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Online Post LPN to BN Students' Views of Transitioning to a New Nursing Role

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Sherri Melrose and Kathryn Gordon

Abstract

Vocationally prepared nurses, most of whom are women, experience unique challenges when they enter an online university. And yet, educational research examining their perceptions about transitioning into a new professional role is limited. This qualitative descriptive study investigated beginning Post LPN to BN students' views of role differences among nurses and the process of transitioning between those roles. The project was framed from a constructivist theoretical perspective and applied repertory grid methodology from the field of personal construct psychology. Ten students from a Canadian online university were interviewed. Interview transcripts were analyzed for themes. Findings revealed that students appreciated recognition for their previous accomplishments. They valued affirmation of the unique challenges they faced. And, they associated gains from their new university education with some loss of their hands on bedside nursing role.

KEYWORDS: Post LPN to BN, role transition, online nursing education

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This article describes findings from a qualitative research project that applied personal construct psychology to investigate the transitional experiences of vocationally educated Licensed Practical Nurses (LPN) as they entered an online university program to earn their Bachelor of Nursing (BN) degree. While the main purpose of the project was to explore learners' ideas about transitioning into a different and more complex nursing role, a secondary purpose was to begin to consider instructional strategies that respond to learners' needs. The research was guided by the question: how do beginning Post LPN to BN students view the experience of transitioning to a new role in an online university?

Participants in the study were Licensed Practical Nurses who had completed their first cluster of required courses in an online Post LPN to BN program offered through a Canadian university. Responding to a critical shortage of Registered Nurses, the university offers a Post LPN to BN program where Licensed Practical Nurses from across Canada complete their Baccalaureate degree in nursing while remaining in their home communities. Although most of the course work is completed online, students are also required to travel to attend clinical practicums supervised by instructors or preceptors.

These adult learners are predominantly female, are from both urban and rural geographical areas, and are prepared for licensure at a vocational college. They are employed in often over-burdened health care settings and are required to continue caring for their families. Familiar with contemporary health care environments, these practitioners will bring their previous experience as well as their new Baccalaureate learning to their practice as Registered Nurses. Three key areas of theoretical understanding provide background for this study: transitioning from LPN to BN; differentiating between the LPN and BN role; and situating LPN to BN students as adult women entering online university programs.

LITERATURE REVIEW

Transitioning from LPN to BN

A plethora of literature exists to explain the transitional experiences of Registered Nurses when they have recently graduated from traditional undergraduate programs (Ellerton & Gregor, 2003; Halfer & Graf, 2006; Kamphuis, 2004; Kramer, 1974; Kelly, 1996; Whitehead, 2001), and when they earn further professional credentials (Benner, 1984; Forbes & Jessup, 2004; Heitz, Steiner & Burman, 2004). However, fewer studies are available to illustrate the experiences of Licensed Practical Nurses. Most post graduate programs for

Licensed Practical Nurses offer a Registered Nurse diploma, not a Bachelor of Nursing degree.

In the United States, findings from dissertations examining transitions into diploma programs offer important insights. Shultz (1992) noted that the actual process of identifying with the Registered Nurse role did not occur until Post LPN students returned to the work setting. Claywell (2003a) identified that LPN's felt negative peer pressure or sabotage from co-workers and they were shocked by the magnitude of nursing school work. Similarly, Brown (2005) suggested that students began their studies, which were online, with some unrealistic expectations regarding the program's rigor and flexibility. Anecdotally, Ramsey, Merriman, Blowers, Grooms and Sullivan (2004) stated that regularly scheduled role transition seminars were needed in their LPN to RN program and that early identification of students at academic risk was important. Texts are available for facilitating these kinds of seminars (Claywell, 2003b; Duncan & DePew, 2005; Ham, 2001; Harrington & Terry, 2003).

