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Perceptions of Transition to Nurse Among Accelerated Graduate Entry Program Students: A Qualitative Descriptive Study

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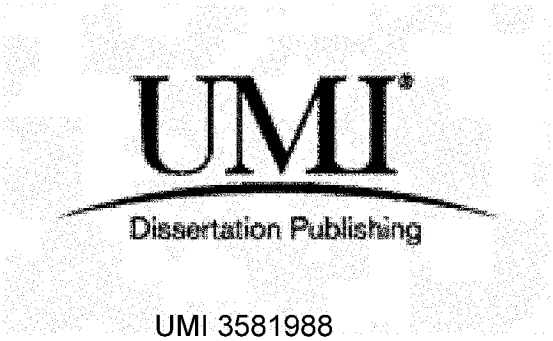

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Abstract

Perceptions of Transition to Nurse Among Accelerated Graduate Entry Program Students: A Qualitative Descriptive Study

by Kathleen Downey

Graduate programs in nursing for non-nurses (GPNNN) are rapidly proliferating in response to demands for innovative strategies to increase the number of nurses to meet health care demands, both actual and anticipated. Transitions Theory (Meleis et al., 2000) provided a framework to identify the gaps in knowledge related to how individuals transition to nurse within these programs. One of the gaps in the literature that was identified was a description of the transition to nurse experience of students enrolled in a GPNNN. This qualitative descriptive research was conducted in response to this gap. It examined the transition from non-nurse to nurse through a GPNNN which prepared non-nurses for advanced nursing practice. The study had three aims: to describe the transition experienced by the students; to describe how they used their prior education and experiences in this transition; and to describe the factors they saw as facilitators and hindrances to this transition.

Responsive interviewing (Rubin & Rubin, 2012) with a purposive sample (n=17) of registered nurses enrolled in the advanced practice curriculum of the GPNNN was used. Data was collected from these nurses between September and December, 2013. Data analysis included initial codification of interviews, and within and between interview comparison of codes, resulting in re-coding and collapsing of codes. To assure

the trustworthiness of the data, the criteria thoroughness, accuracy, believability and transparency were used (Rubin & Rubin, 2005).

Data analysis revealed a process of transition that occurred over three distinct time periods, *Coming to Nursing* (pre-enrollment), *Beginning to Learn the Role as Nurse* (pre-licensure), and *Practicing as Nurse* (post-licensure). Influences that impacted the transition across periods included personal goals, knowledge, skills, and professional growth. Indicators of transition that were known to the individual and to others were described. The individual's utilization of prior education and experiences in their personal transition experience was described as primarily influencing study habits and clinical experiences. Facilitators and hindrances to the transition included experience working as a nurse, self-identification as nurse, personal goals, the accelerated program, the programmatic focus on NCLEX style testing and the nursing pedagogy.

Interpretation of the findings of this research was informed by the literature. Identification of three periods of transition through nursing education has been described in transition to nurse in other nursing education populations (Shane, 1980a, 1980b; Neill, 2010), and is consistent with transitional patterns (Meleis, 2010). However, the three transitional periods identified in this study are peculiar to the transition experience through a GPNNN, and don't mirror the characteristics identified in transitional periods in other populations. A rich description of the transition experienced by the participants is presented including characteristics of the transitional periods, the influence of prior education and experience within the transition, and identification of factors that

facilitated or hindered the transition experience. This description has not previously been described in the literature.

There are implications of this research for practice, theory, education, policy and research, and these are discussed.

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Chapter 1

Introduction

Individuals with earned degrees in non-nursing disciplines have several options for entering the nursing profession. One option available to them is through entry level graduate education. This education option, which has an accelerated design, assumes that these nursing students are unique and can be advanced rapidly through the role transition to nurse (American Association of Colleges of Nursing [AACN], 2013). Characteristics that are attributed to these students include motivation, high academic expectations, and prior experiences, education and knowledge (AACN, 2013; Johnson & Johnson, 2008; Wink, 2005). The transition through nursing education to professional nurse that is experienced by these individuals entering nursing via this non-traditional route has not been explicated.

This research was a qualitative descriptive study exploring entry level graduate students' perceptions of transition to nurse through nursing education in a graduate program in nursing for non-nurses (GPNNN). The students' perceptions of the influence that prior experience and education had on this transition were explored. In addition, factors identified by the students that facilitated or inhibited the transition from non-nurse to nurse were also explored. It was anticipated that the data obtained from this study would inform a description of the transition to nurse that was experienced by students in the accelerated graduate entry educational model. This data is critical to faculty as they design learner-based programs for this population.

Background and Significance

GPNNNs are perhaps best understood and appreciated by recognizing the conditions contributing to their development, the environment in which they were developed and the alternative education options to the GPNNN.

Environmental Influence on Nursing Education

Historically, a common way to enter the nursing profession was for high school graduates to progress to nursing school, either through diploma, associate degree or baccalaureate degree programs. Over the past 30 years there has been a remarkable shift from diploma programs being the dominant entry programs into nursing to the present day with high school graduates primarily seeking either an associate degree or baccalaureate degree as entry into nursing (Institute of Medicine [IOM], 2011). Concurrent with this shift was a national trend toward collegiate education (National Center for Education Statistics, 2012).

Currently, a significant percentage of all high school graduates are pursuing a college education (National Center for Education Statistics, 2012; United States Bureau of Labor Statistics, 2012). Concurrently, trending data indicate that beginning with the 1970's birth cohort, the average age of individuals entering nursing has increased (Auerbach, Buerhaus & Staiger, 2007). The number of entrants to nursing in their early to mid-twenties is at a 40 year low, while the number of entrants in their late twenties and early thirties is increasing (Auerbach et al., 2007). Educational options for entry into nursing are expanding. In addition to the traditional post-secondary education options,

entry into nursing education is now occurring after individuals have earned baccalaureate degrees and higher (AACN, 2013).

Health Care Environment Influence on Education

The health care milieu has shifted in recent years in response to both implemented and anticipated changes in health care reform. Nurses are stakeholders in the health care system and are critical to the success of these evolving changes (IOM, 2011). These changes place a demand on nursing, with increased expectations of numbers of nurses, roles for nurses, and the education of nurses (Auerbach, Staiger, Muench & Buerhaus, 2012). This demand challenges nurse educators to be innovative in recruiting significant numbers of students and developing curricula to meet the needs of the students and the health care system (Auerbach, Buerhaus & Staiger, 2011; IOM, 2011). One approach that has enjoyed increasing interest is recruiting individuals who have earned a prior degree in a non-nursing discipline and preparing them for entry level into nursing (AACN, 2013; Auerbach et al., 2011; IOM, 2011).

Nursing Education Alternatives for Individuals Holding a Non-Nursing Degree

The strong job market for nurses coupled with the anticipated increased demand for nurses makes nursing an attractive career option for college graduates. Individuals who have experienced academic success in a non-nursing discipline have multiple options for entry into nursing practice (AACN, 2013). As second degree students, they may enter at either the baccalaureate or master's degree level (Wink, 2005). Development of programs in nursing specific to the non-nurse college graduate began in the 1960's with a baccalaureate program exclusively for college graduates at New York

Medical College (Slavinsky, Diers & Dixon, 1983). Yale University introduced the first graduate level entry program for college graduates in 1974 (AACN, 2013; McDonald, 1995; Slavinsky & Diers, 1982; Slavinsky et al., 1983).

Accelerated programs in nursing award baccalaureate, master's or doctoral degrees in a compressed time frame to candidates who begin their nursing education already having earned a baccalaureate degree or higher in a non-nursing discipline. In 1990, there were 31 accelerated baccalaureate degree programs and 12 accelerated master's programs in nursing offered for college graduates (AACN, 2013). Currently there are 230 accelerated bachelors programs with 33 more under development and 68 graduate level programs (AACN, 2013).

Graduate Programs in Nursing for Non-Nurses

Nurse educators responded to demands for more and better educated nurses by developing innovative programs that are successful with recruitment within the non-traditional pool of prospective students, specifically those with previously earned baccalaureate degrees or higher (AACN, 2013). Although entry level nursing education is available to this group through the traditional route, the time and financial commitment to this educational route are significant deterrents to this option (AACN, 2013). Accelerated nursing programs address these issues by offering entry level nursing education in a compressed time frame. GPNNNs offer accelerated entry level nursing education at the graduate degree level. The development of these programs recognizes the previously earned degree(s) as having a value in the nursing education process resulting in a more rapidly paced entry level nursing program (AACN, 2013).

Development of graduate level nursing programs for non-nurses is occurring throughout the United States, with programs currently offered in 30 states and the District of Columbia (AACN, 2012). These second degree programs for individuals who have an earned baccalaureate degree or higher in a non-nursing discipline are structured with entry level nursing education being accomplished in the first 12-18 months of intense course and clinical work. Students in these programs qualify to take the National Council Licensure Examination-Registered Nurse (NCLEX-RN) after initial coursework. Licensure is a requisite for advancement within the graduate program (AACN, 2013; Miller & Holm, 2011). After achieving registered nurse licensure, students in these programs continue in the graduate program to prepare for roles in education, leadership, and advanced practice. Although program development is occurring at a rapid rate, little is known of the perceptions of the participants in these programs (Downey & Asselin, 2012; Pellico, Terrill, White & Rico, 2012).

Evidence Basis of Graduate Entry Programs

Nurse educators impute a value to prior education in the development of accelerated nursing education options for those who have earned a prior baccalaureate degree in any non-nursing discipline. A grade point average of 3.0 or greater in prior education resulting in an earned degree is an admission requirement for most graduate entry programs (Miller & Holm, 2011). An underlying assumption of the accelerated programs in nursing is that students participating in these programs, by virtue of their previously earned baccalaureate degree and experiences, are mature individuals who have rich personal and educational knowledge that are derived from prior life experiences

(AACN, 2013; Johnson & Johnson, 2008; Ventura, 1979; Wink, 2005). Research examining this assumption is limited. Early in the development of graduate entry programs, Ventura (1979) found no significance when examining the relationship between the discipline of the previously earned degree and success in nursing coursework. Munro & Krauss (1985) found no significant difference in coursework grades at the end of the first year of graduate level nursing courses between non-nurses entering nursing through a GPNNN and registered nurses pursuing a graduate degree in nursing. Both of these quantitative studies retrospectively examined the performance of students who were academically successful in a GPNNN. Neither study examined the GPNNN student's perspective of the transition to nurse through this education option. Neither study sought to identify factors that the students perceived as influencing the transition to nurse.

The proliferation of GPNNNs is recent, and the research informing them is significantly drawn from program evaluation studies. As the focus of these studies is program evaluation, measurable outcomes of the program (e.g. evaluation, academic success, licensure attainment and employment) are studied. The contribution of students' prior experiences and knowledge to these outcomes, although assumed, has not been described. The student's perspective of the transition through the GPNNN has not been described. These gaps in knowledge negatively impact our understanding of the value that prior education contributes to or detracts from the educational experience of students participating in GPNNNs.

Transition to Professional

Transitions within individuals in nursing have been the subject of both research and theoretical modeling (Aleco, 2009; Benner, 1984; Duchscher, 2008; Duchscher, 2009; Gregg, 2000; Kramer, 1974; Price, 2009; Utley-Smith, Phillips & Turner, 2007). The transitions in nursing education from both registered nurse to student (Shane, 1980a; Shane, 1980b) and from student to graduate nurse (Duchscher, 2008; Duchscher, 2009; Kramer, 1974; Neill, 2010; Neill, 2012; Utley-Smith, Phillips & Turner, 2007) have been described as socialization processes recognizing developmental stages the individual experiences moving between the roles. Additionally, the transitions experienced in practice from a graduate nurse role to an experienced professional nurse have also been described from developmental and socialization perspectives (Aleco, 2009; Benner, 1984; Gregg, 2000). These socialization models flow from role theory, and may be helpful in understanding changes in role within the individual.

Role socialization is significant across disciplines as well. Within the discipline of education, for example, the transition from student to teacher is recognized as a role socialization process (Crow, Levine & Nager, 1990; Williams, 2009). In the process of developing in the role as teacher, the second degree student draws upon prior experiences, including experiences as a learner observing teaching behaviors of teachers earlier in life (Novak and Knowles, 1992).

This body of literature informed an understanding of the role transition of the individual student in GPNNNs to professional nurse, and this was explored in more depth in the literature review (Chapter 2). However, it is important to note that the focus of this

study was the individual's transition to nurse within the GPNNN education model, with particular interest in the influence of prior knowledge, education and experience.

Statement of the Problem

Non-nurses with previously earned baccalaureate degrees combine both their entry level nursing education and graduate level nursing studies while participating in GPNNNs. During this educational process, the non-nurse transitions to nurse. This transition process has yet to be described by those who experience it. Although GPNNNs exist and more are in the process of being developed, transition to nurse in these programs has not yet been described by those who experience the transition. There is a dearth of information related to the factors influencing or hindering the transition to nurse, including the influence of prior education and experience. This description is essential in developing and modifying these programs to meet the needs of this unique group of learners.

Theoretical Basis of the Study

Transitions theory (Meleis, Sawyer, Im, Hilfinger Messias & Schumacher, 2000) provides the theoretical structure for understanding the transition from baccalaureate prepared non-nurse to nurse within a GPNNN. A transition refers to both the process and the outcome of the passage from one life phase, condition or status to another (Meleis & Trangenstein, 1994). The theory includes the nature of the transition, transition conditions (including factors that facilitate and inhibit transitions), patterns of response (including both process and outcomes of transitions) and the nursing specific intervention (nursing education) (Meleis et al., 2000). Transitions theory is contextual and is

informed by the meanings and perspectives of those who experience it (Schumacher & Meleis, 1994). This theoretical approach allows for identification of areas where research has supported knowledge development, and areas where gaps in knowledge still exist.

This research elicited data from GPNNN participants that informed a description of the transition to nurse within these programs. The nature of the transition and the transition conditions were explicated from the perspective of the newly transitioned nurse. The meaning and influence of prior experience and education on the transition through a GPNNN of the newly registered nurse were identified and described. Additionally, factors that inhibit and facilitate the transition were identified and described. Study findings were also examined through the lens of transitions theory, noting areas of similarity and divergence, and recommendations for potential theory expansion and development relative to transition from non-nurse to nurse through GPNNN programs.

Purpose of the Study

The aim of this qualitative descriptive study was to describe the transition through nursing education to nurse for GPNNN students, and their perception of how and to what extent their prior knowledge and experiences influenced their transition to nurse. An additional aim of the study was to explore factors perceived as facilitating and hindering the transition to nurse among GPNNN students.

Research Questions

1. How do GPNNN students describe their transition through nursing education from non-nurse to nurse?
2. In what ways do GPNNN students perceive prior education and experience as influencing their transition from non-nurse to nurse?
3. What factors do GPNNN students perceive as facilitating and hindering their transition from non-nurse to nurse?

Methodology

This study was conducted within the naturalistic/constructivist paradigm. A qualitative descriptive design (Sandelowski, 2000) with in-depth interview as the principle method was used to elicit data, providing a rich contextual description to answer each research question. In-depth audio-recorded interviews (Rubin & Rubin, 2012) were conducted with a purposeful sample of 17 newly licensed nurses who were concurrently participating in a GPNNN program. For the purposes of this study, an assumption was made that the student transitions to nurse upon successful completion of the NCLEX-RN and awarding the registered nurse license. This occurred while enrolled in the GPNNN, within 18 months of matriculation. Participants in this study were newly licensed nurses who had completed the entry level coursework and licensure requirement within the GPNNN, and remain matriculated in the GPNNN.

Data analysis was guided by the research questions. Content analysis (Rubin & Rubin, 2012; Sandelowski, 2000), the analysis strategy, was used to examine data from each nurse participant and across nurse participants. Data collection occurred from

September 2013 to December 2013 and was terminated when data saturation was reached and enough data was collected and analyzed to answer the research questions (Polit & Beck, 2012).

Significance of the Study

This study resulted in a description of the transition through nursing education from non-nurse to nurse as experienced by the students. The description includes the students' perceptions of the influence of prior experience and education, and the students' perceptions of facilitators and inhibitors to their transition. Explication of this process and these factors provided data that is important for nurse educators and policy makers to design supportive curricula and programs for this unique group of learners.

Developing a description of personal transition factors that are relevant to the student is critical in development and maturation of GPNNNs that are innovative and learner focused. The identification of the influences of prior education and experiences on those participating in GPNNNs has significance to faculty developing curriculum and employing learner focused pedagogies within these programs. A clear description of the participants' perceptions of the facilitators and inhibitors in the transition process may guide faculty with the selection of instructional strategies to minimize inhibitors and enhance facilitators to support the transition to nurse among this population.

Uncovering the transition factors experienced by and influencing the student in the GPNNN may contribute to future work in the development of a situation specific transitions theory reflecting the transition from non-nurse to nurse through accelerated graduate nursing programs.

Chapter 2 provides a comprehensive overview of the theoretical and empirical literature relating to accelerated graduate nursing education alternatives for non-nurses with earned baccalaureate degrees, GPNNNs, with specific emphasis on the individuals who participate in GPNNNs. Transitions theory provided the framework for this research and is discussed. Knowledge related to transition to nurse or becoming nurse for both the traditional and the accelerated student is integrated as appropriate.

Chapter 3 details the qualitative descriptive research design and methods including setting, sample selection, data collection procedures and approach to data analysis that were used in this research.

Chapter 2

Review of the Literature

This chapter includes a comprehensive review of the empirical and theoretical literature relevant to both the development of GPNNNs and the participants in these programs. GPNNNs are described and studies specific to them are discussed. What is known of accelerated graduate entry students is presented, and the limits of this knowledge are identified. Theoretical approaches and empirical research findings utilized to inform the transition experience to nurse are identified and described. Transitions theory (Meleis et al., 2000) is discussed and its relevance to the graduate entry student's transition to nurse is analyzed. The gaps in knowledge and identified directions for future research are presented and discussed as these inform this research.

Overview

Graduate programs in nursing for non-nurses are a relatively recent and evolving educational option for entry into nursing. (The term *non-nurses* heretofore refers to college graduates with a BS/BA or advanced degree in a field other than nursing). Their existence and evolution are best understood by recognizing the conditions contributing to the programs' development and the environment in which they are being developed. These programs are developed by nurse educators to meet the demand of both the health care system for more and better educated nurses, and the demand from college graduates for attractive options for entry level education in nursing.

Nursing Education Milieu in the United States of America

The present day health care milieu continues to challenge the nursing profession by demanding increased numbers of nurses, greater diversity in nursing, and stronger educational preparation of nurses to meet the current and anticipated needs of the health care system (Auerbach, Staiger, Muench & Buerhaus, 2012; Institute of Medicine [IOM], 2010). The U.S. Bureau of Labor and Statistics (2012) currently projects a 26% increase in demand for registered nurses between 2010 and 2020. Concurrent with these demands are calls for increased diversity and innovation in nursing education (Benner, Sutphen, Leonard & Day, 2010; IOM, 2010). Nurse educators have responded with offering innovative programs to increase both the diversity of students and the educational preparation of nurses for entry level and expanded practice roles (AACN, 2013; Cangelosi & Whitt, 2005).

Entry-Level Programs in Nursing for Non-Nurses

Accelerated programs in nursing for non-nurses are entry-level programs offered as an innovative nursing education approach for individuals with an earned baccalaureate degree or higher in a non-nursing concentration (AACN, 2013; Penprase & Koczara, 2009). These accelerated programs include those that award baccalaureate, master's and doctoral degrees in a shortened time frame to candidates who begin their nursing education already having earned a baccalaureate degree or higher in a non-nursing discipline (AACN, 2013). Although the outcomes of these programs are different, they all originate from the desire to offer attractive nursing education options to non-nurses. Generic second degree master's programs provide an opportunity for individuals with a

non-nursing baccalaureate degree to achieve entry into nursing practice at the graduate degree level.

Entry level programs in nursing for non-nurses at the graduate level have evolved since the original program offered at Yale University in 1974 (AACN, 2013; McDonald, 1995; Slavinsky & Diers, 1982; Slavinsky et al., 1983). In 2011, there were 68 of these programs in the United States (AACN, 2012), which represents a significant development from the original single program in 1974 (AACN, 2013; McDonald, 1995; Slavinsky et al., 1983), and the dozen that existed in 1990 (AACN, 2012). Solely by the numbers, the impact of this programmatic offering is increasing (AACN, 2012; Wink, 2005).

Currently, graduate level nursing programs for non-nurses encompass a range of curriculum designs (Miller & Holm, 2011; Wink, 2005). The titles of these programs as well as practice competencies and the degrees earned vary (Pellico et al., 2012; Wink, 2005). Most of these programs are accelerated, leveraging nursing education on students' prior experiences and education in a non-nursing discipline (Kemsley, McCausland, Feigenbaum & Reigle, 2011). This accelerated approach accomplishes entry level and graduate level nursing education at a more rapid pace than the traditional models of nursing education (Wink, 2005). Programs describe a seamless transition between entry level and graduate level education (DelaCruz, Farr, Klakovich & Esslinger, 2013), implying a synergy between the educational levels within the programs. As a whole, Miller and Holm (2011) referred to these programs as graduate programs in nursing for non-nurses (GPNNNs).

Similarly, GPNNN is the umbrella term used by this author to unify a discussion of the variety of programs offering accelerated entry level education at the graduate degree level. Currently literature describing these programs is primarily limited to the United States. There is a body of literature from Australia and England describing research using similar terms, including "graduate entrants" (Boughton, Halliday & Brown, 2010; Koch, Salamonson, Rolley & Davidson, 2011; Neill, 2010, 2012). The programs described in this literature however offer an entry level educational option without the graduate level component. Australian programs are designed to increase diversity and, although open to Australians with undergraduate experience, are specifically targeted to, and populated with nurses and medically trained professionals from other countries, for whom English is a second language (Boughton et al., 2010; Fernandez, Salamonson & Griffiths, 2012). Literature from Great Britain which uses similar terminology, including "graduate entrant" refers to the experience of baccalaureate prepared non-nurses (called graduates) who return to school for a nursing diploma in an accelerated entry level program (Halkett & McLafferty, 2005; Snow, 2012). Although the terminology is similar, the programs are not specific to graduate level education and do not contribute directly to an understanding of the GPNNNs.

Terminology

The literature associated with GPNNNs in the United States reflects a lack of uniform nomenclature and terminology. A search using a list of GPNNNs (AACN, 2012), the internet, and ancestry methods revealed 58 different program names for graduate level direct entry offerings, among the 73 identified GPNNNs (Appendix A).

The degrees awarded and the requirements for the degrees are determined by the awarding institution and its faculty (Dracup, 2013). This individualized approach to the GPNNN results in a number of programs, each with unique attributes, requirements, foci, outcomes and name. There are terms that are not program specific, but are germane to this discussion of GPNNNs. These terms include "accelerated programs in nursing for non-nurses," "graduate programs in nursing for non-nurses," and "second degree programs in nursing." These programs are described as follows:

1. *Accelerated programs in nursing for non-nurses* - a broad term referring to programs that are entry level accelerated educational options for individuals whom have earned a baccalaureate degree in another discipline (Penprase & Koczara, 2009; Wink, 2005; Wu & Connelly, 1992).
2. *Graduate programs in nursing for non-nurses* - graduate level, accelerated programs in nursing for non-nurses who have earned a baccalaureate degree or higher in another discipline. Within this group are similar programs with varied titles and advance practice outcomes (Miller & Holm, 2011).
3. *Second degree programs in nursing* – a term with multiple meanings. In the context of GPNNNs, it includes entry level programs in nursing for individuals with an earned baccalaureate degree in another discipline (Penprase & Koczara, 2009). These programs are offered as both traditional and accelerated programs (Moe et al., 2009).

For the purpose of this research, as a term, GPNNN encompasses the graduate level accelerated programs that may be included in the literature under any of these three

terms. However, it does not include those programs that are not accelerated, and does not include those programs that are not offered at the master's level.

Graduate Programs in Nursing for Non-Nurses

Each GPNNN is unique, reflecting the goals and offerings identified by the hosting school and faculty. All GPNNNs are entry level graduate programs for individuals with a prior non-nursing degree, yet, in many cases, there is a significant difference between programs. This is evident in reviewing simple descriptions of a sample of several programs.

- *MAGELIN Master's Graduate Entry-Level into Nursing (MN)* is a 15 month program offered at the College of Mount St. Joseph, Cincinnati, Ohio. This program prepares nurses to provide direct patient care (College of Mount St. Joseph, 2012; Johnson & Johnson, 2008). Some GPNNNs award a master's degree to students who have an earned baccalaureate degree in recognition that this is "non-horizontal" scholastic effort (AACN, 2013; Johnson & Johnson, 2008). It should be noted that while master's degrees are traditionally associated with nurse leaders or advanced practice nurses, in this case it is an entry-level degree.
- *Second Degree MSN (MN)* is offered by the University of Virginia School of Nursing. Originally it was offered as a three year advanced practitioner program awarding a Bachelor of Science in Nursing (BSN) after the 2nd year and an MSN after the third year (Vinal & Whitman, 1994). Currently it is offered as a 2 year clinical nurse leader program, awarding an MSN degree, with student eligibility

for NCLEX-RN examination occurring at graduation (University of Virginia School of Nursing, 2013).

- *Alternate-Entry (AE)MSN* is offered through East Carolina University College of Nursing. It is a 3 year program combining entry level studies preparing for registered nurse (RN) licensure (Phase 1), and graduate studies preparing for advanced practice, educator or administration roles (Phase 2). Students must be licensed as an RN, and actively working in a clinical nursing role during Phase 2, which is an online program (East Carolina University College of Nursing, 2012; Schreier, Peery & McLean, 2009).
- *Graduate Entry Pre-Specialty in Nursing (GEPN)* is the original entry level graduate program. This is a three year full-time program, with entry level (pre-specialty) courses preparing the student for RN licensure, which is a requirement before advancing to the third year of studies. Graduate level education prepares nurses for specialization and advanced roles including the nurse practitioner role (Yale School of Nursing, 2013).
- *Masters Entry Program in Nursing (MEPN)* is a three year program offered through the University of California, San Francisco providing both generic and advanced practice nursing education (Ziehm, Uibel, Fontaine & Scherzer, 2011). California State University Dominguez Hills offers a program with the same name preparing clinical nurse leaders (2010).

As reflected in these short program descriptions, the range of programmatic offerings under the GPNNN umbrella is broad, with a wide variety of approaches and

outcomes. The described programs are a sample of the programs offered nationwide (Appendix A). Although there is great diversity among programs, all of these programs offer entry level nursing education at the graduate degree level to a unique group of individuals, those with previously earned non-nursing baccalaureate degrees or higher.

Curriculum

The goals of a GPNNN guide the unique curriculum for each program. However, there is a pattern of coursework within these programs that provides general structure. All programs offer entry level education and all award a graduate degree. Some programs only offer entry level coursework and clinical (College of Mount St. Joseph, 2012; Johnson & Johnson, 2008), but most programs include some form of advanced education beyond licensure (Miller & Holm, 2011). These programs are generally 30-36 months in length, frequently following a calendar year as opposed to an academic year (Rodgers & Healy, 2002). The initial 12-18 months are dedicated to entry level nursing education with related clinical work to provide the student with the required education to pass the NCLEX-RN (East Carolina University College of Nursing, 2012; Miller & Holm, 2011; Schreier, Peery & McLean, 2009).

Entry level curriculum.

There are areas of commonality between programs since a shared goal across the entry level programs is to prepare students at an accelerated pace for registered nurse licensure. To achieve this goal, most GPNNNs have pre-requisites that vary but generally include anatomy and physiology, chemistry, microbiology and psychology (Miller & Holm, 2011; Rodgers & Healey, 2002). Although not uniform across programs, other

prerequisites include statistics, research and pathophysiology (Miller & Holm, 2011; Rodgers & Healy, 2002). Once matriculated in the program, immersion in clinical and coursework in the accelerated program is immediate and intense (Ziehm et al., 2011). At the end of this entry level clinical and coursework, students are prepared to take the NCLEX-RN. Licensure as a registered nurse is not only a milestone for the new nurse, but also a requirement for advancement within a GPNNN for most programs (Miller & Holm, 2011). It is important to note that although the individual nurses are licensed, they are not graduates of accredited programs (Miller & Holm, 2011).

Many programs encourage, and some require, these nurses to practice nursing outside of the program at this point, either as a part-time position while continuing with the graduate level coursework, or during a limited leave of absence from the program (East Carolina University College of Nursing, 2012; Ziehm et al., 2011).

Advanced practice curriculum.

Graduate level coursework generally requires an additional 18-24 months of study and practicum beyond licensure as registered nurse (Wink, 2005; Ziehm et al., 2011). The programs of study and practice outcomes for GPNNNs vary by program. GPNNNs prepare advanced practice nurses such as nurse practitioners (NP) (Dracup, 2013; White, Wax & Berrey, 2000), and midwives (Dracup, 2013), as well as nurse educators (NE) (Dracup, 2013), clinical nurse leaders (CNL) (Bombard et al., 2010; Moore, Kelly, Schmidt, Miller & Reynolds, 2011; University of Virginia School of Nursing, 2013), and nurse administrators (Dracup, 2013). The curriculum for the GPNNNs necessarily varies to reflect the educational preparation for these roles (Miller & Holm, 2011; Wink, 2005).

GPNNN Specific Research

Although there is a published study that involves more than one program (Miller & Holm, 2011), GPNNN specific research is predominantly programmatic evaluation surveys and interviews of subjects associated with a specific singular program, during a limited time frame, significantly over 1-2 years. Most of these studies are summative in nature and are informed from the perspective of the alumni of programs, as opposed to the perspective of students within programs.

Descriptive survey across programs.

Miller and Holm (2011) conducted an internet based survey of GPNNNs. At the time of the survey, there were 60 identified GPNNNs, of which 55 were successfully contacted regarding the study. Thirty five programs from 22 states responded with usable data for a response rate of 64%. The range of years the responding programs were in existence was 2-30 years, with a mean of 6.8 years. The number of enrolled students varied with a range from 16-165, with a mean of 84. A grade point average (GPA) of greater than or equal to 3.0 was a requirement for admission to all but one program. Credits required to complete programs varied markedly, with a range from 46-160 credits.

Dropout rates were considered in this study, with a reported dropout rate of 5-31% over four programs. All programs reported having dropouts since the inception of their program. Three programs reported dropouts occurring after students passed the NCLEX-RN, during the advanced practice phase of the programs. Boards of Nursing reported issues with licensure without completion of a program, and many indicated a

transcript indicating completion of BSN requirements (even if BSN was not awarded) was required for licensure (Miller & Holm, 2011).

