

*World Authors***LPN to BN Nurses: Introducing a New Group of Potential Health Care Leaders**

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*Abstract*

*Vocationally educated Licensed Practical Nurses are seldom viewed as potential leaders in health care organizations. And yet, transformational leadership practices were evident as Licensed Practical Nurses graduated from a Bachelor of Nursing program and transitioned towards a new role. This article, framed from Kouzes and Posner's (2007) model of transformational leadership, presents two key themes illustrating how these nurses changed and grew as a result of their university education. First, Post LPN to BN nurses identified a changed awareness of the implications of their new role as they neared program completion. Second, following graduation, they developed confidence and a vision of the nursing profession as a result of upgrading their nursing credentials.*

Transformational, confident and visionary leaders are needed more than ever in today's changing healthcare organizations. Traditionally, in the field of nursing, vocationally educated Licensed Practical Nurses had limited opportunities to grow into leadership roles (Claywell, 2008; Harrington & Terry, 2009; Kearney-Nunnery, 2009). However, when one group of nurses upgraded their credentials from Licensed Practical Nurse (LPN) to Bachelor of Nursing (BN), their perceptions of themselves as leaders changed and evolved. This article introduces Post LPN to BN nurses as new group of potential health care leaders.

We describe findings from a qualitative descriptive study that applied Kouzes and Posner's (2007) model of transformational leadership to explore the experiences of 10 Post LPN to BN nurses. The project spanned three years and involved thematic analysis of yearly interview data collected during and after their program. Nurses' own words are used to illustrate their changing views. This longitudinal research offers important insights for health care facility administrators and managers who have the opportunity to support and encourage the continued leadership potential of this unique group of new Registered Nurses (RNs).

*The Transformational Leadership Model*

The transformational leadership model (Burns, 1978) describes a leader as being visionary; arguing against hierarchical management structures and purports that leaders and followers working together can achieve a higher level of morale and motivation. Transformational leaders inspire followers to perform to their full potential by influencing a change in perception and providing direction (Bass, 1985; Bass & Avolio, 1990). They are motivated by their core beliefs

and impact followers in a manner which enhances positive organizational outcomes (Tickel, Brownlee, & Nailon, 2005). Environments characterized by teamwork, cooperation and limited interpersonal conflict were typically generated by transformational leaders (Bass, 1998). This model has demonstrated effectiveness in achieving improved results when utilized in rapidly changing environments (Bass, 1998). A contemporary version of the model, developed in 2007 by Jim Kouzes and Barry Posner, continues to support the view that leadership is a process, not a position; a process everyday people can utilize to bring forth the best in themselves and others.

In healthcare organizations, nurse leaders have embraced the model and found it integral to empowering their staff to perform up to their potential (Marriner-Tomey, 1993). It has positive impacts on communication and team building (Thyer, 2003) and may protect against the depersonalization associated with burnout (Kanste, Kyngas, & Nikkila, 2007). It can also assist in the preparation of nurses for their ongoing leadership roles (Tourangeau, 2003). Higher levels of nurses' job satisfaction and lower nursing turnover have been identified on units where nurse managers practiced transformational leadership (Doran, Sanchez McCutcheon, Evans, MacMillan, McGillis Hall, & Pringle *et al.*, 2004). As healthcare organizations become more inclusive, interdisciplinary and less reliant on hierarchical medical leadership, the model is viewed as particularly relevant to nursing (Aiken, Havens, & Sloane, 2000). Despite the model's growing acceptance, there remains limited evidence of its applicability to Licensed Practical Nurses who continue their education to earn a university degree.

The present study applies Kouzes and Posner's (2007) model of transformational leadership to understand how a group of nurses not usually expected to inspire others (Licensed Practical Nurses), gained leadership skills when they earned a Bachelor of Nursing degree and returned to practice as RNs. In Canada, LPNs complete a two-year vocational college program and RNs complete a four year university program. LPN's are expected to gather client data and inform team leaders while RN's are expected to lead teams (Kearney-Nunnery, 2009). Historically, LPNs have been unable to bridge into university programs and receive credit for their vocational training. As more universities develop bridging programs for LPNs, it becomes increasingly important to recognize graduates of these programs as potential health care leaders.

Kouzes and Posner (2007) asserted that transformational leadership includes observable, learnable sets of practices. Two of these practices, *modelling the way* and *inspiring a shared vision* frame our discussion of the nurses' experiences as they developed and grew as leaders.

### *Method*

This descriptive study, the third phase of a longitudinal project exploring LPN to BN transitions, collected audiotape-recorded transcribed interview data from 10 nurses who graduated or were about to graduate from a Canadian university. From January 2007 through to December 2009, data from semi-structured interviews with LPN to BN nurses was collected. In the first phase, implemented during 2007, George Kelly's (1955/1991) Repertory Grid Methodology (Fransella, 2005) was used to create the structure for the interviews (Melrose & Gordon, 2008). In the second phase, implemented during 2008, barriers the nurses faced were described (Melrose & Gordon, 2011). Now, in this third phase, completed during 2009, the nurses' experiences with transformational leadership practices are reported.