In Australia, studies examining enrolled nurses (EN's), who work in a similar capacity to LPN's, sketches in additional information about transitioning into diploma programs. Kilstof and Rochester (2004) concluded that the transition experience was stressful and that the working role of the RN was more complex, broad, and mentally and physically trying than students expected. Rapley, Nathan and Davidson (2006) emphasized that it was the initial time of transitioning to student status that was especially stressful, and that arranging employment leaves and travel away from home to complete practicums was problematic.

In the United Kingdom, researchers such as Dearnley (2005) highlight the importance of supporting students' reflections on their wealth of experience as they transition into diploma programs. Once enrolled nurses completed their course, Allan and McLafferty (2001) found that 90% of the respondents in their small study did consider further education. In Canada, since bridging programs for Licensed Practical Nurses are limited and diploma credentials may no longer be offered, little is known about how this group of adult women experience transition, particularly during the formative time of entering an online university.

Differentiating between the LPN and BN Role

Clearly, articulating the experience of transitioning from LPN to BN is not straightforward – nor is the task of differentiating between the two roles. Beverage (2004) posited that distinctions are based on levels of education and independence of practice. Regarding education, while an LPN program may be

completed in one or two academic years (Canadian Institute for Health Information CIHI, 2006), an RN program – where a Baccalaureate degree in nursing is required for entry to practice – may take three or four academic years (Jeans, Hadley, Green, & DaPratt, 2005). Higher levels of nursing education have been associated with lower patient mortality and job satisfaction (Blegen, Vaughn, & Goode, 2001; Ellis, Priest, MacPhee, & Sanchez McCutcheon on behalf of CHSRF & partners, 2006; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti; Hickam, Severance, Feldstein, Ray, Gorman, Schuldheis, et al. 2003).

With independence, in delineating scope of practice in Alberta, Canada, collaboration between LPN and RN Alberta regulatory bodies determined that all nurses are expected to demonstrate competency in clinical practice, decision making and critical thinking (AARN/CARNA, 2003). However, Registered Nurses are expected to demonstrate additional competencies related to leadership, research utilization and resource management (AARN/CARNA, 2003).

While regulatory bodies have initiated policies to differentiate these professional competencies, there is a “gap” in our understanding of what the differences between the role of RN and LPN actually look like in practice. Besner, Doran, McGillis, Hall, Giovannetti, Gerard and Hill et al’s (2006) research examining differences in scope of practice among LPN’s, RN’s, and RPN’s in three Canadian cities revealed “substantial role confusion in nursing” (p. 2) and called for further examination of role clarification. Given this role confusion in nurses’ work environments; online educators have few resources available from practice settings to guide students’ transitional processes.

Situating LPN to BN Students as Adult Women Entering Online University

Viewing Post LPN to BN students as adult women who are entering online university programs begins to offer educators some direction. In 2005, 93% of Canada’s 65,000 LPN’s were women (Canadian Institute for Health Information CIHI). Adult women who attend university are often motivated by a desire to advance in their jobs and choose an online delivery program for the flexibility of not having to leave their families and employment commitments (Furst-Bowe & Dittmann, 2001). Barriers include time constraints as they seek to balance multiple commitments, and problems obtaining time off from employers to complete assignments (Furst-Bowe & Dittmann, 2001). In nursing, distance education is believed to be a solution to educating more nurses to eventually decrease an international nursing shortage. Mancuso-Murphy’s (2007) literature

review reflected that students' experiences with technology-delivered instruction have been generally positive.

Examining the specific experiences of nurses as women in distance education, Care and Udod (2000) noted that they valued caring, collaborative educational approaches that combined feminist pedagogy with advanced technology. Home (1998) revealed that their lower income increased their vulnerability to role conflict, overload and contagion. And Atack and Rankin (2002) explained that having access to computers for course work in health care settings can be problematic.

In Canada, most provinces require a Baccalaureate degree as entry to practice. A Post LPN to BN program is now available, and significantly higher salaries are offered to university educated nurses. Therefore, more Licensed Practical Nurses are seeking higher education. However, the unique circumstances and needs of these vocationally prepared nurses entering an online university environment have not been addressed. While much has been published regarding how other groups of women and nurses experience a variety of learning transitions, a deficit exists in information related to the way vocationally educated nurses construct new professional knowledge as they transition into a more complex role and earn degrees in an online university.