Students' success within a GPNNN can be measured by retention rates, graduation rates and NCLEX-RN pass rates. These measures vary by program. Graduation rates are variable and can be related to admission criteria, program design and curriculum issues as much as an individual's success (Johnson & Johnson, 2008). One program reported steady improvement in graduation rates over three years, resulting in an overall graduation rate for the three years of 80%; and NCLEX-RN pass rates improving to 100% in the third year, for a three year average pass rate of 87.5% (Johnson & Johnson, 2008). NCLEX-RN first time pass rates among GPNNNs range from 73-100%, with a mean of 96.2% (Miller & Holm, 2011). Pass rates reported through program evaluation reports ranged from 87.5-100% (DelaCruz et al., 2013; Johnson & Johnson, 2008; Ziehm et al., 2011).

Effective educational strategy.

GPNNNs are generally organized by cohorts. Participants value cohorts, crediting the camaraderie, mutual support of peers, participation in study groups and informal networks as contributing to their success (Johnson & Johnson, 2008). This is particularly relevant when appreciating the independent learning perspective that is valued by the learners in GPNNNs (Johnson & Johnson, 2008). The perspective of the individual as the learner transitioning to practice professional is relevant to this proposed study.

Limitations of GPNNN research.

Research specific to GPNNNs is developing but at a rate that is slower than the program proliferation rate. Most published research studies are program evaluations. These program specific studies are not generalizable, but do contribute to a composite of the demographics across programs. One notable discrepancy is that many of the program evaluations are utilizing alumni generated data as student data. The influence of time, work and life experiences, and maturation are discounted.

Some of the studies informing GPNNNs are dated and were conducted prior to the recent proliferation of programs (Ezer, MacDonald & Gros, 1991; Munro & Krauss, 1985; Ventura, 1979). It is likely that the programs that generated these studies have undergone change since the original study and no longer reflect the description in the study.

GPNNN Student Participants

Direct entry accelerated students fall into two general categories, accelerated BSN students and accelerated graduate students. There is a body of research within the accelerated BSN program that informs our understanding of accelerated students in general and of these students who participated in or graduated from an accelerated BSN program in particular. Specific findings of these studies that create a general understanding of the accelerated direct entry students include:

- Students' prior experiences and learning are valued (Penprose & Koczara, 2009).
- Students' success is related to the faculty (Cangelosi, 2007).
- Students are recognized as adult learners (Penprose & Koczara, 2009).

- Students are self-directed and motivated learners (Cangelosi & Whitt, 2005).
- Economic changes cause students to be attracted to nursing (Penprose & Koczara, 2009).
- A motivator for students in accelerated programs is the desire to make a difference in others' lives (Penprose & Koczara, 2009).
- The opportunity to receive a nursing education and begin working in nursing in a short period of time is an attractor (Penprose & Koczara, 2009).
- Participants are primarily female with the percentage of females in programs ranging from 77-88% (McDonald, 1995; Meyer, Hoover & Maposa, 2006; Seldomridge & DiBartolo, 2005).
- Accelerated BSN programs enroll twice as many males than traditional programs (Cangelosi & Whitt, 2005).
- Student age range has great variability (21-60), with the mean less than 30 years of age (Seldomridge & Di Bartolo, 2005).
- Mean time since completion of last degree is less than 5 years (Meyer et al., 2006; Seldomridge & Di Bartolo, 2005).
- Students enrolled in accelerated programs work less hours than the traditional students in employment outside of the program (Cangelosi & Whitt, 2005; Penprose & Koczara, 2009).
- Students enrolled in accelerated programs had higher GPAs while enrolled in the nursing program than traditional students had (Cangelosi & Whitt, 2005).

Because GPNNNs are accelerated direct entry programs, these findings also contribute to the formation of underlying assumptions of this research.

General Qualities and Characteristics of GPNNN Students

Pre-admission.

Students who choose to enter nursing through a GPNNN make the decision over time. Data related to the migration to nursing showed that 39.2% of students had been considering the move to nursing for more than two years, 21.5% had been considering it between six months and a year, and 24.1% had been considering it for less than six months (McKenna & Vanderheide, 2012). Among the reasons offered for moving to nursing were career stability (65.8%), seeking a caring profession (64.6%), diverse practice experiences (59.5%), following personal or family experience in the health care system (41.8%), and difficulty getting employment in current field (27.8%). The single most common motivator was that the students were keen to qualify and start practicing. Reasons given for selecting the accelerated entry program was that it was offered at the postgraduate level, the shortened length of the course, and the accelerated nature of the course (McKenna & Vanderheide, 2012).

An individual's success within GPNNNs is partially dependent upon the admissions criteria (Rodgers & Healy, 2002). Students commonly have experienced prior academic success with a (GPA) of 3.0 or greater (Ezer et al., 1991; Johnson & Johnson, 2008; Miller & Holm, 2011; Rodgers & Healy, 2002); and success with standardized testing including Miller Analogy Test (MAT) of 45 or greater and demonstrated competence on the Graduate Record Examination (GRE) (Miller & Holm,

2011; Rodgers & Healy, 2002). Diverse education, work, life experiences and interests have all contributed to an individual's success within a program (Rodgers & Healy, 2002).

Demographic data.

The demographics of GPNNNs reflect a more diverse population. There are more men than in the traditional programs. In a study of GPNNNs, Miller and Holm (2011) reported that 33 of 35 responding programs had male students. These programs reported a mean number of male students of 13 in comparison to a mean number of total students of 84 (15.5% of enrolled students) (Miller & Holm, 2011). In programmatic evaluations, there were 3-5 males reported per program, which equates to three times the average number of male students in a traditional program (DelaCruz et al., 2013; Johnson & Johnson, 2008; McKenna & Vanderheide, 2012; Moore et al., 2011; Smith, 1989; Vinal & Whitman, 1994; White et al., 2000). Despite the documented improvement in male recruitment, the student population in GPNNNs is predominantly white females ranging in age from 21-60, with a mean age of 29 years (Miller & Holm, 2011).

GPNNNs are slightly more diverse racially and ethnically than traditional nursing education programs (Wink, 2005) however, a survey of 35 GPNNNs found enrollees to be predominantly white (Miller & Holm, 2011). Program evaluation studies vary, however, it appears that Caucasians are the predominant race and African American participation in these program ranges from 7-15% (McKenna & Vanderheide, 2012; Miller & Holm, 2011; Moore et al., 2011). Language diversity is reflected in Australian

program evaluations, with one report indicating 45.6% of participants spoke English as a second language (Boughton et al., 2010; Johnson & Johnson, 2008).

Prior education.

Students' previously earned degrees include baccalaureate and master's degrees in a broad range of disciplines. At the baccalaureate level, majors included animal science, anthropology, art, audiology / speech pathology, biology, biomedical science, business, chemistry, communication sciences and disorders, computer science, engineering, english, exercise physiology, mathematics, microbiology, occupational therapy, philosophy, political science, psychology, religion, sociology, women's studies and zoology (Bombard et al., 2010; Boughton et al., 2010; McKenna & Vanderheide, 2012; Smith, 1989). Demographic data from program evaluations indicate that 12-44% of students in GPNNNs have a non-nursing master's degree, and approximately 5% have a non-nursing doctorate (Bombard et al., 2010; Boughton et al., 2010; McKenna & Vanderheide, 2012; Smith, 1989). At the graduate level, majors included bacteriology, biology, business, chemistry, counseling, dentistry, education, engineering, health care administration, immunobiology, journalism, law, medicine, music therapy, nutrition, psychology, public health, social work and urban studies (Bombard et al., 2010; Boughton et al., 2010; McKenna & Vanderheide, 2012; Miller & Holm, 2011; Moore et al., 2011; Smith, 1989).

Program evaluations report that the time gap between a previous degree being awarded to a student and the individual's enrollment in a GPNNN varies greatly. The reported times range from immediate to more than 20 years. These same reports indicate

that 60% of students have earned their prior degree within five years of commencing studies in a GPNNN (Ezer et al., 1991; Johnson & Johnson, 2008; Miller & Holm, 2011).

Academic success related to discipline of prior education.

Based on limited research, prior academic concentration does not appear to be a determinant of a student's success in the GPNNN (Rodgers & Healy, 2002; Ventura, 1979). Ventura (1979) examined the relationship between undergraduate area of concentration and success in a GPNNN. Utilizing data from 100 students, concentrations were clustered into three categories. Attrition rates were comparable within the three categories, with each category losing 5 students. Scores on National League for Nursing (NLN) science examinations were analyzed by category. Although social science and psychology majors were the weakest performers on the Anatomy and Physiology exam, there were no differences on the other NLN science exams. Additionally, at the end of the first year, there were no differences between categories of students, and success within the GPNNN was not related to undergraduate major. Despite the age of this study, the diversity and range of undergraduate majors of students is consistent with the range more recently noted as participating in GPNNNs (Boughton et al., 2010; McKenna & Vanderheide, 2012; Miller & Holm, 2011; Moore et al., 2011; Smith, 1989).

Limitations of Research

Student generated data is limited to five program evaluation studies (McKenna & Vanderheide, 2012; McNiesh, 2011; Ventura, 1979; Vinal & Whitman, 1994; Ziehm et al., 2011). Miller and Holm (2011) conducted the only multi-site study, which was a descriptive survey that has been described in the literature.

Interpretation of programmatic studies must be limited to the program of interest. Significantly, the studies conducted to date have primarily been limited to programmatic studies, and therefore the implications of the research are limited.

The programmatic evaluations have a quantitative slant, with an emphasis on grades and scores. This limits an understanding of the program and its participants by omitting the subjective perspective of the participants. Additionally the studies are primarily retrospective examining the GPNNN experience from the graduate's perspective, as opposed to the student's perspective.

Theories Informing Transition to Nurse

The transition from student to nurse is a process that is significant for all nurses, including nurse educators, nurse administrators who hire new nurses, and importantly, the individual who is experiencing it. Transitions theory (Meleis, 2000) is a middle range theory within the nursing discipline. It is a role specific theory that has been adapted to multiple situations (Im & Meleis, 1999), and is relevant to the role transition experienced by non-nurse graduate students as they transition to registered nurse in a GPNNN.

Transitions Theory (Meleis)

Transitions theory as represented by Meleis is a nursing framework, originating from symbolic interactionism (Meleis, 1975). The theory was originally proposed by Meleis (1975) appreciating the importance of nursing interventions in facilitating transitions. It has enjoyed modifications (Figure 1) (Chick & Meleis, 1986; Meleis et al., 2000; Schumacher & Meleis, 1994) and has spawned situation-specific theories

(Duchscher, 2008; Im & Meleis, 1999). Meleis has openly invited and encouraged others to participate in the ongoing development of the theory (Meleis, 2010).

Transitions are processes that occur over time, as compared to occurring in a discrete moment in time (Meleis et al., 2000; Meleis & Trangenstein, 1994). The nature of change in transition involves development, flow, or movement from one state to another (Chick & Meleis, 1986). This theory views individuals as interacting within an organization or social construct. These interactions result in the individual's understanding of the role being changed of modified. In individuals, there are changes in identities, roles, relationships, abilities and patterns of behavior (Schumacher & Meleis, 1994). This may result in changed behavior, or it may also result in unresolved conflict (Meleis, 1975). Role loss, role acquisition, and role insufficiency are all concerns within transitions theory (Meleis, 1975).

Within the theoretical model, measures taken to support an individual's successful role transition are considered role supplementation. Role supplementation is a nursing intervention. Role clarification and role taking are role supplementation interventions (Meleis, 1975).

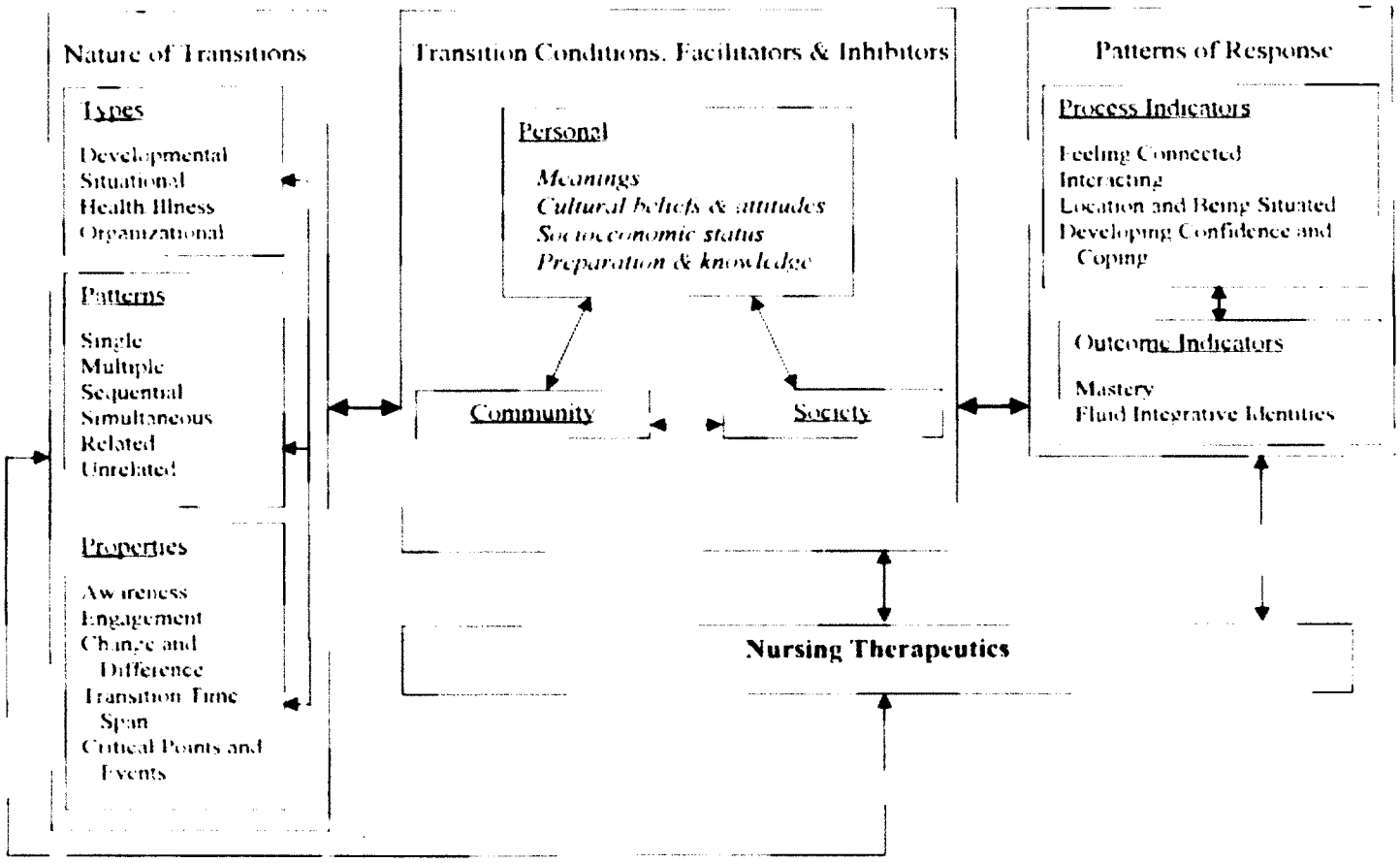

Figure 1. Transitions: A Middle Range Theory. From "Experiencing Transitions: An Emerging Middle Range Theory" by A. Meleis, L. Sawyer, E. Im, D. Hillfinger-Messaias and K. Schumacher, 2000, *Advances in Nursing Sciences, 23* p. 17. Copyright [2000] by Wolters Kluwer Health. Reprinted with permission (Appendix B).

Characteristics of transitions.

Transitions theory is a framework for representing transitions, and includes descriptions of characteristics that are seen in transitions. The general characteristics of transitions of interest to nursing include nature of transitions, transition conditions, patterns of response, and nursing therapeutics (Meleis et al., 2000).

Nature of transitions of interest to nurses.

Nature of transitions includes a description of the type of transition, patterns seen within the transition process, and the properties of the transition process (Meleis et al., 2000).

There are four identified types of transitions of interest to nurses. They are referred to as anecdotal or precipitating events. They include developmental, situational, health-illness and organizational (Schumacher & Meleis, 1994). Developmental transitions include those related to normal life cycle and social changes. Situational transitions include changes in family and group composition and roles, as well as changes in the settings in which roles are performed. Health-illness transitions include changes in role that result from acute, progressive or chronic changes in health status. These transitions occur when health status changes in either a positive or negative direction. Organizational transitions include changes in work and professional environments that affect the lives of individuals within the organization. Examples would include change in leadership, reduction in force, and implementation of new programs (Chick & Meleis, 1986; Meleis, 1975; Schumacher & Meleis, 1994).

There are patterns associated with transitions, and multiple patterns can be reflected in a single transition, reflecting the complexity of the nature of transitions. Identified patterns include single, multiple, sequential, simultaneous, related, and unrelated (Meleis et al., 2000). Patterns vary by transition type, and not all patterns are present in all transitions.

There are essential interrelated properties of the transition process. These properties include awareness, engagement, change and difference, time span, and critical points and events (Meleis et al., 2000, p. 19). These properties are specific to the type of transition of interest.

The data from this research informs an understanding of the nature of the transition. It is reasonable to assume that the dominant nature of the transitions that occur within a GPNNN will have a situational transition aspect to them. A description of properties and patterns associated with transition to nurse within a GPNNN was an outcome of this study.

Transition conditions.

Transition conditions include factors that both facilitate and inhibit transitions. These may be personal or environmental. These may occur within an individual, a family, a group, community, organization or society. Meanings, cultural beliefs and attitudes, socioeconomic status, expectations, level of knowledge and skill, the environment, level of planning, preparation and both emotional and physical well-being are all conditions of transitions in this model (Meleis et al., 2000; Schumacher & Meleis, 1994).

There is a dearth of data on the emic perspective of the individual experiencing this innovative approach to nursing education. This lack of evidence undermines any understanding of the personal transition conditions that impact an individual's transition to nurse through a GPNNN. This research resulted in data that contributes to a description of the personal transition conditions experienced in a GPNNN.

Patterns of response.

Response to transitions may be viewed from either an emic or an etic perspective. The response to transitions can be understood as both process and outcomes. Process and outcomes can be both positive and negative. Process indicators include the presence or absence of feelings of being connected, interacting, being situated in place, time or relationships, and developing confidence and coping. Role insufficiency, or a disconnect between the self-concept of role and the behavior of role, is also a process indicator (Meleis, 1975; Meleis et al., 2000).

Outcome indicators of healthy transitions include subjective well-being, role mastery and well-being of relationships. Negative outcomes include role confusion and role ambiguity. Nursing therapeutics for the purpose of role supplementation include prevention, promotion and intervention (Chick & Meleis, 1986; Meleis, 1975; Schumacher & Meleis, 1994).

The lack of evidence from the emic perspective of the transition process inhibits an accurate description of the patterns of response seen in the transition to nurse within a GPNNN. This negatively impacts nurse educators' ability to design effective role supplementation strategies to support the transition to nurse.

Nursing therapeutics.

Nursing therapeutics involves prevention, intervention and education. The significant approach to nursing therapeutics in transitions theory is role supplementation which includes the components role clarification and role taking. In addition, role modeling and role rehearsal are effective nursing interventions (Meleis, 1975). In this research, the nurse participants' perspectives of their nursing education (nursing therapeutic) as they experienced it in the GPNNN contribute to a richer description of existing nursing therapeutics in the GPNNN context. Data gathered describing how students utilize prior knowledge and experience in their nursing education may inform effective role supplementation approaches. Additionally, the description of factors that are perceived as facilitators and inhibitors is meaningful to nurse educators designing or modifying learner focused role clarification and role-taking strategies in GPNNNs.

Relevance of theory to this study.

Meleis' transitions theory is a middle-range nursing theory, addressing issues that are relevant to nursing. It was developed with the intention that it would have wide and varied usage within nursing, relevant to understanding phenomena and designing relevant nursing interventions across multiple nursing theories. Although it is based on a symbolic interaction philosophical approach, it can be used in combination with other theoretical approaches to further develop the transition knowledge base relevant to nursing (Meleis, 2010).

Meleis (2010) suggests that role transitions of nursing students and nurses are relevant situational transitions and ripe for consideration. Additionally, given the

potential for this transition to be viewed as a personal developmental transition, the mid-range theory recognizes that some transitions are complex, the types of transitions are not mutually exclusive, and may involve more than one type of transition (Schumacher & Meleis, 1994, p. 121). Bombard et al. (2010) noted that transitions theory is relevant to their active research project, examining their transition in a GPNNN to a CNL.

Transitions theory (Meleis, 2010) both informs and provides structure to conceptualization of the transition experienced by individual nurses in this research study. The student to nurse transition is consistent with the properties identified in the mid-range theory. There is awareness within the individual that this transition is occurring, they are engaged in the transition, and there is change, which is occurring in a process over time. Identification of the personal transition conditions are critical to developing an understanding of this transition and can be best described from the emic perspective. This theory has informed the development of this study by assisting the researcher to identify the lack of evidence available describing the personal characteristics, facilitators and inhibitors that contribute to the individual's transition to nurse in a GPNNN.

Alternative Theories Considered

There are other theories that were considered and that have relevance to transitions that individuals experience moving from non-nurse to nurse. They include the r*eturning to school syndrome model* (RTSSM) (Shane, 1980a, 1980b), role transition theories (Aleco, 2009; Duschscher, 2008; Gregg, 2000), *reality shock* (Kramer, 1974) and skills acquisition (Benner, 1984). The RTSSM is relevant from the time period of

initiating nursing studies through graduation. The role transition theories are relevant to a different aspect of the transition, with the focus on a later time period in the transition, as the individual moves from student to nurse in practice.

Reality shock, which represents the discontinuity between nursing education and nursing practice (Kramer, 1974), and the skills acquisition model (Benner, 1984) were considered, but are relevant to events that occur after the transition to practice has occurred and don't inform the experiences during nursing education. As a result, these two models were deemed not relevant to this study.

RTSSM.

The RTSSM describes the processes experienced by registered nurses who return to school for a baccalaureate degree (Shane, 1980a, 1980b). The model describes three stages a student experiences transitioning from the competent nurse to student. The registered nurse experiences the honeymoon stage beginning with the decision to return to school and continuing until encountering the first challenging coursework. A hallmark of this phase is that the individual sees a similarity between prior education and current experiences that reinforce nursing identity. The second phase is the conflict stage and occurs when the individual recognizes the disparity between his or her previous understanding of what it means to be a nurse, and the current educational experiences in the baccalaureate program. A hallmark of this stage is anger and hostility. The third stage is biculturalism which reflects a resolution of the conflict that occurred in the prior stage, and the individual merging the two perspectives of nursing (Shane, 1980b).

This model is specific to the RN to BSN model. Despite this specificity in orientation, it has recently been applied to the experiences of students in accelerated baccalaureate programs (Neill, 2010; Utley-Smith, 2007) and to curriculum development in a GPNNN (DelaCruz et al., 2013). Utley-Smith (2007) extended this model to look at students in an accelerated BSN program for non-nurses with a previous earned baccalaureate degree. Neill (2010) applied the RTSSM in the development of his grounded theory. This model has been utilized to inform the GPNNN curriculum development at Azusa Pacific University, and inform students of phases they may experience returning to school. The RTSSM is included in the orientation to help students understand and anticipate challenges experienced in a GPNNN (DelaCruz et al., 2013).

Neill's (2010) research in Australia extended the RTSSM resulting in a grounded theory, *a new beginning: graduate entrants' journeys to registered nursing.* Interpretation of the findings of this study was informed by the theoretical model, the RTSSM developed by Shane (1980a, 1980b) and advanced through the work of Utley-Smith (2007). Neill's grounded theory extends the RTSSM (Neill, 2010). Although the naming of this grounded theory appears to be addressing the same population as this research, the program the participants were enrolled in actually conferred a Bachelor of Nursing degree to the participants (Neill, 2010, p. 41).

Neill identified three stages that the accelerated student experiences in the journey to practicing nurse. The stages are related to the three stages identified in Shane's (1980a, 1980b) model. Neill (2010) identified attractors/facilitators and

detractors/inhibitors within each stage. The stages are "decisional pathway to undertake nursing studies," "graduate entry nursing education experiences," and "experiences working as a nurse." The attractors to undertake nursing studies in the first stage include

- a strong and long term interest in pursuing nursing
- the desire to have a caring job
- the influential perspective of nursing as a caring profession
- the opinion of others close to them of nursing
- the desire to achieve a graduate degree
- the accelerated time requirement.

The detractors to undertaking studies in the first stage include

- perceived low academic standing of nursing profession
- requirement for involvement in hygienic care of others
- shift work requirements
- decrease in salary.

The facilitators of the second stage, graduate entry nursing education experiences, include

- maturity obtained through life experiences
- previously obtained academic skills
- cohort support
- eagerness.

The detractors of the second stage include

- stress, anxiety and nervousness

- course structure and unsupportive faculty
- resentment from lecturers
- negative perceptions of the accelerated program from practicing nurses
- gap between theory and practice.

The primary facilitators of the third stage (experiences working as a nurse) are clinically supportive nurses. The detractors of this stage include

- anxiety and nervousness
- questioning adequacy of preparation for assignments
- incorporation of family members into care
- reality of practice
- intra nurse aggression.

Both of these models have potential to inform the analysis of the data obtained from the interviews of the participants in this study. These related theories are specific to the process experienced by the students, and may assist with analysis to the first research question, focused on the individual's perception of the transition. However, the description of factors sought in research questions two and three related to prior education, experience and factors facilitating and hindering transition are better addressed using transitions theory.

Role transition.

There are several role transition models specific to nursing. *Theory becoming alive* is a theoretical modeling of the transition in a nurse's practice during the first three years of nursing as a baccalaureate prepared nurse (Aleco, 2009). The four stages include

entry into practice, immersion, committing, and evolving (2009). The time horizon of this theory in the transition to nurse is further along in the global transition from student to nurse than the intent of this research. It therefore has limited relevance to the transition from non-nurse to nurse.

Gregg's model, *bonding into nursing* (2000) describes the process by which nurses in Japan evolve in their role, and identify with nursing. This process begins once the nurse has completed nursing education and is practicing in a professional nursing role. This model is not relevant to the transition from non-nurse to nurse, but rather describes an evolution of a nurse's identification with nursing.

Duchscher's theory of role transition, *a process of becoming: new nursing graduate professional role transition* is a situation specific theory describing the transition of the graduate nurse to the professional nurse role (2008). This theory is specific to the first 12 months of practice as a graduate nurse and involves three stages of doing, being and knowing (Duchscher, 2008, 2009). The doing stage reflects the first four months of practice and is characterized by learning, performing, concealing, adjusting and accommodating behaviors. The being stage occurs between the third and eighth month of practice and is characterized by searching, examining, doubting, questioning and revealing behaviors. The final stage of the theory of becoming is the knowing stage which occurs between the seventh and twelfth months of practice and is characterized by separating, recovering, exploring, critiquing and accepting behaviors. Although this theory evolved from research with a non-GPNNN population, there was some relevance to data analysis in this study.

Transition to Practice for Second Career Individuals in a Non-Nursing Profession: Education

There is a dearth of evidence in the literature describing the transition of individuals enrolled in a GPNNN. Therefore, it may be useful to explore a similar transition in another discipline. In the discipline of education, for example, there are also a number of individuals with non-teaching education and experience who seek a career change, return to school, and graduate with educational degrees preparing them to teach. The literature describes this discipline's experience related to the transition to teaching for these individuals. This information may help to inform this study.

The literature addressing this has focused on the role transition from being an expert in a discipline or profession to becoming a novice in teaching pedagogies (Williams, 2010). Prior knowledge and experience are important in this transition. They are recognized as having both positive and negative impacts on the transition (Crow, Levine & Nager, 1990; Williams, 2010). Second career teachers, when challenged as a teacher without pedagogical knowledge, have drawn on their personal knowledge and experience to develop a teacher response (Williams, 2010). At times the research has shown that the knowledge and experience used to inform a current teaching behavior is from the teacher's experience as a learner much earlier in life (Williams, 2010).

Other studies have illuminated the negative impact on transition for these individuals. Etherington (2011) conducted a phenomenological study examining the emic perspective of second career teachers. Students reported conflicts with faculty and service supervisors that arose from the students integrating their prior experiences in the

classroom, both as a student and as a student teacher, and faculty not responding favorably, or respecting the student's experiences. The conflicts persist unless either the student or the teacher changes their approach. In the case of the student, this would mean assuming a posture of being unknowing, and abandoning the insight from prior experiences. In the case of the teacher, this would mean assuming a different approach that values the experiences of the student.

Novak and Knowles (1992) conducted qualitative research utilizing life histories to inform their understanding of the experiences of second degree students in a teaching program. They found that the second degree students utilized both their prior knowledge and their prior experiences to enhance their teaching abilities. The histories revealed that second degree students drew on prior business and career skills to manage their classrooms, including time management issues, delegation of tasks, and management of the complexities of a classroom. They also found that second career students linked prior experiences with teaching practices, finding innovative and non-routine ways to present material contextually within the classroom. Prior experience and knowledge impact the second degree teacher's expectations of their students, and of themselves.

Interestingly, in the same report, Novak and Knowles (1992) acknowledge that despite the evidence that life experiences influence a second career teacher's education, there is no evidence that these life experiences are being accounted for in the educational process offered to them. They recommend that future research address how, where and when to assist second career students with integrating prior experiences in their teaching education. Future research must also address the commonalities between second career

students, to identify the traits that support the synergies between prior knowledge and prior experiences and the current educational challenges. They suggest that the emphasis needs to be on process, as opposed to content in educational programs. The focus of educators needs to be on assisting the student to make linkages between prior experiences, prior knowledge and the teaching pedagogy.

Mayotte (2003), using a case study qualitative methodology found that (1) skills developed through prior career experiences transferred to teaching; (2) content knowledge that second career students possess is enriched by prior career experience and (3) that working in a previous career influenced teaching philosophy (p. 686). Additionally, Mayotte noted that competencies developed through one career or organization, including knowing-why, knowing-how and knowing-whom, were readily available to be used in teaching.

There are similarities between second career student teachers and second career nurses in GPNNNs. There are studies in the education literature that examine prior experiences and knowledge from a variety of qualitative methods, including phenomenology, case study and ethnography. All indicate that it is evident that prior experience does impact the educational experience for second career teachers. The impact can be both positive and negative, and this has implications for educating second career nurses as well as second career teachers.

Transition to Nurse

Transition in nursing education is described in the literature in several populations and during different stages of the nursing education continuum. The transitions

experienced by individuals in a GPNNN are rarely described in the literature, but transitions experienced in other populations in other nursing programs are described and may inform our understanding of GPNNN transition.

