCE 2)

But what she hinders is what I mentioned before about her putting kind of higher expectations on me to lead and support the other students. Because that takes away from my learning experiences and then adds to my workload. And it takes away from the care that I can give to my clients. (year 4 student)

There is a fine line between validation and hindering your learning experience. (year 4 student)

Inspire a Shared Vision

To exemplify this category, a leader envisions the future by imagining possibilities and enlisting others to share in a common vision (Kouzes & Posner, 2012). Only program coordinators described leadership strategies they used that characterize this category. One coordinator described strategies used to promote bridging students' envisioning of their future as an RN.

They also have to articulate clearly [in their phase one portfolio] in five years' time, what do I see myself doing? ... in five years you see yourself being a leader in the community doing something... I encourage them to maintain that portfolio as they move through the BScN. So add documents to it. Then they can have a tangible connection to that becoming. (coordinator)

I want you to articulate this clearer and deeper and think a bit more about this...This is purely an engagement and reflection and engagement and reflection. Engage with what you've done and where you've been. Where you are going? (coordinator)

Model the Way

Leaders affirm the shared values of the group and set an example by aligning their actions with these shared values (Kouzes & Posner, 2012). Program coordinators and NCEs used several strategies to model the way. Students and graduates did not discuss any NCE strategies within this category.

One program coordinator modelled the importance of respect for all members of the healthcare team, regardless of nursing designation.

One of the big ones is that you have to model that you have great respect for all the roles and that there is a place for everyone in this health care story (coordinator)

Another coordinator modelled the role and expectations of an RN through discussions and the use of exemplars.

...look at the situation and who else is impacted by this because as an RN you have to be able to do that. You have to be able to think the big picture. You have to be able to say, "If I move this, this happens." (coordinator)

...and then I said...that's exactly what an RPN does. And now what an RN does in the OR is... and this is what I would do if I worked in the OR. (coordinator)

NCEs demonstrated the importance of collaborative practice during discussions about the differences in RPN and RN roles with all students. This served to model understanding, acknowledgment, and respect of each profession's role and role differences. Engaging all students in this conversation helps to create a climate where every profession's role on a team is valued.

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So just how do you encourage that inter-professional, inter-collegial relationship and foster that and build on that? Rather than build on the… and I guess that is something I struggle with . I believe very firmly in the fact that every member of the team down to the cleaner have a role to play, and a very important role to play. So acknowledging that everybody's role is important, while it might be different. (NCE 3)

NCEs helped bridging students see what RN practice is by modelling the RN role.

I think trying to really be a strong leader myself to show them through that. Like to see, so that they would see how I interacted with the staff and patients just to sort of display. I mean that is something that is valuable for all of them but just so that they see in me what I think is important and how they should be acting and behaving and I hope that makes a difference. Like they knew that is what I found was important but what they should be bringing into their practice now as RNs. (NCE 7).

NCEs embraced opportunities during clinical situations to model RN critical thinking skills.

The example I use all the time is Metoprolol. When you first get in there you are like Metoprolol is a heart drug; I need to check a pulse. But then when you are coming back in you go it's a Beta blocker and it needs all these things and I need to check more than just a pulse. I need to check all the other things that are involved with that. So it's almost building on top of an already built foundation…(NCE 8)

NCEs helped to demonstrate RN practice to bridging students by discussing how the staff did or did not demonstrate proper RN practice and how they might do things differently. They modelled RN practice by asking students to consider what RN practice should look like by using real life scenarios and by critiquing the practice of staff RNs in particular situations.

We talked a little about behaviours of the staff on the units we were on. That came up a lot and mean I think there is value in that because I think it is worth talking about why we might not do something the way one of the others has done or um you know things that they have said or not said and I think that still helps learning. When you are the RN, when you are graduated and this is you, what would you do?" So there was times when we [told the staff RN] what we thought was an issue. We say that they did not report it to the physician but then I would speak with my student about what he or she might do if they were that RN in that situation. (NCE 7)

NCEs communicated RN practice expectations by the way they assigned patients to traditional entry students versus the way they assigned patients to bridging students.

One of the things that I had to do too when I was differentiating RPNs and RNs, I would always have to pick a patient that was at the RN level of care for my students. Because on the floor there is a different skill mix of nurses….So I would always say. "Ok. I'm going to pick out your patient for you. And I can't pick anyone on the list that is on the RPN level of care." (NCE 10)

Typically when a patient's level of care decreases due to less complexity or increased stability, they are assigned back to an RPN. NCEs demonstrated to bridging students that instead of receiving the patient in their assignment as they would be used to as an RPN, they would now, as an RN, be the one to transfer care to an RPN. One NCE commented

But then if I knew that I had an RPN student, I would make a plan and say, we should really change it up because you are no longer at that RPN level. And partly because I knew that they were at a different speed and I knew that I needed to get them higher. (NCE 10)

Challenge the Process

Kouzes & Posner (2012) posit that leaders challenge the process by searching for opportunities for improvement, experiment and take risks, and generate small wins. In the context of this study, *challenging the process* was conceptualized as how nursing educators challenge bridging students to move out of their RPN role to the RN role.

Nursing clinical educators challenged bridging students in clinical by challenging their assumptions and expectations of the RN role, their ways of thinking, and their level of comfort with practice as an RPN. Program coordinators described similar strategies, particularly how they encouraged NCEs to provide bridging students with greater challenges in clinical.

Nursing clinical educators and program coordinators, in their role as coordinator and teacher, pushed bridging students out of their current level of thinking and supported their deeper critical thinking.

…see their role as a PN as a task master. And I say, no, no…dig a little deeper- think about that. You're actually doing more than that. What's the knowledge?... But they might have even worked in that area. But in the class I will challenge them to take it to the next level. (coordinator)

Like, you know, you put them in a scenario and make them the nurse and they're doing the usual routine stuff and you're saying, "But what about this? But what about that? You didn't pick up on this. You know, you didn't pick up on that arrhythmia. You got to be looking at all these things" (coordinator)

Or I'll say to them in that paper we want them to identity the people involved and they'll say, "Me and the patient." Yes, but? You know, think bigger, think bigger! (coordinator)

*…so it's not allowing them simple questions from the beginning [like] I do with my other students. So I'll say [to the other students], we went in and saw high blood pressure and tell me one thing that might cause high blood pressure, whereas I would expect more of an answer from the RPN students right from the get-go…a*nd *I mean sometimes they don't know and I'll tell them it's OK. It's just I try to start building some of the higher level thinking right away but I always hesitate to do that with the generic students because they all look so shell-shocked with any questions…* (NCE 7)

NCEs challenged bridging students' former ways of thinking and encouraged them to use deeper

and more critical thinking, and to consider more than what they initially see.

…you know encouraging her to look at the bigger picture with patients. Because she was stronger than the other students in terms of assessment and those sorts of things. And she was good. So… I advanced her more quickly than I did the others in really looking at the total patient and the past medical history and you know not worrying so much about the skills, the practical technical skills as much as learning about your whole assessment skills and evaluation skills and all of that…So looking at what brought the patient to the bed…it's not just the one thing that they are here with most often. What else has gone on with the lives and helping them or her to look at, to really get a good picture of that. Get that skill set down. (NCE 9)

Rather than just doing it the way it's always been done or doing what you believe on a clinical basis being expert opinion is one thing but if there is evidence to support that, it's even better. (NCE 3)

Part of challenging their thinking was described as pushing them to understand that their

role as RN will be different. Coordinators and NCEs commented

One of the things I usually teach in the bridging students is that you are studying from the same body of knowledge but you have two years in the PN program versus the 4 years so your depth and breadth is different. And trying to give the sense that you have some but you can't have all… If I become aware a student is not a generic student, then I may be more aware of how they are answering and where their direction is going and I may be more likely to direct them in a way to

help them analyze the RN role… And what decisions were being made and try and expand their role. (coordinator)

So, when you go over the questions with them they just say, "But I've had a patient like this and that's what I was doing." And I say to them, "Okay, now close your eyes. While you were doing that, where was the RN?" Because that's where you're gonna be. (coordinator)

What kinds of things do you need to look for and as a definition of an RN you are going to be getting the admissions, the discharges. And can you do this? So pushing them to think of those things and what do you see as important…and again going back to the pathophysiology. What the disease process is or what the condition is…or what the psychosocial aspects are. (NCE 3)

Several NCEs described how she was more assertive with bridging students to highlight to them

that they were practicing based on what they knew as an RPN.

So I try not to overwhelm them because I find I see that they are more hesitant and more nervous so I try to feel that out and not over work them at the beginning. But then I am a bit more aggressive that way with RPNS. I really want them to take what they already know and move forward. (NCE 7)

While NCEs acknowledged that a clinical area that bridging students had already experienced as

an RPN student or during their employment seemed repetitive, bridging students had

experienced it as an RPN, and they should start to enact the role expectations of an RN there.

Especially because this was almost a repeat experience for them at first. Um so I quite quickly would have said it may be a repeat but you are going to get to look at this critical component. Let's look at this bloodwork. What does that mean to you? (NCE 2)

Students agreed that having greater complexity and challenge of their critical thinking in

clinical was helpful for their professional socialization.

…kind of went in knowing that I wanted to do a job with more critical thinking, more complex care than I was doing right now so from the get go that's what I knew I wanted to do and I told my clinical instructors and they helped me to make that happen by just giving me more complex patients. I don't really know what else they could do other than that. (graduate)

Because I guess they want to challenge me. It's a kind of learning opportunity. Well I don't mind to get a more complex, I like to be challenged by the teacher providing me with more learning opportunity. (year 4 student)

I've had a few that have asked me questions like "Explain to me this." Or I think more of the conversations. I've enjoyed some of them like my clinical instructor now works in the ICU. So he brings everything back to a further, more complex perspective. And then we chat about that and I think that confronts my experience. But ya, sort of being questioned on things. (year 4 student)

However, being judged by NCEs for struggling to manage greater complexity was described by

students as a hindrance to professional socialization. One student commented

…because it's different from other students if I don't do it well. I don't want me to be evaluated on that. The other students, they get that they're well performed but I am not. But we have different workload, it is different. (year 4 student)

Just as NCEs assign bridging students more complex patients and demanding assignments to

validate their prior experience and education, NCEs do so to challenge students' prior ways of

thinking, making decisions, and practicing.

Let's challenge you with a patient load. Let's take you out of your normal routines." I think they were both very, very happy in the end. I didn't get any frustrations.(NCE 2)

NCEs challenged bridging students to identify that they may not know everything there is to

know and to continuously increase their knowledge to enact their new role.

Or just finding, you know, just having maybe a bit of an attitude that it's not…that maybe they already know it all and they don't need to do anything more. Like, sort of, I had at times I would say that you know there [are] lots of textbooks around. There [are] tons of policies I'm sure you're not that up to par on all the policies but I would get the odd answer like "Oh ya." And they would kind of shuffle it off and I would just keep an eye on what they were doing and they weren't pursuing extra learning. (NCE 7)

NCEs provided bridging students with opportunities to stretch themselves beyond their usual routines.

But I don't know if there are a whole lot of other opportunities even with us trying to get more opportunities for her other than just giving her more patients. And I would say "Go to the charts and find yourself a diagnosis you are not familiar with and that is your patient." As opposed to being like "You can have the same thing over and over again, whereas the other students, anything is new for them. (NCE 8)

Students suggested that more learning opportunities would have further developed their socialization.

