Experiences of nursing students in a Bachelor of Nursing program as they transition from Enrolled Nurse to Registered Nurse.

by

Peter Wall RN, BSN

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Declaration

I declare that this thesis is my own account of my research and contains as its main content work that has not previously been submitted for a degree at any tertiary education institution.

Signature

Peter Wall RN BSN

Date 18th January, 2016
ABSTRACT

Background

A substantial number of Enrolled Nurses (ENs) undergo the conversion to Registered Nurse (RN) within Bachelor of Nursing (BN) programs in Australia. However, unlike the majority of undergraduate nursing students, ENs enter BN programs as health professionals and are offered a range of advanced standing in recognition of their previous learning and experience. This positions ENs as a unique sub-cohort of students and it is therefore important that tertiary institutions recognise and understand the challenges that these students experience. The global literature available on the conversion experiences of the EN equivalent to RN offers some insight into these challenges, however an in-depth understanding of the transition experience within the Australian context is currently limited.

Aims

The aim of this research is to contribute to the understanding of the EN experience as they make the conversion to RN within a BN program. A comprehensive understanding of these conversion experiences within the Australian context is required to inform the development and introduction of educational and institutional strategies to enhance the quality of their experience, to not only encourage more ENs to undergo the conversion to RN but also minimise the attrition for those ENs who enrol in BN programs.

Method

This study used a qualitative interpretive descriptive research design that incorporated Schlossberg’s Transition Theory as a framework to guide the understanding of the experiences of ENs enrolled in a BN University program in Western Australia. The EN’s lived experiences were privileged by the collection of data through individual semi-structured interviews conducted with seven ENs who were recruited during their final year of study. A focus group of four academic staff with experience teaching in the BN program was also conducted to provide additional context for the ENs’ experiences. This approach enabled triangulation of data from the two sources and thematic analysis to be undertaken.
Findings

Five themes were identified from analysis of the ENs’ and academics’ data: ‘standing out from the crowd’, ‘seeking personal and professional balance’, ‘struggling with academic demands’, ‘moving beyond the constraints of being an EN’ and ‘growing within the program’. These findings revealed how the ENs were primarily motivated to undertake the conversion to RN to broaden their career opportunities and scope of practice. However, many related how they had difficulty fitting in with, and being accepted by, the main BN student cohort. Trying to balance study with their other life responsibilities was discussed along with various academic difficulties; the latter reportedly exacerbated by their 12 months of advanced standing. Also highlighted was their struggle to maintain confidence in their professional EN skills when faced by academic challenges. Other difficulties were identified with academic writing and clinical assessments, although the development of strategies such as personal commitment and the use of support groups assisted students to manage these issues. As the ENs overcame challenges and progressed through the program they experienced academic success, which then engendered a feeling of personal empowerment as their goal came within reach.

Conclusion

Enrolled Nurses’ experiences of transitioning to RN within the BN program can be explained within the stages of Schlossberg’s Transition Theory. It was evident from the participants’ experiences that adaption was required at each stage of the transition process, including the development of individual coping strategies that allowed them to successfully navigate their journey. Varying degrees of challenge and success were evident as the ENs used strategies to adapt to tertiary education and their aspired to RN role. Notably, these challenges were increased for the EN because they entered the BN in its second year. Providing transparent information of the potential challenges prior to enrolment and introducing individualised advanced standing and bridging programs specifically designed for the EN converting to RN could assist to improve the transition for these students.
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Theme Two: Seeking personal and professional balance
Sub-theme: Stressed by competing priorities.
Sub-theme: Feeling their identity as an EN challenged.

Theme Three: Struggling with the academic demands
Sub-theme: Feeling unprepared for the academic challenges.
Sub-theme: Perceiving academic disadvantage due to commencing the program in its second year.

Theme Four: Moving beyond the constraints of being an EN
Sub-theme: A means of realising aspirations.
Sub-theme: Developing personal strategies has helped achieve academic success.
Sub-theme: Stepping up to the challenge.

Theme Five: Growing within the program
Sub-theme: Strengthened by their beliefs in their capabilities as an EN.
Sub-theme: Feeling appreciated when EN expertise is valued by peers and educators.
Sub-theme: Feeling empowered through academic success.