Entering Nursing Education: To Student Nurse

Neill (2010) conducted a retrospective study with five cohorts of alumni of an accelerated baccalaureate program to explore the transitions experienced in accelerated nursing education. He described factors contributing to the decision and detracting from the decision to undertake nursing studies (previously described in this paper). His findings related to the transition to student nurse were consistent with the model offered by Shane (1980a, 1980b).

Utley-Smith et al. (2007) describe the honeymoon stage as not having definitive limits, but rather reflecting the experiences of the individual students. In their program, a second degree accelerated baccalaureate program, a pattern was noted within the honeymoon phase that appeared to have a one semester duration and was manifested in the students by excitement. The conflict stage appeared to begin in the second semester with the first intense clinical course. The biculturalism or reintegration phase was seen to begin emerging at the end of this same semester.

Hobbs (2007) provides an immersed description of reflective practice informing clinical nursing education in the second career student. Reflective journaling and a peer support group utilizing reflection are recognized as contributing to the development of interpersonal and negotiation skills essential in nursing. Additionally, through these strategies, second degree students came to understand tacit nursing knowledge. This

emic perspective of developing critical skills is relevant to uncovering and describing the experiences of the second degree student in nursing. However, it is limited to one individual's perspective, and it is unclear whether this experience occurred in a GPNNN.

Neill (2010), Utley-Smith et al. (2007) and Hobbs (2007) all contribute relevant perspectives of a student with prior education in another discipline coming to nursing. However, they don't describe the experiences of individuals within a GPNNN. The results of these studies may assist in analyzing the data, both in recognizing similarities and in identifying experiences that are unique to the GPNNN.

Student Nurse to Graduate Nurse

The research and modeling specific to this transition is significantly restricted to the end of the education time frame and the beginning of the graduate nurse practice. Kramer (1978) described the shock encountered by new graduates as they moved from nursing education to nursing practice. This shock arose from the differing expectations between the education environment and the practice environment.

Utilizing Shane's model (1980a, 1980b), the conflict stage occurs when the individual is confronted with a different perspective and complexity of nursing than what the individual practices. Neill (2010) recognized the contribution of anxiety and nervousness in this stage. This is interpreted in a threatening manner and the common response is that the student reacts with hostility. This phase is also referred to as disintegration (Shane, 1980b). Knowledge and skill acquisition, as well as development of confidence leads to reintegration. This leads to the third phase, biculturalism, which occurs when the individual reconciles the two views of nursing in practice. This can

occur during nursing education or post nursing education. Individuals who experienced difficulty moving out of the conflict stage, appeared to have a tendency to leave nursing (Neill, 2010).

Pearson (2009) provides a first person description of the transition from student to graduate nurse, identifying the factors that are facilitators and those that are detriments. Uncertainty, fear, excitement, a lack of confidence and an awareness of responsibility are emotions and feelings that are co-mingled and experienced in the transition to graduate nurse. Factors described as facilitators are a strong personal belief in nursing, and a relationship with a supportive peer. Factors that are seen as detrimental include unanticipated shift work and a mentor who is not able to relate to the new graduate. Conversely, relationships with mentors, buddies and colleagues are instrumental in fostering the development of confidence during the transition from student to graduate nurse.

Duchscher's (2008, 2009) research spans more than a decade and examines the transition from student to graduate nurse. The stage when there is movement from student to graduate nurse is referred to as *in-betweenness* (2009, p. 1104). The timing of this movement begins in the last few months as the student anticipates the transition and continues for the first 12 months as graduate nurse. Duchscher's (2008, 2009) research focused on describing the changes and stages as they occurred over time in this transition and contributed to the development of the theory of becoming. Synthesizing the decade of research, Duchscher (2009) described a *transition shock* (p. 1105) that arose from the contrast between the familiar experiences that the students had mastered in the academic

arena with the unfamiliar expectations in the practice arena. Duchscher's (2008, 2009) research with traditional baccalaureate prepared nurses may inform data analysis in this research.

Price (2009) conducted a meta-study utilizing methodology identified by Paterson, Thorne, Canam and Jillings. The meta-study examined and analyzed research using qualitative methodology to examine career choice and early professional socialization in nursing. The research question guiding the review was "what factors and experiences (personal, social and organizational) influence socialization to the nursing profession and the choice of nursing as a career?" (p.12). Ten studies contributed to the review, seven of which had generic nursing students as participants.

Price (2009) identified the meta theme *realizing and redefining role expectations* (p.14). Individuals come to nursing with prior knowledge, experiences, and preconceived notions, beliefs and expectations of nursing which influence the socialization of the individual to nursing. Socialization is a dynamic process through which preconceived ideas are being challenged and reformed by others' ideas and by the reality of nursing practice. A theme identified in early socialization, the influence of ideals, is drawn from the individual's knowledge of nursing and nurses, which were generally viewed positively. The assimilation of this knowledge with the individual's self-identity contributes to a personal meaning of nursing. The parity between this meaning and the reality confronted in the practice setting is significant in the individual's socialization to nursing.

A second theme is the paradox of caring. Many are drawn to nursing by the caring ideal, but when actually practicing, strive to be known for more than caring; they seek to be seen as competent. Other terms that contribute to understanding this theme are cognitive dissonance and affective discomfort (Price, 2009, p.16). In early socialization, the individual doesn't have the professional maturity to effectively negotiate this conflict and utilizes observation of role models to guide a personal response, which influences socialization. The third theme is the role of others. The nurse's socialization to nursing is an internalized process that is influenced by others, including peers and mentors (Price, 2009).

The studies contributing to the meta-analysis were not conducted with GPNNN students and were examining socialization to nursing as opposed to transition to nurse through education in a GPNNN. However, it was anticipated that the transition to nurse described in this study would likely be influenced by the respondent's professional socialization to nursing. This meta-study may have usefulness in the analysis of data.

In summary, research has been conducted examining role transition and socialization to nursing within the new graduate population. This research has not been conducted with the GPNNN, but could inform a description of the transition experienced by individuals participating in a GPNNN if similar themes arose. This research is focused on the transition experience of the individuals participating in a GPNNN, and is not limited to socialization.

Research Specific to GPNNN Students Transitioning to Nurse

McNeish (2011) conducted a phenomenological inquiry of students in a GPNNN to represent their lived experience in a clinical setting of an accelerated program. Nineteen students participated either through interview or focus group. There were two research questions:

1. How did previous life experiences, education, and career choices influence the experience of second-degree students?
2. What were the potential effects on learning of condensing and accelerating the curriculum as is requisite in second-degree programs? (McNeish, 2011, p. 198).

Themes relevant to the clinical experiences that arose from the data in this study include

- Entering a foreign world
- Novice again in a new world
- Physical demands of nursing work
- Pace of learning for clinical assignments
- What is at stake
- Being part of an intense learning community (McNiesh, 2011).

Data from this study reflects both the unique attributes of the students and the challenges they deal with in a GPNNN, which are related to the high expectations they have of themselves, their previous accomplishments and their expectations of the program. The uncertainty and ambivalence in a clinical setting were intensified in students who were accomplished in other fields and expecting the same of themselves as students in clinical

nursing. The role of clinical faculty in assisting the student to meliorate the intensity, foster independence and protect patient safety is critical (McNiesh, 2011).

McNeish's (2011) study informs this research by posing a similar research question in a particular program setting, although with students at a different point in the GPNNN. In the McNeish (2011) study, students are pre-registration, not yet having completed the entry level component of the GPNNN. Additionally, the McNeish (2011) study utilized a phenomenological approach with no theoretical grounding. In the current study, considering this transition from non-nurse to nurse with the additional insights from a well-developed theoretical perspective provides an alternative means to analyze and reintegrate the data into what is already known about student perceptions within GPNNNs.

Moore et al. (2011) conducted a qualitative study among graduates of one GPNNN exploring their perceptions of what attracted them to nursing, how they currently view nursing, and how they believe their prior non-nursing education and experience contributes to their practice of nursing. The study was conducted with 14 graduates of a single cohort of 14 of the clinical nurse leader track. The study was a qualitative descriptive design utilizing three rounds of interviews with graduates as the data source. There were six interview questions posed and central themes emerged from the responses. The six interview questions were:

1. When were you first drawn to nursing?
2. What attracted you to the nursing profession?
3. What is it like to get a second degree / start a second career?

4. What do you believe your first degree / career will add to your practice?
5. What most surprises you about nursing?
6. What do you most like about nursing? Why is nursing a good "fit" for you? (Moore et al., 2011).

Themes that emerged from the responses of the graduates included

- Most were drawn to nursing recently
- Connections and caring, as well as limitless possibilities were the primary attractors for the graduates to nursing
- Graduates denied feeling established in their prior careers, and recognized that overcoming challenges, being ready and prepared were important to their second career, and they were looking forward to this new career with excitement
- Graduates perceived that their prior education and career gave them a broader more global perspective in their nursing career, as well as enhanced their communication skills
- Graduates were surprised with how much nurses need to know, the level of difficulty in nursing education, poor nurse to nurse communication and the lack of passion among experienced nurses
- People, patients and helping people were the themes that emerged in recognizing what graduates like most about nursing (Moore et al., 2011).

The subjects of this research were graduates of a GPNNN. Developmentally, as a master's prepared nurse, their perspective is beyond the limited perspective of the

student, which is the perspective of the proposed research. Responses particularly to the third and fourth question provide insight into the perspective of nurses whom have experienced a GPNNN.

In summary, two studies have been identified in the literature that examined the experiences of the individuals in GPNNNs. The findings of the studies reflected two different perspectives, one from the perspective of students prior to licensure, and the other from the retrospective view of graduates of GPNNNs. These studies informed the data analysis of this study.

GPNNN Action Research Project: Transition to Clinical Nurse Leader

A four member cohort of a GPNNN conducted an action research project to develop an understanding of the transition experience of non-nurse to CNL as they experienced it in the final four months of a CNL program and the first year after completing the CNL program (Bombard et al., 2010). The dominant theme that emerged from their project was "Answering the Question: What is a CNL?" The cohort described several subthemes that they represent as contributing to a transition process which they experienced. The sub themes, represented as steps in the process of answering the question, are "coming to the edge," "trusting the process," "rounding the corner," and "valuing becoming" (Bombard et al., 2010). "Coming to the edge" reflected acknowledgment that the novelty of the role in both the education setting and the practicum required everyone to think differently and work together in support of this new educational and practice approach (Bombard et al., 2010). "Trusting the Process" referred to trusting that both the innovative role and educational approach were grounded

and directed by AACN, faculty, preceptors and self (Bombard et al., 2010). "Rounding the Corner" reflected that feelings of comfort and competence within the cohort, preceptors, faculty and other members of the health care team increased as the cohort moved through the process (Bombard et al., 2010). "Valuing Becoming" is a process that the cohort experienced after completing their formal education as they moved from a novice perspective toward assuming the CNL position as an expert (Bombard et al., 2010).

Bombard et al. (2010) acknowledge that Meleis' transitions theory is relevant to understanding the process they experienced. However, the relationship between the theory and the project is not explicated.

Additionally, of significance to this research, in their first person account of their experience transitioning to CNL, Bombard et al. (2010) state that they began their CNL practicum with minimal nursing experience, but with "knowledge and experience from a broad range of disciplines, bringing a diverse set of skills and perspectives to professional nursing practice" (p. 335). In their discussion they add that their knowledge and expertise from both prior education and experience contributed to their achievement of CNL certification (Bombard et al., 2010). Additionally, they muse, "Is it possible that our age, previous academic preparation and professional work experience, and having a graduate-level nursing education better prepare DEMN (Direct-Entry Master's in Nursing) students for clinical practice, enabling graduates from these programs to move more efficiently and effectively from novice to expert?" (p.337), and suggest that this be subjected to further study. This project provides a first person perspective suggesting that

prior knowledge and experiences, both academic and professional contribute to the transition process within a GPNNN.

In summary, this first person report informed this study in multiple ways. Although it is limited to the experiences of a small cohort in one program, it described a transition experienced by students and graduates in a GPNNN. Additionally, although not reflected in the transition process they describe, prior education, knowledge and experiences are recognized as having a role in the transition, and identified as an area for future research.

Gaps in Knowledge

GPNNNs have been in existence nearly 40 years, with recent significant proliferation of these programs. Despite the rapid increase in numbers, this programmatic approach has not received major research funding. Consequently, a dearth in research has resulted in significant knowledge gaps.

Miller and Holm's (2011) survey of GPNNNs appears to be the only published GPNNN study that is not program specific. These authors identified seven directions for further research with GPNNNs. They are:

1. Identify unique faculty and student challenges related to second-degree nursing students.
2. Determine ideal teaching strategies to meet the needs of adult learners.
3. Discover mechanisms of role transition for professional moving from one role orientation to a professional nursing orientation.
4. Identify factors influencing faculty and student satisfaction.

5. Determine ideal clinical experiences to enhance mastery.
6. Determine the specific number of theory and clinical credits needed to achieve mastery of core professional nursing skills and competence.
7. Determine the effectiveness of simulation for clinical decision making with adult learners (p.8).

Additionally, in 2007, Duke University, with funding from the Helene Fuld Health Trust, convened a group of nurse educators to identify a research agenda specific to accelerated programs and their outcomes. Four domains were identified: student recruitment and support, best practices in classroom instruction, best practices in clinical instruction, and transition to practice (Beal, 2007).

GPNNN research, as previously described, has been primarily program evaluation focused, and has not appeared to account for the perspective of the individual. The student's perspective is essential to informing all of the above mentioned priorities for research. Although there is a developing data base of demographic data regarding students in GPNNNs, there is a dearth of data related to the students' learning experiences and the challenges that they face while enrolled in a GPNNN (McKenna & Vanderheide, 2012; Pellico et al., 2012). There is a lack of research documenting the thoughts of students in GPNNNs regarding nursing, and their views on what they bring to nursing (Moore et al., 2011; Pellico et al., 2012). There is a need to investigate the influence of prior education, knowledge and experience in the transition of students in GPNNNs to nurse (Bombard et al., 2010).

The lack of the emic perspective of the transition experienced by students in a GPNNN significantly limits the knowledge development and evidence base of this educational approach. The students' descriptions of the transition they experience moving through the GPNNN will inform many of the aforementioned priorities.

GPNNN specific literature refers to prior knowledge and experience as assets that facilitate an accelerated approach to nursing within a GPNNN. Although it is believed that a synergistic relationship exists between academic achievement in prior education and accelerated nursing education, no research has been published that supports this assumption. This assumption that individuals bring their prior education and prior experience to the GPNNN experience is a critical assumption on which these accelerated programs have been developed. Additionally, the factors that the individual perceives as relevant, and how they facilitate or inhibit the transition to nurse through the GPNNN, have not been described (Pellico et al., 2012). These descriptions are essential to developing strategies to meet the unique needs of these learners. The rush to develop and then evaluate these programs has focused on programmatic needs without a full description of the individual's perspective.

Summary

In this chapter the literature has been reviewed relevant to GPNNNs, second career transitions in education, transition to nurse, theoretical perspectives and empirical data informing transition. Studies that have explored the transition from nurse to student from an individual perspective have been described and informed this study. Relevant theories modeling transition from student to nurse have been described with particular

emphasis on transitions, which informed an understanding of the data generated in this study.

There has been significant growth in the number of GPNNN programs. The literature review demonstrates that there is a developing body of program data and participants' demographic data. Although there are several published studies, they are grounded in program evaluation with a lack of literature specific to the individual's perspective. Specifically the experience of the transition to nurse, the influence of prior education and experience on the transition, and the factors facilitating or hindering the transition are not addressed. This study addressed that gap.

The information obtained from this study has important implications for nursing education, particularly graduate level direct entry programs in nursing. A description of the transition to nurse within the direct entry graduate program is critical to nursing faculty as they develop and modify programs using specific strategies that are targeted to the unique learning needs of the graduate student with a prior degree. Additionally, individuals who are entering these programs could find these descriptions helpful in identifying ways to incorporate their prior experiences and knowledge in nursing education, and to utilize strategies that facilitate the transition to nurse.

Chapter 3 details the sample selection, the qualitative descriptive research design including sample selection and approach to data analysis used in this research.

Chapter 3

Methodology

The review of literature in chapter two demonstrated that there has been minimal research conducted with the GPNNN student population. The studies that had been conducted have primarily been program evaluation studies examining outcomes. The perspective of these studies was from the lens of the program, not the perspective of the participant moving through the program to transition to nurse.

The purpose of this study was to describe GPNNN student transition through nursing education from non-nurse to nurse. An additional aim was to describe the students' perceptions of how and to what extent their prior knowledge and experiences influence their transition to nurse. The last aim of this study was to explore factors that GPNNN students perceive as facilitating and hindering their transition to nurse. The research questions for this study were:

1. How do GPNNN students describe their transition through nursing education from non-nurse to nurse?
2. In what ways do GPNNN students perceive prior education and experience as influencing their transition from non-nurse to nurse?
3. What factors do GPNNN students perceive as facilitating and hindering their transition from non-nurse to nurse?

This chapter includes an overview of the research design, methods, setting, and procedures used to elicit data to answer the research questions.

Research Paradigm

This research was conducted within the naturalistic/constructivist paradigm. In this paradigm, reality is not fixed but is contextually based and a construction of the individuals who participate in the research (Polit & Beck, 2012). Participant voices are critical to understanding the phenomenon of interest. Furthermore, the assumption is that understanding is maximized when the distance between the researcher and study participant is minimized (Polit & Beck, 2012). The naturalist perspective informed the research questions and the approach. The research questions sought to describe and explore, which reflect an inductive approach (Munhall & Boyd, 1993) consistent with the naturalistic paradigm. The inductive approach implies a qualitative design. The positivist paradigm was considered but eliminated because there was a need to obtain a contextual description of the process, characteristics, facilitators and inhibitors from the individuals who were experiencing the process. This level of descriptive inquiry is best achieved through qualitative inquiry.

Research Design and Method

This research was a qualitative descriptive study using in-depth interviews as the principle method to elicit data from a purposive sample anticipated to include 10-12 GPNNN students and actually had a purposive sample of 17. Qualitative description is a generic approach to discovery that is aligned with the naturalistic paradigm (Sandelowski, 2000). The researcher is committed to examine something as it exists, without manipulation (Sandelowski, 2000). Using qualitative descriptive, the researcher seeks a description of the who, what, when, and how of an event or process

(Sandelowski, 2000). The description is largely an integrated description from all of the data that the researcher gathers (Sandelowski, 2000, 2010). Naturalistic inquiry requires a method that is continuous (changes in design can be made as informed by observations), flexible (exploring new ideas and information that emerges), and adaptable, allowing the researcher to deal with the unexpected (Rubin & Rubin, 2012). Given the nature of the research questions, interviewing the nurse in a GPNNN was the best approach to develop a description of his or her perception of transition to nurse, the influence of prior knowledge and experience, and the factors that facilitate and hinder this process. Interview methodologies to support this type of inquiry should elicit rich data, have open-ended questions, and the interview questions should flow from the responses offered by the respondent (Rubin & Rubin, 2012).

Alternative Methods Considered

Multiple methods and approaches were considered in the selection of a methodology. A phenomenological approach was considered and valued for its ability to describe the lived experience of the student in the GPNNN. However, findings would have been presented as an exhaustive description and themes. There was concern that any process or description associated with transition as a whole, the influence of prior education and experience, as well as the influencing factors may not be illuminated to the extent they would be through a qualitative descriptive method. The critical incident approach was considered, particularly to respond to the second and third research questions. Although the responses would be contextual, this approach was not utilized because of the potential for informing the first research question in only a limited way

(informed by a critical incident). Narrative inquiry was also considered to provide the emic perspective of the transition to nurse. The focus of narrative is a story around important moments in the lives of individuals. The participants in this study might not have viewed this transition as a story. Furthermore, this approach implies a telling and listening which is not consistent with the interview method chosen which placed the researcher and interviewee as equal partners in the research. Participant observation was considered as a method but nor pursued because the nature of the research questions required the individual experiencing the transition to respond, often providing data that involved description of and perceptions related to one's thinking. The intent of this research was to describe the perspective of the individual, and not an observed perspective.

Responsive Interviewing

Rubin and Rubin's (2012) responsive interviewing approach was used to guide the interviews. Responsive interviewing was selected because of its close relationship to naturalistic inquiry, and also because it structurally supports a search for context and depth while tolerating ambiguity and complexity (Rubin & Rubin, 2012). This was important as the purpose of this research was to describe and understand a phenomenon from the perspective of the nurse in the GPNNN, and in achieving the depth of the description, there was a potential for contradictory statements, ambiguity and complexity that did reveal itself in the interview. The responsive interview approach was consistent with an interpretive constructionist philosophy and influenced by critical and feminist variants of the naturalistic paradigm (Rubin & Rubin, 2012). The goal of responsive

interviewing is to build a deep, comprehensive description of a phenomenon of interest that is grounded in the perspective and meaning for those who are interviewed (Rubin & Rubin, 2012, p.38). These interviews are flexible and iterative.

Responsive interviewing is built upon the assumption that there is a trusting relationship between the interviewer and the interviewee (Rubin & Rubin, 2012). This relationship was formed by sharing and reciprocity in which the interviewee was referred to as a conversational partner (Rubin & Rubin, 2012). In this process, the interviewer and the interviewee took on unique roles, those of conversational partners. The conversational partnership approach reflected the appreciation for the expertise, knowledge and insights that the interviewee had and contributed to the research process (Rubin & Rubin, 2012). In responsive interviewing, both researcher and conversational partner bring their experience and perspective to actively contribute to the research. The researcher initially set the tone and direction of the interviews; however the conversational partners influenced the focus of the interviews through their discussion. Henceforth, the interviewee is referred to as the conversational partner (CP) in this research.

Role of the conversational partner.

The CPs in this study were the experts on the topic of transition to nurse within a GPNNN, and their role was to be active participants in the interview, contributing depth and insight in their descriptions. Control of the flow of the interview was directed by them through their responses (Rubin & Rubin, 2012).

Role of the researcher.

The role of the researcher in this method was to formulate the research question, design the study, identify CPs, develop reciprocal and trusting relationships with them, and respond and accommodate in interviews with the CPs. Within the responsive interview, the researcher was self-aware, responding to self and the CP (Rubin & Rubin, 2012). The researcher reacted to the statements of the CP, asking detailed follow-up and probing questions (Rubin & Rubin, 2012). The researcher gathered descriptions and interpretations from the CPs and synthesized them in a way that described the transition to nurse, described the influence of prior education and experiences on the transition to nurse, and described the factors that facilitate and hinder the transition to nurse. The researcher maintained a notebook recording observations and decisions made throughout the study.

A critical role of the researcher in the responsive interviewing model is to develop and nurture a trusting relationship with the CP (Rubin & Rubin, 2012). In this study, the researcher initially communicated directly with each volunteer asking for the opportunity to discuss the study and the CP's potential involvement in it. This allowed the CP to determine when and how this next interaction would take place. Additionally, this allowed the CP to determine her personal involvement, commitment to the research and comfort in interacting with the researcher. By communicating respect for the volunteer's time, schedule and personal demands, the researcher began to lay the foundation for a trusting relationship.

The researcher must protect the CP in the research (Rubin & Rubin, 2012). The researcher provided a number of specific actions which as a whole provided protections for the CPs. These included seeking IRB approval from both the University of Massachusetts Dartmouth and Nursing School; de-identifying data by originally assigning identification codes in lieu of names and eventually assigning pseudonyms after the analysis was conducted; conducting interviews in places selected by the CPs to assure privacy; securing audio recordings in a locked box in the researcher's home; training the transcriber in issues related to confidentiality; and finally, in the writing of this report, substituting similar or comparable descriptive characteristics into quotes to remove characteristics that would identify the CP. Where this wasn't possible, the descriptor wasn't used in the report.

Setting

The setting for this study was a Nursing School, located in the northeastern United States. The sponsoring institution offers multiple undergraduate and graduate education programs in nursing. There were seven graduate programs in nursing offered including the GPNNN, a direct entry MS in Nursing. The GPNNN was offered to individuals with a previously earned baccalaureate degree or higher, a GPA of 3.0 or higher, and course prerequisites of anatomy and physiology, organic chemistry, inorganic chemistry, microbiology, statistics and developmental psychology. This 98 credit, three year full-time direct entry program enrolled approximately 45 students per year, and the pre-licensure phase requires 18 months of full time study. First year coursework began in late June and the pre-licensure coursework was completed in December of the following

year. At that point, 18 months after matriculation, the students were eligible to take the NCLEX-RN exam. The program advertised a 100% first time pass rate on NCLEX-RN exam and a 100% first time pass rate on the NP exam. Coursework post-licensure could be completed on either a full-time (additional 18 months) or part-time basis. The program prepared non-nurses for advanced practice roles, including family nurse practitioner. Once licensed, which generally occurs in January after a year and a half of coursework, nurses must practice nursing in a clinical setting while enrolled in the advanced practice coursework.

Conversational Partners

The CPs in this study were students enrolled in the GPNNN at Nursing School. The CPs and Nursing School were within a commutable distance for the researcher, facilitating the in-person interview process. In this sense, the program was selected as a matter of convenience.

The sample for this study was relatively homogenous, reflecting the program participants at Nursing School. The population was predominantly white, non-hispanic females, and in their 20's. Among the volunteer participants, the decision to select a participant for participation was informed by the intention to maximize diversity in responses.

The study participants met the following criteria: enrolled in the previously described GPNNN; were nurses who had completed the pre-licensure phase of the coursework, passed the NCLEX-RN exam and were licensed and employed as a registered nurse. Participants were articulate in English and willing to share their

perceptions regarding their transition to nurse in an interview. Participation was voluntary. It was originally anticipated that the sample would consist of approximately 10-12 students. However, saturation of data had not occurred by the twelfth interview. The sample size was increased to 17 to achieve saturation of data.

Progression of Research Study

The researcher initially contacted the program director of the GPNNN and the Dean of Nursing at the Nursing School and had preliminary discussions with the program director. These discussions addressed mutual interest in the research and the feasibility of conducting the research with students enrolled in Nursing School. Pursuant to this discussion, the researcher sought and obtained University of Massachusetts Dartmouth IRB approval. Upon receiving IRB approval through the University of Massachusetts Dartmouth, the researcher again contacted the director of this program and the Dean of the college and sought and received support for the study and permission to proceed with obtaining IRB approval at the Nursing School. IRB approval was sought and obtained.

Recruitment

The researcher collaborated with the program director and a faculty member of the GPNNN to identify the most appropriate and least disruptive method of seeking participants for the study. The researcher addressed the students in the two post-licensure classes that were offered in the GPNNN during the fall semester in September 2013. General information regarding the study and contact information for the researcher (Appendix C) was distributed during the brief class presentation. Additionally, matriculated post-licensure students who were on a leave of absence were identified by

the program director and they were provided the same information via e-mail. Investigator contact information was included on the information sheet. Five volunteers responded to this class presentation. One volunteer responded to the e-mail solicitation but was only available for a telephone interview, which was outside the parameters of the IRB approval at the time. After approximately four weeks, there were no new volunteers.

The researcher again collaborated with the program director to identify the least disruptive method to seek additional volunteer participants. In November 2013, a second in-person solicitation was made to the same classes and a follow-up e-mail was sent to those on a leave of absence who were previously contacted. During this classroom solicitation of participants, volunteers were asked to sign a contact sheet for the researcher to contact them. Eighteen nurses provided contact information at these sessions. Additionally three nurses on an academic leave of absence responded to the e-mail solicitation. Several volunteers offered to participate in a telephone interview but not an in-person interview due to time and scheduling concerns. At this point because of the number of volunteers available to participate in face-to-face interviews, the researcher did not pursue offers from volunteers for telephone interviews.

All volunteers were contacted and an attempt was made to schedule in person interviews. At the time of contact, some volunteers requested deferring interviews until the end of the semester, some requested phone interviews only and others agreed to schedule an interview. The researcher decided to proceed with interviewing those who volunteered to participate in face-to-face interviews as the study was initially designed and approved. As these interviews progressed, and the anticipated sample of 10-12 was

achieved, it was apparent to the researcher that several patterns were emerging. The first was that the CPs participating in the study were primarily white, single females in their 20's who had worked either per diem or on a part time basis as a nurse. There were common themes that were emerging, but there was a glimmer of diversity in responses when academic enrollment status (part-time or full-time) was considered. The second observation that perhaps in hindsight complemented the first pattern was that the volunteers that had requested telephone interviews or deferred interviews appeared to be a slightly more diverse group. There was a male, several black women and several women who appeared to be slightly older in this group. It was evident to the researcher that to improve the diversity of participation, there was a need to request a modification to the IRB seeking an increase in the number of respondents and to include telephone interviews. The IRB modification was sought and received from both the University of Massachusetts Dartmouth and the Nursing School. The purpose was to improve the diversity within the sample, include more potential volunteers and continue until data saturation was achieved (Polit & Beck, 2012).

A purposeful sampling strategy was used in this study to obtain the richest possible data from CPs. Contemporaneous and ongoing analysis of the data informed the researcher's approach to the purposeful sampling strategy. More responsive interviews were required with a select group of volunteers to achieve the greatest level of diversity possible within the group of CPs. Diversity for the purpose of this study meant having a different perspective and lens on the world that informed their vision and viewpoint. The researcher purposefully selected from the volunteer students to increase the ability to

capture the differing perspectives on the same transition experience. To increase the likelihood of accomplishing this, the researcher sought the IRB and research plan modification to include males, individuals in other age groups, Asian, Black, American Indian, Native Hawaiian or Hispanic volunteers if possible. Additionally, another intention of the modification was to increase the potential of including those with previous degrees in additional disciplines when possible.

Once a GPNNN student expressed interest to participate in the study, the researcher responded to them through the contact method the student had identified as their preferred method. This contact was in person, by e-mail or telephone. The researcher provided detail regarding the study and answered questions the volunteer had regarding the study, and assessed the likelihood that this volunteer would offer a unique or diverse perspective of the transition to nurse. An effort was made to identify a mutually agreeable appointment time and place for the interview, and the informed consent form was sent to the volunteer via e-mail at the time of scheduling the interview. This was done to allow the volunteers the opportunity to review the consent form and prepare questions prior to being interviewed.

At the time of the interview, the CP was provided with a paper copy of the informed consent form and was provided the opportunity to ask questions of the researcher which were answered prior to obtaining the informed consent. The informed consent (Appendix D) was then obtained, and a copy provided to the CP. On enrollment, each CP was assigned a unique identifying code. The codes were assigned in the order in which the CP was enrolled, i.e., CP1, CP2, with one exception; the individual who would

have been CP13 specifically requested to be assigned the code CP30, and this request was accommodated.

Data Collection

Data collection occurred from September 2013 to December 2013. Although data collection was initially planned to continue until 10-12 interviews were completed, consistent with the qualitative descriptive approach, data collection continued until data saturation was reached (17 interviews) and enough data has been collected and analyzed to answer the research questions (Polit & Beck, 2012; Rubin & Rubin, 2012).