It could also be finding other learning opportunities through other patients that might not be designated to [me] on my assignment… By going down and seeing procedures and spending time down in endoscopy. (year 4 student)

This chapter provided a description of the study findings using participants' own words to represent each finding. Four main themes with several sub-themes address research questions one, three, and four: phases of professional socialization, it's hard to fit in, broader impacts on professional socialization, and support for bridging students' professional socialization. To address research questions two and three, Kouzes and Posners' (2012) exemplary leadership practices were used to categorize and interpret the practice described by nursing educators: enable others to act, encourage the heart, inspire a shared vision, model the way, and challenge the process. The interpretation and discussion of these findings, key insights gleaned from the findings, and implications of these findings are presented in chapter five.

CHAPTER FIVE: INTERPRETATION, DISCUSSION, AND IMPLICATIONS OF FINDINGS

The purpose of this study was to understand how nursing educators can facilitate bridging students' professional socialization from RPN to BScN-prepared graduate. The previous chapter described the findings that emerged from triangulated data from interviews with NCEs and program coordinators, from focus group interviews with students and graduates, and from the review of one document identified as relevant to the support of NCE work with bridging students. This present chapter provides the interpretation, discussion, key insights, and implications of these findings. The chapter begins by revisiting the relationship between two of the study's concepts in the context of the study findings: transition and professional socialization. This study's conceptual framework scaffolds the discussion of bridging students' professional socialization trajectory and the distinctive factors that shape the way bridging students experience professional socialization. To provide a grounding for this discussion, the findings are situated within the existing academic literature and organized and summarized by research question. The key insights and implications of the findings for practice, policy, and research are presented at the end of each research question summary and discussion.

The Relationship between Transition and Professional Socialization

The study findings provided further clarity about the relationship between the elements of this study's conceptual framework and provides grounding for the discussion of the findings. Previous literature rarely distinguished the differences between the concepts of transition and professional socialization and the terms were sometimes used interchangeably. Few authors have addressed the relationship between the two concepts; those who have suggest that professional socialization is a component of the transition from RPN to BScN-prepared RN (Lai & Lim, 2012; Suva et al., 2015). This study's findings support this assertion. The difference between the

two concepts was not immediately apparent to participants in this study making it necessary to first communicate the researcher's understanding of the concepts prior to exploring participants' understanding. All participants across groups agreed that the definition presented to them fit the context and focus of the study, yet several nursing educators and students reverted back to using the term 'transition' to refer to the professional socialization process in the context of the bridging student experience.

For the purpose of this study, *professional socialization* was defined as the adoption of the knowledge, skills, behaviours and identity of an RN and *transition* was defined more broadly as a "passage from one life phase, condition, or status to another" (Chick & Meleis, 1986, pp. 239-240). Transition can be achieved, in part, by successfully navigating the professional socialization process, wherein the knowledge, skills, and behaviors of an RN are learned, understood, enacted and embedded in the fabric of everyday practice, leading to re-formulation of bridging students' identity to RN. Professional socialization "sets in to reduce the tension and facilitate adaptation during the transition process" (Lai & Lim, 2012, p. 33). In short, bridging students must adopt the knowledge, skills, behaviours, and identity of an RN (i.e. professional socialization) to successfully transition to BScN-prepared graduate.

The literature review chapter further presented transition as encompassing three distinct but inter-connected dimensions: the personal, academic and professional dimensions. Professional socialization is situated within the professional dimension of transition and can be understood as a sub-set of RPN to BScN-prepared RN transition. Though this study was focused on professional socialization specifically, the study findings confirmed that transition is much broader than simply learning the requisite knowledge, skills, and behaviours of an RN (i.e. professional socialization). Participants described various challenges that are personal or

academic in nature (described in the following sections) that are located outside of the professional dimension. These challenges shape the professional socialization process and, by extension, the transition from RPN to BScN-prepared RN. Considering the professional dimension of transition to the exclusion of the other two transition dimensions, would provide a narrow and incomplete understanding of RPN to BScN transition. Although not the original intent of this study, in the subsequent discussion of the study findings, transition theory helped to interpret and understand bridging students' journey to their new role more broadly across all three dimensions of their transition, while the concept of professional socialization more specifically relates to bridging students' adoption of the knowledge, skill, behaviours, and identity of an RN. By the nature of their role and the location in the environments where professional socialization occurs, nursing educators have the most influence on the professional dimension of transition through the leadership practices they use to assist bridging students to move towards their goal of becoming a BScN-prepared RN. Although not the primary focus of this study, a beginning understanding of the relationship between transition and professional socialization in the context of bridging students' professional socialization was offered. Further research is needed to understand the relationship between these concepts more precisely.

Research Question #1: How do nursing educators understand the professional socialization of bridging students from RPN to BScN-prepared graduate?

Nursing educators shared their experiences facilitating the professional socialization of bridging students from RPN to BScN-prepared graduate. Due to the abundance of existing empirical literature about bridging students' understanding of professional socialization, student and graduate participants' understanding of their own professional socialization experience was not developed as a separate research question to guide this study. However, during data

collection with year four students and program graduates, students spoke a great deal about their experiences. This triangulated data from nursing educators, students, and graduates contributed to a more fulsome understanding of bridging students' professional socialization, placed the leadership practices nursing educators used and the students' and graduates' understanding of these practices in context, and provided new ways of viewing bridging students' professional socialization trajectory. The experiences of program coordinators, NCEs, students and graduates are discussed together to offer a complete picture of the professional socialization and transition of bridging students from one role to another.

The professional socialization experience of bridging students occurs along a distinct trajectory which differs from traditional entry students' trajectory to BScN-prepared graduate by the very nature of bridging students' prior nursing education and practice. Bridging students have already developed a professional identity as 'nurse', they understand the professional values and ethical expectations that come with this identity, they understand the environments where practice takes place, they understand what it means to be a part of an interdisciplinary team, and they are familiar with the experiences of everyday practice as a nurse. Prior research has shown that having previous health care experience creates a deeper understanding of the demands of the profession (Gregg & Magilvy, 2001). Traditional entry students join nursing with only a lay image of what a nurse is; this lay image is transformed into a more professional understanding of nursing obtained in formal educational programs (Kanyamura et al., 2016). In some cases, there are RPNs who begin the BScN program from first year as traditional entry students do; however, a large percentage of traditional entry students do not have previous education or experience as an RPN, therefore, they do not have an existing nursing identity. While traditional entry students

are developing their identity as 'nurse', bridging students are reformulating their previous nursing identity to RN in a process of resocialization.

Goodwin-Escola & Gallagher-Ford (2009) described bridging students as 'competent novices'; they are beginners in the RN role but bring significant experience and skill for care delivery. However, literature demonstrates variation in opinions about whether or not bridging students' prior education and experience translates to greater preparedness for socialization to the RN role. Some suggest that bridging students are more prepared than their peers while others purport that they are not necessarily more prepared for practice and require as much, or more support and intervention as their peers (Boelen & Kenny, 2009; Cook et al, 2010; Cubit & Lopez, 2012; Goodwn-Escola & Gallagher-Ford, 2009; Nayda & Cheri, 2008). Participants in this present study demonstrated mixed perspectives about bridging students' preparedness for socialization to the RN role. Some viewed bridging students as more prepared than traditional entry students in terms of basic nursing care procedures and familiarity with routines of care, while others felt that bridging students were no more prepared than their traditional entry student peers, requiring significant support and intervention.

Bridging Students' Professional Socialization Trajectory. Participant data acted much like puzzle pieces; when considered together, a picture emerged. The four 'phases' that emerged were related to the advantage bridging students initially have over traditional entry students; to the difficulties experienced in the third and fourth year of the program when this advantage begins to narrow, and they begin to realize that socializing to this new role is not as easy as they originally imagined; to the point when they begin to notice some advancement in their practice; and finally, to the time they graduate and enter independent RN practice and continue to socialize to the RN role.

Phase One. As a result of their prior practice experience and education as an RPN, bridging students begin the program with an advantage over traditional entry students in terms of foundational nursing knowledge, in the provision of basic nursing care, in the organization of this care, and in their familiarity with the routines of the clinical units. This advantage creates an initial sense of confidence and competence in their role as a BScN student. Similar to Brown, Baker, Jessup, and Marshall (2015), several NCEs noted that students build on this foundation and some draw from their prior experience to negotiate new clinical situations. Coordinators and NCEs cautioned that educators 'should not be fooled', as this apparent confidence does not mean that they do not require close evaluation to determine their progress towards socializing to the BScN-prepared RN role. As in other studies (Hylton, 2005), NCEs in this present study noted that it was sometimes difficult to move bridging students out of their comfort zone and familiar practice routines and away from their focus on technical skills when they were required to bring new knowledge into their practice to demonstrate RN practice.

Bridging students exhibited a higher level of confidence on units where they had previously worked or had been placed as a student in their previous RPN program, as they perceived that they were repeating the same clinical experience and nothing new could be learned. Brown et al. (2015) found that EN to RN participants in their study similarly felt more capable on units where they had worked as an EN. One clinical area where bridging students did not have an advantage over traditional entry students is in community clinical practice. The NCE participant who works with students in this clinical area described bridging students as no more or no less prepared for this clinical specialty than traditional entry students. This may be because community nursing, specifically public health practice, is an area of practice that RPNS do not traditionally practice, as a BScN-prepared RN is required in most areas so bridging students

would be no more familiar with the role expectations or the work of community nurses than other students would be.

   Phase Two. Transition theory highlights that there is a *moving in* period in which there is disruption as individuals become familiar with their new role and its expectations (Schlossberg, 1995; 2010). An individual's level of awareness of and planning for transition can facilitate or inhibit transition progress (Meleis et al, 2000). Study findings suggest that sometime in the third year of the BScN program, bridging students begin to notice that there are greater practice expectations for an RN than they initially realized, that they may not be as advanced in their practice as they considered themselves to be, as prepared for university level expectations, or to enact the RN role as they expected they would be. Nursing educators observed the struggle of some bridging students as the 'edge' they started with over the traditional entry students began to erode in the middle of third year. Previous researchers also found that bridging students were not fully aware of, or prepared for, the academic and professional expectations required to socialize to the BScN-prepared RN role, particularly with the breadth, depth, and scope of thinking and clinical decision-making expected of an RN (Cook et al., 2010; Hutchinson et al., 2011; Melrose & Gordon, 2008; Porter-Wenzlaff & Froman, 2008; Ralph et al., 2013; Rapley et al., 2008). Nursing educators indicated that critical thinking and clinical decision-making were the skills that partly differentiated the role of RPN from the role of RN, and that the adoption of these particular skills was what predominantly challenged bridging students. Participants did not address the actual differences between RPN and RN critical thinking; however, the notion that critical thinking is important part of RN practice and that it is more advanced at the RN level was presented by students, graduates, and nursing educators. Discussions about bridging student professional socialization provided several examples to begin to understand critical thinking in

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the context of socializing from RPN to RN. Words such as "higher level stuff" and "different breadth and depth", "look at the critical component" were used to refer to critical thinking and examples to illustrate critical thinking were offered. The variation in bridging students' critical thinking skills may be a product of their PN education, years and place of practice experience, and continuing professional development, wherein further foundational knowledge is attained. Articulating the differences between RPN and RN critical thinking more precisely will help to facilitate bridging students' understanding of the RN role to support their transition.