The transcripts were analyzed for themes (Denzin & Lincoln, 1994; Lincoln & Guba, 1985; Loiselle, Profetto-McGrath, Polit, & Beck, 2010; Speziale & Carpenter, 2007). Kouzes and Posner's (2007) model of transformational leadership has been used to frame nurses' views as they completed their program and returned to practice. Full ethical approval was granted by the university. QSR International's NVivo 8 software was used to organize analysis of the data. Trustworthiness was established through ongoing interaction and member checking with participants to ensure authenticity. The following two themes emerged: First, Post LPN to BN students identified a changed awareness of the implications of their new role as they neared program completion; second, following graduation, they developed confidence and a vision of the nursing profession as a result of upgrading their nursing credentials. Verbatim comments are italicized.

### *Findings*

*Theme One: Post LPN to BN nurses identified a changed awareness of the implications of the RN role as they neared program completion*

Early in their program, the nurses described feeling challenged by perceived similarity, or task overlap, between the role and function of an LPN versus that of an RN. All identified the LPN scope of practice as having evolved in their geographic region due to changes in the healthcare environment and delivery system. Varying degrees of frustration were noted as nurses described what they were allowed to do as RN students in practicum settings versus what they were licensed to do as LPNs in work environments. At the beginning of the project, participants' comments reflected their belief that the LPN role was very similar to the RN role:

*"They've expanded the LPN's scope greatly, so basically when you look at two nurses and one is an RN and one is an LPN, a patient looks at them and they will see them doing the same things."*

*"I would have liked to have seen more practicums. There was a couple of them I'm going, as LPNs, the way our scopes of practice were at that point in time, we're like doing this already. Why do we have to be shown this again?"*

However, as these nurses completed university nursing courses, they began to define their personal values and beliefs about the RN role differently. The leadership practice of *modelling the way* (Kouzes & Posner, 2007) is the process of coming to understand one's motivations and responses by defining personal values and beliefs. Kouzes and Posner (2007) posit that values influence all aspects of one's life including commitment to organizational goals, responses to others and moral judgements; they also inform decision making and serve as guides to future action. *Modelling the way* was evident in the way these nurses conversed with colleagues and modeled their new way of thinking about their profession. When comparing their practice as LPNs to the added responsibility and accountability inherent in their new practice as RN's, the nurses changing values were apparent:

*"My aahaa moment...I was actually sitting in orientation for home care...and we were talking about feeding tubes...and I remember as an LPN in home care...if I had a problem with one of those I would say oh, I'll just have the RN come out and change it. And it hit me. I don't have anybody to call anymore. I'm that person, right?"* and

*“I’m sad that in my practice as an LPN I missed all this that I know now. I could have been a better nurse to that patient or what did I miss that I should have caught? How better could I have helped them? So in some respects I’m sad, and in some it’s like, wow...but I’m really scared...of the...responsibility because...it’s the expectation that I have on myself that I can’t go back to that...narrow thinking. I have to think huge...put it all together. Make sense of it all.”*

*[When LPN’s say]...we do the same work as RNs with a degree and how come we don’t get paid the same? I always tell them, when I was in their position as an LPN, I said the same thing until actually I went and took my RN degree. Now I realize it is so different in the depth of the skills that you’re doing and the leadership. You actually are doing a lot more. Utilizing your job knowledge, using evidence from research...trying to...apply them to what you are actually doing. As an LPN, that isn’t so much into play.”*

*“As an LPN I thought what more is there to learn? ...I was thinking in the hospital I do the same as an RN and now it’s like yes, but how can I think differently? ...I can do the same skills but I have to take my thinking beyond that and I have to be more than just the title RN. **It means I have to be a leader.**”*

*Theme Two: Following graduation, Post LPN to BN students develop confidence and a vision of the nursing profession as a result of upgrading their nursing credentials*

Nurses in this study were largely female, older than 35 and with dependents. Many had significant life and healthcare experience. Limited confidence as well as feeling restricted and conflicted in their LPN role was initially identified as motivators to upgrade their nursing credential. Comments such as the following were common:

*“I always wanted to go back to school...but as the years went by...I think my frustration levels went up...and I think the motivation...when I actually started...was more, I don’t know, anger...frustration. At the end the motivation was more a negative because I was just frustrated...so many years of not feeling good about myself and lack of respect [for the LPN role].”*