THE RESEARCH APPROACH

This project was framed from a constructivist worldview (Appleton & King, 2002; Kelly, 1955/1991; Peters, 2000; Piaget, 1954; Vygotsky, 1978) in that knowledge is believed to be constructed through an individual's interactions with social processes and contexts. The project draws from the theoretical tenets of androgogy (Friere, 1984; Houle, 1992; Knowles, 1978), Bridges (1980, 1991, 2001) views of role transition and George Kelly's personal construct psychology (Kelly 1955/1991).

The tenets of androgogy (Friere, 1984; Houle, 1992; Knowles, 1978) are grounded in a belief that adults learn best when engaged in learning that is immediately relevant to their work or personal life. Adult learners may be more interested in practical, everyday applications of information than abstract illustrations of knowledge for its own sake. Adult learners bring a wealth of experience to their learning. They are self-directed and goal oriented, and appreciate being actively involved in planning and evaluating their own learning. The research approach incorporated these tenets of androgogy by inviting participants to use their own practical everyday word choices, to share their

previous work and personal experiences, to be actively involved in the task of constructing repertory grids, and to confirm the trustworthiness of the findings with the researchers. Participation in the study offered Post LPN to BN students an opportunity to see firsthand what the experience of implementing a research study actually looks like.

Bridges (1980, 1991, 2001) view of role transition suggests individuals' progress through the three overarching stages of endings, neutral zone, and beginnings. The first stage, ending, can involve dealing with loss and may stimulate feelings of anxiety, blame, fear and shock. The second stage, neutral zone, is expected to be a transitional period characterized by confusion and uncertainty. The third stage, beginnings, involves setting new goals that will ultimately lead to integration and a reinvention of oneself. This research targets participants in the first stage of transition, that of ending or letting go of the professional role of Licensed Practical Nurse.

Data sources included ten audiotape-recorded transcribed interviews with Post LPN to BN students at an online Canadian university. The interviews were guided by repertory grid methodology from the field of personal construct psychology. Content from these interviews was analyzed for themes. Pseudonyms were used when participants' comments were reported verbatim. Trustworthiness was established through ongoing interaction and member checking with participants to ensure authenticity. Full ethical approval was granted by the university and all participants gave informed consent.

Personal Construct Psychology

Personal construct psychology and the methodology that extends from it, including repertory grid technique (Kelly 1955/1991), provides a framework to listen credulously and to include students' own words in the project. The psychology of personal constructs honors people as knowing individuals, self-inventors and interpreters of their world (Bannister & Fransella, 1971; Beail, 1985; Fransella, 1995, 2005; Fransella, Bell, & Bannister, 2003; Jankowicz, 2003; Pope & Shaw, 1981; Shaw, 1980).

Most applications of personal construct theory are in the area of psychotherapy. However, the approach also holds considerable promise in the fields of education (Pope & Denicolo, 2001; Shapiro, 1991) and nursing. Incorporating repertory grids to examine the experience of undertaking new roles within nursing, White (1996) researched students transitioning into the role of graduate nurse, Melrose and Shapiro (1999) researched students in the psychiatric

clinical area, and Mehigan (2003) researched nurses learning to specialize in operating room practice. The framework has not, however, been used to investigate nurses bridging from one professional designation to another.

Data Collection Interviews

In this project, a personal construct psychology approach was used to guide interviews with ten Post LPN to BN participants. Nine participants were female, one was male, and their ages ranged from early twenties through to early fifties. The interviews were approximately two hours long and included three distinct segments. In segment one, opening questions were posed. In segment two, elements were used to create personal constructs and repertory grids. In segment three, participants' own words from their personal constructs and repertory grids were used to discuss their experiences with role transition.