Summary of the Findings

CHAPTER FOUR - FINDINGS

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Findings

The Transition Experience of Enrolled Nurses undertaking a Bachelor of Nursing program

Theme One: Standing out from the crowd
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Summary of the Findings
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CHAPTER ONE

INTRODUCTION

This thesis explores the experiences of Enrolled Nurses as they transition to Registered Nurse through a Bachelor of Nursing program. The regulated nursing workforce in Australia comprises two divisions of nurse, the Registered Nurse (RN) and the Enrolled Nurse (EN), where the latter has been described as an assistant or associate to the RN (Boelen & Kenny, 2009). Nurses of both divisions are required to be registered by the Nursing and Midwifery Board of Australia (NMBA) under the auspices of the Australian Health Practitioner Regulation Agency (AIHW, 2013).

Every year in Australia, an unknown number of ENs undertake the conversion to RN and the challenges for these ENs studying to become a RN have been described as extensive (Crampton, 1992; Hylton, 2005; Cook, Dover, Dickson & Engh, 2010). The current body of literature that explores the EN to RN transition has been mainly informed through international studies with only two analogous Australian studies being completed (Rapley, Nathan & Davidson, 2006; Hutchinson, Mitchell & St John, 2011). The paucity of Australian research means there is limited data on whether the transition experiences are comparable in Australia to those experienced globally by nurses undertaking a similar conversion and as such provides the impetus for this current study.

Background to the study

Enrolled Nurses are still trained in Australia as a fundamental component of the nursing workforce (Gibson & Heartfield, 2003). Established in Australia in the 1960s to reduce healthcare costs and fill nursing shortages (Jacob, Barnett, Sellick & McKenna, 2013), ENs were originally hospital trained to a certificate level through an apprenticeship-style system (Francis & Humphreys, 1999). This original training was upgraded in 1997 to a Certificate IV or Diploma of Nursing (AIHW, 2013) completed over one or two years through Registered Training Organisations (RTOs) in the Vocational Education and Training (VET) system. The variation in the educational system for ENs was changed as the need for all levels of nurse to develop a
more complex skill base was perceived by nursing leaders (Jacob et al., 2013) and concern over the outdated hospital system of nurse training (Francis & Humphreys, 1999). EN training was further upgraded in 2007 when it became nationally based and soon after the Australian Nursing and Midwifery Accreditation Council (ANMAC) announced that further accreditation of EN courses would be at a diploma level completed over 18 months (Jacob et al., 2013; Jacob, McKenna & D’Amore, 2014).

Diploma trained ENs are expected to graduate with critical thinking skills, evidence-based reasoning and the ability to be self-directed in their learning in contrast to certificate trained ENs who traditionally were not taught these attributes (Jacob et al., 2014) but instead were taught to a skills-based curriculum (Hylton, 2005). Though the RN is required to undergo a minimum of three years undergraduate study exclusively through a tertiary education provider, the recent elevation of all EN training to diploma level has been reported as enhancing their ability to successfully undergo tertiary study to complete the conversion to RN (Jacob et al., 2013).

The statistics for the exact number of ENs that undergo the conversion to RN in Australia are not readily available, but are thought to be substantial (NNNET, 2006) particularly as government policy encourages an increase in EN training places to offset the number that undergo the conversion to RN (NNNET, 2006). One indication of the number of ENs who do undergo conversion to RN was published in the Final Report to the National Review of Nurse Education (2002), which documented that possibly one third of ENs enrol in BN courses, though these figures are now dated, and should be considered with caution. Various pathways are available for ENs to undergo the conversion to RN (AIHW, 2013), with Cubit and Leeson (2009) reporting three methods: “complete a three year undergraduate or postgraduate Bachelor of Nursing (BN) degree, complete a BN with recognition of prior learning (RPL), or complete a specifically developed EN conversion program with or without articulation agreements with the educational facility” (p. 892).
A variety of factors have been identified in the Australian literature as influencing EN’s aspirations to transition to RN. One is the inconsistency in the scope of practice of ENs between different Australian workplaces, which has reportedly led to confusion and job dissatisfaction (Jacob et al., 2013) and the subsequent desire for some ENs to obtain higher qualifications (Hutchinson et al., 2011). The discrepancies in the Australian EN scope of practice and variations in how their responsibilities are delegated have been observed as being particularly wide between the rural health services and the city health services (Kenny & Duckett, 2005; Hoodless & Burke, 2009; Jacob et al., 2013). ENs have also been reported as completing duties outside their scope of practice when working in rural hospitals due to the lack of RNs being available, which then led to those ENs expressing frustration regarding the mismatch between their real-life responsibilities and their official limitations (Kenny & Duckett, 2005; Hoodless & Bourke, 2009, Jacob et al., 2013). Such contradictions provided a strong impetus for these ENs to want to make the transition to RN.