Hill and Macgregor (1998) suggest that a decrease in students' sense of capability at the program mid-point is a common occurrence and signals the end of the honeymoon period. Schlossberg (1995; 2010) notes that the *moving through* stage of transition involves individuals' identification of resources for coping. Coordinators explained that bridging students sought out their guidance more often than traditional entry students in the third year of the program. The bridging program that students in this present study complete is structured so that they do not begin clinical and laboratory nursing courses until the third year of the program. As students begin to be expected to demonstrate more advanced critical thinking skills in the care of their patients in clinical practice environments or in laboratory environments where clinical situations are simulated, their level of preparedness becomes more evident at this time.

Phase Three. Schlossberg (1995; 2012) notes that an individual may not be conscious of a change until the latter stages of their transition and that mastery of skills is unlikely to occur until later in the process (Meleis et al., 2000). Clinical practicums may be critical points or events that increase bridging students' awareness that a transition is taking place (Alligood & Tomey, 2010). Towards the end of third year and into the fourth, after experiencing several different clinical practicums, bridging students in this study began to notice that their own

practice at work as an RPN was becoming more advanced. Janzen et al. (2013) noted that

students in their study similarly began to notice that a transition was taking place. However,

coordinators in this present study noted that although bridging students realize that they are

advancing, there is still a wide variation between students in their achievement level of RN

practice expectations, particularly critical thinking skills, or the realization that RPN and RN

practice is, in fact, quite different. One coordinator questioned whether some students in fourth

year were competent in these skills, even at graduation. Likewise, Hylton (2005) found that some

students weren't able to develop the necessary critical thinking skills until their final year in the

program. Meleis et al (2000) note that the process of transition lacks well-delineated starting and

ending points; presumably successful professional socialization and complete transition occurs at

different points depending on the meaning an individual attributes to transition, the expectations

they have, and their level of knowledge and skill (Meleis et al, 2000).

   Phase Four. Consistent with transition theory and previous RPN to BScN research, the

socialization process occurs over a lengthy period of time (Cubit & Lopez, 2011; Meleis, 2000;

Schlossberg, 1995; 2012), continuing past graduation into employment as an RN (Suva et al,

2015). The data from one graduate in particular illustrated that the challenges bridging students

experience socializing to the RN role during the program may continue into employment as an

RN. Role differences are better understood after graduation and into independent RN practice,

particularly the heightened demand for the broader practice perspective required of an RN and

the need for more advanced critical thinking and clinical decision-making skills (Brown et al.,

2015; Coffey et al., 2017; Kilstoff & Rochester, 2004; Melrose & Gordon, 2008; Rapley et al.,

2006). Yet, Purdy et al. (n.d.) found that increased autonomy and responsibility, and lack of

confidence with RN skills like delegation were reported by graduates as the difficulties they experienced after graduation.

There is a dearth of prior research about the professional socialization *process* or more specifically, the RPN to BScN *trajectory* from which to compare the findings of this present study. Coffey et al. (2016) describe the RPN to BScN transition in general terms and as a process of undergoing an internal personal and professional transformation which follows a pattern over time, during which an initial reactivity and resistance to transition evolves into a growing responsiveness and a move towards self-direction, proactivity and transformation. More specifically, Melrose and Wishart's (2013) grounded theory study highlighted three variables that shaped how bridging students developed independence in their new role. The first of three variables that contributed to independence, 'resisting', was similar to this study's finding that bridging students felt that they were already nurses and that their role was similar to an RN. They resisted the idea that differences existed between what they already knew and what they needed to know. The second theme, 'reaching out' identified that students still did not recognize that the two roles were different but support and validation from others that what they were doing in clinical was demonstrating the RN role, helped them to understand role differences. Finally, by 'reimagining', students were able to identify the two roles as different but it was not until well past graduation that this occurred. The authors stressed that considerable support and guidance is needed for bridging students to develop independence in the RN role. These findings are congruent with this present study's findings; however, *how* the present study's findings are interpreted differs. In this present study, the term 'phase' was used to signify movement through the professional socialization trajectory. This does not suggest an absolute linear movement marked by discrete steps as previous literature shows. Bridging students demonstrate the

adoption of RN knowledge, skill, and behaviour at different points in their journey. Consistent with the interpretivist notion of multiple realities, each student's experience is their own and the point at which students move from one 'phase' to another will vary. Yet from these multiple realities, common experiences were captured which offer a general understanding of bridging students' professional socialization trajectory.

The unique challenges of bridging students. Study findings showed that several factors contribute to this trajectory and shape the way bridging students experience professional socialization. The factors relate to bridging students' incomplete understanding of RPN and RN roles differences; their past work experience as an RPN; the interplay between the personal, academic and professional dimensions of transition; and, the tensions created by their dual identities as RPN and BScN student.

To fully engage in the professional socialization process, bridging students must acknowledge that a transition is taking place (Schlossberg, 1995; 2012). Awareness that the two roles are different and that a transition is required is necessary for students to engage in the transition process and successfully adopt the new role (Meleis et al., 2000). Bridging students and graduates in this study demonstrated that they may not completely understand the role differences and expectations between RPN and RN, which, by extension, translates to a lack of recognition that transition must occur and incomplete engagement and enactment of the RN role. Their incomplete understanding of the RN role was evident in several ways. First, bridging students perceived that there was nothing new to be learned on clinical units where they have practice experience as an RPN, despite the fact that they were assigned to these units to learn the RN role and skills. The graduates who identified that new learning did take place, attributed this learning to the fact that student clinical placements occurred on units with patient populations

and diagnoses that they have not yet experienced as an RPN. They asserted that they were learning new practice that they would have had if they had worked on these units as RPNs, which suggests a lack of understanding of the role differences. Second, student participants felt that their practice as an RPN is comparable to an RN. Participants perceived any differences between the two roles as related to the differences between technical skills each are authorized to perform. Nursing educators concurred that bridging students are focused on technical skills, sometimes to the detriment of adopting deeper level of critical thinking and decision making necessary to socialize to the RN role. Previous research supports this finding and shows that bridging students initially either see the two roles as interchangeable, or view the two roles as different but only in terms of the tasks each are able to perform (Brown et al., 2015; Coffey et al., 2017; Hutchinson et al., 2011; Huynh et al., 2011; Melrose & Gordon, 2008; Melrose & Wishart, 2013; Porter-Wenzlaff & Froman, 2008; White et al., 2008). Students' initial focus on the technical, rather than the cognitive skills of nursing may be related to the technical focus of PN education and the expected practice competencies of an RPN.

Bridging students' previous work history as an RPN appears to shape the professional socialization trajectory. Level of knowledge and skill is a transition condition that can facilitate or hinder achievement of a transition (Meleis et al., 2000). Whether or not having previous practice experience equates to more developed critical thinking skills varied among nursing educators in this study. Several NCEs felt that bridging students' critical thinking skills were no more developed than traditional entry students' when they began clinical in year three. Others felt that bridging students were able to draw from their experience to respond critically to new situations. This difference was partly attributed to bridging students' previous place of employment (in terms of the complexity of the patient population) and their number of years of

prior practice, as was likewise noted by Melrose & Gordon (2008) and Ralph et al. (2013). Cook et al. (2010) supported the idea that the prior experience of RPNs is significant to the ease at which they adopt deeper critical thinking skills. Melrose et al. (2012) found that bridging students who had worked in acute care hospitals related that they did not consider student clinical experiences on acute care units as new; whereas those students who had worked in long term care areas, where the RPN role is less complex than it is in acute care, considered these clinical experiences as very challenging. The finding that bridging students are no more better prepared for community clinical than traditional entry students affirms the findings in the literature that place of previous practice impacts the ease at which bridging students professionally socialize to the RN role.

The assertion made in the literature review chapter of this thesis that there is an interplay between the personal, academic, and professional dimensions of the RPN to BScN transition was validated by the study findings. This interplay impacts bridging students' professional socialization specifically, and their role transition more broadly. From an academic perspective, bridging students were found to be unprepared for university-level academic expectations and some struggled with scholarly writing. A similar lack of bridging student preparation to write academically was noted in previous studies (Hylton, 2005; Melrose & Gordon, 2008; Rapley et al., 2006). Claywell (2003) and Hutchinson et al. (2011) noted that bridging students expected that the requirements would be similar to those experienced during vocational PN education. Bridging students may not have written scholarly papers in their practical nursing program due to the technical nature of these programs and may have been away from post-secondary education for a number of years, as was noted in Suva et al. (2015). From a personal dimension perspective, competing commitments as a student, employee and a family member with financial

responsibility impacted bridging students' professional socialization. As in previous studies

(Cook et al., 2010; Melrose & Gordon, 2011), many bridging students in this current study

continued to work many hours in their RPN role while completing the bridging program.

Managing multiple competing commitments was identified by students as a stressor.

Finally, bridging students are simultaneously a practicing nurse and a student nurse, and

an RPN while learning to become an RN. They negotiate a transition from one professional

nursing role to another and from working professional back to student, with the emotional,

physical, and financial hardships this may entail (Coffey et al., 2017). Tower et al. (2015)

suggest that a bridging student's role as 'student' competes with their identity as 'professional

nurse' creating further challenges. Data from nursing educators, students, and graduates

illustrates that the multiple simultaneous transitions they experience and their dual identities

create significant tensions for bridging students.

Bridges suggests that each beginning starts with an ending and that successfully

transitioning to a new role involves a process of "disengagement, dismantling,

disidentification…" (2004, p.109) where individuals must separate from places and people

associated with the old role, let go of old practices that supported it, and relinquish their former

identity. Nursing educators in this present study suggested that working simultaneously as an

RPN while attempting to socialize to RN can create a 'dual identity' that impedes bridging

students' progress towards fully socializing to RN. The interference with their socialization to

the RN role as a result of students continuing to work in their previous role was noted in previous

research (Hylton, 2005). Also noted from the findings of this present study was that there are no

discrete points at which one role ends and another begins. The study findings suggest that

perhaps this 'dual identity' is one single evolving identity shaped by past RPN experience and

the developing RN role and, in fact, RPN knowledge and experience is an important part of their identity as they build on their RPN foundational knowledge and skill during BScN education and training. Bridging students may continue to feel a sense of pride and connection to their RPN role and this connection shapes who they are as an RN. Of note is that some bridging students feel a sense of mourning for the perceived loss of their former role (Melrose & Gordon, 2008). As a bridging student moves closer to practicing exclusively in the RN role, they may more closely embrace their identity as RN, yet never fully detach from RPN. This view of bridging students' professional identity formulation offers an alternative view of that which presently predominates the literature. Further exploration of bridging students' identity (re)formulation is needed so that nursing educators may understand how to best engage bridging students' prior RPN experience to support their transforming identity.

Tensions between the two competing roles of RPN and BScN student created frustration for bridging students. Organizational policies of the clinical agencies dictate that students are restricted from performing certain skills that a registered professional may perform as an employee. Melrose et al. (2012) noted that organizations do not take into account that clinical groups may constitute a mix of traditional entry students and bridging students. However, a bridging student may go to work as an RPN directly following their clinical shift as a student and perform the very skills that they were restricted from doing as a student. They move back and forth from autonomous practitioner to closely supervised student with practice restrictions. Other studies similarly noted that students expressed frustrations that they were prevented from performing care as they would normally do in their everyday practice as an RPN (Hutchinson et al., 2011; Janzen et al., 2011; Melrose et al., 2012).