Segment One. In the first segment, the following opening questions were used to initiate discussion: *Are you from a rural or urban area? What is your specialty area of practice? Talk about what motivated you to make the transition from the role of LPN to the role of BN? What has helped your transition? What barriers have you encountered? Comment on your experiences transitioning to a new professional role in an online environment. What stands out for you as you think about your own process of transitioning from LPN to BN?*

Segment Two. In the second segment, elements were used through a process of triadic elicitation to create a set of personal constructs. The personal constructs then formed a repertory grid. Elements are relevant people, objects, activities, or concepts in a participant's experiences (Beail, 1985). In this study, the elements included the six roles of: (1) Nurse Assistant; (2) Licensed Practical Nurse; (3) Registered Nurse; (4) Registered Nurse with Baccalaureate degree; (5) Clinical Nurse Specialist; and (6) Instructor. The elements served as prompts or cues to draw out participants own words and ways of expressing their thinking.

With the process of triadic elicitation, participants were asked to look at three specified elements (a triad) at a time, and to say how two of the elements are alike in a way that distinguishes them from the third. The way in which the two are alike defines the emergent pole of the construct and the way in which the other is different is the contrast, or implicit pole (Rawlinson, 1991). For example, when discussing the three elements of (2) Licensed Practical Nurse, (3) Registered Nurse and (5) Clinical Nurse Specialist, one participant, Jenny, described (2) and (3) as 'caring for patients,' and differentiated (5) as 'makes policies in an office.' When the interviewer probed, Jenny elaborated on how she

did not view 'making policies' as important to patient care. In Jenny's view, transitioning away from the role of LPN and towards the role of BN meant that she was 'losing the chance to be with my patients.'

Personal constructs are personal bipolar descriptive dimensions that can be applied to each element. For example, in one common form of the grid, and in this study, the elements noted above were supplied by the researchers and the constructs were elicited from the participants. Constructs are abstractions, linked to fellow constructs and reflect how individuals make sense of the world (Fransella, 1977, 1997). They are not concepts or rules and will be different for each participant. There are no 'right' or 'wrong' responses when creating and discussing personal constructs.

Repertory grids were constructed once 6 sets of personal constructs were listed with the emergent (alike) poles on the left and the implicit (contrast) poles on the right. Once the grids were constructed, each of the elements was ranked on a scale of one to five using the participants' own words (their constructs). For example, using the constructs above, Jenny ranked elements (1) Nursing Assistant, (2) Licensed Practical Nurse and (3) Registered Nurse close to her construct of 'caring for patients' on the left side of her grid. On the right side of her grid, she ranked the remaining elements (4) Registered Nurse with Baccalaureate degree, (5) Clinical Nurse Specialist and (6) Instructor closer to her construct of 'making policies in an office.'

Segment Three. In the third segment, interviewing probes were used to invite participants to elaborate further on their experiences. The probes were drawn from the words and descriptors in the personal constructs and grids.

Data Analysis

The two-hour long interviews included the three segments described above (first, opening questions; second, triadic elicitation to create personal constructs to form and then be ranked on a repertory grid; third, discussions that emerged from the interviewing probes). These three segment interviews were audiotape-recorded and transcribed verbatim. The transcripts were verified by listening carefully to the audiotape while reviewing the transcript. They were line numbered and formatted for coding. Independently, the researchers each read and re-read the transcripts of the interviews. Then, collaboratively, the researchers developed a systematic process of content analysis (Denzin & Lincoln, 1994; Lincoln & Guba, 1985; Loisel, Profetto-McGrath, Polit, & Beck, 2007) to create the categorization and coding scheme that led to the themes. Patterns in the

interviews emerged and three themes that represent common experiences among this group of Post LPN to BN students were identified. First, they appreciated recognition for their previous accomplishments. Second, they valued affirmation of their unique access challenges. Third, they may associate gains from their new university education with some loss of their hands-on bedside nursing role.