Initially each CP participated in one in-person, audio-recorded interview. These interviews occurred in private locations determined by the CP, and each CP was assured confidentiality. One interview was conducted via the telephone, after a signed informed consent was received via mail. This interview was also audio-recorded. Audio-recordings were marked with the unique identifying code assigned to the CP. Demographic data collected during the interview consisted of gender, ethnicity, race, age, marital status, prior degree, years since prior degree earned, current work and enrollment status. This data was coded with each CP's unique identifying code. Interviews were guided by a Conversational Guide (Appendix E) consisting of an outline of questions to guide discussion. Data collection was oriented toward discovering the who, what, when and where (Sandelowski, 2000) of the transition experience. An introductory main question was asked to introduce the topic and allow the CP the opportunity to share their perceptions. Additional probes were used to attain depth and richness of data and/or clarify inconsistencies. The interviews commenced with a tour question (Rubin & Rubin,

2012) in which CPs were asked to provide a broad description of their background, education and experience. This was followed by additional probes or mini-tour questions as needed to identify prior education, degree and major, number of years since last degree was completed, current nursing position, time in position, anticipated graduation and goals for the future. The interaction between the researcher and the CP during the tour questions was critical to establishing the trusting relationship required in responsive interviewing (Rubin & Rubin, 2012). The researcher advanced to the questions addressing the research questions only after sensing a trusting relationship existed, either through the tone and content of the interview or through non-verbal cues. Although length of time of the interviews was not a factor in 16 of the interviews, on review of the audiotapes, this phase of the interview occurred over a time period ranging from five to 20 minutes.

The tour questions were followed by three focused main questions. Questions initially posed in the interview were structured, but evolved in response to answers given in the interview so that clarity and depth was achieved to answer the research questions (Rubin & Rubin, 2012). The flow of the interview was guided in real time by the interaction with the CP. The CP was encouraged to tell her story the way she chose to both enhance the emic perspective, and to enhance the sense of partnership and trust between the researcher and CP. In response to the CPs' descriptions, the interviews were continuous, flexible and adaptable in nature (Rubin & Rubin, 2012). Interviews varied in length, dependent on the responses offered by the CPs, however, the interviews averaged approximately one hour each. During the interview, the researcher took short field notes

that consisted of words or phrases that were offered by the CP that the researcher wanted to discuss further with the CP. Additionally words or short phrases that the researcher saw as codifying a description that the CP was offering were written down and an immediate member check was done with the CP during the interview. An example of this was when a CP was describing her mom cooking dinner for her the researcher's code was "mom – support." When the CP finished her description, this codification was shared with her to determine its accuracy.

Additionally, after each interview the researcher recorded a reflective note to inform future interviews as well as inform the interpretation of the interview that had just been completed. Initial thoughts, impressions or observations were included. The researcher maintained the field journal using a notation system proposed by Schatzman and Strauss (1973) to organize data and thoughts about the interview. This system involved the use of observational, theoretical and methodological notes. Observational notes were focused on nonverbal observations within the research interaction. These notes did not contain interpretation. Theoretical notes involved the researcher's thoughts about the interview, the potential meaning that might be derived, potential linkage to theory, etc. Methodological notes included comments on operations planned or completed in the progression of the study, for example, the need for additional probes to clarify the influence of enrollment status which emerged as a factor in interviews. The field notes also informed the researcher's role in this study and were used to ensure transparency of the decision-making process of this research.

Responsive interviews were conducted until saturation had been reached and a rich description responding to the research questions could be pieced together without blank spaces or unanswered questions (Rubin & Rubin, 2012). Data collection and analysis were occurring in the data collection phase, as the data generated was informing and re-shaping the data collection process (Sandelowski, 2000). Data was collected and reviewed on an ongoing basis until there was enough data to answer the research questions. It was originally anticipated that this would occur after 10-12 interviews, however it actually occurred over 17 interviews. Each CP consented to be available via e-mail or telephone conversation to clarify questions that might have evolved from the data for six months after the interview.

Procedures for Analysis

Each recording was transcribed by a trained transcriber. Each transcription was checked by the researcher against the audio-recording to ensure accuracy. Data analysis was guided by the research questions and content analysis was used to examine data from within each CP's interview and across the CPs' interviews (Rubin & Rubin, 2012; Sandelowski, 2000).

Specifically, data analysis proceeded as follows. The researcher listened to the recording of each interview prior to reviewing the transcript to assure reflection of tone as well as content in interpretation of data. Then the transcript of each interview was compared with the audio-recording to assure accuracy. Following this, each interview transcript was read for initial impressions and this was also informed by reviewing field notes recorded immediately after the interview. Then each interview transcript was read

in regard to each research question. Next, as Sandelowski suggests, codes were generated from the data for each research question (Rubin & Rubin, 2005; Sandelowski, 2000).

The researcher codified each transcript by identifying and marking concepts, themes, events or examples (rich quotes) that emerged from the data (Rubin & Rubin, 2012; Sandelowski, 2000). Data, grouped by codes, and organized by research question, were synthesized from the transcripts of each of the interviews and maintained in codified files (Rubin & Rubin, 2012). During the course of analysis, codes were both added and changed. Codes were compared to the field notes for each interview, and revised as was necessary. Descriptions that are rich in detail and responsive to the research questions were developed from a synthesis of each interview. Analyzed data from each interview was then compared across interviews. Areas of similarity and differences were noted, codes added or collapsed, and a general description developed to address each research question. An exemplar of codes being collapsed is demonstrated in Table 1. Findings were also compared to existing literature on GPNNN transition and nurse transition in general as well as transitions theory, noting areas of similarity and divergence.

Table 1

Exemplar of Data Codification

Codification by level			
Final	Level 2	Level 1	Data
Academic Habits	Writing skills	Writing Skills	I think that having the writing background benefited me a lot because I never struggled with any of my papers. I never had trouble with writing my SOAP notes, or any of my clinical notes. (Bernadette)
		Time distance limits writing skills	Having been away from school for so long made it a little hard...There was a lot of nursing documentation and papers that were required here. It was definitely hard to remember how to do that kind of thing. (Terry)
	Study Habits	Study Habits	My prior education definitely helped with this education because it helped me to have good study skills. I feel like I already have my study skills down – I already know how to write a paper. I had confidence in discussion groups. The subject matter is completely different, so there was a lot of memorizing and studying. (Beth)
		Sharing Knowledge	Any kind of nutrition things that we learn in school, my friends will ask me about. (Chris)
		Study Groups	With the different classes that we have had and the different clinicals that we have, like small group discussions, we also would do presentations to each other. So being able to actually put together a comprehensive lesson of my research and present it to my colleagues is the same as doing a lesson planning for kids. (Pat)
	Work Ethic	Work Ethic	(My) undergraduate experience probably aided in my work ethic ...I feel like (my undergraduate college) prepared me on how to study properly and how to manage my time and... Just like being in an atmosphere that is very challenging yet I was successful in it. (Sheila).

Procedures for Trustworthiness of Data

To enhance the credibility of findings, Rubin and Rubin's (2005) criteria of thoroughness, accuracy, believability and transparency were used. After consideration of the Rubin and Rubin (2012) criteria for quality of data (balanced, thorough, credible and accurate), it was decided to use the 2005 criteria as stated above which are more in keeping with interview data that are descriptive in goal rather than explanatory. Accuracy in transcription was addressed by the researcher comparatively reviewing the transcription with the audio recording of the responsive interview. Thoroughness of the data was ensured during the responsive interview through utilization of evidence and slant probes which tested the origin and perspective of the descriptions offered by the CP (Rubin & Rubin, 2012). Member-checking with CPs was done during the interview to clarify data as it was emerging and to ensure thoroughness, accuracy and believability (Polit & Beck, 2012; Rubin & Rubin, 2005, 2012). Once analysis was complete, the researcher contacted the CPs and provided them with a general summary description that addressed each of the research questions. They were asked to corroborate the findings and were provided an opportunity to give additional feedback to enrich the data at that time. One CP took the opportunity to expand on the data at that time. Six others responded corroborating the findings. Ten did not reply.

Transcripts of interviews and the researcher's field notes served as an audit trail and also enhance transparency. Additionally, interviews and field notes were reviewed by the dissertation committee chairperson for corroboration of data analysis, both initially and during the conduct of the study.

Ethical Considerations

The participation of the CPs in this study was voluntary. Neither coercion nor deceit was used in any form to encourage participation in the study. The nature of responsive interviewing required respect and trust, which reflected an ethical commitment to the partners.

CPs' confidentiality was assured. Names of partners were not used in the study, but rather each CP was assigned a unique code.

There were no known or reasonably anticipated complications or harmful events that the CP was subjected to as a result of participating in this research. The CP could have withdrawn consent at any time during the research study.

CPs were provided with the contact information for the dissertation committee chairperson and the person in charge of the University of Massachusetts Dartmouth IRB and Office of Compliance in the consent form if there was a need to report unethical conduct or additional concerns.

Specific actions that were taken by the researcher to protect these rights of the CPs are:

1. Informed CP that confidentiality was assured.
2. Consent forms were maintained by the researcher in a locked drawer in the researcher's home.
3. On enrollment, each CP was assigned a unique identifying code. The code was assigned in the order in which the CP is enrolled, i.e. CP1, CP2, etc., with a singular exception (CP13 is referred to as CP30).

4. A code key matching participant's name and unique identifier are maintained by the researcher in a lockbox.
5. Informed CP that any information that was shared with the researcher will be treated confidentially.
6. Informed CP that participation in this study was voluntary and they could withdraw at any point.
7. Informed CP that participation in the study would have no impact on their relationship with the school or their job.
8. Interviews were transcribed by a professional transcriber who had received training in confidential treatment of data and had made a commitment to treat study related matters confidential (Appendix F).
9. Interview recordings and field notes were marked with the unique code assigned to the CP. No names were recorded.
10. Recordings of interviews are stored together and maintained in a locked file in the researcher's home.
11. The transcriber did not record any reference to the CP's name that may have been made in the recorded interview, but rather substituted the unique identifier noted on the recording.
12. Transcribed interviews and field notes are stored together in a locked file in the researcher's home.

Limitations and Delimitations

This research was a qualitative study which resulted in a rich description of the transition from non-nurse to nurse in a GPNNN. These descriptions are specific to this group of individuals, and since this is a qualitative descriptive study, the findings are not generalizable. However, the description generated from this study may inform and contribute to the development of a situation specific theory in the future. Although these findings and descriptions of this study may stimulate further research with hypothesis testing, this study is limited to generating a description emerging from the data.

This study was limited to the experiences and descriptions of nurses in one GPNNN in the northeast United States. The participants were primarily white female although an attempt was made to reflect diversity in the sample. Participants in this study shared their perceptions of transition to nursing which may not represent the full scope of transition for all similar students.

Chapter 4

Findings

This qualitative study was undertaken to describe the transition experiences of individuals in a GPNNN as they moved from being a non-nurse to a nurse. This chapter is a presentation of the findings from this study. The findings are presented as descriptions that arose from the data analysis described in Chapter 3 in response to the three research questions. The research questions were:

1. How do GPNNN students describe their transition through nursing education from non-nurse to nurse?
2. In what ways do GPNNN students perceive prior education and experience influencing their transition from non-nurse to nurse?
3. What factors do GPNNN students perceive as facilitating and hindering their transition from non-nurse to nurse?

A contextual description is presented first and includes a brief description of the GPNNN and the CPs. Next is a description of the three transitional periods within the GPNNN experience that emerged from the data. Then personal perceptions that influence this transition are described. This is followed by a description of indicators of the transition as experienced by the CPs. The second section is a description of the ways GPNNN students perceived that their prior education and prior experiences influenced their transition from non-nurse to nurse. The final section describes the factors that GPNNN students perceive as facilitating their transition and factors they perceive as hindering their transition from non-nurse to nurse.

Context

The CPs who participated in this research were all enrolled in a direct entry nurse practitioner program (Nursing School) in the northeast United States. The program is offered through the graduate school and awards a master's degree to graduates. This graduate program accepts both males and females, although the college is female only at the undergraduate level.

GPNNN

This GPNNN program is a three year direct entry program preparing students through coursework and clinical assignments to become registered nurses (RNs) first and then family practice nurse practitioners (FNPs). During the first 18 months of the program, students are prepared to become RNs. This phase is referred to as "pre-licensure" and must be completed on a full time basis. Successful completion of this phase qualifies the student to take the NCLEX-RN. Female students may opt out of the GPNNN at the end of the pre-licensure coursework by applying to transfer into the accelerated undergraduate BSN program. Students who opt to do this complete their education by taking one additional course and they are awarded a BSN. For students continuing in the GPNNN, no degree is awarded from the college at this point. All students are required to take the NCLEX-RN and be licensed as a registered nurse to continue in the program. For the remainder of the program during the advanced practice coursework, enrolled students have the option of maintaining full time student status, changing their enrollment status to part time or taking a leave of absence. An MS degree is awarded at completion of the advanced practice coursework.

The Nursing School instituted changes to the requirement for RN employment during the program. In response to area job market considerations, this expectation changed from requiring part time employment as an RN for earlier classes, to no requirement of RN employment for the students who entered in the summer of 2011. However, during the fall semester of 2012, all students, including the students who began in the summer of 2011, were informed that they must secure an RN position post licensure. In order to continue in the advanced practice portion of the graduate program, all students were required to have been employed as an RN prior to September 2013 (eight months post licensure). All RN positions were acceptable, and the time commitment (i.e. full-time, part-time or per diem) was to be determined by the student. This employment is in addition to the advanced practice coursework and related experiences with preceptors.

Hospital based employment opportunities in the geographical proximity to the college were significantly restricted to graduates of accredited nursing programs at the baccalaureate level or higher. Since the nurses from the direct entry program were not awarded a baccalaureate degree, their primary employment opportunities were limited to rehabilitation and long term care facilities as well as nursing homes and physicians' offices.

Nurses enrolled in this GPNNN program had flexibility in blending RN employment and coursework in the advanced practice segment of the program (post licensure). Options ranged from full time student with occasional RN per diem assignments at flu clinics or health screening events to full time RN employment paired

with an academic leave of absence. Participants in this study represented both extremes as well as options more aligned with the middle of this range such as part-time RN employment (24 hours per week) paired with part time enrollment (one advanced nursing practice course with practicum).

Conversational Partners

Seventeen CPs participated in this study. For the purposes of this discussion of the findings, all have been assigned a pseudonym to protect their anonymity. All of the CPs successfully completed the pre-licensure coursework of this program, and subsequently took and passed the NCLEX-RN exam. At the time of the interview, the CPs were licensed and employed as RNs on full time (2), part time (5) or per diem (9) basis. One CP was actively job seeking, having left her full time RN position immediately prior to participating in her interview. Five of the nurses currently working part time or per diem had previously worked full-time as an RN, coupled with a reduction in academic status to either part-time or LOA. Four of the CPs had only worked as an RN on a per diem basis since licensure (Table 2). All of the CPs had practiced as registered nurses between three months and two and a half years. The CPs worked in a variety of different settings and in a variety of positions. Although part time and full time status involved regular scheduled hours ranging from 8 hours per week to 40, the per diem basis was more difficult to quantify ranging from a random few hours per month to 40 hours per week. Some nurses were employed at more than one facility.

Table 2

Greatest RN Work Commitment by Years Licensed

	# of years licensed			
Greatest Work Commitment	<1	1-2	2-3	# of CPs
Full-time RN	2	4	1	7
Part-time RN	5	1	0	6
Per Diem RN	3	1	0	4
# of CPs	10	6	1	17

The CPs who participated in this research each brought a unique perspective contributing to the rich descriptions presented in this text. The CPs represented a relatively homogenous sample, predominantly white females between 24 and 36 years of age (Table 3). All had previously earned at least one baccalaureate degree (Table 4). The CPs had earned their baccalaureate degrees between one month and twelve years prior to matriculating in the GPNNN. All had some type of prior work experience.

Table 3

Age Distribution of Conversational Partners

Age	Single	Married	# of CPs
24-26	7	0	7
27-29	2	2	4
30-33	3	0	3
34-36	1	2	3
Total	13	4	17

Table 4

Prior Degree Distribution and Area of Concentration

	BA	BS	MA	PhD
Accounting	1			
American Studies			1	1
Anthropology	1			
Athletic Training	1			
Biology	1	1		
Business	1			
Dietetics		1		
English	3			
Health Sciences		1		
Western Medical Ethics	1			
International Studies	2			
Linguistics	1			
Psychology	4		2	
Southern Studies			1	
TOTAL	16	3	4	1

Transitional Periods Experienced in the GPNNN

The primary aim of this study was to describe the transition experienced by GPNNN students through nursing education to nurse. To accomplish this, the conversational partners were asked to describe their personal transition to nurse through the GPNNN. Analysis of data suggests the transition to nurse within a GPNNN occurs over three distinct time periods, pre-enrollment, pre-licensure and post-licensure. Each of these time periods has distinct tasks and experiences associated with them. Although by definition the time periods are distinct, the process of transitioning to nurse flows across them. This section presents these time periods as they were known and described by the CPs.

Coming to Nursing (Pre-Enrollment)

The CPs described a period prior to enrollment that this researcher has termed *Coming to Nursing*. Coming to Nursing marks the beginning of the transition to nurse. For the participants, this phase includes feelings of dissatisfaction with current or anticipated career trajectory, searching for alternatives, testing ideas and discernment of goals. Within this period, the participants also were actively involved in several tasks that they undertook to prepare them for direct-entry education. These tasks included seeking out and choosing programs and then satisfying prerequisites. All CPs identified this phase as significant to their transition. The following exemplar was provided by Joyce.

> It was not as I expected. I had originally started undergrad in pre-med and decided to switch into Psychology my junior year because that was a little more my interest level. I think ideally someone just needed to say, "You'd be a great nurse" at that time, but I didn't have that direction. So, the only option was you are going to go into pre-med or you are going to go into research. I didn't really have the guidance or support in my undergrad time there except in my psychology department, which really grabbed hold of where my interest was going. I wanted to be working with people, but I still needed that science aspect of things. College was a great success for me and I got out and had a good job but it really wasn't what I wanted to do. I didn't want to be working in a lab. (Joyce)

At this point in her story, she was working in a laboratory at a major research facility. She was simultaneously seeking out alternatives that might help her address her

dissatisfaction. She volunteered with troubled youth and decided to pursue a graduate degree. She began a second career, and although she was successful, she was constantly aware of a nagging feeling that something was missing in her career. She began working with children again. At this point we will follow her story in her own words:

> ...That was when I met my very first psychiatric nurse. They had a nurse on staff there and I just really clicked with her and really clicked with how she just worked with the children. There was a different perspective that I hadn't seen before all through my whole training in counseling and I had had some really great internship opportunities but never came in contact with an RN who had been trained in that field. It was wonderful. She shared with me her path and she shared with me everything that she has done and I just learned so much from her. All she did was to encourage me to go get my nursing degree so that's what was the catalyst to me branching off into nursing. (Joyce)

She had a significant positive collegial relationship with a nurse in the clinical setting that influenced her searching. Her observations of the nurse providing nursing care and her interactions with this nurse aided her in her discernment of nursing as her goal. She described struggling with the internal and external pressures in trying to act on her recently identified goal. Then she described researching educational options and programs, attending open houses, speaking with current and past students, and finally completing prerequisites.

> ...I had a lot of internal decision making there and a lot of external pressures from family and friends who were like, "Well, why would you want to go back to

school again to get another degree when you just finished the master's [degree]?" Well, it really wasn't quite the right...100% the right fit for me because I realized that the part that I was lacking was the nursing part...Then I kind of transitioned out of the counseling field and made a full and complete dedicated decision that I was going to go and return to nursing with the overall goal of psychiatric nursing, specifically...There was another part of my decision-making process, going into the nursing field, I decided to get a nurse's aide job even though it was going to be quite a bit of a pay cut for me. I needed to know, "Can I do this work? Is this absolutely the kind of work that I want to do, by having just met one nurse?" So I put myself into that line of work. The minute I got onto that hospital floor I knew that I had found a really good fit for myself.

So, I had started to research programs. I was aware of direct entry programs. I knew that since I already had a bachelor's and master's degree that I wouldn't have to go back to a 4-year undergraduate nursing program. I knew that the direct entry programs existed. I am not really sure how it was. I think just at that time the programs were pretty popular, or becoming popular and it was whether it be advertising or having known people that...I actually don't think I knew anyone specifically that had gone into one. Somehow I knew about them and I went to a lot of the open houses and met a lot of current students and past students...I applied to most of the programs in the area here.

Even though I graduated in 2000, a lot of the credits weren't transferable, especially in the sciences, though my social science credits and things like that

transferred. You know...things like organic chem, and things like that I had to retake at other colleges before I applied... I actually completed all my pre-requisite requirements... Everything that I needed to take in order to go right into my nursing coursework, I had finished either at the [University] or [State College] because I couldn't transfer them from undergrad even though I had completed most of them. (Joyce)

In this exemplar, the description provided by Joyce reflects common experiences in the Coming to Nursing period. She knew something was missing in her chosen career and was dissatisfied with the path that she was on. She sought out alternatives, originally by volunteering and then had an experience with a positive role model who directly influenced her path to nursing. She sought out work experience as a nursing assistant to test if this was actually what she wanted. She determined that she did want to be a nurse, eventually specializing in psychiatric nursing. She researched programs and alternatives and then applied to programs and began to meet the prerequisites.

Dissatisfaction with current or anticipated career trajectory.

The primary motivator for baccalaureate graduates to consider a career in nursing was dissatisfaction with either their current career or the commitment to a trajectory for an anticipated career. For many CPs this originated from a period of uncertainty in their undergraduate program, questioning either their chosen course of study, or their post-graduation career plans. A typical example of this involved students pursuing a science oriented degree in a pre-medical track. The anticipated commitment to medical school and residency programs, coupled with the student's perception of the medical profession,

caused students to pause and reconsider their plans. CPs described that they shifted away from a previous course of study, leaving them open to alternative career paths.

> The original plan was to go into something medical. Not necessarily medical school, I wasn't sure what at the time, but I did Biology for that reason – to either do research or do something in the medical field. That didn't happen...I knew I didn't want to be a doctor. I did not want that mostly because I didn't want the long hours - not that nurses don't put in long hours. I just knew that I didn't want to do the residency after that and just prolong my schooling. I wanted to become a nurse and get working at that point. I wanted to work with people. (Grace)

Other CPs were also aware of a dissatisfaction with their existing career path, after pursuing and experiencing a non-nursing career.

Searching for alternatives.

CPs described giving consideration to multiple professions before choosing nursing. Although they were involved with a variety of professions and jobs outside of health care prior to selecting nursing, all of the options the CPs mentioned that they considered in their Coming to Nursing decision-making process were health care related. They included public health, health research, physician's assistant, medical assistant, psychologist, nurse practitioner, and physician. "Pretty much what I did was internship with different types of providers, hospitalists...PAs, NPs, and MDs to try to figure out what I wanted to do" (Nora).

In their descriptions of the searching process, the CPs noted the importance of the influence of others. Familial influences were frequently evident.

I have other influences in the form of my husband's parents. His dad is an MD. His mom is an NP. His aunt is an NP...His stepmother is an NP. So I was getting a little bit of influence from them saying, 'You should go to nursing school. You would be wonderful at it and we love it'. (Brynna)

Additionally, CPs described the influence of nurses and nurse practitioners who weren't family members on their decision to come to nursing.

I was really interested in the nurse practitioner I shadowed...Just the way that her patients and co-workers seemed to respect her and kind of be drawn to her. There wasn't a specific incident. I just appreciated her problem-solving skills, how she was able to interact with the patients. She was kind of like a role model figure that I wanted to be like...By and large I admired and was more inspired by the nurse practitioners. I saw them as better communicators, healers, and much less judgmental. I appreciated their priorities much more...I felt more like I could see myself as a nurse practitioner instead of a doctor. (Molly)

Testing ideas.

CPs described seeking out related volunteer and work experiences before committing to nursing. They saw these experiences as confirmatory that they could not only perform the physical tasks associated with nursing and meet the caregiving needs of others, but also that nursing remained as a career that was attractive to them inclusive of the physical tasks.

I decided to do a short caregiver program just to get my foot in the door to make sure that nursing was what I wanted to stick with for the long term before I

committed to a graduate nursing program with the money and the time that it took to do that. (Pat)

Discernment of goals.

As individuals worked through the Coming to Nursing phase, they described identifying career goals. As nurses reflected back at this point of discernment, they described their personal lack of clarity of the various nursing roles, as well as differences between nursing roles and non-nursing roles. They described making choices at this point thinking they knew what they wanted, but admitting retrospectively that the career goals they set were somewhat arbitrary, lacking a full understanding of the role, practice and education commitments associated with the roles. Descriptions of some of the various goals and how the individuals identified them follow.

Nurse practitioner.

CPs reported pursuing the GPNNN in order to become a nurse practitioner. Although this seems evident, there were multiple thought processes used to arrive at this goal. One common approach was that students previously had been considering becoming a physician but reconsidered that goal recognizing the time commitment of years of preparation.

I thought it was a good middle ground. I want to have children. I thought about the prospects, or implications, of going back to medical school. I have to do two years of the post-baccalaureate pre-med. Then I would have to do medical school and then I would have to do residency. I felt like nurse practitioner was within

sight. I could go to school, be dedicated for three years and then come out. I think it is a good work - life balance. Work-life balance was huge. (Loretta)

Others arrived at this from the pre-med route but recognized that there was a difference in perspective between medicine and nursing and felt more aligned with the nurse practitioner role.

My time working in the ER was very foundational to that. There were certainly a couple of exceptions, but by and large I admired and was more inspired by the nurse practitioners. I saw them as much better communicators, healers, and much less judgmental. I appreciated their priorities much more. I heard about their families and nice things. Whereas with the doctors, it was more about money and lifestyle and getting double time on this shift because of whatever...whatever. I just... I felt more like I could see myself as a nurse practitioner instead of a doctor. (Molly)

Some CPs were clear that their goal was solely to be a nurse practitioner. Becoming a nurse was not a goal for these individuals. "I think I looked at it as a means to an end. I always knew that I wasn't going to end up as an RN...so, it was sort of a means to an end" (Pat).

Education.

An important goal for other CPs as they came to nursing was to achieve as high a level of education as possible. They described pursuing their transition to nursing through the GPNNN because the program awarded a higher educational degree than their

previously earned baccalaureate. In this approach the meaning attributed to the graduate degree determined the educational approach as opposed to the professional role outcome.

> I decided to go to the direct entry program at (Nursing School) as opposed to one of the other 12 nursing schools that I had gotten into. Those were accelerated BSN and regular BSN. I really opted for the direct entry because I am not sure what, but part of my personality and part of the way that I was raised to always try to be the best that I could be. So, not even thinking about what the two different jobs entailed, I really felt like I needed to be the best person that I could be. For me that has always equated to higher levels of education so for me to have the opportunity to have an MSN instead of a BSN just felt...meaningful. (Holly)

Some CPs expressed a lack of clarity between the roles of RN and NP and therefore decided to pursue the GPNNN based on the degree awarded.

> I saw, at the point where I was making a decision, I didn't have a great grasp of the level of difference between the roles of nurse and NP. I had seen nurse practitioners and liked nurse practitioners. I always had great experiences with nurse practitioners. I was like, "I already have a bachelor's degree. At that point I already had a doctorate. Why not go ahead and get a master's degree in nursing in three years instead of a bachelor's degree in two?" I hate to say it but it was pretty much that random. (Micki)

A shared goal among all CPs was to accomplish this nursing education in an accelerated program. During the pre-enrollment phase, the accelerated program alternative was seen as a facilitator.

> Some people encouraged me to do nurse practitioner fast through a direct entry program. Other people encouraged me to do it slow and get my BSN first. But I was kind of the mindset that I wanted to go to school one more time and be done, so that added to my decision of wanting to do nurse practitioner and not have to do BSN to MSN. (Sheila)

The various perspectives within the CPs of how they internalized their pre-enrollment goals for both role and education did have relevance to this study. The process of transitioning to nurse is different for those who intended to become a nurse than for those who became nurses unintentionally.

Tasks: preparing for nursing education.

There were two significant tasks described by the CPs that they addressed in the Coming to Nursing period. Once they made the decision to pursue direct entry nursing education, they needed to apply to the programs and complete the prerequisite courses. Online searches aided these processes.

> I did so many Google searches for all of the different programs and all of the programs are so different in terms of prerequisites. So I tried to narrow it down to the programs that I felt strongly about and the places I wanted to live and started taking the classes that they recommended. (Colleen)

The time commitment to satisfy the prerequisites ranged from no time because they were met during recent undergraduate coursework to multiple years. "I graduated in 2011 with a degree in Biology. They accepted my undergraduate courses" (Nora).

"Between 2008-2011 I attended school to do all of my prerequisites at a community college setting" (Colleen).

In summary, Coming to Nursing is the initial period of the transition to nurse process. It begins with feelings of dissatisfaction with a non-nursing career path and includes searching for alternatives, identification of goals, programs to meet those goals, and satisfying prerequisites. This period ends with enrollment in the GPNNN. The duration of this period is variable ranging from six months to many years. "This was a decade long decision making process" (Colleen). The next period coincides with the pre-licensure coursework of the GPNNN.

Beginning to Learn the Role as Nurse (Pre-Licensure)

Following the Coming to Nursing period is actual enrollment in the GPNNN and commencement of pre-licensure coursework. This researcher has termed this period *Beginning to Learn the Role as Nurse*. This period begins at enrollment and terminates at licensure. It includes learning to learn in a foreign paradigm, introduction to clinical nursing care and introduction to NCLEX-RN style testing. The challenges of this period created a life imbalance for the participants. The direct entry program at Nursing School prepares non-nurses to meet the requirements for RN nursing licensure during the first 18 months of the program, and then follows this with the advanced practice curriculum for the remainder of the program. Therefore in this context Beginning to Learn the Role as Nurse is 18 months in duration.

Learning to learn in a foreign paradigm.

Non-nurses enter the GPNNN as individuals who have experienced prior academic and work successes, and they are anticipating personal success with this program as well. They selected the GPNNN because it was an accelerated program and that was attractive to them knowing their prior successes and self-confidence. In Beginning to Learn the Role as Nurse the individuals acknowledged that their prior successes did provide them with a functional buffer with academic tasks (i.e. writing skills), but they also recognized that they had committed to learn in a paradigm that was foreign to them. They described their self-confidence as being modified by fear. They described feeling an anxiety over learning, testing and clinical feedback that persisted throughout this time period. This is best demonstrated through the exemplar of Brynna.