The frustration that is created as a result of bridging students' dual identities as RPN and BScN student is not limited to the students themselves. Staff members and NCEs on units where bridging students are completing clinical may know bridging students as co-workers who are autonomous practitioners in their RPN practice at work so are not sure what skills they can perform in clinical as a student. Other students are confused as well, as it is not uncommon for bridging students to supervise their BScN student peers in the capacity as RPN employee while at work. One moment the bridging student/traditional entry student relationship is one of peers in clinical learning together and then the next moment they are in a student/mentor relationship.

Previous research demonstrates that bridging students have unrealistic expectations of themselves, as do their peers and managers, particularly in places where they worked as an RPN (Brown et al, 2015; Cubit & Lopez, 2011; Nayda & Cheri, 2008; Paech, 2002; Rapley et al, 2006). As was found in these studies, participants in this present study commented that others perceived that bridging students should know better than traditional entry students. Bridging students in this study overwhelmingly reported that there were higher expectations of them by others, and that once others became aware that they are RPNs, they were treated differently. Learning opportunities were missed because NCEs and staff nurses felt that bridging students already had these experiences as an RPN.

An individual's expectations of a transition can either facilitate or hinder the achievement of the transition (Meleis et al., 2000). Students and graduates discussed the higher expectations they had of themselves and reported that they hesitated to ask questions or seek help as they thought they should know better. To manage the expectations that others had for them, bridging students purposely employ a strategy of non-disclosure of their RPN status. Once students deemed an educator as supportive, only then would they decide to disclose their status. Several

studies showed that students similarly used this strategy to maximize their learning opportunities and to ensure that they would not be taken for granted by the employers (Brown et al. 2015; Cubit & Lopez, 2011; Hutchinson et al, 2011; Nayda & Cheri, 2008). These findings suggest that the higher expectations others have for bridging students coupled with the unrealistic expectations bridging students place on themselves are barriers to professional socialization as they may hesitate to seek help when needed.

Intra-professional, organizational, educational, and regulatory challenges. In addition to the challenges described earlier, there are inherent intra-professional, organizational, educational and regulatory factors that shape bridging students' socialization experiences that have implications for how nursing educators facilitate bridging students' socialization to their RN role.

First, this study's findings show that the strained relationships that exist between RPNs and RNs in the work environment shape the professional socialization experience of bridging students in clinical environments. Commonly found in previous literature (Eager, Cowin, Gregory, & Firtko, 2010; Hill & Macgregor, 1998; Janzen et al., 2013; Melrose & Gordon, 2008), as RPNs, bridging students in this study reported feeling devalued and disparaged by RNs in their work environment and in clinical practicums as students. Mais (2017) summarized research that showed that negative RPN/RN relations arise from the intersection of expanded educational programs and scopes of practice; overlapping competencies within ambiguous roles and scopes of practice; misunderstanding of roles and responsibilities; the presence of a nursing hierarchy; the culture of acceptance of nursing work tension; financial constraints; staff shortages; increased workload; increased patient acuity; and, health care restructuring resulting in replacement of RNs with RPNs fueling feelings of job insecurity, mistrust, and poor teamwork

(Butcher & MacKinnin, 2015; Eager et al., 2010; Limoges & Jagos, 2015; Martin & Weeres, 2012; Meadows & Prociuk, 2012). Role ambiguity causes tension and conflict between RNs and RPNs in everyday practice (RPNAO, 2014). This tension carries over into the student clinical practicums where professional socialization is occurring and continues into independent RN practice where new skills and a new role may not be readily accepted by peers and supervisors (Janzen et al, 2013; Nayda & Cheri, 2008; Ralph et al, 2013). Indeed, one graduate in this study lamented that there was a lack of support and acceptance of their new RN role in their workplace where they practiced as an RPN. A persistent lack of clarity between the RPN and RN roles, scope of practice confusion, and the role ambiguity experienced by bridging students are common findings in previous studies (Cubit & Leeson, 2009; Cubit & Lopez, 2012, Hutchinson et al, 2011; Jacob, McKenna, & D'Amore, 2014; Kenny & Duckett, 2005; Rapley et al., 2006).

Second, the ambiguity between the role of RPN and RN in the organizations where bridging students complete clinical placements and work as RPNs, the similarity in the visible 'tasks' of nursing between roles, the enactment of each role differently between organizations, and the insufficient numbers of RNs on the clinical units so that each student has an opportunity to work with and learn the RN role may additionally contribute to bridging students' incomplete understanding of the two roles. In their study about RPN and RN role differences, Melrose and Wishart (2013) reported that task similarities and similar foundational knowledge were factors in students' lack of understanding of role differences. Together, these factors create confusion for nurses, other health care team members, nursing educators and leaders, and, by extension, the public (Malloch & Ridenour, 2014). This confusion is well documented in academic literature (Eager, et al., 2010; Pearce & Cziraki, n.d.; RPNAO, 2014; White, Oelke, Besner, Doran, McGillis Hall, & Giovannetti, 2008).

Third, the way each clinical and lab group is structured impacts bridging students' professional socialization. Clinical groups and laboratory classes are organized so that there is a mix of traditional entry students and bridging students in each group. Both bridging students and NCEs commented that more time was spent teaching technical skills already familiar to bridging students and supporting traditional entry students to the detriment of bridging students' socialization. Most study participants questioned whether separating bridging students from traditional entry students in these environments would allow nursing educators to structure their leadership practices and methods of teaching to suit each distinct student group. Several other RPN to BScN bridging programs in Ontario are structured so that the two groups learn separately from each other.

Key Insights and Implication of Findings. This study's findings coupled with previous research validate the assertion that bridging students experience professional socialization to BScN-prepared graduate differently than their traditional entry peers, which requires nursing educators to consider the best way to support bridging students through their unique journey. The professional socialization trajectory that bridging students experience illustrates that the leadership practices nursing educators employ should generally coincide with the phases of this trajectory, over the course of the bridging program. Early in the program, bridging students as a group may be best supported by an emphasis on strategies that help them to concretely understand that there are differences between the RPN and RN role, what these differences are, and that professional (re)socialization is required to successfully transition from their former RPN role to that of an RN. As the point at which this understanding occurs may differ from one student to another, continued emphasis should be placed on role differences and how these are enacted in practice.

Not only do bridging students experience professional socialization differently than traditional entry students, each bridging student's experience is unique given their variation in prior experience, demographic variables, and personal characteristics such as academic strengths and limitations, learning styles, or level of confidence. While this study and prior research highlight commonalities between bridging students' experiences, a 'one size fits all' approach to facilitating students' professional socialization in clinical practice is insufficient and may be best informed by theory that accounts for the needs of bridging students as adult learners and as having an already formed identity as 'nurse'.

The factors that shape bridging students' professional socialization do not reside solely within the confines of the bridging program itself. The study findings make clear that bridging students' professional socialization occurs in a complex interactive system that includes educational, organizational, intra-professional, and regulatory domains. Factors residing in these domains have significant impact on bridging students' professional socialization and must be addressed. Though there is an abundance of literature that identifies these factors as contributing to tensions in nursing practice environments, the impact these factors have on bridging students' professional socialization and that nursing educators can begin to redress these through their leadership practices adds a new contribution to the existing body of knowledge. Given that numerous factors across settings impact bridging students' professional socialization, limiting the focus of support for professional socialization to only the formal educational settings where nursing educators interact directly with students is insufficient to address bridging students' professional socialization challenges. Though there is a plethora of previous literature about bridging students' transition and professional socialization experiences, the finding that bridging students' experience a typical professional socialization trajectory and that there are factors

inside and outside the academic settings that shape this trajectory contributes to an underexplored area of RPN to BScN transition.

Research Question #2: What leadership practices do nursing educators use to facilitate bridging students' professional socialization from RPN to BScN-prepared graduate?

Program coordinators discussed their support of bridging students from a much broader perspective than did NCEs. All coordinators spoke about the transition from one role to another across the three transition dimensions (academic, personal, and professional) and about professional socialization more specifically; whereas NCEs focused primarily on the professional socialization that occurs in the clinical practice environment. For example, coordinators discussed bridging students' transition challenges such as family responsibilities, the need to work while going to school, the tensions between working RPN and BScN student, and how these affect professional socialization. With a few exceptions, NCEs focused more specifically on the acquisition and application of specific RN knowledge, skills, and behaviours in the clinical environment, which is consistent with the view that a significant proportion of professional socialization occurs in clinical practice environments. The leadership practices described by each group of participants coincided with these specific foci.

Kouzes and Posner's five exemplary leadership practices (2012), reinterpreted to fit the context of this study, provided a useful framework to interpret nursing educators' leadership practices. Program coordinators identified leadership practices from all five categories. Coordinators *enabled bridging students to act* by facilitating their self-determination by encouraging them to value their previous nursing education and experience; by urging them to identify their learning gaps; by encouraging self-direction; and, by validating their right to be a nursing student again despite their nursing experience. Coordinators *encouraged the heart* by

elevating bridging students' confidence by validating their past experience and how they can draw from this as they socialize to the RN role. A *shared vision was inspired* as coordinators promoted bridging students' envisioning of their future as an RN. Coordinators *modeled the way* by using similar strategies as NCEs. They modeled the importance of respect for all team members' roles regardless of designation or role, and used exemplars and facilitated discussions to model the RN role. As part of their role as teachers, coordinators *challenged* students to advance their former ways of thinking about a clinical situation; supported their deeper level of thinking; and, challenged them to understand role differences. Adelman-Mullally et al. (2013) found that the leadership practices of role modeling, providing vision, and challenging the system and status quo were strategies that were highly congruent with nursing clinical education.

The nature of the leadership strategies used varied between coordinators. The year of the bridging program coordinators were responsible for drove the practices they used to facilitate bridging students' professional socialization. As students advanced in the program from phase one to the end of phase three (phase three constitutes years three and four of the BScN program), the focus of the program coordinators changed. Due to the nature of one coordinator's role, early in the program, emphasis was placed on students' understanding of transition more broadly; less emphasis was placed on specific strategies to facilitate professional socialization to their new role. For example, many of the leadership strategies that coordinators described using supported bridging students to recognize and understand that a transition is taking place which coincides with Meleis et al.'s (2000) *awareness* and *engagement* transition properties. Further, only coordinators described strategies they used that were intended to inspire a vision. Another coordinator spoke of facilitation of professional socialization more specifically and in terms of providing academic support to facilitate bridging students' professional socialization (e.g.

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writing academic papers, answering test questions from an RN perspective rather than from that of an RPN). Coordinators initially helped students to understand that they are, in fact, making a transition, that their role as RPN is not the same as what their role as RN will be, and that they need to pre-emptively address the three dimensions of transition. As students progressed into and through year three semesters, the coordinator placed emphasis on changing the way bridging students' view clinical situations; from seeing a situation from what they are used to as an RPN to now using the knowledge and skill they are learning to begin to think like an RN in that same situation. During this time, an emphasis was also placed on supporting bridging students through the period of time where they start to recognize that they were not as prepared academically or professionally as they initially thought, that the role is not the same as they envisioned it to be, and that they need support from faculty. As students are advancing to the end of their program, they are working closely with staff RNs in consolidation; students' primary contact changes from coordinator to faculty advisor who each oversee a group of students during their final clinical placement. The focus of the coordinator at this point changes from closely supporting students to assisting faculty advisors to support students. By this time, most bridging students are beginning to enact the RN role; however, others continue to experience challenges in this regard.