FINDINGS

Theme One: Post LPN to BN Students Appreciate Recognition for Previous Accomplishments

Varied Backgrounds. When participants in the present research discussed their backgrounds, previous employment and education, they consistently expressed a need to have those accomplishments recognized. In addition to working in a variety of hospital and long-term care settings, participants held positions such as instructor in an LPN program, manager in an elder care facility, and travel, dialysis, and cancer screening nurse. Three participants had previously initiated RN studies in diploma or degree programs but had not completed the programs. Four Canadian born participants bridged into their LPN program after working as nursing assistants. Before coming to Canada and completing an LPN program, one participant was educated as a mechanical engineer, another as a school teacher and yet another as a microbiologist. Other previous occupations participants mentioned included machine operator in a warehouse and owning a business.

Given their previous health care experience, Sara summarized: “We already know a lot of stuff!” As an experienced nurse, Anita explained: “The patients in front of me, I know what to do with them, I’ve dealt with them; I haven’t just studied the book.” Jumoke described orienting new Registered Nurses as their “buddy or resource nurse.” In Derek’s view, LPN’s can “move into the (RN) role readily.” Sara added: “It won’t be as difficult for me, I have the experience, the background; I automatically think that way.” Describing her existing communication skills with patients, Anita asserted: “I’ll tell you how it is, I’ll put you straight, but I’ll also wrap my arms around you.”

Entry Credits. Without exception, participants in this project all commented on how much they appreciated formally receiving credit for prior learning. Their program awarded “30 credits towards a 120 credit” nursing degree for previous non-university education. Commenting on other universities, requirements such as “needing an 85% average, going back to get math and chemistry and set times for classes” were daunting. Oba stated: “I tried to take chemistry, but then I found

this program and I could take another science – that by far benefited me more than a chemistry class.”

Feeling Undervalued. It is not unexpected that adult learners transitioning into a more independent nursing role would value receiving university credit for previous health care experience. But to these vocationally educated nurses, the unique opportunity to receive credit was particularly meaningful. Participants described numerous instances in which they did not feel that their previous experiences as nurses were recognized. Donna shared experiences where she completed patient assessment forms for Registered Nurses, but was not allowed in the conference room when her findings were reported and discussed. Jenny discussed how “I’m already teaching, I’m already mentoring, I’m already providing that autonomous care for patients.” Reflecting on how the role of the LPN may be construed as lacking in theory, Anita exclaimed, “What the heck have I been doing for six years if I don’t have theory in my practice!”

From the student perspective, participants viewed their LPN nursing role as very similar to that of an RN role, but with significantly less pay. Jumoke planned to work “part time as an RN and earn the same money as a full-time LPN.” With clinical placements, Sara wondered “why we have to pay to go and work on another unit?” In their personal constructs, participants consistently differentiated nurse roles with words such as “has more education” versus “has less education.” And yet, articulating just what was involved in the additional education required for some nurse roles was difficult.

Academic Inexperience. Recognition for previous academic as well as practice accomplishments was also very meaningful to participants. However, a key problem emerged when individuals in an online university program did not have experience with academic writing. In some instances, previous degrees had been completed in a language other than English. In other instances, participants had not taken any other university courses. Words frequently used to describe barriers included “reading ... writing papers ... doing APA.” When elaborating on “doing APA,” participants explained that they did not always know what their tutors “wanted” and they didn’t understand “what was missing.” In Magdalena’s words: “I get the feeling I’m not asking the right questions.”

Implications for instructing transitioning LPNs online become apparent as we consider how learners may feel both undervalued for their practical expertise and inexperienced with academic expectations. Six of the ten participants in this study replied that it was their “manager(s)” who they turned to for help with academic tasks such as writing papers. Others identified spouses, adult children

and friends who worked in professional capacities. A fundamental need for help with “editing” papers was mentioned repeatedly.