Brynna is a 29 year old who previously earned a baccalaureate degree with a global perspective. She has worked in both domestic and international arenas. As a non-nurse she had several temporary clerical and research positions. Since licensure she has worked part-time as a nurse in a primary care environment. She currently works per diem. She described her experiences in Beginning to Learn the Role as Nurse and being acutely aware that her prior successes in learning were inadequate in this new educational environment. Her description includes a contrast between these two approaches to learning.

> For me, when I was training to be a research assistant, we were told what we have to do. We went home and studied it. We practiced it ad nauseum. We were observed while we were doing it. We were critiqued afterward to perfect it and we

were observed a few more times, then we did it on our own. I felt so confident and comfortable in that learning environment because I felt supported the entire time. I didn't feel like anyone was ever judging me. It was like compliment cookies. It was like "you did a good job overall, but here's one thing that you could have done better... But overall you did a very good job". So very positive, but I still felt that they had high standards. I felt like we were trained thoroughly to do what we were supposed to do effectively. In this program, to me, it felt more like, "Here's 10,000 things that you should learn. Tomorrow you are just going to go and do 1,000 of them. Ok. Just go. Good luck! Oh, you messed up on 10? You should have really known better than to do those 10 things wrong. Go home and study those 10,000 things and we will see you tomorrow!"...It was...overwhelming, frightening. And then also it felt like the positives were always late and after the fact. It was like "you're not doing really that good", and then at the end, "that was great! You did that awesome!" What?! This whole time I thought I was doing terribly and not making the cut. It was that fear. That is what it was. It felt like they had to instill a fear in you, maybe for some people that is necessary, but for me I hold myself to very high standards. I don't like making mistakes. I take this very seriously. I think everyone who is in this profession should. So, yeah, I felt like...It felt like there was a fear agenda that I didn't feel was necessary and I didn't feel like it contributed to my learning; it was a barrier. Obviously, when you are afraid and stressed, you absorb less information. (Brynna)

Introduction to clinical nursing care.

CPs described eagerly anticipating clinical experiences and dreading the ambivalence in them at the same time. They described a lack of clarity in the expectations of them, being fearful of interacting with patients initially, and fearful of hurting someone they were entrusted to care for.

> A clinical instructor, point blank, the first day- we were walking out onto the floor, it was an inpatient unit so all the patients were in their beds and our clinical instructor was like, "Ok, go for it!" And we were like, "Go for what?" She was like, "Start your day!" And I felt like I literally had no idea what I was supposed to do. That to me was very frustrating. Why hadn't I just been told, "you are going to go in the patient's room, introduce yourself, see if they need anything, after 15 minutes we will go back and check their vital signs?" There was an agenda for the day, we just weren't told about it.
>
> Another clinical with a different clinical instructor...There was a level of control that was very frustrating. So... like we want to let you practice, but we don't want to give up control and actually let you make a mistake because these are people and obviously that would be terrible. I think that was part of the fear of letting go. So quite literally, there would be.....what were we doing? Changing a bandage on patient? We were doing something literally on a patient. She would literally take your hand and guide you but then she would make a mistake and then blame you for the mistake. It was very frustrating to be in that situation because like, I couldn't do anything differently. (Brynna)

Introduction to NCLEX-RN style testing.

NCLEX-RN style testing was employed by the GPNNN as the primary academic evaluation tool during the Beginning to Learn the Role as Nurse period. The participants described this strategy as being oppositional to their transition to nurse. To be successful in the academic portion they described needing to master the test which was a novel method for them. The following description was provided by Grace.

Grace is 28 years old, with a previously earned baccalaureate degree with a dual concentration in business and science. Her prior work experience is in business. She has been employed as an RN in community-based and hospital-based settings. She has been employed full time as an inpatient staff nurse for a year. She currently works per diem in an acute care hospital.

> During the RN, 18 month part, those tests were horrible. I think that is just the general nature probably of the RN type questions because all of the answers are always correct, you just have to choose the best one. We were told throughout the whole RN program at Nursing School that these tests are going to be hard...All of your answers A-D are going to be correct. It is your job to pick out the best one. That was kind of the approach that we were kind of presented with. That really isn't helpful. That doesn't do anything but create stress for me. What would be more helpful is to start with, "This is how the NCLEX-RN exam is going to test you." Literally from day one. Set the expectation. Break it down for the person. So we know the method to the madness so that we know the reason that we are getting these questions with all the right answers. Tell us why you are doing that.

Help us figure out how to answer these questions. I think a lot of that didn't come until mid to late 18 month kind of thing. So when we first started taking those tests and we were getting an 84, like "What the heck? I thought I studied that." They would say that the answer was A and we thought it was B. They should explain that. They should explain this is what the NCLEX-RN is like; this is why we are doing this to you. But they didn't set that expectation- they'd rather just make us suffer. That is how we felt. (Grace)

The focus on the testing strategy was described as a significant distraction while Beginning to Learn the Role as Nurse, shifting the focus away from learning the role and the knowledge needed to perform it.

Life imbalance.

Additionally, in Beginning to Learn the Role as Nurse, nursing education was consuming a major part of the lives of the CPs. The academic and clinical demands co-occurring in a compressed time frame created a life imbalance with significant personal costs that were not previously contemplated. Weddings of participants were postponed; birthday parties and family celebrations were skipped; and soccer games were missed. CPs described becoming dependent on others for meals, shopping and support as they accommodated to the intensity of Beginning to Learn the Role as Nurse. Grace shared the following:

I got engaged before I started. We had a teacher who was awesome. She would say things like this for instance, "when you are in this program, it is going to be very rigorous. It is going to be very hard. When you are in this program you will

not have a life. Don't plan on having a baby. Don't plan on getting married. It is not going to be possible while you are here." She meant it. She literally did. I sent an email almost a year ahead of time because I was trying to plan my wedding and said, "Are there going to be any obligations or any conflicts if I try to plan my wedding during this period of the year?" I literally got emails back saying if you miss it, you will have this assignment back and this for makeup work. They literally made you feel like you couldn't have a life, you literally couldn't get married. I know looking back that sounds kind of funny, but it really is devastating to hear when you are excited about life things like that, when you are in the middle of things. It is very stressful". (Grace)

Beginning to Learn the Role as Nurse was known to the participants to be an intense period of learning significant volumes of new material and processes within an educational approach that was foreign to them. This period had a markedly different pace and intensity to it than the Coming to Nursing period. Coming to Nursing involved a future focus, and Beginning to Learn the Role as Nurse was very much described as a living in the present experience. This period ends and the next period begins with nursing licensure.

Practicing as Nurse (Post-Licensure)

The third time period that emerged from the data is one occurring in the post-licensure period which this researcher has termed *Practicing as Nurse*. It begins with licensure and continues through the remainder of the GPNNN coursework. This period was experienced differently by the participants depending on their employment

experiences. Nurses enrolled in the GPNNN were required to be employed as an RN, but the definition of this employment was open to personal interpretation. As demonstrated in Table 2, the participants in this study had been employed as an RN on full-time, part-time and per diem terms, indicating a variation in experience Practicing as Nurse.

Practicing as Nurse required the nurse to initially determine to what extent they chose to work as a nurse while enrolled in the advanced practice coursework. One approach used by recently licensed nurses was to accept or continue employment as non-licensed health care workers, gaining experience and staying connected to health care while trying to determine the extent to which they would like to work as a licensed nurse. Once they determined the extent to which they wanted to work, they then sought out and secured employment. Once employed, the CPs described recognizing a role change from their student experiences. Working as an RN provided an opportunity for the nurse to develop an area of clinical expertise in which she could ground future practice and feel competent. The following description illustrates Joyce's experience Practicing as Nurse.

> I think a lot of us were just applying to nursing jobs, and also it was a core requirement of the Nursing School for us to work as RN. You were kind of in this sticky situation where you are trying to finish your coursework and it is actually quite demanding and it actually takes up more than just 1 day a week and still you are just a brand new nurse. There's so few jobs and so many new nurse candidates that are coming in looking for positions that if you can't be there fully, 100% for their training, they want you to do, even if you are just going to work per diem, they still need a month to orient you and often times they want you to

do it 32-40 hours a week. It was almost, very, very difficult to work as an RN and even do the program at the same time... I think I started actively looking after I went part-time in the program.

When I was first licensed as RN, I was still at my old job working as a nurse aide where my coworkers, my peers at that job, knew that I had finished my coursework and knew that I had passed my boards. It was more so how they included me in the care of the patient, even though I was not functioning as a nurse, there was a change there where I felt as though it was more, "Grab Joyce, she is a nurse now." Even though I couldn't, I had to hold back, there were some things that I could not do above my job description even though I was licensed as an RN and working as a nurse aide. It was a very strange position to be in because there were things, even in simple just trying to educate a patient, there were things that I knew I couldn't go above my job responsibility because it wasn't my role at the time to educate a patient at the nursing level. It was very uncomfortable but it was a little bit part of the transition, like how things happened with being in this program and... It was non-traditional was really what it was, but I also chose not to leave my job. I wanted to stay working in the field before I could get a nursing job.

I still wanted to be connected to the people at the hospital, the people that I had worked with the last 3 years and I was really hoping to try to get a job on the floor or on one of the other units there, but the hospital only hires new grads through what they call their "new grad program." They hire very few new grads,

there might have been 10 or 12 new people hired. I kind of waited to apply to the new grad program. They had actually called me for an interview, which was quite a blessing...The first thing they said to me on the phone was, "We would really like you to come in for an interview. You are a strong candidate. Is there anything going on that you have between August and October of 2012," and I said, "Yeah, actually I am getting married." They said, "Well, last year we had a number of people we hired for the new grad program who needed pre-arranged time off for various vacations and weddings and things and we just can't extend you the opportunity to do this if you need time off." But looking back on it, it is ok because I am not sure how flexible they would have been to let me continue my part-time studies here at Nursing School.

Then another opportunity happened. My manager at the time, because I stayed working as a nurse's aide, while my manager at the time knew I was interested in psych and introduced me to the nurse administrator for the hospital. She took me right off the floor in my scrubs and all and took me down and introduced me to the top level people at the psych hospital and said, "she is looking for a job. She has a background in counseling and she is enrolled in a master's program." I got an interview within a week. But if I had just quit working as a nurse aide, I don't know that I would have had that opportunity, that moment for that kind of connection and resource of my previous manager to get that interview. (Joyce)

She continued her story of the Practicing as Nurse period describing her experience of decision-making, identifying resources, confidence and responsibility associated with Practicing as Nurse.

> I have plenty of nurses and people around me but at this split moment, whether the patient is going into respiratory distress, having some sort of allergic reaction to a medication, having extrapyramidal symptoms, things like that that can happen. Or this person is going into DTs, medical detox or withdrawal? There are medical emergencies even though I am not an acute medical floor because I am the first line. That decision-making process has to happen at an instant. That is the difference between being a nurse aide to being a nurse.
>
> When I came off my training and I didn't have that preceptor or that person always there to answer all of my questions. I still have all of my resources of all of the nurses that I work with during that day and that is a wonderful feeling because I, even the nurses that have been there for 15, 20 years are still asking questions and still relying on each other to support each other. I think that there is a switch in the confidence and the level of responsibility when you go and you are the RN and you are the person signing off on medication administrations; you are the person writing the progress notes on the patients and you are signing your license with your name and your education and skills and experience behind everything that you write, everything that you do for that patient, everything that you do. It was no longer me signing off as a student, me signing off as the nurses' aide. It was me signing off as the RN and every time that I write RN after that I

recognize the level of responsibility that comes with that. I am not sure how else to describe those moments but I feel it every time. (Joyce)

Joyce described many of the challenges associated with Practicing as Nurse. Initially the challenge is to determine how and to what extent the newly licensed nurse wants to work as an RN. She opted to stay working as a CNA while continuing in the advanced practice coursework, to increase her comfort level. Working as a CNA post-licensure also emerged in descriptions provided by other CPs. She was aware of the role limitations and that her knowledge as RN exceeded the role that she was performing. She described seeking out an RN position and the challenges of that process, the life balance issues that arose, and finally her keen awareness of the responsibility of practicing as RN.

Characteristics of Practicing as Nurse.

The characteristics associated with Practicing as Nurse involved first choosing to work as a nurse, seeking out and securing employment, recognizing role change and feeling competent. Micki is used as an exemplar to describe these characteristics.

Micki is 36 years old, married with school aged children. Her prior education has a liberal arts focus. Her prior experiences include teaching at the university level and working as a CNA. She has been employed full time as an RN on a telemetry unit in a major regional hospital, and has recently changed this position to per diem. She is currently enrolled in advanced practice coursework on a full-time basis.

Choose to work as nurse.

The Nursing School set the requirement that all nurses enrolled in the advanced practice coursework during the Practicing as Nurse period would be employed as an RN.

How the individual met this requirement was a personal choice. There was a wide variety ranging from rare per diem to full time employment, matched with full-time, part-time or leave of absence academic enrollment status. Within the CPs there was a diversity of perspectives on working as a nurse. One perspective was that working as a nurse was not necessary to be a nurse practitioner. An alternative perspective was that working as a nurse was foundational to being a nurse practitioner. The CPs appreciated that there were differing perspectives on this issue.

> The whole getting a nursing job issue...if you ask me having RN experience is crucial to getting an NP. People have different views on this. There are people in this program that don't have RN experience. I would not be comfortable with that. That is their business...Me personally, no... I needed to get experience. (Micki)

Seek out and secure employment.

Seeking out and securing employment was a challenge in the process of Practicing as Nurse. These newly licensed nurses were seeking employment in a geographic area where many of the dominant acute care facilities required a nursing degree before hiring. This GPNNN does not grant a degree until after the advanced practice coursework is completed, so employment options are limited.

> Finding a nursing job is horrible. I was lucky to get mine. Lucky! This program doesn't award a BSN. Other programs do. Magnet hospitals want you to have a BSN and also you don't have an associate's degree or a diploma. (Micki)

Recognize role change from student nurse.

There is a significant difference in role demands between Practicing as Nurse and Learning the Role as Nurse. In addition to the responsibility demands, the scope of work significantly expanded to include more patients and experiences.

> When I was going to school in the nursing program, I feel like I look back and I think, "How many geriatric patients did I even see?" I feel like I never saw patients. I know that isn't true but when you are undergrad in your nursing rotation, you have one patient and you spend the whole day with that person. That is not like real nursing at all. I would have to say that it was when I took my medical telemetry job that I really found out that I got really comfortable with geriatric patients. As with any acute care medical floor, if you are sixty years old on my floor you are young. Most of my patients are in their 80s or 90s and have various chronic and acute problems. I just start feeling very comfortable with them. (Micki)

Competence.

The CPs described the importance of developing a sense of competence in a specific area to their perception of self-confidence and as a basis on which to build their future practice. It was common to have them describe this area of competence as their area of expertise or concentration of practice.

> I feel very comfortable in my staff nursing role at the hospital. I know that I am a nurse because I can go in and perform the functions a nurse is supposed to perform without... I know that if something feels overwhelming to me, it is

because it should feel overwhelming. It is not because there is something wrong with me. It is because the situation is out of control. Also, having achieved expertise in one area, I do feel like you are able to project a little bit more confidence...That has definitely been helpful. I feel like once someone is a nurse you are able to sustain life and advance the patient's plan of care. I guess to me that is probably the most critical part of it - shaping the patient's plan of care. I think a nurse has a global idea of how a patient, what the treatment should be, how the patient should be doing, how to advance them forwards, the things that we can do to make them more comfortable along the way. I feel competent with doing that. (Micki)

Practicing as Nurse is the period that nurses experience that seems to have the greatest variability in actions that influence their transition to nurse. This reflects both the options available to the CPs and the interpretations that individual CPs hold of requirements. Choices available to the individual nurse influence the progression of the individual's transition to nurse.

The three periods of transition experienced within a GPNNN provide a framework of the transition experienced by the CPs that parallels the structure of the GPNNN. This next section considers goals and the transitional processes experienced by the CPs across the transitional periods that appear to be influenced by the individual's goals.

Goals as Influencer of Transition to Nurse

In the Coming to Nursing period, the participants in this study described their goals and the reasons they chose to pursue nursing education through a GPNNN. These goals seemed to influence their descriptions of the transition to nurse through the other two periods. There were CPs who selected the GPNNN to prepare them as nurse practitioners, seeing this role as separate and distinct from nursing. Although they voluntarily participated in this study, they described their transition to nursing as completed at RN licensure and not something they chose to pursue any further. There were CPs who selected the GPNNN to become a highly educated nurse, with the focus on education at this point in their transition. There were other CPs who selected the program because it provided an accelerated education with two practice outcomes, nurse and nurse practitioner. These variant goals impact the description of transition to nurse since for some the transition to nurse is a desired objective and for others it is viewed as a means to an end.

This section considers issues that emerged from the data that may be influenced by the goals of the individual. A significant issue that impacts the individual's transition to nurse is their perception of the RN requirement to advance in the GPNNN.

Perception of RN Requirement: Beginning to Learn the Role as Nurse

CPs described while Beginning to Learn their Role as Nurse their goals and preconceptions of the roles of RN and NP were informed by coursework. The understanding of the roles and the relationship between them was a product of their

original perspectives and GPNNN coursework. One perspective of CPs is that the concept of becoming both an RN and an NP through one program was embraced.

> I knew that going into nursing school was going to expose me to a lot of different areas... It was really more a matter that I knew I wanted to be a nurse and I knew I wanted to be a nurse practitioner. (Joyce)

Others described knowing the dual purpose to the GPNNN education, to become a nurse and then to become a nurse practitioner, as an evolving concept. However, as Nora noted, she became more aware of the nurse component as she experienced the program.

> I was attracted to the Nursing School because of the program for the nurse practitioner. When I came into it I felt like the nursing aspect was built in, but it was a huge chunk of it. You aren't just here to get your master's. You are here to become a nurse and to become a nurse practitioner. I feel like that wasn't really stressed, but I feel like it is a huge component and I am glad that they did it that way...I knew from the beginning but I don't think I really...I don't think I really processed that. I know people go back and forth on it all the time, but I think it is a necessary process in the whole transition process to becoming an NP even though the roles are very different is what I am learning and finding out. I feel like it is a necessary step in the process, definitely to become a nurse, just in terms of interacting with patients and providers. It is a good role to fill before moving on I feel. (Nora)

Appreciating that the practice of nurse practitioners was grounded in nursing was recognized by many CPs.

> I think it is definitely important and fundamental to being an NP...I think it is important to have that foundational nursing education. I think... it's grounding...the practice, the communication, the larger assessment is the important thing and what keeps us distinct from PAs or MD students. (Molly)

However, the concept that becoming a nurse was an essential component of the GPNNN was not internalized well by some CPs, including this same CP.

> I think before the program began I didn't give any thoughts to becoming a nurse. It was always to becoming a nurse practitioner. Throughout the experiences of the program I have come to value that more. I can see what that means personally and professionally but it has been weird. But again, once I did it, we move on. I probably will not ever feel like a true nurse. It's not really my profession...I think internally, I am transiently in it. It has been important, but a step along the way. Externally, I own it. For a lot of people, it is easier to understand RN versus NP. I think... It explains it well enough. There is this kind of shift in internal versus external perception. (Molly)

The individual's perspective of the RN requirement is impacted by her goals and her understanding of the role, the practice and the education provided through the GPNNN. For some, they embraced the RN requirement as it was their goal. Other CPs described it as important and even essential to inform their transition to nurse, which they saw as foundational to their transition to nurse practitioner. Some CPs described this

requirement as not being meaningful in achieving their ultimate goal, to be an NP. The lack of clarity described earlier in the Coming to Nursing phase not only impacted the perspective of the RN requirement within the GPNNN, but also perhaps undermined an appreciation of the criticality of the RN requirement in pursuing a career as an NP. For some, they acknowledged viewing this requirement simply as a requirement and described an inability to internalize becoming an RN. Going forward, this lack of internalization created ambivalence within these nurses over the requirement that NP students work as RNs, and therefore influenced Practicing as Nurse.

Perception of RN Requirement: Practicing as Nurse

Within the CPs there was ambivalence over the requirement that NP students work as RNs. Practicing as Nurse therefore has a range of descriptions from fully embracing the experience to meeting the requirement at the minimally acceptable level. CPs who had described not having internalized the role of nurse, saw this requirement to work as nurse as extraneous and not being meaningful in achieving their ultimate goal, to be an NP. They met the requirement at the minimal level, for example by working on a per diem basis as an RN at flu clinics or occupational health fairs. Other CPs described it as important and even essential to inform their transition to nurse, which they describe as foundational to their transition to nurse practitioner.

All of the CPs in this study had worked as an RN and had used their experiences to inform their perception of the relevance of this work to their formation as a nurse. CPs who did not see themselves as nurse had difficulty describing the transition to nurse.

One CP described her perception of the experience and the context shift that was occurring in the GPNNN that required the RN work experience. Initially she expressed anger at the renewed requirement that she work as an RN, but that changed to acceptance and enthusiasm in valuing her experience.

> I know for Nursing School moving between the pre-licensure portion and the NP portion they were really striving to have all of us to have jobs. There was a time, because of the market that we weren't required, all of us to have a job. With all of us, it wasn't reasonably possible. When the market took a turn, they reinstated the rule that we had to have jobs and I know that I definitely was one of the students who was angry. I was, "Well you guys already told us in the contract that we signed when we were entering this program that we did not have to have a job. And now we are about to take our exams in about a month and you are telling me I have to have this job". Anyway, so I was very upset, I was like, I can be an NP. I did my clinical experience as a nurse. It isn't going to change my understanding or my knowledge or what have you...So that's why I decided to go part time, because basically I have to get a job. After I had gotten the job and biting the bullet, I would say that having the job has probably been an invaluable experience, as much as I hate admitting it. I hope you don't tell any Nursing School faculty that. [laugh] Having the job has absolutely helped my confidence and talking to people and thinking critically and using everything that we have been taught, and it helps so much...it has been a good thing as much as I hate to admit it. It's been really, actually great. (Sheila)

One CP who described RN work experience to be unnecessary chose to work as a nurse because of a change in academic enrollment status. Her perspective was informed through Practicing as Nurse.

> I remember thinking I would never want to be a nurse. I just don't see myself as nurse. It's funny because I see myself as a nurse practitioner. I know the role is very different and I can't explain it. It is so funny that I found myself in nursing...I had planned on going straight through the program and not working as an RN. I felt that, my viewpoint at that point was that it was not necessary. But it is extremely invaluable, extremely helpful...I had to work as a nurse and I wasn't happy about it. But having gone through what I went through- would I do it over again? Yes. I think that working as an RN has really helped me personally. It has enriched my learning...completed my education. I think... I think there are those people who can go straight through these programs and be fine. I don't think that it should be mandatory, but I do think that there is a difference. I think it makes you a better nurse practitioner. It is not just a stepping stone, but it is a fundamental part of it...is the bedside care. (Loretta)

Other CPs perceived practicing as a nurse as something that wasn't necessary, and although it was a requirement, they met the requirement at a minimal level. Annie works on a per diem basis and estimates having worked 35 to 40 shifts in the eleven months since she received her nursing license, primarily at flu and occupational health clinics.

> Now that I am a nurse, I still feel like I am in a [transition] process because I am not working a ton and because now we are in this full-time very intense schedule

of the NP stuff. It is such a quick change in role that some of the nursing...the RN role...because I am not working as much as some of my friends who are doing both more often... I have kind of just...haven't really embraced it. I think that that is to be expected though with the direct entry...It was never my intention to be an RN...I almost expected that a little bit, because going into a direct entry nurse practitioner program, I kind of knew that it was going to be a very quick transition unless I switched to part-time...There is not much time to embrace the RN role. (Annie)

In addition to the previously described perspectives of the meaning of working as an RN to inform the transition to nurse within a GPNNN, there were other perspectives on the meaning of working in the RN role while enrolled in the advanced practice coursework. Several CPs described the importance of knowing the RN role intimately to inform their practice as an NP.

But I think in my case having those skills and almost knowing what I am ordering, knowing what that means for the nurse behind the scenes. So when I am an NP, if that is what I end up doing, when I order something, I know what it is like to have done that. I will know what it is like to be in the other person's shoes. I think that will beneficial. (Grace)

CPs also described Practicing as Nurse as an opportunity to earn money, and gain skills and confidence.

I would say it was probably more money. I think that also I did feel like I wanted the experience. I would say that I thought it would give me more confidence and

because I wouldn't be working as an RN very long...so I thought it would be good to work on the basic things as well as deal with unexpected things, emergencies and that type of thing. (Terry)

A final perspective of working as a nurse, as a celebration of accomplishment, was offered by another CP.

I feel like the time and the commitment that me and all of my classmates have put in here...It is rewarding for the end result to pass your boards and work as a nurse and feel like you used your education for something...I guess that this question is a little bit harder for me since I didn't work after my undergraduate program...just using your education for something you wanted to do and worked so hard for. It is kind of, I guess I would say, empowering. (Nora)

Knowledge, Skills and Professional Growth

There is a perspective shared by the CPs that the learning of the role, particularly the acquisition of knowledge, skills and experiencing professional growth is a slow process, evident in Beginning to Learn the Role as Nurse but also in Practicing as Nurse. Terry described experiencing it while Beginning to Learn the Role as Nurse.

It was just sort of more responsibility in a medical sense and different knowledge. I think it was more of a slow transition. It wasn't like one day I was like, "Oh, I am a nurse." It happened in the classroom as I learned about the medical stuff. The more I learned, the more fascinated I was by it. It kept feeling right. Then once I went into clinicals, well actually at first it felt really foreign but then once I started working with patients it was like this is familiar in a way; I am working

with people assessing their needs. I am helping them. It is just that I am helping them in a medical sense now rather than their psychological and emotional needs, although that happens too. (Terry)

The process continues in Practicing as Nurse when CPs were functioning in RN roles.

Every time I run into a situation at work where I realize that there is something that I don't know, I feel like I still have more to learn and I still have more to go. I definitely feel like I am a nurse, but I feel like I am always going to be developing because there is always something new to learn and I don't think we can ever learn everything. It is kind of an ongoing process, especially when you change roles and you change jobs, and you go from one setting to another. You always have that learning curve. I'm still on the learning curve. (Bernadette)

Knowledge

CPs described the overwhelming amount of material that they were presented and that they were responsible for mastering while Beginning to Learn the Role as Nurse.

I think as an RN student that was the time that expectations were the least clear. I think it was mostly the education but also the role of the RN. So we would get a syllabus for each class and it would say for each week, read chapters 44 through 46 and that might be 200 pages of reading...That was fine, but there was so much content in 200 pages of a nursing textbook that you cannot possibly retain everything. You can't possible know everything. Eventually by the end of nursing school I did feel more confident that I did know most of the things in those 200 pages. That is just an example. Early on in the program, I felt like we

had to do the same 200 [pages repeatedly]...What they did at Nursing School is that the first semester was the fundamentals. Then each semester we would have the same readings, like the syllabi were probably pretty identical. We would do cardiac, then we would do renal, then the next semester we would still do the same cardiac and the same renal. They would just kind of elaborate and have more expectations but the readings were almost always the same. We always had the same textbook. I feel that there [weren't] always clear expectations from the professors about what content in the chapter you needed to know for that class...That's why I think it is so frustrating that the grade is so important because if you didn't perform well on the tests, you weren't going to pass. With so much information and not having clear expectations about what you needed to know, it makes it really hard to study and do well on the tests. I think that was overwhelming. (Holly)

Additionally, CPs described adopting a different personal approach to learning new material than they had used in their prior educational pursuits while Beginning to Learn the Role as Nurse.

My goal was to get decent grades and pass the test or get the paper done or what have you [before] and this time my goal was really like to learn and this was something I really wanted to learn. My goal was to be educated whereas that was not my goal before. I think that is the biggest difference with maturity for me is that I am trying to get the most I can in terms of education and knowledge out of this program. I am not trying to [just] get through it. (Terry)

Skills

The acquisition and application of skills was described by CPs as both essential to their successful transition and supportive of their self-confidence and perception of confidence. This was evident in the clinical setting while Beginning to Learn the Role as Nurse and while Practicing as Nurse.

Acquiring clinical skills.

Acquiring clinical skills while Beginning to Learn the Role as Nurse was a blend of great frustration, lack of clarity about expectations, pride in what was accomplished, experiences and developing independence. The frustration with the lack of clarity is evidenced in the following description.

> [The] clinical instructor, point blank, the first day- we were walking out onto the floor, it was an inpatient unit so all the patients were in their beds and our clinical instructor was like, "Ok, go for it!" And we were like, "Go for what?" She was like, "Start your day!" And I felt like I literally had no idea what I was supposed to do. That to me was very frustrating. Why hadn't I just been told, "you are going to go in the patient's room, introduce yourself, see if they need anything; after 15 minutes we will go back and check their vital signs?" There was an agenda for the day, we just weren't told about it. (Brynna)

Being able to synthesize nursing knowledge, skills and knowledge of the patient resulted in feelings of pride in the accomplishment.

> As I was learning new skills, [I was] trying to apply those skills learned to meet the needs of the people that [I was] with. So, really just as [I] gain more

knowledge about the patient and skills as a nurse, [I] combine them and hopefully bring about the best outcome for the patient in terms of health. (Caitlin)

Developing independence.

Developing independence was seen as an important component of the clinical experiences while Beginning to Learn the Role as Nurse.

I had an excellent clinical instructor who is an NP herself, and she just threw us in, doing everything possible...it wasn't a gentle, "let's ease into this", it was "I am going to throw you into this environment and you are just going to do it". Because of this, it was honestly one of the best experiences because there were no excuses. It wasn't, "oh you are a new student" or this or that; it was, "this is what you do as a nurse and this is what you are going to do. Figure out how to do it and you'll do it." So that was like a wake-up call, like, "Oh". Then through the others, I would say by the time I got to the senior practicum where I was one-on-one with an RN...and had independence...there were a lot more expectations of me than there had ever been of me...By the time I got to that point it was like ok, wow, I can be independent. I can do this. (Pat)

Effective caregiver in complex environment.

The singular focus of a student of one patient in a controlled environment rapidly evolves during the transition to nurse to caring for a multiplicity of needs in complex environments.

My own ability to recognize myself as someone who could be effective in that situation, where you are kind of having a lot thrown at you at once...You often

have to multi-task...You are constantly getting distracted. You are constantly in the middle of something, putting something down, patients are coming up to you left and right for questions and asking for help...my training in nursing has allowed me to still provide focus and care for the patient in a different environment, an environment that might be too overwhelming...It's having that experience of having to deal with a lot at once. (Joyce)

Decision-making.

Decision-making skills evolve during the transition process to nurse, from tentative dependent skills at the beginning of clinical experiences, to ambivalent skills when moving through the transition process to more definitive skills after transitioning to nurse.