All but one NCE described myriad leadership practices they use to facilitate bridging students' professional socialization in clinical practice environments. The one NCE who did not describe any leadership practices perceived bridging students as no different than other students; this was in the context of community clinical where bridging students' prior experience as an RPN is likely to be as limited as a traditional entry student's experience would be. One NCE described only one leadership practice; most other NCEs used leadership practices from four of the five Kouzes and Posner (2012) categories. Nursing clinical educators *enabled bridging*

students to act by fostering bridging students' relationships with them and with others; by building trust by allowing greater autonomy and responsibility in practice and by allowing them to mentor traditional entry students; by encouraging team work; and, by facilitating students' self-determination by allowing them to choose their own patient assignments. Nursing clinical educators *encouraged the heart* by recognizing their contributions to the clinical group; by recognizing their previous education and experience; by recognizing them as leaders to others; and, by using positive feedback. Nursing clinical educators *modeled the way* by demonstrating the importance of the value of collaborative practice and respecting each profession's role as part of the team; by modeling the RN role through discussion, demonstration, and reflection about the RN role; and, by tailoring bridging students' patient assignments so they clearly reflect RN practice. Nursing clinical educators *challenged the process* by addressing bridging students' assumptions about RN practice; challenged them to push their former ways of thinking and practicing; encouraged them to leave their comfort zone of their former role as RPN to begin to enact the RN role; and, challenged them to understand how the RPN and RN roles are different. Nursing clinical educators did not identify any practices they used to *inspire a shared vision*.

Though Kouzes and Posner's exemplary leadership practices was useful to interpret many of the strategies described by nursing educators to facilitate professional socialization, several of the strategies nursing educators described transcended the purview of leadership. Given that professional socialization from RPN to BScN graduate is defined in this study as the adoption of knowledge, skills, behaviour and identity of an RN, some of the practices that NCEs described necessarily cross over between the areas of leadership and teaching and learning. This is not surprising as nursing educators are not only leaders, they are mediators and facilitators of learning. For example, when asked about leadership practices, NCEs described engaging

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bridging students in the tailoring of their clinical assignments according to their individual learning needs. Although this strategy can be considered a leadership practice in that it coincides with Northouse's (2016) notion that leadership practices are those that facilitate the movement of individuals towards a goal, it does not fit neatly into any Kouzes and Posner (2012) category. Rather, this strategy corresponds more closely with student-centred pedagogy in which teaching and learning is tailored to the individual student's needs and driven more by the student than it is by the teacher (Great Schools Partnership, 2014). Challenging bridging students to leave their comfort zone as an RPN to learn the RN role by assigning more complex patients is another example of how one strategy crosses the semi-permeable membranes of teaching and leadership.

This study's findings coupled with previous literature shows that students' clinical practice is integral to professional socialization. Bandura (1977) suggested that "most human behavior is learned observationally through modelling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions, this coded action serves as a guide for action" (p. 22). In clinical practice settings, students interact with RNs, other health care team members, NCEs and peers, observe what they do, and begin to enact their new role. However, from the comments of the coordinators who simultaneously teach in theory and laboratory courses and from the NCEs who teach clinical, it is evident that theory and lab courses provide the foundation for clinical practice and are simultaneously an extension of practice, thus contributing to professional socialization. The theoretical underpinnings of practice are learned in classroom-based courses, practiced in lab settings, including in simulated practice situations, and subsequently applied in actual situations in clinical practice environments. The leadership and teaching practices used within each setting intersect to facilitate students' professional

socialization. New knowledge and skills are applied and evaluated across settings; once successfully acquired, adoption of an RN identity may follow.

      Key Insights and Implication of Findings. Nursing educators are both teachers and leaders in that they facilitate the learning that must occur for bridging students to acquire the specific knowledge and skills required of an RN and use specific leadership practices to facilitate bridging students' adoption of an RN identity and movement toward their goal of becoming an RN. Nursing educators identified leadership practices *and* teaching practices they use to facilitate bridging students' professional socialization. Although the focus of this study was on the leadership practices nursing educators use to facilitate the professional socialization of bridging students to support their goal of transitioning to BScN-prepared RN, failing to consider the teaching strategies that support students' learning in conjunction with leadership strategies to guide them through the socialization process would prove problematic. Teaching and leadership practices are being employed in tandem to facilitate bridging students' professional socialization from RPN to BScN-prepared RN.

      It may be useful to conceptualize nursing educators as 'teacher leaders', or those who lead students to their goals, who provide direct teaching duties and, as suggested here, engage in leadership activities outside of the classroom and function in professional communities to begin to redress the factors that impact bridging students' professional socialization (Wenner & Campbell, 2017). Teacher leadership is "the process by which teachers, individually or collectively, influence their colleagues, principals, and other members of school communities to improve teaching and learning practices with the aim of improved student learning and achievement (York-Barr & Duke, 2004, p. 288). However, as does the school principal, the administrators of nursing education programs hold the formal positions, authority, responsibility,

and accountability for the program (Helterbran, n.d.), and nursing educators may not see themselves as having any influence beyond their direct work with students. Any beliefs nursing educators have about their role and their sphere of influence may limit how they function in that role. They need to know that they can and should have influence beyond direct teaching; they are well situated to do so given their content expertise and immersion in the environments where learning and practice takes place. Organizational structures can constrain and facilitate teacher leadership, however (Mangin & Stoelinga, 2010). Nursing clinical educators' influence is constrained by the nature and location of their work. That NCEs' work transpires outside the school; that they are casual, contract workers; and, that they are rarely trained in teaching and learning constrains their influence at the program level. Administrators play a critical role in fostering the conditions that facilitate teacher leadership (Danielson, 2007).

A theory(ies), that considers both the teaching and the leadership responsibilities of the educator role, supports the educator to tailor their strategies to the unique needs of their students, supports nursing educators to influence professional socialization outside the walls of academia, and informs program administrator support of nursing educators' work is important to inform nursing educators' facilitation of professional socialization. Predominantly applied to K-12 contexts, instructional leadership is one theory that could be used to guide both educator and administrator work. Instructional leadership expanded from a focus on the school principal as leader to a greater focus on a distributed leadership lens that creates space for teachers and others involved in education to contribute to educational leadership (Hallinger, 2007; Neumerski, 2004). As instructional leader, the principal defines the school mission, manages the instructional program, and promotes a positive school leaning climate (Hallinger, 2005, 2007). "The aims of instructional leadership are tied to the core work of schools: teaching and learning. Thus,

instructional leadership practice must include the connection between instructional leadership and instruction itself "(Neumerski, 2004, p. 316). This necessitates a reciprocal relationship between teacher/educator (as instructor) and the administrator (as the supporter of instruction). Just as K-12 teachers collaborate with school principals, nursing educators, as content experts working directly with students in the spaces where nursing education is delivered, should collaborate with nursing program administrators on educational matters that affect teaching and learning, including the facilitation of bridging students' professional socialization.

Although higher education is structured, governed, funded, and delivered differently than K-12 education, applying instructional leadership theory to nursing education could provide a useful framework to: support nursing educator work with bridging students; inform how nursing educators and other leaders interact with each other to support educators' work; support nursing educators' influence on professional socialization outside the environments where they practice directly with students; and, inform how nursing program administrators support nursing educator work. To do so, it is important for instructional leaders like nursing administrators to create and sustain a culture with supportive environments where those involved in nursing education contribute meaningfully to nursing education and education practice. This necessitates that structures be put in place so that nursing educators, including those who work exclusively in practice environments external to the school, can share their clinical expertise and the knowledge they have about bridging students' challenges and collaborate with each other to support these students using effective teaching and leadership practices. Nursing educators may identify a problem that needs addressing but require a supportive environment to develop the confidence and skill to do so.

Theories of leadership that also include an instructional component, such as instructional leadership, hold promise for future studies exploring practices that support professional socialization. Instructional leadership offers a new way to consider nursing educator leadership in the context of facilitating bridging students' professional socialization that, so far, is lacking in this academic literature. In the context of this study, instructional leadership can inform the work of administrators and educators to improve teaching and learning.

Research Question #3: How do bridging students understand these leadership practices in support of their professional socialization from RPN to BScN-prepared graduate?

Meleis et al (2000) theorized that individuals in transition may feel different than others. Bridging students in this study felt that they were different than their traditional entry peers and that others perceived them to be different as well. Like students in Brown et al. (2015), students in this study perceived that they have different needs for support than their peers. Students and graduates in this present study felt that their differences were not accounted for in determining the approach nursing educators used to support them. Bridging students described the frustration they felt as a result of the perceived lack of recognition by nursing educators that they have previous nursing education and experience or that it has value and relevance to their current professional socialization experience. This finding resonated strongly with previous research (Brown et al., 2015; Janzen et al., 2013; Melrose & Gordon, 2008; Melrose et al., 2012). This may impact professional socialization, as the extent to which others legitimate the use of an existing knowledge base and skills determines the internalization of professional behaviours (Hinshaw, 1977). As in this present study, Brown et al. (2015) commented that students experienced difficulty building on previous education and experience when they were continually required to prove their competence with basic skills of nursing practice in laboratory

and clinical settings. The sub theme, 'we pushed through' illustrates that bridging students felt that they could not address their concerns with nursing educators and that they needed to 'just get through the program' without conflict Bridging students generally felt under-supported by nursing educators as they socialized to their new role and one coordinator agreed that not enough is done to support bridging students through the professional socialization process. Bridging students tended to regard each other as their support system in school, which is not surprising given that they must acclimate to a new university culture and integrate into a group of students who have been learning together since first year as traditional entry students. Fotheringham & Alder (2012) stress the difficulty this often causes for students. This may help explain why bridging students in this study appeared to separate themselves from traditional entry students inside and outside of class and in clinical settings. They may be able to relate to and recognize themselves in their bridging student peers and find comfort in others in a similar situation.

There appeared to be tensions between bridging students wanting more recognition from nursing educators that they have different needs requiring different support strategies, and not wanting to stand out as different than their traditional entry student peers. Further, while bridging students appeared not to realize that a re-socialization process was taking place, as evidenced by their reluctance to accept that there are role differences, they felt that they have been left to their own devices and question how they may ever change what they have always been doing as an RPN if NCEs are not guiding them to socialize to their new role. This dichotomy may be attributed to an individual bridging student's personal characteristics, confidence level and their past experience.

It is uncertain whether bridging students consider program coordinators, who also teach in classrooms and laboratory settings, as significant to their professional socialization, as the

leadership practices coordinators used were not mentioned by students. This is not surprising as students in other studies considered clinical practice experiences and interactions with *NCEs* as particularly meaningful (Hylton, 2005; Melrose et al., 2012; Rapley et al., 2006). Students in this present study may view coordinator leadership practices, which are predominantly focused on transition more broadly, rather than on learning new RN skills and practice behaviours, as less meaningful. Bridging students in this present study did, however, identify experiences in other educational settings such as in laboratory and simulation environments as impacting their professional socialization. These settings are where skills are learned and practice and are considered part of clinical courses. These findings show that bridging students may consider professional socialization to typically occur in clinical settings, guided by educators who facilitate activities directly associated with clinical practice.