Theme Two: Post LPN to BN Students Value Affirmation of their Unique Access Challenges

Limited Funds. Limited funds made accessing further education especially challenging for this group of predominantly female learners. By count, participants emphasized financial difficulties the most number of times during the research discussions. Two of the ten participants disclosed how they had sold or re-mortgaged their homes in order to pay for their studies. As Donna expressed: “I sold my home, got an apartment and started taking out my RRSP’s to go to school. I got sick over the decision ... it was huge and I was totally scared.” Grace, who re-mortgaged her home, clarified that LPNs may be ineligible for student loans: “I went out and borrowed \$50,000. I applied, but I can’t qualify for any student loans, because when you earn \$30,000 a year, that’s too much.”

Participants financed their education by careful budgeting and “working two jobs ... and/or working overtime.” In addition to tuition, costs included travel and accommodation to attend practicums as well as 24-hour child care expenses. During her first practicum, Oba described how “my husband had to ask [his employer] for time off work when I’m away to look after the children.” Time away from work for both students and their spouses resulted in lost income.

None of the participants reported receiving any financial support from their employers. Employers “allowed time off ... gave special permission to bank overtime hours.” While one employer did grant “educational leave,” most participants described “using holidays” to attend practicums. Grace wondered why her employer “spent thousands to recruit Registered Nurses internationally but offered no funds” to assist upgrading LPNs. Jumoke quit her full-time job when she returned to school. She stated: “I work relief now, so that I can be the one who is flexible. I’m in control of what hours I’m working.” Participants were not aware of any available scholarships or bursaries.

Workplace Restrictions. The restrictions of health care workplaces also pose unique access challenges. With the current shortage, nurses’ requests for time off may be denied and they can be required to work overtime. Oba noted that “sometimes your employer isn’t willing to let you go.” Exhausted after long and demanding hours in the workplace, Sara exclaimed “By the time evening hits, I have maybe an hour or two of good brain time before I’m toast.” Shift work

made accessing tutors difficult and by “using holidays for clinical,” Sara felt that she “didn’t have any holidays, any actual down time.”

Theme Three: Post LPN to BN Students Associate Gains from University Role with Loss of Hands-on Bedside Nurse Role

Dissonance. As they elaborated on their personal constructs and repertory grids, participants distinguished the LPN role from other, less familiar nurse roles. Participants viewed LPNs as “bedside nurses ... hands on caregivers ... learned in the war zone – the hospital ... having common sense ... getting crappy pay ... not considered a true nurse” On the other hand, they viewed roles, such as Registered Nurses as “getting away from the patients ... not comfortable with the patients ... having no clue what to do ... something better ... teaching ... managing ... community ... research ... administrating ... finding money ... more responsibility and accountability ... doing paperwork ... updating policies and procedures ... more education ... more pay,” and “book knowledge that doesn’t help at the bedside.” Participants valued their hands-on bedside work and did not perceive that other nurse roles offered this opportunity. Carol stated explicitly: “I do feel I am leaving bedside nursing behind.”

All of the participants expressed how transitioning to a new and more independent nursing role would offer them more money and more opportunities. Donna declared: “I’m finally going to have those RN initials that have been so out of reach for me.” However, participants also expressed dissonance, loss and a desire to retain aspects of their LPN role. Anita stated that after graduating, she “wants to keep LPN on my nametag – as well as RN.” Grace jokingly commented that she was “going over to the dark side.”

DISCUSSION

The aforementioned three themes, developed from discussions with LPNs upgrading to become RNs, offer a snapshot of how this group of learners can experience transitions as they begin an online university program. Listening attentively as students used their own words to describe personal ways of constructing knowledge about differences among nursing roles revealed useful insights.

The appreciation participants expressed when their previous accomplishments were recognized is consistent with other adult learners (Friere, 1984; Houle, 1992; Knowles, 1978). Similarly, their circumstances were consistent with access challenges other women learning in online universities face

(Furst-Bowe & Dittmann, 2001) and which those other nurses encounter (Atack & Rankin, 2002; Care & Udod, 2000; Home, 1998).