There have been moments, plenty of moments, where I realized, I said, "Yep, ok, something is happening with a patient right now and I don't have anyone to help me make the decision except myself."... I am the first line. That decision-making process has to happen at an instant. That is the difference between being a student to being a nurse. (Joyce)

Delegation.

The CPs described delegation struggles as a specific issue they needed to master in the transition from non-nurse to nurse.

Most of my experiences as a nursing student on inpatient floors was that we were delegated to by everyone...We did not get the chance to exercise a lot of delegation...It has been an interesting shift at work where I initially started as a

clinic assistant and now work as a nurse, to accept the role change and the authority that comes with it. It was definitely uncomfortable for me at first to start directing people or to be kind of authoritative with co-workers who had been at the clinic longer than me, were older than me. (Molly)

Professional Growth

The CPs described an intangible professional growth that they were aware evolved between Beginning to Learn the Role as Nurse and Practicing as Nurse. This included acting outside of one's comfort zone, developing a sense of awareness, gaining perspective, developing an area of expertise, thinking differently, seeking professional praise and demonstrating confidence.

Acting outside of one's comfort zone.

Beginning to Learn the Role as Nurse required abilities that students needed to push themselves to acquire. This meant reaching beyond their own feelings and sensibilities to interact with patients about things outside of their comfort zone. CPs saw this as an area that they needed to tackle immediately in the clinical setting.

I think the most difficult thing for me was walking into a patient's room and interrupting them to take their vitals and just getting the comfort level of going in and doing what you need to do and get out of the room. That was probably Day 1, Day 2 of clinicals. Those were [the] first few things that were hard. (Caitlin)

Even those who felt comfortable interacting with others found some interactions stretching their abilities.

> Kind of going through that was sort of less learning my clinical assessment stuff and just learning to get in a room and talk to patients...the embarrassing questions. You know everybody kind of goes in the first time they have to do an admission assessment and ask [whispering] "when was the last time you moved your bowels?" [laugh] You've got to get over yourself! (Bernadette)

While Beginning to Learn the Role as Nurse, CPs described that they were impressed by their own vulnerabilities. Additionally, there was an awareness of a lack of comfort and confidence during this period.

> I feel very much that I am still transitioning and probably will be for the next few years. I think that nursing as a whole for me has surprised me by the vulnerability that I experience. I think that that is a good thing. I think it is good to feel vulnerable and a little bit frightened and on edge because your patients are feeling vulnerable and frightened and a little on edge. So to be able to meet them in that respect is good. (Colleen)

CPs described an internal battle that they experienced when interacting with patients.

> Mostly it was me interacting with the patients and explaining things and internally freaking out... Talking myself off of the cliff and faking it until I made it. It was interesting. A lot of times I was just make/faking it. I could take these pieces of information and skills...but...who was I to show up and tell a patient what to do? I think with each clinical rotation I became more confident. (Molly)

Gaining perspective.

CPs described a process of developing awareness and gaining perspective, and how that perspective evolved from Beginning to Learn the Role as Nurse to Practicing as Nurse.

> I think this does go back to how I felt as a student and how I feel as a nurse. I am gaining that perspective to know what is important and what isn't. As a student I might have freaked out over something that might not have been a big deal and now I have more perspective to take a moment and take stock of the situation and assess whether, "is this an emergency or like can we just talk about this?" (Brynna)

Area of expertise.

Although not intending to specialize, CPs described gaining experience in one distinct area when they initially practice as nurse, and this expertise aided in their transition by providing them with some grounding.

> I work on a pulmonary floor and so we have a child who was born very premature. He has some chronic lung disease and he was on a ventilator when he was with us and weaned off the ventilator. The skills of listening to lung sounds, this is really a specific little detail, but hearing so many lung sounds with him and all the other patients, I feel like now I go into my other job with that detailed experience... I know very little about an adult's clotting issues, but I know a lot about lung sounds. I have this comfort level that would come with time doing anything but I am glad that I have some comfort level in some areas...You realize

that you have to know a little of everything but it is nice to have some specialty that you are comfortable with. (Beth)

Think differently.

Several of the CPs described having to learn to think differently, transitioning through from Coming to Nursing through Beginning to Learn the Role as Nurse and to Practicing as Nurse.

> I think I do think a little bit differently. One of my challenges in coming from a liberal arts background was becoming accustomed to organizing my thoughts in the nursing manner. In liberal arts you just go on tangents and you go with it and that is all celebrated and wonderful. [As a nurse] you have to be so much more organized and diligent and structured. At first it was very difficult and frustrating to me in many ways because I felt like it was limiting, but... I think I do think differently. I think I prioritize differently. (Colleen)

Praise.

Praise from other nurses was described as important to the development of the individual in the RN role. Praise and positive feedback from professional peers was valued highly by individuals transitioning through the Beginning to Learn the Role as Nurse and Practicing as Nurse periods.

> I wish that other nurses realized how starving we are for praise during that program because you are working so hard. I think second degree students are harder on ourselves than others because we have this idea that we have to be

perfect. Any shred of praise from the profession went such a long way in validating. (Colleen)

Confidence.

The impression of confidence was valued as important in Practicing as Nurse. "If you care about doing your job right, you have to develop a level of at least fake confidence to be assertive, to advocate for the patient, to make those clinical outcomes better" (Micki).

The acquisition of knowledge and skills and experiencing professional growth occur while Beginning to Learn the Role as Nurse and continue while Practicing as Nurse. As described it is an evolving process of acquiring and applying and this process contributes to the transition to nurse process.

Indicators of Transition to Nurse

There are a number of indicators described by CPs informing our understanding of the transition to nurse. These indicators are both subjective (Indicators I Know) and objective (Indicators Others can See) and occur during the transition process. These two views weren't always synchronized; however, both informed the description of transition to nurse. Indicators of transition that "I know" include becoming anticipatory, self-confidence, assuming RN responsibility, and knowing self as nurse. Indicators of transition that others can see include conversation changes, demeanor, officially an RN, RN employment, and being known as nurse by others.

Indicators of Transition That I Know

Becoming anticipatory.

CPs described a change in their awareness of their surroundings. They anticipated potential issues that might arise, both in their personal experiences and in their professional.

> Part of you is always aware... I mean just two days ago some, an older women was bringing groceries into her house and she looked a little unsteady on her feet and I was just very aware of that and looked back after I passed just to make sure that she made it in ok. Little things like that I am more aware of...everyone could probably help in that situation but I am more cognizant of it. And that is not just in your work but in your daily life. You are taught to be recognizing any abnormal things or whenever anyone needs help with anything, physically or mentally. (Beth)

Self-confidence.

Self-confidence and competence as a nurse emerged as an indicator of transition. Gaining self-confidence was evident in descriptions of self while Beginning to Learn the Role as Nurse.

> How I perceive myself has definitely changed. I feel overall more confident in who I am, but also more humble. This whole process was a very humbling experience. Just making mistakes constantly and being reprimanded for them and instead of taking my wounded pride and leaving...just shaking it off and saying, "ok, what can I do differently?" (Brynna)

Self-confidence was also evident in descriptions of self while Practicing as Nurse.

> I felt as though my ability to sit with someone and listen and really take in what that person has to say was fairly well developed and that was why I was so compassionate and empathetic person. After going through nursing school and coming out a working as nurse, I feel like I have only really, really solidified those skills and added a level of confidence to it. (Joyce)

Assuming RN responsibility.

Assuming responsibility and owning their transition to practice, in many forms, is described as an indicator of the transition to nurse by the CPs while Practicing as Nurse.

> Because you do have a responsibility, you think about, not only your patient but you are protecting yourself, and making sure that your documentation and your care is up to standard. Making sure that you are doing things within the scope of your practice, along the guidelines of your facility, and making sure that everything is handled as it is supposed to be handled. So when you ask someone to sign off, or you are signing off in your name, you are marking...whether you are doing a med reconciliation, making sure that the meds are right, or these orders, or on send out you want to make sure that you are signing your name on something that you actually approve and you aren't signing it only because you just want to get it done and out of the way. (Caitlin)

Knowing self as nurse.

Self-identification as nurse is a personal and complex decision. It is described simply as being licensed as a nurse. For others, it means having achieved a different

threshold, perhaps working as a nurse, or having internalized the role. The CPs' perspectives on this issue are critical to this study because it determines the end point of the relevant time period being described. If an individual perceives themselves as having transitioned from non-nurse to nurse, then arguably the transition is complete.

Self-identification as nurse: not internalized.

> Honestly I think that I have always felt kind of conflicted about identifying as a nurse, because I am in a direct entry program. I think the end game for me has always been the FNP, and certainly very proud to first be a nurse and build on that. But, it felt, especially also knowing that my experience as a nurse is very limited compared to so many, the vast majority of nurses...seeing inpatient nurses function is incredible, and I know that I am nowhere near that and I know that! I think I will identify myself as a nurse but in terms of my internal identification, I don't feel like one. I think it would take many years of practice to feel solid as, like owning the nurse identity... (Molly)

Self-identification as nurse: identify as student.

> Even when I was working as a nurse I didn't really feel like a nurse until a few months into it when I...when I had a student with me at work. That was kind of interesting. That was when I really felt like, "Oh, wow. I'm a nurse and this is my student and they are coming to me for information about the patient and medications and questions." That kind of made me feel like a nurse. It is funny that because I am still a student it is kind of hard to feel like I'm a professional

nurse right now like it is my profession when you are still in school...because you kind of see yourself as a professional student all of the time. (Nora)

Self-identification as nurse: it is a process working as a nurse.

I didn't identify as a nurse for so long because I wasn't a nurse so....I don't look at myself and think, "Oh, you are a nurse". That is not my first identifying thing. If someone asked me to describe myself, I wouldn't say, "I'm a nurse". I think it is more of the antenna always up. But as years go by, I may have that move up in my list of identification priorities...It was a process. It was definitely a process because also when you are still a student and you are doing clinical stuff, sometimes you feel like a nurse. You are en route, but you are not technically a nurse yet. Now, I definitely feel like a nurse but I also realize that my work is somewhat specialized. I can't do just anything that any nurse would do. (Beth)

Self-identification as a nurse: it is a process not working as a nurse.

I think it, for me, is a gradual...it wasn't just one moment. It did take a long time for me to like identify as a nurse. I don't know why, but I think it took a couple of months to sink in, and like, oh I'm actually an RN. Yeah it wasn't just one moment. I am working per diem doing health clinics screenings and flu shot clinics. I think that is part of it. I didn't get an inpatient RN job. I wasn't working all of the time as an RN. It took a while to sink in because I was so focused on full time school. (Chris)

Choosing not to be known as nurse.

Several CPs expressed ambivalence about being known as nurse.

I am sooner to identify as an NP or NP student than I am as a nurse. I think both in terms of trying to establish legitimacy for myself and kind of demonstrate to other doctors, NPs or whomever that "No, you need to take me seriously. I am very young, very new, but, I am an NP student versus a nurse," which I think, my perception is that many people kind of associate with frivolity...a very limited scope. But, I think that the fundamental aspect is the same in terms of the value we put on communication and psychosocial assessment rather than just physical, the caretaking, healing...the fundamental pillars of both identities for me are the same. In terms of a more external perception I think I choose to project myself as an NP, and NP student, more than nurse. (Molly)

Indicators of Transition Others See

Conversation changes.

CPs noted that among the evidence that they were transitioning to nurse was that their conversations were changing.

The camaraderie in our program is really great. I have a lot of close friends in the program. You slowly realize your conversation changes...your daily conversation changes. Things are more interesting to you than they used to be. I mean...I don't know. This is something that just comes up. People have more of a tendency to tell you about their health problems [laughs]. Then you hear about them, and then you discuss them with your friends. (Beth)

Demeanor.

CPs described a new nurse demeanor that was evident to others, indicating that they had recently transitioned to nurse while Practicing as Nurse.

> If a kid is old enough to really converse with me, I always just try to talk to them and ask the parent for input. The kid is the patient! It should be about them! The mom, she asked me, "Are you new here?" and I said, "Yes, I've been here for about two months, two, two and a half months," [laugh] and in my head I'm thinking this is not something that I like to disclose...Then she asked "Where did you work before? Where did you come from?" I was like, "School????" She was like, "Oh wow". And I was "Yeah. I am really, really brand new." Then she was like, "That's great. I don't know...there is something about you. You just have this demeanor." I don't remember the word but she was like "You have this really nice demeanor about you." I was like "Oh, wow, thank you." Again, I don't know. I don't know what that demeanor is. (Sheila)

Officially an RN.

The formal receipt of a nursing license and adding RN to signature were indicators of transition that others could see. "Obviously once you take the boards and you get that license in the mail that is the real exciting time. Here it is! This is my number! I had to turn it in at school...and then applying to jobs" (Annie).

RN employment.

Getting an RN job was a challenge for many of the CPs. For some, the inability to secure an RN position resulted in a change in their transition plans.

So that is frustrating at times because I want to work in a hospital and I tried to. When I passed my boards in January 2013, I wanted to work in a hospital. I applied for a lot of jobs and just didn't get any. I decided to just stay full-time in the program instead of going part-time as I originally had planned. (Holly)

Most of the CPs who did find RN jobs found them in rehabilitation facilities, nursing homes and doctors' offices or clinics.

Being known by others as nurse.

CPs described being seen as a nurse by patients and their family members, other professionals, friends and the general public. The descriptions recognized that they were known as nurse by others both at times when they viewed themselves as nurse and when they didn't.

Patients and family members.

I think one of the things that I have noticed is patient perceptions. I think that because I am a new nurse and a very self-conscious new nurse, patients can pick up on the fact that I am a new nurse. They will ask me, "How long have you been nursing?" I don't think they ask everyone. That has been very interesting. Patient interactions and their perceptions of you as the nurse and getting adjusted to that because people do trust you and it is a position of power and authority that I don't think that I have experienced in any of my other professions where people trust me in a way... Much more than I trust myself... that has been an adjustment. Something that I am very honored and humbled by. I think now because I am

vulnerable it is a little bit intimidating but something that is very motivating and rewarding. (Colleen)

Friends.

When I was applying for jobs, and I did a ton of them, I was talking to a good friend and I said I'm applying for a nursing job, but I'm not a nurse. She said, "but you took the test right?" I said "yes." She said "You passed right?" I said "yes". She said, "You have a license right?" I said "Yes, I have a license." And then she was, "well you are a nurse." I said, "but I don't have a job." She said, "It doesn't matter, you are still a nurse." And I was like, "OK, whatever." So I was just going along with it. (Sheila)

Transition to Nurse: Not as Expected

The descriptions that emerged from the CPs of their transition to nurse recognized that the transition was different than what the CPs had anticipated that it would be. The transition seemed to be more complex and difficult than anticipated.

I anticipated that it would be a struggle, but I didn't anticipate that it would literally take over my life. People underestimate nursing to like the nth degree. I don't even know to what degree. People underestimate the challenge of nursing every day. People say "she is just a nurse". Other people say "she just does nursing". Other people hold nursing to a high caliber. However, it is the people who think that nursing is just like an assistant to the doctor are those that are really harming to the profession. It is really hard. I, unfortunately, went in with the mindset that it was going to be hard, but not as hard as it was. That was what

really hit me in the beginning. Now I definitely appreciate it much more than I did. (Sheila)

Transition to nurse as described by the CPs is a complex process which is organized into three transitional periods, Coming to Nursing, Beginning to Learn the Role as Nurse and Practicing as Nurse. Within these three periods, the individuals' transition experiences are related to the goals and perspectives that they hold on becoming a nurse. Key influences of the transition and indicators of the transition were presented. This next section presents the findings related to the second research question.

Prior Education and Prior Experiences

The second research question in this study was: In what ways do GPNNN students perceive prior education and experience influencing their transition from non-nurse to nurse? The findings responsive to this question are included in this section. CPs described the following influences: skills supporting or detracting from nursing academic success; knowing the nursing role; abilities and skills influencing clinical transition experiences; academic concentration and experience informing transition to nurse; and values and qualities informing transition to nurse.

Skills and Knowledge Supporting or Detracting from Nursing Academic Success

The CPs recognized multiple skills they possessed or lacked which they attributed to their prior education or experiences that they perceived had an impact on their academic success. These skills included organizational skills, perseverance, academic habits, ability to synthesize, and test-taking skills. Academic preparation and work ethic

influenced academic success. CPs noted that prior experiences and education were not integrated well in nursing academics.

Organizational skills and perseverance.

> I definitely used my organizational skills. I don't think I learned them from undergraduate degree. I think I developed them when I was working. Perseverance....I would say I learned that from my undergraduate program. It was up to me to make it happen. (Brynna)

Academic habits.

Writing skills, study habits and work ethic from prior experience and education all influenced the transition to nurse, particularly while Beginning to Learn the Role as Nurse. Addressing writing skills specifically, Bernadette noted, "I think that having the writing background benefited me a lot because I never struggled with any of my papers. I never had trouble with writing my SOAP notes, or any of my clinical notes." The time distance between prior education and nursing education was perceived as significant. "Having been away from school for so long made it a little hard...There was a lot of nursing documentation and papers that were required here. It was definitely hard to remember how to do that kind of thing" (Terry).

Ability to synthesize.

Another skill CPs stated they developed in prior education and utilized in nursing education is the ability to synthesize information. "Being able to synthesize information, viewing it critically...that came from my prior education" (Micki).

Test-taking skills.

The influence of undergraduate work on test taking skills is reported both positively and negatively. The prior education was reported as beneficial for those with a science based undergraduate program.

> I think some of that had to do with test preparation. Sometimes my peers thought that they could perform well on tests without doing the readings for school. I just always did the readings for school. I always have and I always did as an undergrad. I always appreciated...I just wouldn't have been successful without having done the readings. So that was kind of a no-brainer for me but some people really struggled with that I think. (Holly)

Those with a liberal arts background expressed a contrasting perspective of test-taking and their lack of experience with test-taking. Descriptions from students who had earned a prior BA included the following:

> I kind of had to re-learn how to do it. I also came from a very different background, you know, an English major, we didn't have tests. There were no multiple choice, no learning very detailed things...Tests were different because I had to really learn how to study for them and to figure out what worked for me because it wasn't something I had had to do when I went to college the first time...It is like learning a new language a little bit. It was just very different...The first time was mainly writing and it wasn't memorization of minutiae to be able to answer the questions on a test... I went into it thinking that

I had been doing it all wrong. I was studying for this wrong...I felt completely unprepared going into it just listening to everybody else talking. (Bernadette)

A shared concern from the CPs was that nothing in their prior education prepared them for NCLEX-RN style questions.

> The NCLEX-RN questions were just terrible but I thought... transitioning into those questions was really difficult and having those to start showing up on tests which was good to prepare us, but getting used to those questions I just thought they were trying to trick you. But really they just wanted you to see, break through all the tricks and see that basics for what it was, but they threw so many outliers and distractors that it took a really long time to get used to those questions and I had to do a lot of practice questions. I had never really seen questions like that. That was a difficult transition into that portion of nursing...just trying to understand those questions. (Caitlin)

Some CPs expressed a perception that their lack of prior experience with NCLEX-RN style test questions was not appreciated by faculty in the program. The stress that flowed from this disconnect between their lack of prior experience with this testing style and its constant usage in the pre-licensure phase has been previously described earlier in this chapter. One CP felt that her experience as a certified nursing assistant (CNA) informed her NCLEX-RN test-taking skill.

> It was that whole NCLEX-RN style question exams...A lot of people struggle with those questions where all the answers could be right, and certainly there were times like, 'Ugh, I don't know.' But, yeah, a lot my answers came informed from

my experience and what I had actually seen unfold on a unit. I really, really, really valued that experience. (Joyce)

Prior education and experiences not integrated in nursing academics.

In contrast to this positive influence of prior experience, other CPs expressed a concern that prior experience and education aren't used enough to enhance the transition to nurse experience for the individual or for the student cohort. One CP observed the dearth of sharing opportunities for the benefit of the cohort: "Looking at the ways the program is able to draw on previous experiences...there has been no...except for the one student who was an EMT, people are very rarely called on to share previous experiences and bring that in" (Molly). A second CP described her frustration with her inability to share her prior experiences for the benefit of the group.

> I [was a healthcare provider and], as much as I was able to do with it in terms of my own like growth and knowledge, it still wasn't recognized as much of anything and this program doesn't recognize it as anything at all. (Pat)

Knowing the Nursing Role

Several CPs reported the importance of their prior education and experience in their personal knowledge of the nursing role.

> I also did a lot of internships through college because that was part of the health science thing. So I would go work in hospitals for three months in the summer doing different roles. One year I worked in the case management office in the hospital. I worked with all of the RNs who were case managers and the social workers. That was a great experience because that was the first time I was

exposed to the roles of different people in a hospital setting...It was a great experience to see that side of stuff. (Pat)

Several CPs described their prior experience working in the role as a CNA as informing their understanding of the nursing role, and facilitating the transition to nurse. "My work experience as a CNA, looking back on it, was the most valuable directly because of the exposure and it made me really come into nursing...I think that has helped me the most" (Colleen).

Abilities and Skills Influencing Clinical Transition Experiences

CPs described a number of skills and abilities that they possessed or developed in undergraduate studies or in their life experiences that influenced their transition to nurse in the clinical setting. Some of these were similar to the skills that were important in the academic experiences, such as organizational and time management skills. Additionally, interpersonal skills, ability to work with others, experience in caregiving, teaching skills, clerical and computer skills and cultural awareness were seen as influencing the transition experience to nurse.

Interpersonal skills.

The ability to interact with others using a variety of skills including multilingual, verbal and nonverbal skills was recognized as an asset by those who had developed this skill either through education or through experience.

So as a research assistant... I felt very comfortable asking very personal questions within 30 seconds of meeting someone. "Hi there, can I do research with you. How many times in the last 3 months have snorted cocaine?"...being able to ask

very personal and sensitive questions but in a respectful, hopefully sensitive manner. (Brynna)

One CP related being able to translate her experience with doing business presentations in college to providing physical care in the clinical setting.

> I used to do a lot of presentations for CEOs and CFOs...I think that really helped me whenever I would walk into a room with a patient, even as a nurse and I have to lay my hands on them. I have to touch them. It is so personal and intimate and I am not as nervous. (Loretta)

A third CP described her prior bilingual skills and using them in the clinical setting. "This is also with a patient whose mother only spoke Spanish so I feel with those patients I often get closer to them because they often don't have anyone to communicate with, so I am able to" (Beth).

In contrast, one CP with an undergraduate concentration in biology and limited work experience recounted the detrimental impact of the lack of interpersonal skill development.

> That was pretty much brand new. Prior jobs - I have been a lifeguard. I have worked at a bio lab looking under a microscope for three summers. That didn't help interacting with patients! But it was really brand new and I remember my first patient in our first clinical...that was terrifying. (Nora).

Working with others.

This same CP recognized that despite her youth and lack of work experience, her experience on sports teams was informing her transition to nurse through nursing education.

> Being on a sports team has kind of shaped me. Just in terms of working as a team and having a coach who would ream you out for things, it gives you thicker skin. Just being part of a team transitions into working as part of a team with everyone else in nursing...Everyone kind of looks to you to be the leader and being a leader on a team in the past kind of gives me confidence to kind of take control of the situation and direct people what to do in that case...Everyone comes together for that even though it is not a fun situation. You have to take control and feel like the captain. (Nora)

Additionally, a CP described how her prior education influenced her response as a nurse within a practice.

> We had a patient that was actively drug seeking so there was a discussion about our practice. Whenever you have that, it can be a very emotional thing. You can feel a sense of betrayal and deceit. So talking to them about how they were handling it and processing it, how they wanted to proceed with it was really interesting. I think that I found that because I come from a liberal arts background, which is so accepting, it makes the study of understanding what other people are going through at that time. I could afford to be a little bit more...softer in my approach to it and a little bit more understanding. I wasn't

angry. I wasn't upset. I think that is where I see my past education come through the strongest in my emotional reactions in what I encounter as a nurse, if that makes sense. (Colleen)

Caregiving.

Experience in caregiving was noted by several CPs. "I think I had an easier transition than I could have had just by having a little bit of experience in patient care before I started the nursing program" (Pat). Another recognized the impact this had on her confidence.

I came in to the clinical part with a lot of confidence because I knew how to wash patients; I was trained as a phlebotomist at the hospital, so I knew how to draw blood. I knew how to do EKGs. I did a lot more than just feed and bathe patients... The experience I had working as a nurse aide really carried me...I had a lot of the fundamentals kind of down. (Joyce)

Health research.

One CP noted that although her prior experience with health and illness and research made some aspects of the transition easier, it also had a limiting influence on her transition.

It was so different in nursing. Honestly, one of the things that I had trouble with was that I had learned so much about this one particular disease that I kind of found it hard to shut that off, and see everything else that was going on, because I had worked for a few years on one specific disease and everything had to do with that disease. So when we are talking about pulmonary hypertension in general,

because not everyone has pulmonary hypertension is a lupus patient. I had to keep that separate when I was learning. Not that it interfered always but it was something that I had to be aware of and was looking for it. I needed to be aware that I was doing that, and push it to the side and say you are looking for something. It was tunnel visioning me a little bit. (Bernadette)

Teaching experience.

Several CPs described the transition to nurse being influenced by prior teaching experience.

As a teacher I was on my own, independent, in a classroom, having to create lesson plans...um... and deal with the kids as a group and then as individuals, so to me...lesson planning and looking at what the needs of the children were and making a specific plan that kind of correlated to nursing care plans, which we use a lot in the nursing education part, but we don't necessarily use a lot in practice technically...but it does help...the organization, the organization skills I had before...the authority of being a person in charge, of making decisions for an entire class helped...Being able to address the needs of each individual child while keeping the needs of the whole covered as well helps...like charge nursing. Those types of basic management skills helped for sure, as well as being able to work as a part of a team on the faculty dealing...with parents, and families...and ...having that professional air about you as well. (Pat)

Organizational skills.

Although many CPs recognized organizational skills as being critical in the transition to nurse, many were not able to attribute them to either prior experience or prior education, but rather felt that they may have been a function of their personality. An example of one who was able to attribute organization skills to prior experience is:

> I was...directing clinic flow. So, just kind of upholding the circus <laugh> that is running a clinic. I think definitely prior work experience in a restaurant kitchen was helpful. Working where I directed parking at a waterfront area for several summers. I think understanding the larger image of what we are going for and being able to break it down into smaller...I think understanding kind of the steps that need to unfold for things to run smoothly...being able to multitask and think about five things at once. Go away from thoughts and come back to them without losing time. Answer questions coming from all different directions. I definitely drew upon a lot in that role. (Molly)

Clerical and computer skills.

Clerical skills, including computer skills are skills that CPs draw on from prior education and experience in their transition to nurse.

> It could be as mundane as I know how to operate the photocopy machine because I have worked in an office...It allows me to do my work more effectively if I am not fumbling around trying to make 2-sided copies of something I need to give to a patient ...Computers are really big now in hospitals and everything has gone

electronic basically. Having had those skills...has allowed me to focus on the patient and not focus on entering stuff and scanning meds. (Joyce)

Cultural awareness.

Prior experiences with different cultures contribute to the transition to nurse. My experience working with different cultures and also knowing another language has totally helped my time as a nurse. Cultural sensitivity is something that is very important as a nurse because...you are seeing people at their worst sometimes and their most vulnerable points. Being really sensitive to what is normal for them and what is comfortable for them is really important...It is important to be sensitive to the idea that everybody...does stuff differently...I think I learned a lot of tolerance and sensitivity from my previous work and that has translated to be really useful in nursing. (Beth)

Academic Concentration and Experience Informing Transition

The CPs who contributed to this research had varied backgrounds both academically and experientially. They described how their academic concentration informed their transition, how they utilized prior knowledge, and the influence of general life skills on the transition.

Academic concentration informing transition.

One CP described the influence of her prior psychology education.

...with the psychology, because they really emphasized, you know, the mental disease or cognitive impairment and trying to get things from other people's perspective. So I think that I have always kind of had that trying to see things

from other people's perspective, but then my education furthered that trying to understand the times, you know, someone who is really highly anxious or depressed... specifically, at the psych location, just having more of a knowledge of the background of mental illness than a lot of my peers did, just from the theory courses and then from studying. (Caitlin)

Utilizing prior knowledge.

CPs described utilizing knowledge that they had acquired in undergraduate studies as they transitioned through nursing education. Although the experiences were specific to each individual, the commonality was that CPs were able to utilize aspects of their undergraduate studies in their nursing education.

It was very similar to what they wanted and it helped me a lot in school. I think because I wasn't, I wasn't going into school...wasn't hearing the information for the first time that they were teaching. I didn't know everything. It was just kind of a little bit of a cushion for me...I wasn't hearing this for the first time. (Chris)

She further described

My first clinical ever, there was an elderly patient who was hyponatremic and she was delirious. For a first semester clinical student, I think that was a lot. That was a lot for me to go in and handle because that is a situation that a lot of people don't know what to say. Do you go along with the delirium or correct them? So, I think that I handled it very well and I think that it was because of my work experience [medical assistant]...So I think just being comfortable going into the room helped me to build on that. (Chris)

Life skills.

Beyond the academic content, life skills were learned in undergraduate education that influenced the transition to nurse as experienced by the CPs. "To me, it [undergraduate education] was very much like a trial to get through. I feel like I got through it. I think that added to my overall confidence. I did it before, I can do it again" (Brynna).

Values and Qualities from Prior Experience Informing Transition

Throughout the responsive interviews CPs discussed qualities and values that they brought to nursing from their prior experience that informed their transition to nursing. Professionalism, acceptance of others, respect, tolerance, living responsibly and knowing work-life balance were identified. Additionally CPs described the personal value of their prior education.

Professionalism.

> As a research assistant, I really did solidify...start a really good foundation of professionalism. One example, and it occurs every time, when I do ask sensitive questions, I feel like I am able to ask them very matter-of-factly and try to minimize any embarrassment on the part of the patient hopefully, by getting through it as quickly as possible, but also remaining professional...knowing that it is part of my job to ask these questions and that it is important. (Brynna)

Acceptance of others.

> A transgender family member of a patient came in. 'Oh, this patient looks weird'. That was sort of the general consensus. Just having worked with a lot of people

who do LGBT issues and studies because that is a huge part of my (prior) department, just being able to kind of...just not judging is huge! You just don't judge! (Micki)

Respect and tolerance.

A third quality is respect. "...Just talking to this person and being able to talk to them respectfully" (Micki). A fourth quality that was described as coming from prior experience is tolerance.

My prior life experience... this all relates back to being tolerant to different people in different ways. I feel like maybe if I had been straight out of school and no life experience, I would have totally judged this mom for being on drugs. But now I feel like I respect her for getting help and going to the clinic instead of being on street drugs during her pregnancy. (Beth)

Living responsibly.

CPs valued their prior experiences as contributing to their transition to nurse, even those that may not directly relate to nursing care.