Students discussed NCE leadership practices within three of the five analytic categories: *enable others to act* (giving them autonomy, not being left to their own devices), *encourage the heart* (not being asked to mentor traditional entry student peers), and *challenge the process* (not being judged if they struggle with more challenging assignments, more learning opportunities). The *challenge the process* category generated the richest discussion and greatest agreement between coordinators, NCEs, students, and graduates. Participants from each of these groups agreed that challenging bridging students by increasing the complexity of clinical assignments and pushing their depth of critical thinking are key strategies to facilitate their professional socialization. Like NCEs, students and graduates identified several strategies that more closely coincide with teaching than they do with leadership. Bridging students and graduates suggested that NCEs could help their professional socialization by providing individual tailored support based on one-on-one conversations with each student directed at discovering their past

experience, their strengths, and their needs for learning and support. The strategy of encouraging

students to analyze role differences cited by nursing educators was not discussed by students

which bolsters the assertion that they lack insight that their understanding of the two roles is

incomplete.

Students placed greater emphasis on what NCEs did to *hinder* their professional

socialization than what they did to facilitate it, leading to the conclusion that they may perceive

NCE leadership practices to be insufficient to guide their professional socialization in clinical.

All students and graduates agreed that there was significant variation in the leadership

approaches between NCEs which resulted in inconsistencies in the facilitation of their

professional socialization. Graduates expressed various ways NCEs could facilitate their

professional socialization further. Their suggestions focused primarily on what NCEs could do to

tailor their learning and to better facilitate opportunities for learning skills particular to the RN

role, rather than on leadership practices that would facilitate their adoption of an RN identity.

This corroborates the assertion that bridging students may consider the RPN to BScN graduate

process as less of a socialization process that involves a change in identity than it is simply

broadening the scope of knowledge and learning new skills.

Nursing educators, students and graduates expressed differing perspectives about some of

the NCE leadership practices that help and hinder bridging students' professional socialization.

For example, to demonstrate that they recognize and value bridging students' prior education and

experience as an RPN, NCEs encouraged bridging students to mentor their traditional entry

student peers. This strategy was regarded by students and graduates as unfair, as they are also

students and should be afforded their own time for learning rather than spending their time

teaching others. This demonstrates that there are incongruences between the perspectives of

students and NCEs about the best approach to facilitate bridging students' professional socialization.

Students and graduates perceived that their needs for support from NCEs changed very little or became less as they progressed through the program. Melrose & Wishart (2013) noted similar findings in that students needed less affirmation as they progressed to independence. Bridging students in this present study did, however, stress that facilitation for professional socialization should begin immediately upon program entry and continue throughout the program and beyond into their employment as an RN. Cubit and Lopez (2011) noted that students in their study stressed that support after graduation is critical. As noted by one student, the focus of support for professional socialization should additionally include nursing educator guidance for not only the transition from RPN to RN but the transition from working professional back to student.

Key Insights and Implications of Findings. These findings confirm previous research findings that bridging students feel under-supported. The findings that the perceptions of students and nursing educators about the practices that facilitate their professional socialization differ somewhat, and that some of the practices nursing educators use to facilitate their professional socialization to BScN-prepared graduate are perceived by students as insufficient, perhaps even detrimental to their socialization contributes new knowledge to existing literature.

Although professional socialization primarily occurs in the clinical practice areas where NCEs work with students, this study's findings corroborate previous literature that suggests that professional socialization occurs through a combination of clinical experience and professional education (Beck, 2014; Rejon & Watts, 2014). Regardless of the educational area they primarily work in (e.g. clinical, lab, classrooms), each nursing educator contributes to bridging students'

professional socialization to BScN-prepared RN. Bridging students identified experiences in other educational areas such as simulation and laboratory classes as impacting their professional socialization and although the leadership practices of program coordinators were not specifically addressed by students or graduates, coordinators are central to students' transition to BScN-prepared graduate. They not only address the professional dimension of transition but the academic and personal dimensions as well; support across all three dimensions is necessary for a successful transition.

Research Question #4: What programmatic resources are made available to guide the leadership practices of nursing clinical educators to facilitate RPN to BScN bridging students' professional socialization?

All program coordinators and most NCEs discussed the numerous differences between bridging students and traditional entry students. Coordinators expressed that these differences necessitate variation in how both themselves, as coordinators and teachers, and NCEs facilitate bridging students' professional socialization to BScN graduate. However, the study findings highlighted that NCEs' awareness *that* they should or *how* they should tailor their practices to facilitate bridging students' professional socialization may have been limited until they were asked to consider it for this present study. Of note, NCEs considered some practices they used as beneficial for bridging students; however, bridging students considered several of these practices as a hindrance to their professional socialization.

Nursing clinical educators are most often trained as clinicians, not educators and therefore require guidance with their work with students. Program coordinators and NCEs unanimously indicated that there is a lack of programmatic support or guidance for NCEs' work with bridging students. The single document that was reviewed for its' relevancy to the guidance

of NCE work with students in clinical does not provide any guidance on the best teaching or leadership practices NCE may use to facilitate students' professional socialization, whether traditional entry student or bridging student. The recommendations in this document were generic in nature or outlined procedural policies for NCEs. A link to a generic clinical education website for both clinical teachers and students is provided in the document. Bridging students are not specifically referenced in this document or within the website. A lack of suggested teaching and leadership practices in this document underscores a gap in programmatic support at the organizational level for NCE practice with bridging students.

Program coordinators discussed how they attempted to guide NCEs' work with bridging students. During clinical teacher orientation, they indicate to NCEs that bridging students are different than traditional entry students because of their previous experience but not to be fooled by their comfort with the performance of skills; they need as much careful evaluation as do other students to ensure they are meeting clinical objectives. Coordinators warn NCEs to watch for bridging students overstepping their boundaries as a student because of their familiarity and knowledge of clinical skills they do in their job as an RPN. Other coordinators discussed concerns that little is done to support NCEs' work with bridging students and that it is difficult to support NCEs' work with individual bridging students when they do not know who the bridging students are. If known, they may discuss individual students with NCEs or provide more frequent contact with NCEs. One-on-one conversations may take place as issues arise that need intervention. No other support was identified by NCEs or coordinators, nor were leadership practices suggested to NCEs to guide bridging students' professional socialization. Of note, bridging program graduates likewise stressed that the inconsistency between the leadership approach of NCEs should be addressed and that this can be done, in part, by providing education

to NCEs about the differences between the RPN and RN roles, about the differences between traditional entry students and bridging students, and about how to facilitate their professional socialization. These findings suggest that programmatic support and guidance for NCEs' work with bridging students is insufficient.

Key Insights and Implication of Findings. Findings from this study show that NCEs employ leadership practices that more closely align with the adoption and enactment of the knowledge, skill and behaviours of an RN in clinical practice settings and program coordinators predominantly focus their practices more broadly on the transition from RPN to BScN-prepared RN, while lab and theory teachers were identified by students as affecting their socialization as well. Every nursing educator across settings plays an integral role in the professional socialization of bridging students, yet study findings revealed that nursing educators are inadequately prepared and supported to effectively facilitate bridging students' professional socialization. This finding contributes new knowledge to an area of the bridging students' transition and professional socialization largely unexplored. Nursing educators need further support from immediate supervisors and programmatic support at the organizational level to be able to support students more effectively across all settings where professional socialization occurs.

This chapter presented the relationship between the concepts of transition and professional socialization, the interpretation and discussion of the findings, and the key insights and implications that arose from the findings. The study limitations, the recommendations for practice and further research, the summary of the study, and the study significance are presented in chapter six.

CHAPTER SIX: STUDY LIMITATIONS, RECOMMENDATIONS, SUMMARY, AND CONCLUSION

This chapter first outlines the study limitations followed by recommendations for practice, policy, and further research grounded in the study findings. Finally, a summary of the study and a concluding statement is presented.

Study Limitations

Several study limitations were identified. First, the researcher is an educator and past coordinator in the nursing program from which participants were drawn. Clinical educators and students may have been hesitant to share their perceptions or experiences, particularly negative ones. Data may have been affected by this. To prevent this, it was stressed to participants that the researcher was collecting data as a researcher and not as an educator and that their responses would only be used for this study to improve theirs and future students' professional socialization experiences. Second, while my position as a former coordinator and my close relationships with program coordinators and several NCEs added a level of familiarity and knowledge of the program and some of the everyday experiences of participants, this had the possibility to influence the direction of the interviews. Ample time was given to participants during interviews so that they were free to discuss their own ideas. Third, focus group participants' personalities may have resulted in unequal participation; however, the researcher is experienced in small group facilitation and used strategies (e.g. communicate focus group ground rules; specifically request input from everyone) to enhance equal participation. Moreover, the focus groups for students occurred separately from program graduate focus groups so that perceptions of seniority would not preclude full participation of either participant group. Fourth, student and graduates samples were small due to the timing of the focus groups conflicting with exams and clinical placements. This may limit the use of these findings to inform practice and

decision-making; however, many of the findings resonated strongly with previous research. Finally, data collection relied on participants' recollections and perceptions of their experiences. Observations of student/educator interactions combined with interviews would have strengthened the findings.

Recommendations for Practice

The five key recommendations for practice are: (1) that curriculum planning and the leadership and teaching practices nursing educators use should be informed by what is known about the bridging student professional socialization trajectory and address all three transition dimensions; (2) that the facilitation of bridging students' professional socialization in clinical settings should be tailored to each individual bridging student's past experience as an RPN and their needs for learning and support are guided by the principles of adult learning and instructional leadership; (3) that nursing educators' facilitation of bridging students' professional socialization should extend past the typical educational areas where they interact with students to redress intra-professional issues, regulatory challenges, organizational policies, and bridging program structures that additionally impact bridging students' professional socialization; and, (4) that professional socialization occurs across educational settings making it imperative that all nursing educators understand bridging students' professional socialization and how to best facilitate it, and are provided with sufficient programmatic support to do so.

Consider bridging students' professional socialization trajectory and all three transition dimensions in curriculum planning and in decisions about leadership and teaching practices

Nursing educator leadership and teaching strategies should coincide with the bridging student professional socialization trajectory and address all three dimensions**.** Early in the

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program, nursing educators should use strategies that help bridging students to concretely understand that there are differences between the RPN and RN role and what these differences are, and emphasize that professional (re)socialization is required to successfully transition from their former RPN role to that of an RN. Issues with more advanced critical thinking and clinical decision-making may begin to be addressed by assuring that new knowledge will support and extend what they already know as RPNs, and by encouraging them to draw on this when encountering new situations (Adelman, 2002; Hylton, 2005; Melrose & Gordon, 2008). Using exemplars of the expected RPN and RN actions within real clinical situations and may be useful in advance of clinical situations to help bridging students discuss and comprehend the expected RN role actions and behaviours versus those expected of an RPN. Building in assignments that require students to reflect on empirical evidence from existing research about the RPN to BScN-prepared RN transition and what this transition means to them may be a useful strategy to have bridging students begin to consider that their experience will require transition. Nursing educators may consider requiring bridging students to maintain a learning plan or portfolio with reflective work throughout the program so that they may reflect on concrete evidence of their transition to their new role.

Strategies that program coordinators may use to address the academic and personal dimensions of RPN to BScN-prepared RN transition may include providing an orientation in advance of starting the program (Miller & Leadingham, 2010; Rapley et al., 2006) that includes an overview of some of the challenges bridging students may encounter; providing opportunities to meet and speak with other bridging students as peer support during orientation and throughout the program; encouraging the use of student support services to address any academic challenges

such as scholarly writing; advocating for bridging student bursaries so that they have less need to

work as an RPN; and, engaging faculty advisors as ongoing support for bridging students.