However, as they upgraded their nursing credentials and began to align more with the RN role than with the LPN role, the nurses expressed enhanced confidence and a commitment to making a difference within their profession. Kouzes and Posner (2007) speak of the transformational leadership practice of *inspiring a shared vision*; suggesting leaders need to develop confidence and a sufficiently engaging vision to prepare them to make a difference in their profession by appealing to values, hopes, interests and dreams. The following statements highlight participants’ growing confidence and dreams for their profession:

*“I have confidence now. Now I have the credentials. When I speak, when I give an opinion, or when I make a decision, I feel like I have the credentials to back me up... I...believe that I have the authority to make that decision, so I don’t apologize.”*

*“I just feel totally better about myself. I feel more comfortable with the knowledge I have even though I had a lot of the same knowledge as an LPN. I just never felt comfortable. Like, am I right? Should I ask? Like it was just sort of the fear of being wrong whereas [now] as an RN I have more confidence.”*

*“It’s not just [a job] anymore. It’s about life...I can’t waste my life anymore...**I have to help** [the nursing profession]. I’ve been given a life for a reason.... I think...the LPN hasn’t been given the opportunity to experience what a degree gives you...It’s like piano lessons or something. If you’ve never been exposed then you don’t know the joy of it. Once you’ve been exposed, you keep going and you want to get better and better and better.”*

[when discussing plans to pursue leadership opportunities] *“... to be more fulfilled in my chosen career, I don’t have to be in the middle, I have to go above and beyond.”*

*“I have this broader knowledge...and I want to use it...I don’t want to do the minimum anymore.”*

### *Discussion*

These two themes, discussed in relation to Kouzes and Posner (2007) model of transformational leadership, illustrate how Post LPN to BN nurses gain both an increased awareness of their new role and the confidence to begin envisioning themselves as leaders who can make a difference in their profession. Some of the experiences nurses described in this study are consistent with those expressed by other LPNs upgrading their credentials. Like Claywell’s (2003) examination of LPNs upgrading to a nursing diploma, conflict within their role as an LPN was an impetus for LPNs returning to school. Like Brown’s (2005) exploration of LPNs upgrading to a nursing diploma, leadership roles were believed to be more available to RNs than to LPNs. Like Porter-Wenzlaff & Froman’s (2008) description of participants in an accelerated LVN to BN program, some LPN’s initially believed that they were “already functioning as RN’s and have little to learn beyond RN-specific tasks and that they are essentially just getting the credential to support their current practice” (p. 233). And, as White, Oelke, Besner, Doran, McGillis Hall, and Giovanetti (2008) explained, the skill sets of LPNs and RNs often overlap, making it challenging to see the difference between the two roles.

However, some of the experiences that this group of nurses expressed are unique. Given that universities have previously not offered bridging programs for LPNs and that opportunities for leadership have been limited, insights from our participants offer important direction. Their values and beliefs about the RN role changed significantly as they completed their program. Although they initially saw little difference between the two nursing roles, once they graduated, they viewed the RN role as one requiring them to ‘*put it all together;*’ to model ‘*depth*’ in their practice; and to allow them to ‘*be leader(s).*’

This change in awareness of the implications of the RN role has not been reported elsewhere and has implications for health care facility administrators and managers. Post LPN to BN graduates no longer view their university degree as a credential to support their LPN practice; they feel that now they can ‘*be better nurses;*’ they ‘*expect more*’ from themselves than ‘*narrow thinking;*’ and

they ‘*think differently*’ even though doing ‘*some of the same skills.*’ Therefore, opportunities in both classrooms and workplaces where these experienced nurses can talk about how their thinking has changed are needed. The process of discussing their commitment to nursing, their passion for their profession and their excitement about the possibilities available in their new career can model the behaviour to others, once again reflecting Kouzes and Posner (2007) leadership practice of *modeling the way*.

Similarly, knowing that Post LPN BN graduates bring confidence and a vision of nursing that seeks to ‘*go above and beyond,*’ guidance towards developing leadership action plans is also needed. DeGroot (2005) suggests that although vision is value and future directed, action plans are required to translate that vision into reality. Perhaps most important of all, Post LPN BN nurses need encouragement to risk leading initiatives within their organization. Here, the Kouzes and Posner (2007) leadership practice of *inspiring a shared vision* that emerged during their university education can be extended and fostered.

### Conclusion

This article introduced Post LPN to BN nursing graduates as potential health care leaders. The project explored how a non-traditional group of nurses tentatively initiated the transformational leadership practices that Kouzes and Posner’s (2007) named *modeling the way* and *inspiring a shared vision*. Unlike other research that explored the continuing education experiences of Licensed Practical Nurses, this study provided a glimpse into how LPNs began to define their personal values and beliefs differently, how they embraced the possibility of leadership and how they dreamed about a vision for the future of their profession. Implications for educators and employers include recognizing that Post LPN to BN graduates have leadership aspirations, creating opportunities for them to discuss and model their new way of thinking, guiding them towards developing leadership action plans and encouraging them to risk leading initiatives within their organization.

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