They absolutely do contribute. Being able to be out in society and function and get up on time and get to your job and work under a supervisor and work with colleagues, you have to work as a team when you are working in nursing and that is a huge thing that I learned having had other positions. (Joyce)

Work-life balance.

Several CPs spoke to the benefit of knowing work – life balance in their prior education or prior experiences to counter the inherent life imbalance of the program.

"Prior life experience also taught me work-life balance and these programs are so fast...so accelerated, and it's really important to have a balance, but it is really difficult to have a balance" (Beth).

Personal value of prior education.

An important perspective that arose in the responsive interviewing, but not specifically in relation to transition to nurse, was the value that prior education had to the individual.

> I would never change my prior education for the world. I am really glad that I got that instead of going straight into a nursing degree somewhere else. I really loved where I went to school and it totally changed who I was as a person and taught me to think and think outside the box and surrounded by a lot of really creative people. My prior education was really important to me as a person. (Beth)

In summary, the conversational partners were able to identify the influence of prior experience and prior education in their personal transition to nurse. There was an emphasis not only on tasks but also on the world view perspectives that they each bring to nursing.

Facilitators and Hindrances

The third research question of this study was "What factors do GPNNN students perceive as facilitating or hindering their transition from non-nurse to nurse?" The CPs described the factors that they perceived to be either facilitators or hindrances in their transition to nurse through the GPNNN. The factors are presented as they related to each of the three transition periods Coming to Nursing, Beginning to Learn the Role as Nurse,

and Practicing as Nurse. Additionally descriptions included personal attributes and approaches.

Coming to Nursing

Facilitators and hindrances that occurred during the Coming to Nursing period were described by the CPs. These included the facilitator identified as many GPNNN options with good clinical opportunities, and the hindrances prerequisites and time constraints.

Many options.

CPs identified that they had many options to pursue a nursing career. "A facilitator is that there are so many programs out there. I feel like they are up and coming all over the place" (Beth). Additionally, geographically there are good clinical opportunities in the area.

Prerequisites.

During the time period that CPs were researching GPNNNs and selecting programs appropriate for them, they also were actively working to meet the prerequisite courses. A hindrance that was identified was the lack of uniformity between programs for prerequisite courses. As the CPs were applying to programs and uncertain where they would be accepted and ultimately enroll, this hindrance was significant to them. "But it was hard to figure out what program needed what prerequisite. So a hindrance is that programs require so many different things and have so many different options and you don't know which one to take" (Beth).

Time constraints.

The tight time frame between acceptance and commencement was identified as a hindrance.

> It was a tight decision because [Nursing School] actually took a long time to get back to me, to all of us. So, I had to, like a month before I had to decide okay I am going to go to [Nursing School]. I had to find a place and move from the South so it was kind of crazy like. (Chris)

Beginning to Learn the Role as Nurse

Within this category, the CPs described one factor, lifestyle impacts, as both a facilitator and a hindrance. There were four factors perceived as hindrances. These included commute, pace of program, nursing pedagogy and communication within the program. They described one factor, support, which they perceived as a facilitator. Descriptions of these factors follow.

Lifestyle impacts.

The participants in this study were enrolled in a GPNNN that required full-time studies for the first 18 months of coursework while Beginning to Learn the Role as Nurse. In many cases this required significant re-balancing of personal priorities. In an example that was presented earlier in this chapter and described by Grace, this was addressed on the first day of class by a faculty member who warned that the demands of the program were going to create conflicts within the personal lives of the students. Although the message and its meaning to the lives of the CPs was seen as a hindrance, the fact that it was addressed was seen as a facilitator.

One CP who had recently completed an undergraduate program recognized this change as a hindrance for some of her classmates, and felt her recent completion of undergraduate work was actually a facilitator for her on this same issue.

> I had been working and going to school part time after graduating so it didn't feel like a change of lifestyle for me. That was probably a benefit for me. I had never gotten out of the routine. Part of that was my motivation for going back to school so quickly because I knew that it would difficult. (Molly)

Some CPs informing this study identified multiple coping strategies with this threat to the balance in their lives, which was perceived as a hindrance. One approach was to selectively challenge program requirements. "I knew that they were not going to tell the teachers that they were going to miss class because they knew if they did they would be penalized for it in some way" (Grace). In this case, avoidance was seen as a facilitator. Another approach identified as a hindrance was to compromise sleep. "Very little sleep...you had to really, really schedule your time" (Bernadette).

Another personal coping strategy identified as a facilitator was maintaining prior stress relief activities. "Some things that haven't changed that have stayed the same are nice; like I still love going running, reading a book, reading a non-nursing anything, and obviously just taking breaks are really nice" (Brynna).

Commute.

The CPs in this study were enrolled in a GPNNN that is a non-residential program. All participants commuted to both classes and coursework.

> The biggest hindrance was the commute. The first 18 months of this particular program is extremely intense, not only the amount of courses, the coursework, but also the clinical. So I was in (the city) a lot...So driving from (my home) down (to the city), I had clinicals that started at, some started at 6 in the morning so I had to get up at 4 and all that. That was a huge detriment because that really impacted how much I could focus on school. (Pat)

Additionally, the lack of a dedicated space on campus for the GPNNN students was seen as a hindrance.

> They don't have a lot of resources set up for the DE students, not in terms of tutoring but in terms of on-campus because we are there quite a bit and there's no on-campus...So being on campus as much as we are and not having a space that...um... like that logistics part of it was a hindrance. (Pat)

Pace of program.

An irony noted by the CPs is that a significant factor that attracted them to the GPNNN, the accelerated pace, was also a frequently noted hindrance. It was noted as a hindrance to life balance.

> They are making things happen in much less time and I didn't know if it was going to be too stressful. You go in knowing it is going to be intense, but I don't want to live life too intensely [laughs] I want to like....do my schooling but also enjoy myself. That was a hindrance that sometimes they are just rushing people through the program. (Beth)

It was also noted as a hindrance to learning.

> In terms of what hindered it, I do think moving so quickly hindered it because there were a lot of times I didn't have a choice but to do the work to get through rather than to learn. I think a lot of professors would say that they would have a cumulative test at the end and then say, "Ok, guys. We are not going to do that" because everyone would complain. I think that that sort of represents some of the problems because a lot of stuff was in one ear, out one ear. We had so much to do that we would cram for these tests but we weren't really learning the material as well as we could have. The few classes that had a cumulative test were really good because it forced us to retain that information. Of course, learning for the test instead of learning to learn is a problem in many different areas. (Terry)

CPs described the significant time commitment due to the pace of the program as a hindrance. "The amount of work, the time commitment is huge...So I would say it was maybe between 60 and 70 hours for the non-nurse to nursing portion. Sometimes more though. Never less. It felt like more" (Brynna). Although the accelerated pace was seen as facilitator in the Coming to Nursing phase, no CP described it as a facilitator while Beginning to Learn the Role as Nurse.

Support.

CPs described support from family, friends, peers, managers, and clinical faculty as facilitators while Beginning to Learn the Role as Nurse. Alternatively, they described the lack of support from faculty while Beginning to Learn the Role as a Nurse as a hindrance.

I would say I would have to include just having support and I mean support from family and friends and classmates and professors, clinical instructors even. I guess just having continuous support. I don't know if I can say it enough. It is really, really important for becoming a nurse, a student nurse to nurse, even while being a nurse. I think support has a lot to do with it. (Sheila).

The lack of faculty support was identified as a hindrance.

I would say by classroom instructors specifically. I know this doesn't apply to everybody but... I went to really small schools because I want to get to know my teachers. I like my teachers to get to know me, so we can learn from each other so they can help me get through my academia and what I am doing. But it is completely not how it works in grad school. I don't know if it is especially at [Nursing School]...but it is definitely grad school...Unfortunately...some people think that because you are an adult learner, you should have already figured everything out, and that you should be able to do this. Unfortunately, that is how that it came off from many professors, at least to me. I didn't want to ask questions; I didn't want to participate in class...I've always been me and I've always wanted to participate in class, but I didn't even want to approach the professor later. Because I just felt like they are not going to care. They are not going to try to give me suggestions. They are going to be like, "Why are you here?" And God forbid anybody ever cries because if you ever cry it's just like they perceive that you can't do it, and that you should quit or you should change to another program or you should just stop where you are and don't even

> continue, and just forget all of your dreams and goals. Like nobody asks you, "why are you doing this? Think back about why you want to do this". Nobody says that. Nobody tries to talk to you. Never happens. So that made my pre-licensure extremely difficult. (Sheila)

Nursing pedagogy.

To many of the CPs, the nursing pedagogy was a foreign approach to learning. They described the contrast with the approach of their undergraduate studies. Overall, CPs felt that their prior education and experience was not valued in nursing education. They described the overwhelming amount of information they needed to master; the use of technology and the pervasive level of fear in nursing education. All of these were identified as hindrances to the transition to nurse by the CPs. They appreciated the clinical expertise and nursing knowledge of the faculty which they saw as a facilitator.

> In terms of hindrances, administrative, logistical classroom operations...They struggle to put together PowerPoints and utilize online learning platforms. And so often logistical, administrative issues cause so much more stress. This is throughout the department of nursing, not just individual professors. I think the other issue with that is that there is a lack of appreciation for pedagogy and kind of... surreptitious judgment gets seeped into our education and gets passed off as fact. (Molly)

Contrast with alternative approach.

One CP describes the lecture format, which was dominant while Beginning to Learn the Role as Nurse, as a hindrance to learning, and contrasts this with her perspective of an approach that might facilitate learning:

> The way nurses are educated is there is a lecture in the front of the room and we all sit in the back. Everyone takes notes and is frantic about the test and memorizes things to the test. I think one of the ways that it is lacking is that the ability to synthesize and know why things are has not been well transmitted. For examples, why does [one medication] do better for heart failure than [another medication]? You kind of need to think. Because it is a long acting preparation it reduces the amount of time which a patient is not effectively beta-blocked. You have got to kind of think about that. You can't just have a list of things that are better or worse. Why is "X" currently not used with "Y" in good clinical practice?...There are a lot of things that we are sort of being trained to be techs, meaning we check boxes, without really understanding "Why am I asking this question? What am I concerned about? Why am I using this instead of something else? What is my big fear here?" I don't know what would help that. I don't like the lecture format. We also a lot of times we talk about the enduring values of the nursing profession and nursing ethics and so forth but we aren't really well based in nursing theory. (Micki)

Prior education and experiences.

As previously stated, prior experiences were not incorporated in the nursing education of these CPs. "'These are new nurses. They know nothing. They have no life experiences.' They think we haven't been anywhere before, but we have" (Grace).

Volume of material.

The volume of material that students needed to learn as well as the lack of prioritization of the material was described as a hindrance to learning. As described earlier in this chapter in Brynna's description, the volume of material to be mastered was described as overwhelming and frightening.

Educational aids and technology.

CPs described an educational environment that utilized educational aids and technology in a manner that wasn't effective. They described this as hindrance to their transition to nurse in the pre-licensure phase.

> I mean no offense by it but I think a lot of it has to do with the generation. I think it has to do with the old school nursing mind, combined with new technology and things that our generation deals with. I am sure you have heard stories or read the articles about the conflicts between older nurses and newer nurses. Well the "they know how to use computers and I don't" versus the "I am more experienced and you are not"...I think there is almost that there. (Grace)

Pervasive level of fear in nursing education.

> I feel like the program has effectively turned just about everyone into the perfect Foucauldian subject where everyone feels like they are being looked at all the

time and furthermore the axe at some point is going to fall. People aren't sure how they are doing and there is this feeling of uncertainty of not knowing how you are being evaluated, etc. I definitely feel like there is that concern. I constantly wonder if I am going to fail. I am an extremely...I apply myself. I try to do good work and there is no reason why I should be having that feeling yet I have definitely had that feeling. The faculty is, individual faculty members, I have had really good responses from them but I feel like people feel like there is this lack of global organization that definitely has made it more challenging to negotiate this program. I think that people feel like and I feel like I need to constantly be watching my back and making sure that my t's are crossed and my i's are dotted or else a terrible calamity will befall. (Micki)

Clinical expertise and knowledge of faculty.

The clinical expertise of the faculty is valued as a facilitator.

Our professors are nurses first and educators second. I think that gives us a lot in terms of clinical experience and case studies that they are able to bring, very honed and experienced clinical knowledge. That's great. It is a facilitator. (Molly)

Communication within program.

Communication with the GPNNN was identified as a facilitator and as a hindrance to the transition to nurse through nursing education. CPs described one on one communication with individual faculty members and with the program's administrative staff as facilitators.

The clinical director... helped organize all the clinical things and she was always very helpful. The people in the clinical coordination office if you ever had any issue or conflict...They would always be willing to help make things work more easily for people. That did happen to me one semester, like you got set up in a group for clinicals, and one of the clinicals fell through. I got a call one day and the clinical coordinator (and she) said, "We have this option for you or we have this option for you to make up because the other one fell through. Which one do you want or which one works best for you?" ...They were very helpful. That helped. So that helped smooth the process over a little bit.

So there were certain professors that I tended to kind of click with more, like my community nursing professor. She was really helpful. She was willing to hear what the students had to say. She would help us network. She would say, "Oh, if you are interested in that type of nursing, you should talk to this person. I have their number if you ever want to reach out to them." She would say, "How can I help you do better on your test?" (Grace)

Communication within the program was described as a hindrance by the CPs, citing unclear expectations among other issues.

Sometimes I was frustrated by the feeling like there was a lack of transparency at [Nursing School], feeling like I never knew if I was on the same page or meeting the expectations of the faculty and the nursing department and some clinical instructors. I feel like there wasn't a clear line of communication from the top of the nursing department to feed down to the nursing students. I feel like we got a

lot of different mixed messages throughout our time about...one thing that was very confusing was working as an RN requirement. That was vague at sometimes and that was frustrating because I didn't know. I'm a planner and I wanted to have an idea of where my life was going and what was going to work for me. I felt like for a while there was mixed messages about what the expectations were. (Holly)

Practicing as Nurse

The CPs informing this study described three hindrances associated with the period Practicing as Nurse. Two have previously been described, the changed policy regarding RN employment and the job market for RNs without a nursing degree. An additional hindrance was described as the conflict between work schedules and school schedules. Being able to change enrollment status to part-time or LOA, and working as an RN facilitated Practicing as Nurse.

Changed policy regarding RN employment.

The fact that the policy changed in the middle of the program and impacted their progress was described as a hindrance by all CPs. Although the policy change during the program was universally seen as a hindrance, working as an RN was seen as a facilitator to transitioning to nurse by many.

I decided to go part time, because basically I have to get a job. After I had gotten the job and biting the bullet, I would say that having the job has probably been an invaluable experience, as much as I hate admitting it. (Sheila)

Reconciling RN employment and NP student status.

CPs appreciated that full-time enrollment status in the Practicing as Nurse period of the GPNNN hindered their transition to nurse. "When you get your RN you can go down to part-time and work as an RN and then just take one class a semester. So I think not doing that has hindered (my transition)" (Pat).

The conflict between work schedules as RNs and school and clinical schedules of the GPNNN are described as a hindrance.

> [Nursing school] requires that you work as a nurse and you have to work so many hours. I had a problem at school. I had to be in clinical this day and you have to go to this and it would conflict with my work schedule. Well, are my obligations to my boss at work? Yes, that is important to me. Or are my obligations to my $50,000 per year clinical my school just placed me at? It is really hard to pick between the two but a lot of time I feel like I have to. That's part of the reason I did go per-diem. (Grace)

Personal Attributes and Approaches

CPs reported that their lack of familiarity with terminology used in nursing education, both classroom and clinical was a hindrance.

> I think that sometimes the professors forget what it is like to be a novice and it is that much more difficult because we are coming from no experience. I remember the first day of class they were writing bid and tid and qid and q2-4 hours and we didn't know all of these abbreviations and we were thrown head first into it and it like, if you were a slow learner you didn't belong. It is really stressful. (Loretta)

Similarly, the discomfort of acknowledging to others that you don't know something that they are assuming you know was also recognized as a hindrance.

> "At a basic level, the knowledge, the medical knowledge when someone quickly... when you first start getting reports and someone says something and you don't really know what it is. I found myself to be a little hesitant at first to say "I don't know what that is" because I didn't want to sound like I didn't know what I was doing. I didn't because I was a new nurse. Little things like that were hindrances because I felt like I was a little more hesitant than I should have been. If I had spoken up I could have learned faster." (Caitlin)

Maturity.

Maturity was seen as a necessity for successful transition to nurse. As described earlier (page 43), Terry described her approach to her nursing education as being influenced by her maturity.

CPs appreciated the diversity of ages and experiences of their classmates and viewed that as a facilitator. "It was interesting to come back to school and be in a program that is definitely mixed with people who came straight out of school and went right into it, and then people who were out for much longer than I was. So, I really love the variety that the class brings, and different experience that people bring in" (Beth). The credibility that comes with age is also described as a facilitator to the transition to nurse.

> I think that being older is helpful because you know people assume that you have been doing something longer if you are older. I have had patients who say [about]

nurses who have been nurses longer than me...patients will say, "Thank God you are here. My other nurse, I think she is fresh out of nursing school. She didn't have much experience." And I am like, I have said to them "I am fresh out of nursing school" and they laugh like I am joking and I am like ok... (Micki)

Personality.

Several CPs noted that their personality was a facilitator to their transition to nurse. "The caretaker role was already embedded in myself so transitioning into that type of role wasn't that difficult" (Caitlin). One CP further described the facilitative role of personality to the transition:

> I want to put it out there that in talking to my classmates, and knowing now their different personalities, I think those do play a role in how we operate as nurses and I think they do stay constant throughout that process. Whether it is a type A personality and things all have to be very organized or its more like somebody who might go into psych later on, they really just like connecting with people and talking with them. It is interesting to see how those things remain constant regardless of what situation that you are in. So for me, working with a wide variety of patients is absolutely where I am comfortable, definitely connecting with people on a very basic and human level. I know that I am here to do a job, but you are a person and how are you doing today? (Brynna)

Costs.

There were multiple costs identified by CPs as being hindrances to the transition process. The financial cost of the GPNNN is described as a significant by nearly all CPs.

"I think that one of the things that makes it difficult is money. It is very difficult to go to nursing school. It is expensive...The money has definitely been an issue" (Micki). There were other costs described as equally significant but perhaps less tangible. Some became dependent on others, "It all became real when I quit my job to start the program. That was a little bit scary knowing that I had to rely on my fiancé" (Grace).

> Disconnect from the individual's peer group was seen as a meaningful hindrance. I think that I feel it more acutely because I am in grad school before a lot of my friends and peers. Also most of the people in my program are older, married, living with fiancés, thinking about kids within the next three years. I'm behind that. I think...I have kind of felt this disconnect between kind of being in that cohort of people and then reconciling that with my real life, which, a lot of my friends are just working...just jobs that they are able to get with their whatever degrees, going out on the weekends and dating lots of people. Certainly my lifestyle is very different from that. (Molly)

Similarly, others describe missing out on life experiences within their families, or with their friends.

> I talked earlier about how giving up spending up time with friends was big but there are also other parts of my life that I felt like I needed to spend less time on and generally enjoying life, travelling, even if it is to just go Maine for the weekend or something like that. I don't really consider myself religious, but my parents go to church and I do enjoy going to church with them from time to time. I haven't gone to church in years. I love cooking. I don't cook very much

anymore. I like exercising and spending time outside and I gave up a lot of that. Things kind of came in spurts so over vacations I would focus on only doing things that I wanted to do. I would not make any commitments to do things that did not sound fun to me. Then when I would have a little lull in my schedule sometimes, I would exercise...that I really missed out on...and shopping. (Holly)

Prior healthcare experience.

Prior education and experiences were addressed earlier in this chapter, so they won't be addressed in detail here. However, CPs described prior education and experience facilitating their transition to nurse. Some CPs sought employment during the pre-licensure phase as a CNA or as a Personal Care Attendant (PCA). They described these experiences as facilitators in their transition to nurse. One CP described it as a facilitator from the perspective of observing the role of the RN.

My PCA role was really beneficial for me because I just got really used to going in and helping patients and seeing what they need to do but also got to see what the nurses do on a day-to-day basis and how they treat the patients, and the interactions, and what the patients' needs are, and things like that. (Caitlin)

Another CP saw the role as a facilitator to obtaining basic caregiving and interactional skills:

I would say working as a CNA or home aide or something like that is incredibly important to you being a nurse. There is a lot that you can see, and you can do, and you can think about. Even it means just being able to walk into a room and not freak out and talk to a patient, a stranger. Someone that you don't know, that

is not your family, but still being able to walk into a room and say, "Hi, I am so and so. I'm here to talk to you"....whatever. I know that that is important. Some people are really good and some people have the confidence to do that. But someone like me, I feel that it would have been extremely beneficial. I worked as a CNA for ten months. I could have done it for longer. I feel like I could have gained even more confidence. I would have seen more things and I would have benefited even more greatly in doing that. (Sheila)

Change of academic status.

Change of academic status can be a facilitator and can be a hindrance. While Practicing as Nurse, nurses have the option to change their student status to part time, or to take a leave of absence. In these cases it is generally seen as a facilitator. For others the change in status occurred as a result of an academic issue. The stress of knowing that an involuntary change of academic status is a real possibility for all is seen as a significant hindrance.

> The 83 thing I think is a good thing in some way and a bad thing in others. There are some people who literally had maybe an 81.5 or an 82.3 who were not allowed to pass forward. That is something that happens almost every semester. Someone is on the cusp and they don't make it. We all know because they will tell us and they will walk out of the teacher's office in tears or whatever. I think, I don't know if there is an answer to that, because like I said you need to have some sort of cutoff. It is just very stress-provoking. The program is a great program, but in general, high stress. (Grace)

Most of the CPs who opted for the change of academic status simultaneously increased their RN employment commitment and viewed this change as a facilitator. "I think that that was absolutely a facilitator for me. I think I will look back and see where I was very happy to have chosen to do what I did...It is not a race for me to finish" (Joyce).

GPNNN students experience a variety of influences that both facilitate and hinder their transition to nurse. The descriptions provided by the CPs contributed to identification of the factors and an understanding of how they impact the transition.

Summary

The findings of this research provided a response to the three research questions and informed a description of the transition to nurse through a GPNNN. The data analysis resulted in descriptions of the transition through three time periods, Coming to Nursing, Learning the Role as Nurse and Practicing as Nurse.

The transition to nursing was described by the CPs as beginning with Coming to Nursing (prior to enrollment in a GPNNN and continuing through prerequisites), continuing through Learning the Role as Nurse (enrollment, pre-licensure coursework and clinicals) and Practicing as Nurse (during RN employment). The transition described by the CPs was different for nurses who had experienced full-time work; for those who had experienced part time RN employment; and for those who had experienced per diem employment. The description of the transition included meanings, beliefs, attitudes, preparation and knowledge as a broad but shared description. This evolved with some

differentiation as CPs described the transition experience through Practicing as Nurse. Perception of RN requirement and RN employment influenced the transition description.

In addition to influences on the transition, indicators of the transition were identified and described. CPs differentiated between internal and external indicators of the transition, those that are known to them and those that are known to others.

The findings of this research contributed to a description of how prior education and experiences influenced the transition to nurse. A shared description arose from the findings identifying skills and tasks that have influenced the individual's transition experience through nursing education. Prior experience with patient care is reported by CPs to influence the transition while Beginning to Learn the Role as Nurse in the clinical setting and while Practicing as Nurse. Additionally the data informed a description of both the personal facilitator and inhibitor influences on the transition to nurse.

Chapter 5 provides a discussion of the findings and interpretation of this research. Limitations of this research are addressed. Implications for theory, education, practice and policy are discussed.

Chapter 5

Interpretations, Conclusions and Recommendations

This research was conducted to describe the transition to nurse from the perspective of students enrolled in a GPNNN. GPNNNs have enjoyed rapid growth in development in recent years. Studies that have accompanied this growth were primarily programmatic evaluations in form, and there was a gap in the literature informing a description of the transition from non-nurse to nurse by the individuals experiencing this transition. The findings, as described in chapter 4, address this gap contributing to a description of this transition as experienced by nurses enrolled in a GPNNN.

This chapter includes a summary of the findings organized by research question, followed by integration and interpretation of the findings, informed by relevant literature. The conclusions of this research, including a discussion of implications and limitations is then presented. This is followed by recommendations for theory, education, research, practice and policy.

Summary of the Findings

The summary of the findings are presented organized by research question.

Transition to Nurse

How do GPNNN students describe their transition through nursing education from non-nurse to nurse?

Three transitional periods emerged from the interviews with the CPs. The transition from non-nurse to nurse among GPNNN students began prior to enrollment when the non-nurse identified nursing as a profession of interest to her. Coming to

Nursing was the initial transitional period identified through this study when non-nurses, motivated by dissatisfaction with their current or anticipated career path, act on their interest, seek out experiences to affirm their interest in nursing, seek out and apply to nursing programs and complete prerequisites for nursing programs of interest. This is followed by the pre-licensure period, Beginning to Learn the Role as Nurse. This begins at enrollment and continues until licensure. Beginning to Learn the Role as Nurse is an intense period of accelerated nursing education, both in the classroom and in the clinical settings. The third period, Practicing as Nurse, began at licensure and continues until the individual felt they had transitioned to nurse.

Influences were identified that crossed the periods and impacted the transition process experienced by the individual nurses. The goals that the individuals had for the education process and for themselves influenced how they identified with nursing and how they transitioned through nursing to be known as nurse. Of particular note was how the individual perceived her personal goal relating to the RN requirement within the GPNNN. The terminal objective of the GPNNN is to prepare nurse practitioners for practice and as a result, some CPs did not choose to become a nurse, while others eagerly embraced it. Some CPs saw their personal transition to nurse terminating at licensure, expressing that a lack of desire, willingness and nurse experience prevented them from internalizing the nurse role, and in their perception, completing the transition to nurse. These individuals viewed their transition to be a transition to nurse practitioner as differentiated from transition to nurse. The goals were influenced through the education process, yet they were also influential on how and to what degree the individuals saw

themselves as nurse. Knowledge, skills and professional growth, their acquisition and application also influenced the transition, and were influenced by the personal goals across the transitional periods.

Indicators of the transition to nurse were described, and were also influenced by the goals. Some indicators of transition were known to the nurse and other indicators of transition were noticeable to others. Finally, the process of transition to nurse within the GPNNN was described by the CPs as not being as they had expected it to be.

Influence of Prior Education and Experience

In what ways do GPNNN students perceive prior education and experience as influencing their transition from non-nurse to nurse?

While Beginning to Learn the Role as Nurse, students utilized previously acquired study habits, writing skills, computer and clerical skills, research and test-taking skills to support their success in coursework. Additionally they described using life skills (e.g. organizational skills and perseverance) to set priorities and remain committed to their goals.

Prior academic concentration had a positive impact on nursing education individually for students who had previously studied a particular topic (i.e. nutrition). It was also seen as having a positive impact in study groups, as individuals with topical knowledge from prior education guided group learning. While recognized as beneficial for individuals and in study groups, it was reported as having no relevance in the classroom setting. Students denied there were any approaches from nurse educators to

foster the inclusion of prior education or prior experience, so prior education and experience were described as being non-influential in the classroom.

Students described a positive influence in the clinical environment from both prior education and prior experience. Students with experience in teaching, counselling, personal care or healthcare drew heavily on prior experience in interacting with patients. Those with prior experience observing nurses in the RN role saw that experience as a beneficial influence on their transition to nurse. Students with liberal arts backgrounds described perceiving a positive influence from their education on their interactions with patients and their ability to connect and work with others, describing an openness, respect and acceptance of others cultivated during prior education.

Prior education and experience did have negative influences as well as positive. Although all students struggled with NCLEX-RN style questions in exams, students with a liberal arts background felt particularly handicapped. The educational tradition they had experienced as an undergraduate involved development of thinking and writing skills, with multiple "right answers," being valued and celebrated. They described being particularly stressed by this markedly different approach to evaluating knowledge and mastery in nursing.

Facilitators and Hindrances

What factors do GPNNN students perceive as facilitating and hindering their transition from non-nurse to nurse?

Facilitators and hindrances were identified both in the Coming to Nursing and the other transition to nurse stages. In the Coming to Nursing stage, the number and

diversity of educational options for non-nurses with a baccalaureate degree was seen as a facilitator impacting the decision to pursue nursing. Additionally, the accelerated pace of the GPNNN was described as a facilitator at this stage. The minimal time between notice of acceptance and beginning coursework was seen as a hindrance, forcing the transition into academics to occur at a rapid pace.

In the Beginning to Learn the Role as Nurse period, the impact of academic and clinical demands on the lifestyle of the individuals experiencing the transition was seen as a hindrance on the transition. Students described the support of family and friends as being facilitators, particularly in accommodating to the lifestyle change hindrance. CPs described the pace of the program as being a significant hindrance to their transition to nurse. They described not having time to process what they were seeing and learning, both in coursework and in clinicals. Ironically, they recognized that they had selected the program because of the rapid pace, valuing the pace of the program as a facilitator to Coming to Nursing. However, immersed in the GPNNN, they described the pace of the program as a hindrance to the transition process.

To many, the nursing pedagogy was a hindrance to their transition to nurse. They described committing their efforts to mastering this educational approach which was foreign to them, diverting their effort away from their transition to nurse. They identified a gap between what they perceived they needed for support from nursing faculty and administration and what they received. This gap they saw as both an aspect of nursing pedagogy and as a hindrance to the transition to nurse. Communication, lack of communication and changing expectations within the program while Beginning to

Learn the Role as Nurse was seen as hindering the transition to nurse. However, most of the clinical experiences and clinical faculty were described as facilitators of the transition to nurse.

In the Practicing as Nurse period, RN employment is a facilitator to the transition to nurse. However there were issues that arose as hindrances to the transition process. The program's requirement of RN employment was introduced late in the period of Beginning to Learn the Role as Nurse. This change was seen as a hindrance personally by many and as a hindrance to the cohort's transition by all. Entering a tight job market without a baccalaureate nursing degree was described as a hindrance to the transition to nurse. Finally the pressure of the GPNNN demands combined with employment expectations was a hindrance in the period of Practicing as Nurse. The program's flexibility with enrollment options (i.e. full-time, part-time and leave of absence) was described as a facilitator during this period.

Throughout all three periods, costs, both financial and personal (e.g. loss of independence, distance from family and friends) were significant and identified as a hindrance. Personal characteristics, including personality, communication skills and maturity were all described as facilitators.

Integration and Interpretation of the Findings

Transitions theory (Meleis et al., 2000) was used to identify the gap in the literature related to the transition to nurse among GPNNN students. This gap was most evident in the dearth of data informing personal transition conditions. This research was conducted to obtain the descriptions of the transition as it was experienced by those

transitioning to nurse through a GPNNN. In addition to addressing the gap in personal transition conditions, descriptions provided by the CPs informed other aspects of the transition from non-nurse to nurse within a GPNNN, notably the nature of the transition and indicators of the transition.