Employ a student-centered approach in clinical tailored to individual student's needs and

informed by principles of adult learning and instructional leadership

The facilitation of bridging students' professional socialization in clinical settings should

be tailored to each individual bridging student's past experience as an RPN and their needs for

learning and support. Given the smaller student group sizes in clinical settings, NCEs are well

positioned to address each student's individual circumstances and needs through a student-

centred, individualized and tailored approach to facilitating their professional socialization. Such

an approach may help to address the differences in perspectives between nursing educators and

students about what leadership practices help and hinder their socialization. This approach

should be premised on the fact that bridging students may not necessarily be more prepared to

professionally socialize than their traditional entry peers, so it is unreasonable to place higher

expectations on RPNs socializing to their new nursing role (Hylton, 2015).

Bridging students are adult learners; as such, both the leadership practices and teaching

strategies nursing educators use may be best informed by the principles of adult learning: adults

are internally motivated and self-directed, they bring life experience and knowledge to learning

experiences, they are goal-oriented and practical, and they need to feel respected (Knowles,

1978; Merriam, 2001; Wlodkowski, 2008). Strategies might include avoiding assumptions about

bridging students' preparedness, skills, confidence, ability to build on experience, and support

needs; recognizing and validating prior RPN experience; recognizing that each experience will

be different for each bridging student; building in opportunities for reflection to help bridging

students to think about and interpret new experiences in the context of their former role

expectations and behaviours; exploring and explaining clinical situations by building on prior experience while incorporating new knowledge; and, scheduling initial and ongoing individual meetings with each student in clinical to determine past experience, perceived strengths and limitations, concerns, learning needs, understanding of RPN to BScN transition and professional socialization, and how to facilitate their professional socialization based on their unique experiences.

Extend nursing educator influence on professional socialization outside the spaces where they typically interact with students

Extending nursing educators' sphere of influence to the areas where they practice as an RN (i.e. the school itself and their places of professional practice as an employee) and to the professional associations and regulatory bodies that guide nursing practice is warranted to redress the inherent intra-professional tensions, the organizational policies and structures, and the bridging program structures that impact students' professional socialization experiences. While it is important that nursing educators address these factors within the curriculum itself by drawing on bridging students' experiences and facilitating discussions in professionalism courses about intra-professional nursing conflict, nursing hierarchies, and how scope of practice similarities and differences are enacted in practice, or simulate professional conflict scenarios so that students may practice how to resolve these, it is of equal importance that these factors are directly addressed in the areas where they are embedded in everyday practice. Nursing clinical educators, as employees of various health care environments, may address intra-professional tensions and role ambiguity issues by voicing their concerns to administrators or by advocating for professional practice committees to bring these issues to the forefront for resolution. Program coordinators may liaise with clinical partners to explore how they may collaborate to address

intra-professional issues. Nursing educators may advocate for change to regulatory policies and for scope of practice clarity through professional associations, for improved support for bridging students after graduation as they continue to transition to their new role, and for school administrators to review the structure and organization of bridging programs so that they meet the needs of bridging students while maintaining program integrity and the requisite nursing program standards.

Provide improved organizational and programmatic support for all nursing educators

Professional socialization occurs across educational settings making it imperative that all nursing educators understand bridging students' professional socialization and how to best facilitate it, and are provided with sufficient programmatic support to do so. Presenting empirical evidence in faculty meetings and clinical educator orientations about the challenges bridging students face, their typical trajectory, and the effective leadership and teaching strategies that coincide with this trajectory would be useful. Program coordinators should maintain close and frequent communication with nursing educators located in clinical, lab, and classrooms so that any issues that arise may be addressed promptly. Nursing educators may advocate for additional time, particularly in clinical settings, to work with bridging students closely to address their unique challenges and needs for support. Instructional leadership practices that may be considered by nursing program administrators include creating a culture of shared leadership by creating opportunities for all nursing educators, including those whose work is located outside the school itself such as is NCE work, and administrators to share knowledge and expertise and contribute to program and curriculum decisions; encourage and support nursing educators to take initiative to influence policy at the school, provincial, and national levels; provide incentives for nursing educator and student participation on school and external committees; provide teacher

leader mentors to nursing educators; and, provide and encourage attendance at professional development offerings that address nursing educator teaching and leadership practices.

Recommendations for Policy

It is suggested that:

- professional nursing associations further clarify nursing scopes of practices and role differences and how these differences should be enacted in practice and used to make decisions about staffing skill mix;

- decision-makers at the agencies where nursing students complete clinical practicums review agency policies that dictate what skills students are able to perform in clinical with the lens of how this might differ for bridging students who have prior PPN education and experience.

Recommendations for Future Research

- Explore and test the utility of theories such as instructional leadership that could inform the direct teaching duties of nursing educators as well the leadership practices and activities nursing educators engage in inside and outside of the classroom to guide the facilitation of professional socialization;

- Explore nursing educators' and nursing program administrators' perceptions of teacher leadership, how nursing educators may or may not enact teacher leadership, and the factors that facilitate and constrain nursing educators' teacher leadership;

- Conduct a longitudinal study that follows bridging students across all years of bridging programs and after graduation to further understand their professional socialization trajectory;

- Explore the barriers and facilitators to nursing educators' ability to influence bridging

  students' professional socialization external to the educational areas where they typically

  interact with students;

- Conduct research using observations of student/educator interactions in the classroom, in

  clinical practice environments, in laboratory settings, and in theory classes to determine how

  professional socialization is facilitated; and,

- Explore the most effective ways to support bridging students in their continued transition in

  their work environments following graduation.

Study Summary and Conclusion

Located in the interpretive paradigm and guided by the theoretical underpinnings of

constructionism, this qualitative case study explored how nursing educators can facilitate

bridging students' professional socialization in support of their transition from RPN to BScN-

prepared graduate. Specifically, this study was designed to explore how nursing educators

understand bridging students' professional socialization from RPN to BScN-prepared graduate,

what leadership practices they use to facilitate bridging students' professional socialization, how

bridging students understand these leadership practices in support of their professional

socialization, and what programmatic resources are made available to guide nursing clinical

educators' work with bridging students. The concepts of transition, professional socialization,

and leadership practice constituted the conceptual framework to guide this study, where

professional socialization is a sub-set of transition and one of the three transition dimensions

(personal, academic and professional). Data was collected through individual interviews with

nursing clinical educators and program coordinators, through focus group interviews with year

four bridging students and bridging program graduates, and from the evaluation of one document deemed relevant to the programmatic support of nursing educators' work with bridging students.

Four themes emerged from the data related to nursing educators' and students' understanding of professional socialization: phases of professional socialization, "it's hard to fit in", broader impacts on professional socialization, and participants' understanding of the support required for bridging students' journey to BScN. Kouzes and Posner's exemplary leadership practices, reinterpreted to suit the context of this study, was useful to interpret data related to the leadership practices used by nursing educators and students' and graduates' understanding of these. The leadership practices used by nursing educators constituted all five leadership categories and varied between NCEs and program coordinators. The perspectives about some of these practices differed between students and nursing educators.

Professional socialization occurs across educational areas but in clinical practice environments where professional socialization is predominantly situated, nursing clinical educators are well positioned to provide individualized, tailored facilitation of students' socialization. Curriculum planning and leadership and teaching practices nursing educators use should be informed by the bridging student professional socialization trajectory. Further, nursing educators should extend their influence outside the confines of where they typically interact directly with students to redress the intra-professional, organizational, regulatory, and bridging program structural factors that impact bridging students' professional socialization. As professional socialization occurs across areas, all nursing educators are integral to bridging students' professional socialization and thus need programmatic support to best facilitate students' professional socialization. Instructional leadership was suggested as one theory that

holds promise for future studies exploring practices that support nursing professional socialization.

This study provides a deeper understanding of bridging students' professional socialization trajectory and the factors that shape it, and the leadership and teaching practices that may support their professional socialization. Many of the study findings resonated with my experience as a nursing educator and former program coordinator and confirmed previous research findings. Several findings contributed new knowledge to the literature and increased my personal understanding of the best ways to facilitate bridging students' professional socialization in my role as a nursing educator. These findings may provide a basis for nursing educators to reflect on their current practices for bridging student support and will allow nursing educators to tailor their teaching and leadership strategies across the program and, more specifically, within the clinical areas where professional socialization primarily occurs. The study findings may also inform the design of nursing educator professional development and training programs for new educators and may be used to further enhance the practice of seasoned clinical educators and nursing program coordinators. Improved practices may lead to improved student and bridging program outcomes. Study findings contribute to the growing body of academic literatures about role transition and professional socialization in nursing and may resonate with members of other disciplines that experience similar transitions.

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Appendix A

[Name redacted] RPN to BScN Academic Pathway

PHASE ONE
Academic Pathway for PN to BScN
At the college
Criteria for Enrollment:
75% cumulative average in PN courses, Med Calculation Examination success, 900 hours full scope of RPN practice, Current RPN Ontario

Prior Learning Assessment

Portfolio Development

Simulation Assessment

Evaluation: Panel Review

Criteria: Learning outcomes of Year 2 Nursing Courses

PHASE TWO:
Bridge Courses
Enrollment Criteria: Biology, Chemistry and Math and
3 years English language entrance requirements

PHASE THREE:

Admission to Year Three and Four BScN Program

APPENDIX B

Research questions	Data collection methods			Interview & focus group questions
	Interviews (educators)	Focus groups (students/graduates)	Documents	
How do nursing educators understand the professional socialization of bridging students from RPN to BScN-prepared graduate?	X			Please tell me about your role as a clinical educator. Can you describe your experience supervising RPN to BScN bridging students in clinical? How does your experience supervising bridging students differ from supervising traditional-entry nursing students (i.e. those entering into first year of the program)? What challenges have you experienced facilitating bridging students' professional to the BScN-prepared RN role in the clinical setting?
What leadership practices do nursing educators use to facilitate bridging students' professional socialization from RPN to the BScN-prepared graduate?	X			What leadership practices (i.e. actions, behaviors, and strategies) do you use to facilitate bridging students' professional socialization to the BScN-prepared RN role? How do these practices differ from the practices you use to facilitate traditional-entry students' professional socialization to the BScN-prepared RN role? Is there anything else that you can tell me that would be helpful for me to understand how clinical educators can facilitate bridging students' professional socialization to the BScN-prepared RN role?
What programmatic resources are made available to guide the leadership practices of nursing educators to facilitate bridging students' professional socialization to the BScN-prepared RN role?	X		X	What guidance have you received in terms of facilitating bridging students' professional socialization to the BScN-prepared RN role? Are there any documents made available to you by your employer that you used to guide the way you work with bridging students?

How do bridging students understand nursing educators' leadership practices in support of their professional socialization to the BScN-prepared RN role?		X		What do (did) your clinical educators do that helps(ed) your professional socialization to the BScN-prepared RN role? What do (did) your clinical educators do that hinders(ed) your professional socialization to the BScN-prepared RN role? How have (did) your needs for clinical educator support change(d) since year 3 (over the course of the program)? In what ways could your clinical educators (have) better facilitate(d) your professional socialization to the BScN-prepared RN role?

APPENDIX C

Interview Guide: Nursing Clinical Educators

Thank you for agreeing to participate in this study.