Participants' experiences with transitions were also comparable with findings from the literature. Associating gains from a new role with the loss of meaningful aspects of an existing role is consistent with Bridges (1980, 1991, 2001) theory of role transition. Bridges (2001) defined transition as "the process of letting go of the way things used to be and then taking hold of the way they subsequently become" (p. 2). In his view, the first phase of role transition is ending, which involves a process of dis-engagement, dis-identification, disenchantment and dis-orientation. Before a change in perspective can be expected, individuals are likely to experience feelings of loss. This feeling of loss was evident in the theme named 'dissonance' in the present research.

The beginning of the transitional process from LPN to RN can be expected to be an especially stressful time (Claywell, 2003b; Duncan & DePew, 2005; Ham, 2001; Harrington & Terry, 2003; Rapley, Nathan, & Davidson, 2006). Interviews with the Post LPN to BN students in this project, who were in the first cluster of courses within their program, reflected a high degree of stress. Adding new online studying requirements and attendance at out-of-town practicums to their existing family and work responsibilities was not easy.

However, some of the transitional experiences that this group of nurses revealed are unique. Previous accomplishments of traditional undergraduate nursing students have not usually included professional nursing experience. In addition to caring for acutely ill patients in hospital settings, participants worked in teaching or management positions and held non-Canadian university degrees. Here, students met or exceeded the entry to practice level RN competencies.

Conversely, these learners felt that their professional experience was undervalued and that they were inexperienced academically. English as a second language and writing academic papers were particularly difficult. Four of the ten participants had initially bridged into the LPN role from the non-regulated position of nursing assistant. Credit for their previous experience took into account both practice competencies and academic inexperience. At this Canadian university, Post LPN to BN students were not incorporated into existing undergraduate programs. Rather, required courses were written specifically for this group of learners. Students are encouraged to seek editing help with their academic writing.

Access challenges such as leaving family to relocate to different areas for several weeks at a time to complete practicums have not always been expected of traditional undergraduate nursing students. Selling or re-mortgaging homes, working two jobs and requiring spouses to take time off work to help with child care illustrate how limited funding can impact access for these students. Workplace restrictions, where the current nurse shortage may not even allow students to leave in order to attend their practicums, can further hamper access. Strategies such as banking overtime or using holidays to compensate for lack of educational leave can result in students feeling exhausted. Ledwell, Andrusyszyn and Iwasiw (2006) emphasized how Registered Nurses pursuing their degrees online needed employer support to feel empowered. And yet, with the exception of individual managers who may choose to assist with editing papers, the LPN group of nurses has little if any employer support available.

The perceived loss of an existing and very meaningful professional role is seldom considered in undergraduate nursing education approaches either. Given the role confusion between LPNs and RNs in practice (Besner et al, 2006) and the overlapping competencies between the two roles (AARN/CARNA, 2003), educators can expect dissonance as Post LPN to BN students begin their online studies. As they transition through Bridges (2001) 'ending' phase, feelings of loss of certain aspects of their LPN role may occur.

CONCLUSION

This article presented findings from a naturalistic research study that explored online Post LPN to BN students' ideas about beginning their transition toward a new and more complex role. Repertory grids from the field of personal psychology were useful in inviting participants to share their perceptions, experiences and personal ways of distinguishing among nurse roles. In contrast to other studies that explored the experiences of nurses undergoing transitions, this project extends existing understanding of what it was like for vocationally educated nurses at the beginning of their university distance education program by identifying three overarching themes. This research found that Post LPN to BN learners appreciated recognition for their previous accomplishments, valued affirmation of their unique access challenges, and may associate gains from their new university education with some loss of their hands-on bedside nursing role. Further mixed method and longitudinal research is needed to examine the transitions Post LPN to BN students' experience at later stages of their program and after graduating. The article calls for the creation of more opportunities to understand how students construe transitions and continued attention to

constructing teaching strategies that respond to and collaborate with students in innovative and genuinely helpful ways.

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