The descriptions emerging from this study identified three transitional periods in the transition from non-nurse to nurse, Coming to Nursing, Beginning to Learn the Role as Nurse and Practicing as Nurse. These periods chronologically equated to pre-enrollment, pre-licensure and post-licensure. Although the descriptors of the periods differ, chronologically within the education process these stages parallel those identified in nurses returning to school for a baccalaureate degree, namely the honeymoon, conflict and biculturalism stages of the returning to school syndrome model (Shane, 1980a; 1980b). Similarly, although the descriptors of the periods differ, they also parallel three stages of the journey to nursing that emerged in research with Australian accelerated BSN students, namely decisional pathway to undertake nursing studies, graduate entry nursing education experiences, and experiences working as a nurse (Neill, 2010). The three periods inform an understanding of the nature of the transition from non-nurse to nurse through a GPNNN. The nature of this transition is situational, the periods reflecting sequential and related patterns, with critical points and events (enrollment, licensure, RN employment), and a range of transition time spans (Meleis et al., 2000).

A critical and novel factor that emerged from this research is that the goals of the individuals influence the transition to nurse within the GPNNN, and they are influenced by the GPNNN. The goals therefore are a personal transition condition within transitions

(Meleis et al., 2000). Although the transitional periods are experienced at the same time by all members of a cohort within the GPNNN, the transition experience is an individual one, influenced by the individual's goals. In the literature, other personal factors such as preconceived notions, beliefs and expectations of nursing have been described as influencing the socialization to nursing (Price, 2009) but goals have not been explicitly identified as an influence of the transition to nurse.

Findings of this study provided descriptions of nurses in one GPNNN pursuing advanced nursing practice degrees who do not self-identify as a nurse but rather as student nurse practitioners. Consistent with this perspective, they don't view experience as a nurse as necessary to their personal transition. A similar finding was described in prior research with graduates of a different GPNNN (White et al., 2000).

Knowledge, skills and professional growth, including both acquisition and application were described as influencing the transition to nursing in a GPNNN. Knowledge and skill acquisition are described in the RTSSM (Shane, 1980b) and in Neill's journey to nursing (2009). Professional growth is not described in either. These influences of the transition to nurse within the GPNNN are personal transition conditions.

The indicators of transition described in the findings are process indicators and are significantly grouped as internal (knowing self as nurse) and external (known by others as nurse). These indicators are not described in the literature as they relate to nurses in a GPNNN.

The findings of this study provide a description that prior education and experiences are valued personally by the student, facilitating learning of related topics,

and equipping the student with skills that are helpful in accomplishing academic tasks. Prior education and experience, particularly those informing interactions with people are described as having a positive influence in the clinical settings. Prior education and experience were described as not being integrated in the classroom setting by nursing faculty. The findings seem to partially support the literature that references the importance of prior education and experience to accelerated programs, as it is a positive influence in the clinical setting. However, there is no evidence from this study that prior education and experience influence the transition to nurse in the academic setting and this differs from the literature (Penprose & Koczara, 2009).

Facilitators and hindrances are transition conditions (Meleis, et al., 2000) informing an understanding of the transition to nurse in a GPNNN. The literature describes the accelerated nature of the GPNNN as a facilitator (Penprose & Koczara, 2009) and the findings of this study support this in the Coming to Nursing period. However, the findings of this study describe the accelerated nature of the program as a hindrance in the Beginning to Learn the Role as Nurse period. In GPNNN specific research, McNeish (2011) noted that the pace of learning for clinical assignments had emerged as a concern.

CPs who had practiced as a nurse on a full-time basis described RN employment as a facilitator to transition to nurse. Those who had opted for the minimal RN work requirement described transitioning to NP as opposed to RN. There does seem to be a relationship between RN employment and transition to nurse, however, further explication of this relationship is beyond the scope of this qualitative descriptive study.

A hindrance to the transition to nurse within the GPNNN that was described in the findings of this study is the nursing pedagogy. Nurses described needing to not only master large volumes of material in transitioning to nurse, but also needed to learn how to learn in a foreign paradigm. This is consistent with findings in a GPNNN specific study that described the experience of "entering a foreign world" (McNeish, 2011).

Support of peers in a cohort emerged as a facilitator in this study. This is similar to findings in other studies (McNeish, 2011; Neill, 2010).

Discussion and Conclusions

This research was undertaken to address a knowledge gap regarding the transition of individuals from non-nurse to nurse in GPNNNs. Although this focus was limited to students enrolled in a GPNNN, this study also responded to the more general identified gaps in knowledge about the transition from student to nurse (Meleis, 2010) and more particularly this transition within accelerated programs (Bombard et al., 2010). This research specifically addressed the knowledge deficit related to the transition experience of one group of GPNNN students. The findings also lay the foundation for further research in describing the mechanism of role transition within an accelerated nursing program (Miller & Holm, 2011).

The descriptions of the transition to nurse through a GPNNN provided a rich description as discussed in Chapter 4. The focus of this study was on individuals transitioning to nurse within a GPNNN and because of the unique population, outcome and accelerated method of education this researcher was anticipating descriptions that were unique to this population. The descriptions do reflect this uniqueness but they also

reflect a similarity with nursing students across other nursing programs. Descriptions of frustration with NCLEX-RN style testing are not peculiar to GPNNN programs (Pabst, Strom & Reiss, 2010). Similarly, anxiety about clinical experiences is not an emotion that is peculiar to GPNNN programs (Stokes & Kost, 2009). However, they are relevant to this study because they are a description of the transition to nurse through a GPNNN.

An interesting challenge to nursing as the profession develops innovative strategies to recruit non-nurses to the profession is to examine the effectiveness of strategies we implement. In this study participants stated that they are attracted to GPNNNs because of their accelerated pace. The accelerated pace is also described as being a hindrance to the transition to nurse because participants noted they didn't have time to process what they were learning or to live a balanced life. Although this data represents only one study and more research is warranted, it is important that any student comprehend the rigor of the program they are about to embark on. Perhaps instituting strategies that involve current students sharing experiences with prospective students may be beneficial.

Many participants in this study identified themselves as nurses. However, a number of them described not identifying as a nurse even though they were licensed as a nurse. Although this study was limited in scope, this finding is not unique to this study (White et al., 2000). This provokes several challenges to nursing's innovations in approaches to education which perhaps need further consideration and investigation. The first involves a critical analysis regarding our processes and strategies that, from this study, appeared to prepare advanced practice nurses who don't self-identify as nurse.

Perhaps we need to explore whether this phenomenon also occurs with nurses who then return for an advanced nursing practice degree preparing them as an NP. The second examines the best use of nursing faculty resources given that GPNNNs have evolved in response to a demand for more and better prepared nurses (AACN, 2013). An assumption in the design of the GPNNNs is that this is an innovative approach to meet this demand for nurses with limited nursing faculty resources. Further study may be warranted to examine if this particular innovation is the highest and best use of nursing faculty resources to meet the demand. Additionally, these findings suggest a potential challenge to the assumption that graduates of these programs are an excellent pool for nursing faculty of the future (AACN, 2012). These findings suggest that the evidence supporting this assumption may be ripe for re-examination and further investigation.

In the literature, students' prior education and experience are frequently cited as relevant to accelerated nursing programs, without explanation of how they are relevant (AACN, 2013; Johnson & Johnson, 2008; Penprase & Koczara, 2009). The need to describe how prior education and experience are used in accelerated nursing education has been identified (Bombard et al. 2010). A specific aim of this research was to explicate how and to what extent the participants used their prior education or experiences in nursing education. The findings of this research demonstrated that students use skills from prior education to facilitate meeting academic demands in studying alone and in studying in groups. They also use their subject specific knowledge from prior education to inform studying on related topics. They describe using prior experience and education in the clinical settings more frequently, drawing on their

abilities to connect and interact with others, as well as attributes of respect, acceptance and cultural awareness in providing nursing care. They deny any benefit exists in the classroom from prior experiences and prior education. These findings are novel and have not been previously reported in the literature.

As a finding of an integrative review of accelerated graduate programs, Pellico et al. (2012) noted that the factors that the individual perceives as relevant, and how they facilitate or inhibit the transition to nurse through the GPNNN, have not been described (Pellico et al., 2012). This research identified specific facilitators and inhibitors that influence the transition to nurse through a GPNNN.

Limitations of Research

This research sought only one perspective of the transition, that of those who experienced the transition. The explication of the transition process described in this research therefore is limited to this singular perspective and should be developed further to include the perspectives of others, including those who transferred to the BSN program, faculty, patients and employers.

The participants in this research were all enrolled in the one program, with limited diversity as to race and age, and no diversity as to gender. The homogeneity of the CPs reflects the homogeneity within the program, and restricts the interpretive value of the findings beyond this group.

The participants were enrolled in a GPNNN preparing them as Family Nurse Practitioners (FNP). GPNNNs in general prepare nurses at the graduate level for a variety of roles, including educators, clinical nurse leaders and advanced practice nurses.

It is likely that the program goals have an influence on the transition to nurse, however this wasn't examined in this study.

This study was a qualitative descriptive design. The resultant findings were not intended to be generalizable.

Recommendations

Recommendations for theory, education, research, practice and policy are addressed in this section.

Theory

As previously noted, Meleis (2010) has described the general transition experience to nursing as an area that is ripe for explication. The findings of this research addressed a gap in what is known of the transition to nurse experiences of participants in a GPNNN. These findings contributed a description of the nature of the transition, transition conditions and indicators of the transition. These should be combined with what is known of the transition experience from other research to inform the future development of a situation specific theory. This need was previously identified by Bombard et al. (2010) and is reinforced through this research.

Education

Interestingly, in this study, nurses described committing significant effort to mastering the pedagogy, which they described as diverting their efforts away from their role transition, and Learning the Role as Nurse. This issue may be peculiar to the GPNNN studied, or it may be recurring across programs. This issue can be studied across programs with varied foci to identify if this is a concept or pattern that is occurring

in multiple contexts. In addition to studying this issue across settings, alternative pedagogies and faculty strategies might be identified that address the strengths and needs of second degree students (Rico, Beal & Davies, 2010). Additionally, it is apparent from the findings of this study that prior education and experience are integrated by the student in the clinical setting and not in the classroom setting. There is a need to develop an evidence base for best practice strategies to support the integration of prior experiences and prior education in GPNNN education (Rico et al., 2010).

Although the integration of NCLEX-RN style questions as the primary evaluation method supports preparation of the students for the licensing exam, in this sample it is seen as a hindrance to transition to nurse. Although additional data is necessary, one suggestion may be to offer a self-directed online teaching module at orientation that would remain available to the students throughout Beginning to Learn Role as Nurse to assist students with NCLEX-RN test-taking skill acquisition. This module could be an aspect of services offered to these students and include the diagnostic and intervention strategies to support and promote success within the GPNNN. Alternatively, NCLEX-RN testing strategies can be addressed through preparatory classes at the end of coursework (DelaCruz, Farr, Klakovich & Esslinger, 2013).

From the findings, participants felt that prior education and prior experience were not utilized in the structured academic coursework. This is important because proponents of the GPNNN cite prior education and experience as factors in offering accelerated nursing education. Future research should pursue this disconnect.

Additionally, as the participants described their perception of the RN requirement in the GPNNN, it appeared to this researcher that there was a lack of clarity with some foundational concepts of the nursing profession including the roles of nurses and the relationship between nursing and advanced practice nurse roles. This was evident in the descriptions provided by the students of their transition from Coming to Nursing to Beginning to Learn the Role as Nurse. This seemed to have a relationship with the participants' articulation of their goals and their perception of the RN requirement. Consequently these factors seemed to influence the individual's transition to nurse. Although more data is needed to come to a conclusion, programs may consider addressing this with recruits prior to enrollment. This could then be reinforced during orientation to the GPNNN (DelaCruz et al., 2013).

Students in this study were prepared for licensure without simultaneously receiving the degree necessary for professional nursing practice. GPNNNs should reconsider this strategy and alternatives, appreciating the impact on the new nurses.

Practice

Newly licensed nurses in this study who were enrolled in a GPNNN that did not grant a degree at licensure had difficulty securing entry level nursing positions in acute care hospitals. It is important to identify and develop descriptions of the work settings and work conditions that are contributing to these new nurses' transitions to nurse. These descriptions would not only be informative, but also would guide program development.

Collaborative practice-education relationships that support the GPNNN student's development while Practicing as Nurse should be explored. Innovative programs that

support the integration of these newly licensed nurses while they are transitioning into professional practice should be developed to facilitate the transition to nurse.

Policy

This study adds to the program specific knowledge that is emerging from GPNNNs. Taken as a whole, these studies should be informing future policies regarding graduate level entry education. This is an innovative education strategy for bringing more nurses into the profession.

Policies should be developed considering both the experiences of the students in transition as well as graduates who have fully transitioned. These studies should inform definition of effective practices. Consideration should be given for defining accelerated education, not only in terms of time, class hours and clinical hours, but also in consideration of what is reasonably feasible for an individual to process.

An aspect not considered in this study was the attrition rate throughout the program. Retention of students within these programs may require offering a non-accelerated option.

There are policy implications for the issue previously raised as an education concern, allocation of faculty resources. The projected need for nurses far exceeds the profession's faculty resources for meeting this need. A comprehensive review of the education strategies and their outcomes within an economic model would provide guidance on the allocation of resources. Accumulated data within an economic model may demonstrate the importance and significance of these programs in addressing the demand for nurses.

Research

This research has spawned a number of potential research questions for future inquiry. Central to this study is the need to replicate this research with students enrolled in other GPNNNs to begin to describe themes across programs. To this end, the initial research questions recommended for future research replicate those of this study.

1. How do GPNNN students describe their transition through nursing education from non-nurse to nurse?
2. In what ways do GPNNN students perceive prior education and experience as influencing their transition from non-nurse to nurse?
3. What factors do GPNNN students perceive as facilitating and hindering their transition from non-nurse to nurse?

Informed by this study, there are other research questions that should be pursued.

4. Is there a relationship between time worked in the RN role and identification of self as nurse?
5. Does the NP student's perspective of working as a nurse change over time after working as RN?
6. How do nursing students describe the nursing pedagogy as they experience it in the GPNNN?
7. How do nursing students describe environments that were effective in supporting learning in their prior experience?
8. How do faculty perceive the contributions of prior education and experience to nursing education?

9. What teaching strategies are most effective to foster utilization of prior education and experience?
10. What are the work settings, work type, and working conditions for new nurses in a GPNNN that does not award a BSN at licensure?
11. Is there a difference between work settings, work type and working conditions for new nurses enrolled in a GPNNN that did not award a BSN at licensure than for new nurses enrolled in a GPNNN that did award a BSN at licensure?

Summary

This research resulted in a description of the transition experience from non-nurse to nurse among GPNNN students. The findings revealed three periods within the transition, which is consistent with research examining transitions in RNs returning to school for a baccalaureate degree and in research examining the transition in accelerated BSN programs. Findings that emerged from the GPNNN study describe the transition experiences and influences on the transition through the stages including prior experiences, prior education and facilitators and hindrances. These findings considered within transitions theory (Meleis et al., 2000) inform a description of the transition process that occurs within GPNNN students.

This research contributes to the knowledge of these transitional experiences. It also has implications within nursing for theory, practice, education, policy and future research. These implications and future considerations are discussed.

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Appendix A

Table A1. Graduate Programs in Nursing for Non-Nurses

Program Name	**Affiliation and Location**	**Focus**
2nd Degree Accelerated Masters Degree Program	University of Arizona (Tuscon)	
ABSN to MSN Pathway	Duke University	NP, CNS
Accelerated BS to Masters	Oregon Health & Science University	NMW, NP
Accelerated Master's in Nursing Pathway (AMNP)	University of Alabama at Birmingham	CNL
Accelerated Master's Program	University of Indianapolis	Admin
Accelerated Master's Program for Non-nurses	University of Rochester	NP
Accelerated MS Program	Virginia Commonwealth University	NP; CNS; Ed; Admin
Accelerated MSN Track	University of South Alabama Mobile	CNL, Ed; Admin
Accelerated Nurse Practitioner BS/MS in Nursing	Regis College	NP
Accelerated Pathway	University of Cincinnati	NP, CNS, NMW, Admin, Ed
Accelerated Pathway to MSN	Thomas Jefferson University	NP, CNS, Admin
Advanced Practice Nursing Immersion (APNI)	Seattle University	NP & Ldr

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Table A1. (continued)

Program Name	Affiliation and Location	Advanced Practice
Alternate Entry MSN	East Carolina University	NP, CNS, Ed, NMW, Ldr
	University of Texas at Austin	NP, CNS, Admin
BSN/MSN Articulated Option	Grand Valley State University (MI)	APN, NP, CNS
BSN/MSN Direct Entry Option	University of Pennsylvania	
Clinical Nurse Leader	University of Maryland	CNL
	Seton Hall University	CNL
Clinical Nurse Leader MSN	University of Virginia	CNL
Combined BS-MS (ETP)	Columbia University	NP, NMW
Combined BSN-MSN	Resurrection University	CNS, CNL, Ed, Admin
Combined degree BSN/MS or MA	Pace University	NP, Ed
Direct-entry Master's	MGH Institute of Health Professions	
	University of Wisconsin	

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Table A1. (continued)

Program Name	Affiliation and Location	Advanced Practice
Direct-entry Master's in Nursing	University of New Hampshire	CNL
Direct-entry MSN	Salem State College	
	Marquette University	NP, NMW, CNS, Ldr
Direct-entry Nursing (MS)	Northeastern University	
Direct-entry to Advanced Practice	Georgetown University	CNS, NP, Ed
Direct-entry to Combined BS to MSN	Johns Hopkins University	
Direct-entry Program (MS)	Simmons College	NP
Direct-Entry Second Degree Program (MIDAS)	Xavier University (Ohio)	CNL
Entry Level Master's in Nursing	California State Fresno	CNS; Ed
	California State Los Angeles	NP; CNS, Ed, Admin
	Samuel Merritt College	NP

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Table A1. (continued)

Program Name	Affiliation and Location	Advanced Practice
Entry Level MSN	California State Fullerton	Ldr, NP, APN
	California State Long Beach	
	United States University	
	Metropolitan State University (MI)	
	Pacific Lutheran University	NP, Mgt
Generalist Entry Master's	Rush University	CL
Generic MSN	San Francisco State	APN, Admin
	University of Memphis	NP, Admin, Ed., Info
Graduate Entry	Ohio State University	NP, CNS, NMW, Mgt
Graduate entry DNP Program	Case Western Reserve University	NP, CNS, NMW, Info
Graduate Entry MSN (GEMINI)	University of Toledo	CNL
Graduate Entry Pathway (GEP)	University of Massachusetts Medical School	NP, Ed

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Table A1. (continued)

Program Name	Affiliation and Location	Advanced Practice
Graduate Entry Pre-specialty in Nursing	Yale University	CNS, NP
Graduate Entry Program	University of Illinois Chicago	NP, CNS, Admin, Info, NMW
Graduate Entry Program in Nursing (GEPN)	University of Washington (Seattle)	APN, NP, NMW
Master of Nursing	University of Minnesota	PHN
	College of Mount St. Joseph	
Master of Science in Nursing	Macon State College	CNL
Master's Entry Clinical Nursing	UCLA	
Master's Entry into nursing (MbEIN)	University of CT Storrs	CNL, CNS, NP, Admin
Master's Entry Program in Nursing	University of Vermont	NP, CNS, Mgt
Master's Entry Route	Boston College	CNS, NP
Master's Entry to Nursing (MENP)	DePaul University	
Master's Entry to Nursing Pre-Licensure (MENP-PL)	Milliken University	

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Table A1. (continued)

Program Name	Affiliation and Location	Advanced Practice
MEPN	California State University Dominguez Hills	CNL
	UCSF	CNS, NP, Admin
	University of San Diego	CNL
	University of Hawaii	NP, Ed, Admin
MS Option Program	University of Southern Maine	CNS, NP
MSN-Clinical Nurse Leader	University of Iowa	CNL
MSN Entry (MSN-E)	Western University of Health Sciences	CNL, NP, Ldr, Mgt
MSN Program for the Non-nurse	University of San Francisco	CNL
MSN-RODP Bridge Option	East Tennessee State University	NP, Admin, Ed, Info
MSN Segue Option	Emory University	NP
Pre-licensure MSN	Georgia Health Services, Augusta	CNL
Pre-specialty entry	Vanderbilt University	NP, NMW, Info, Mgt

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Table A1. (continued)

Program Name	Affiliation and Location	Advanced Practice
Professional Master of Science Nursing Major	Wilkes University	
Second Careers and Nursing (SCAN)	AZUSA Pacific, Azusa, CA	CNS, NP

Admin: Nurse Administrator; APN: Advance Practice Nurse; CL: Clinical Leader; CNS: Clinical Nurse Specialist; Ed: Nurse Educator; Info: Informatics; Ldr: Leadership; Mgt: Nursing Management; NMW: Nurse Midwife; NP: Nurse Practitioner; PHN: Public Health Nurse

Appendix B
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Mar 31, 2014

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Author of this Wolters Kluwer article	No
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Appendix C

General Information Regarding Study

Dear Colleague,

I am a doctoral student at the University of Massachusetts Dartmouth in the College of Nursing. For my dissertation, I am conducting a research study to describe the transition to nurse in a graduate student entry program for non-nurses. My interest is in describing the transition from the perspective of the nurses who have entered nursing through one of these programs. Of particular interest is how prior education and experience have influenced this transition and what factors facilitate or hinder this transition.

This information would be useful for those who are administering or designing programs, as well as those who are teaching in these programs. This information is important to nurse educators as they design and modify programs to be more adult learner focused. This information will also be helpful to other students who are contemplating pursuing this option in the future.

You are uniquely qualified to participate in this study, since you are still a student in the graduate program, and you are now a nurse. (Congratulations!) Your voluntary participation in this study will involve a recorded interview with me, Kathy Downey, RN, MSN, MBA, PhD(c) at our mutual convenience. In the interviews, you will be asked to share your perceptions of the transition you experienced, the influence your prior experiences and education may have had on the transition, and any factors that hindered or facilitated the transition. Your time and involvement in this study will include an interview, which I anticipate may take one hour, and an additional e-mail to provide feedback on the findings of this study.

In exchange for your participation in this study, your name will be entered in a drawing for a $100 gift card.

Any information that you share will be held confidentially. In the analysis phase, your interview will be treated with anonymity, with possible identifying data modified or removed to render it non-specific.

If you are interested in participating in this study, or if you are interested but have questions, please contact me, Kathy Downey at kdowney1@umassd.edu or 508-965-8918.

Thank you for your interest,
Sincerely,

Kathy Downey, RN, MSN, MBA, PhD(c)
Doctoral Candidate
University of Massachusetts

Appendix D
Informed Consent

Perceptions of Transition to Nurse Among Accelerated Graduate Entry Students

Conducted By: Kathy Downey, RN, MSN, MBS, PhD(c) of the
University of Massachusetts Dartmouth, College of Nursing 508-965-8918
Faculty Advisor: Dr. Marilyn Asselin 508-999-8749

CONSENT FORM FOR RESEARCH

You are being asked to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact student standing, current or future relationships with UMass Dartmouth or participating sites. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

I have been asked to participate in a research study described below. The researcher, Kathy Downey, RN, MSN, MBA, PhD(c) will explain the project to me in detail. I should feel free to ask any questions. If I have more questions later, Kathy Downey, the principal investigator on this study, will discuss them with me and can be contacted at 508-965-8918.

Purpose of this Study

The purpose of this study is to explore the transition to nurse in nurses enrolled in a graduate level direct entry program. I have been asked to participate in this study because I am a nurse who experienced this transition and I am currently enrolled in a graduate level direct entry program. Between 10-12 nurses will be interviewed for this study, and their responses will be used to describe this transition. During the study, I will be asked to review the findings of the study to provide feedback on findings from the study.

If I agree to participate in this study, the following procedures will take place:

- The researcher will meet with me in an interview at a time to be arranged for our mutual convenience.
- The interview will last approximately one to one and a half hours.
- During the interview, the researcher will ask me to share my perceptions of the transition to nurse as I have experienced it.
- She will ask me to share my perceptions of the influence of my prior education and prior experiences on the transition to nurse.

- She also will ask me to share my perceptions of the facilitators and barriers to the transition to nurse that I have encountered.
- The interviews will take place in a private conference room at school.
- All interviews with the researcher will be audio recorded.
- The researcher may ask to call me for further questions and clarification.
- I may decline to answer any question or question.

The total estimated time to participate in this study is one to one and a half hours.

Risks or discomfort of being in this study

This is a minimal risk study. This means that this study's risks are no greater than those of everyday life. However, if talking about a particular issue causes me any emotional discomfort or distress, I may choose not to discuss this further, or terminate participation in the study. If I wish to have further assistance in dealing with my feelings, I will be referred to my school's Health Services.

Benefits of being in this study

Although the results of this study may not be of immediate benefit to me, the information obtained from this study has important implications for nursing education, particularly graduate level direct entry programs in nursing. A description of the transition to nurse within the direct entry graduate program could be helpful to nursing faculty as they develop and modify programs using specific strategies that are targeted to the unique learning needs of the graduate student with a prior degree. Additionally individuals who are entering these programs could find these descriptions helpful in identifying ways to incorporate their prior experiences and knowledge in their nursing education; and to utilize strategies that facilitate the transition to nurse and avoid the strategies than inhibit this transition.

Compensation

There will be no compensation for participation in this study. However, my name will be entered in a drawing for a $100 gift card.

Confidentiality

The information that I provide will be used for research purposes only, including teaching and publication. My participation in this study is confidential. My name will not be identified. All records, including notes and transcribed interviews, will not identify me by name and will be kept in a locked file in the researcher's home. All recordings will be kept locked in a separate locked file in the researcher's home and maintained for five years. My name will not appear on the label of the recording. I will be identified by a unique code, assigned by the researcher, which will appear on the recording label.

Confidentiality and Privacy Protections

- None of the information collected will identify me by name. Numbers will be used in place of names for the demographic information, interview transcripts and audio-tapes so that no personally identifying information is visible on them.
- Researcher notes and audio-tapes will be kept in a locked file cabinet in the researcher's home. Only the researcher will have access to them.
- Audio-tapes will be heard only for research purposes by the transcriptionist and

researcher. To make future analysis possible, the researcher will retain the audio-tapes in a locked cabinet for five years, then erase and destroy the tapes.

- If is anticipated that findings from this study will be submitted in a manuscript for publication. In that event, data will be summarized and be treated in such a manner that no individual's data, including mine will be identifiable.

The records of this study will be stored securely and kept confidential. Authorized persons from The University of Massachusetts Dartmouth, members of the Institutional Review Board, and (study sponsors, if any) have the legal right to review my research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify me as a subject. Throughout the study, the researchers will notify me of new information that may become available and that might affect my decision to remain in the study.

Contacts and Questions:

The researcher conducting this study is Kathy Downey, RN, MSN, MBA, PhD(c). I may ask questions that I have now. If I have questions later, or wish to withdraw my participation I may contact Kathy Downey at kdowney1@umassd.edu, or via phone at 508-965-8918. Additionally, I may contact Kathy Downey's advisor, Dr. Asselin at: masselin@umassd.edu, at the office 508-999-8749 or at home: 401-821-7371.

If I have any questions about my rights as a research participant, complaints, concerns, or questions about the research I may contact Andrew Karberg, The University of Massachusetts Dartmouth Office of Institutional Compliance at (508) 910-9880 or email: akarberg@umassd.edu.

I will be given a copy of this information to keep for my records.

Statement of Consent:

I have read the above information and have sufficient information to make a decision about participating in this study. I consent to participate in the study.

_____ Date: _____
Signature of Participant

_____ Date: _____
Signature of Person Obtaining Consent

_____ Date: _____
Signature of Researcher

Appendix E

Conversational Guide

Introductory statement:

- Tell me about yourself and how you came to nursing.
- If needed, additional probing questions to elicit the following demographic information will be asked:

  Prior education, degree and major

  Number of years since completed last degree

  Current nursing position and time in position

  Anticipated graduation

  Goals and plan for future

Focused Main Question 1:

- Can you describe what it was like for you transitioning or moving through nursing education from non-nurse to nurse?
- Follow-up questions:
  - Is there a special moment that stands out for you? Can you describe it to me in as much detail as possible? Why did you choose that moment to discuss?
  - As you look at yourself now as an RN, what is different than before nursing school? How did those changes happen? Can you describe how the transition occurred?

- Was there a moment that you knew you were becoming a nurse? Can you describe it?
- Was there a moment when you knew your transition to nurse had occurred? Can you describe it?

- Additional probes may be needed for all questions such as:
  - Could you tell me a little more about that?
  - Can you think of a specific example?

Focused Main Question 2:

In this part of the interview, the researcher seeks to gain information on how and to what extent prior knowledge and experiences have influenced the CP's transition to nurse. To obtain this information, the researcher will attempt to get the CP to think of a situation in which he/she felt good about nursing and then explore this situation fully with specific emphasis on whether the participant perceives that prior knowledge and experiences have influenced his/her actions/thoughts and behaviors in that situation. The CP will be asked the following:

- Can you describe a time or clinical situation when you felt good about being a nurse? What was it like?
- Other questions that may be asked may include:
  - In what ways, if any did prior knowledge and experience influence how you thought or acted in that situation? Do you think that you drew upon life experiences in this situation?

- Thinking about your last day at work, were there instances in which you felt that your prior experiences and education helped you? In what way? Can you describe the situation fully to me?
- Thinking about you and your life, what aspects of your prior education and prior knowledge or life experiences have contributed to you becoming a nurse?

Focused Main Question 3:

- Thinking back on our conversation today and on your transition to becoming a nurse, what factors do you think facilitated your transition? What factors do you think hindered your transition? Can you describe a specific example?

Appendix F

Oath of Confidentiality

In the performance of my duties as transcriber for this research study, I understand that I will have contact with confidential information. I understand that participants have received commitments of anonymity and confidentiality in exchange for their participation. I recognize that it is critical that each individual's privacy is respected and that any and all information that I may have access to as a result of transcribing for this study may not be disclosed to any other persons except the principal investigator.

I therefore agree that:

- I will not discuss or disclose in any manner any information identifying any individual participating in this study ("identifying information") except in the performance of job-related duties.

- I will conduct conversations and telephone calls involving identifying information in such a way that the confidentiality of that information is safeguarded against eavesdropping or other disclosure to unauthorized or unintended recipients.

- I will keep all recordings, documents and computer files involving or containing identifying information secure against unauthorized access or reading.

_____

Signature and Date

_____

Printed Name