The purpose of this study is to:
(1) explore how nursing clinical educators understand the professional socialization of bridging students in their transition from RPN to BScN-prepared RN;
(2) describe the leadership practices nursing clinical educators use to facilitate bridging students' professional socialization to the RN role; and.
(3) explore how bridging students' understand these leadership practices in support of their professional socialization.

I would like to start by having you sign a consent to participate in research form and complete a short questionnaire that asks about your nursing experience, teaching experience, educational background, and about the number of bridging students you have supervised in the clinical area as a clinical educator since you began teaching.

Today, I will be asking you specifically about your experiences with bridging students' professional socialization to the BScN role and the leadership practices you use to facilitate their professional socialization.

Definitions
RPN to BScN professional socialization includes adopting the attitudes, knowledge, skills, values, norms, and behaviors of the RN role and developing the professional identity of an RN. For example, this might include: helping them feel confident in their development as an RN, helping them master advanced RNs skills (like critical thinking, decision-making, leadership, research utilization and resource management), helping them to think like an RN, helping them to apply the knowledge they have gained in their classes.

By leadership practices, I mean the actions, strategies, and behaviours you use to facilitate bridging students' professional socialization.

We will now begin the interview. It will last about 45-60 minutes. Remember you are free to refuse to answer any question, to take a break, or to stop the interview at any time. Just let me know.

Interview Questions

1. Tell me about your role as a clinical educator (*probe: how long have you been in it, what specialty areas*).

2. Can you describe your experience supervising RPN to BScN bridging students in clinical? *(probes: enjoyable, rewarding, frustrating, challenging, intense, difficult, simple)*

3. How does your experience supervising bridging students' differ than supervising traditional-entry nursing students?

Leadership practices

4. How would you describe your role facilitating bridging students' professional socialization?

5. How do you now when a bridging student is experiencing difficulty with professional socialization to the BScN role?

6. What leadership practices (i.e. actions, behaviors, and strategies) do you use to facilitate bridging students' professional socialization?

7. How do these practices differ from the practices you use to facilitate traditional-entry students' professional socialization?

8. How do bridging students react to these practices?

9. What guidance have you received in terms of facilitating bridging students' professional socialization? *(probes: from other clinical educators, staff colleagues, program coordinators, other educators in the program, previous students)?*

10. Are there any programmatic documents made available to you that you used to guide the way you work with bridging students?

11. Is there anything else that you can tell me that would be helpful for me to understand how clinical educators can best facilitate bridging students' professional socialization?

APPENDIX D

Interview Guide: Program Coordinators

Thank you for agreeing to participate in this study.

The purpose of this study is to:

(1) explore how nursing clinical educators and coordinators understand the professional socialization of bridging students in their transition from RPN to BScN-prepared RN;

(2) describe the leadership practices nursing clinical educators and coordinators use to facilitate bridging students' professional socialization to the BScN-prepared RN role; and,

(3) explore how bridging students' understand these leadership practices in support of their professional socialization to the BScN-prepared RN role.

RPN to BScN students' transition experiences can be understood as academic (i.e. challenges adapting to university-level expectations), personal (i.e. school/life balance and personal transformation), and professional (i.e. professional socialization to BScN-prepared RN role). I am specifically interested in the professional aspect of this transition.

Today, I will be asking you about your experiences with bridging students' professional socialization to the BScN-prepared RN role and the leadership practices you use to facilitate their professional socialization. I will define the terms 'professional socialization' and 'leadership practices' shortly.

I would like to start by having you sign a consent to participate in research and complete a short questionnaire that asks about your program coordination experience, teaching experience, educational background, and about the numbers of bridging students you support each year. Please choose a pseudonym (fake name) in place of your real name. Your pseudonym should not contain any identifying information. This pseudonym will be used in place of your name on all data collection documents.

We will now begin the interview. It will last about 60 minutes. Remember you are free to refuse to answer any question, to take a break, or to stop the interview at any time. Just let me know.

Interview Questions

1. I would like to start by asking you to describe your role as a program coordinator (probe: how long have you been in it, what are your responsibilities).

2. Can you describe your experience supporting RPN to BScN bridging students? (probes: how often do you have contact with bridging students in your role, what are the reasons for contact)

I would now like to explore your understanding of the terms 'professional socialization' and 'leadership practices'.

3. By 'professional socialization to the BScN-prepared RN role' I mean adopting the knowledge, skills, behaviors and professional identity of an RN. (For example, this might include: helping them feel

confident in their development as an RN, helping them master advanced RNs skills (like critical thinking, decision-making, leadership, research utilization and resource management), helping them to think like an RN, helping them to apply the knowledge they have gained in their classes.)

Consider this definition. Can you tell me how you would define 'professional socialization to the BScN-prepared RN role'? (probes: do you understand it in a similar or different way, would you add or remove anything from this definition)

4. I am interested in the leadership practices used to facilitate bridging students' professional socialization to the BScN-prepared RN role. By 'leadership practices', I mean the actions, strategies, and behaviours you use.

Consider this definition. Can you tell me how you would define 'leadership practices'? (probes: do you understand it in a similar or different way, would you add or remove anything from this definition)

5. In your experience, what challenges do bridging students experience socializing to the BScN-prepared RN role?

6. What challenges do you yourself or nursing clinical educators experience facilitating bridging students' professional socialization to the BScN-prepared RN role?

7. How does your experience supporting bridging students differ from supporting traditional-entry nursing students (i.e. those entering into first year of the program)?

8. What leadership practices (i.e. actions, behaviors, and strategies) do you use to facilitate bridging students' professional socialization to the BScN-prepared RN role?

9. How do these practices differ from the practices you use to facilitate traditional-entry students' professional socialization to the BScN-prepared RN role?

10. What guidance do you give nursing clinical educators in terms of facilitating bridging students' professional socialization to the BScN-prepared RN role? (probes: refer to other clinical educators, staff colleagues, program coordinators, other educators in the program, previous students)?

11. Are there any documents or other resources made available to clinical educators by yourself or the college or university that help guide the way they work with bridging students?

12. Is there anything else that you can tell me that would be helpful for me to understand how clinical educators and/or coordinators can best facilitate bridging students' professional socialization to the BScN-prepared RN role?

APPENDIX E

Focus Group Guide: Students (year four)

Thank you for agreeing to participate in this study. The purpose of this study is to understand how nursing clinical educators can best support RPN to BScN bridging students' transition to the RN role.

I would like to start by having you sign a consent to participate in research form and complete a short questionnaire that asks information about who you are (e.g. educational background, nursing experience as an RPN, your age range and gender identification).

Ground Rules

I would like everyone to have a chance to participate as everyone's perspectives are important. Speak up whether you agree or disagree. What is said in this room stays in this room. I will be audiotaping our discussion. No names will be used when the discussion is typed and the recording will be permanently erased when it is typed. You will remain anonymous. If you chose to withdraw your data, your comments will not be recorded as part of the transcript. Remember you are free to not answer any of the questions, to take a break, or to stop the interview at any time. Just let me know.

Today, I will be asking you to share your experiences about how your clinical educators facilitate your transition. I would like to focus specifically on the ways they help or hinder your socialization to the RN role.

Definitions
Socialization to the RN role involves the adoption of the attitudes, knowledge, skills, values, norms, and behaviors of the RN role and the development of the identity of an RN. For example, this might include: helping you feel confident in your development as an RN, helping you master the RN skills (advanced critical thinking and decision-making, leadership, research utilization, resource management), helping you to think like an RN, helping you to apply the knowledge you have gained in your classes.

We will now begin the discussion. It will last 60-90 minutes.

Focus group questions

1. What do your clinical educators do that helps your socialization to the RN role?

2. What do your clinical educators do that hinders your socialization to the RN role?

3. How have your needs for clinical educator support changed since year 3?

4. In what ways could your clinical educators better facilitate your socialization to the RN role?

APPENDIX F

Focus Group Guide: Bridging program graduates

Thank you for agreeing to participate in this study. The purpose of this study is to understand how nursing clinical educators can best support RPN to BScN bridging students' transition to the BScN-prepared RN role. Today, I will be asking you to share your experiences about how your clinical educators facilitated your professional socialization to the BScN-prepared RN role. We will discuss what the term 'professional socialization' means shortly.

I would like to start by having you sign a consent to participate in research and complete a short questionnaire that asks information about who you are (e.g. educational and practice background, ethnic origin, your age range and gender identification). Please choose a pseudonym (fake name) in place of your real name. Your pseudonym should not contain any identifying information. This pseudonym will be used in place of your name on all data collection documents.

Ground Rules

I would like everyone to have a chance to participate as everyone's perspectives are equally important. You are asked not to share what is said in this room with anyone else not involved in this study. I will be audiotaping our discussion. No names will be used when the discussion is typed and the recording will be permanently erased after 5 years. If you chose to withdraw your data after it has been recorded, your comments will not be reported in any publication. Remember you are free to not answer any of the questions, to take a break, or to stop the interview at any time.
We will now begin the discussion. It will last 60-90 minutes.

Focus group questions

1. Bridging students have described academic, personal, and professional challenges during their transition to the BScN-prepared RN role. As part of this study, I am specifically interested in the ways clinical educators helped or hindered your professional socialization to the BScN-prepared RN role. By *'professional socialization'* I mean adopting the knowledge, skills, behaviors and identity of an RN. (*For example, this might include: helping you feel confident in your development as an RN, helping you master the RN skills (like advanced critical thinking, decision-making, leadership, research utilization, resource management), helping you to think like an RN, helping you to apply the knowledge you gained in your classes.*)

   Consider this definition. Can you tell me how **you** would define 'professional socialization to the BScN-prepared RN role'? (*probes: do you understand it in a similar or different way, would you add or remove anything from this definition*)

2. What did your clinical educators do that helped your professional socialization to the BScN-prepared RN role?

3. What did your clinical educators do that hindered your professional socialization to the BScN-prepared RN role?

4. In what ways did your needs for clinical educator support change over the course of the program?

5. In what ways could your clinical educators have better facilitated your professional socialization to the BScN-prepared RN role?

APPENDIX G

Western University Non-Medical Research Ethics Board

NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Brenton Faubert
Department & Institution: Education, Western University
NMREB File Number: 108240

Study Title: A Case Study of Nursing Clinical Educators' Leadership Practices to Support RPN to

BScN Transition

NMREB Initial Approval Date: July 27, 2016
NMREB Expiry Date: July 27, 2017
Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Western University Protocol	Received July 20, 2016	
Recruitment Items	Recruitment Poster: Year 4 Students - Received July 5, 2016	
Recruitment Items	Recruitment Script (in class): Year 4 Students - Received July 5, 2016	
Letter of Information & Consent	Year 4 Students	2016/07/18
Instruments	Focus Group Guide: Year 4 Students	2016/07/18
Instruments	Demographic Questionnaire: Year 4 Students - Received July 5, 2016	
Recruitment Items	Email Recruitment Script: Program graduates	2016/07/18
Letter of Information & Consent	Program Graduates	2016/07/18
Instruments	Demographic Questionnaire: Program Graduates	2016/07/18
Instruments	Focus Group Guide: Program Graduates	2016/07/18
Recruitment Items	Email Recruitment Script: Educators	2016/07/18
Letter of Information & Consent	Educators	2016/07/18
Instruments	Nursing Experience Questionnaire: Educators	2016/07/18
Instruments	Interview Guide: Educators	2016/07/18

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

0000094

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