Changes to the EN training and scope of practice has resulted in ENs now taking on many of the traditional RN clinical responsibilities, which has further increased role confusion, and led to uncertainty with scopes of practice and inconsistencies with supervision of the EN by the RN (Jacob et al., 2013). The irregularities of the supervision of the EN by the RN are notable because while the EN is responsible for their own actions, officially they remain under the “direct or indirect supervision of the RN” at all times (NMBA, 2015, p. 2). However, this degree of RN supervision and the delegated responsibilities of the EN may vary depending on state and health authority jurisdiction (Kenny & Duckett, 2005; Cubit & Leeson, 2009; Jacob et al., 2013). These disparities may also be compounded by a range of interpretations by healthcare authorities related to the direction required to be given by RNs to ENs (Gibson & Heartfield, 2003; Jacob et al., 2013). The inconsistencies in the scope of practice and supervision by the RN have been reported as a further contributing factor for some ENs being dissatisfied with their role and motivating them to undergo the transition to RN.
A lack of opportunity for career diversification has been described in the international (Boot, Hurst, McGeorge & Smith, 1988; Dowswell, Hewison & Millar, 1998) and Australian (Rapley et al., 2006) literature as providing further motivation for ENs to undergo the transition to RN. These studies comprised of ENs both undergoing and having completed the conversion and reported how the participants believed that by completing the transition to RN their career options would diversify and their prospects of professional advancement would be improved. This dissatisfaction for the EN with their work responsibilities and career options was reinforced in Australian research of ENs undertaking the conversion to RN (Kenny & Duckett, 2005; Hoodless & Bourke, 2009). The EN’s perception of having their professional standing eroded was expressed very clearly within this study. These transitioning ENs commented how they were not included in planning patient care, and as a consequence perceived themselves as undervalued by some RNs and Nurse Managers. They also discussed how untrained care assistants were replacing ENs because the view of some workplaces was that the assistants could do the same duties as ENs at less cost (Kenny & Duckett, 2005). This frustration, combined with a lack of career development, was discussed in the international context, with ENs expressing how they had limited access to further education and promotion (Milligan, 2007) and desired greater pay and recognition (Boot et al., 1988; Dowswell et al., 1998; Claywell, 2003; Gordon & Melrose, 2011). Further adding to the EN’s frustration was their limited ability to access or afford courses to actually undergo the transition to RN (Foong & MacKay, 1996; Webb, 2000; Milligan, 2007). This inability to enroll in a conversion to RN course was seen as a major issue for these ENs, as in the UK the training of the EN had been ceased, further eroding their role and increasing their job insecurity.

While the motivation to undergo the conversion may be strong, the transition process from EN to RN contains potential challenges. These have been reported in the international literature as including: adapting to higher education (Crampton, 1992; Claywell, 2003; Milligan, 2007; Cook et al., 2010), former colleague resentment (Claywell, 2003; Dearnley, 2006), damaged
self-esteem (Hylton, 2005), balancing finances, work and study (Schultz, 1992; Dowswell et al., 1998; Adelman, 2002; Claywell, 2003; Cook et al., 2010; Melrose & Gordon, 2011), and competing domestic and social responsibilities (Schultz, 1992; Dowswell et al., 1998; Hylton, 2005; Cook et al., 2010).

Only two equivalent studies exploring the EN to RN experience have been conducted in Australia (Rapley et al., 2006; Hutchinson et al., 2011), resulting in limited data on whether the transition experiences are similar in Australia to those globally. Currently the experiences of the EN transitioning to RN via the tertiary education system in Australia are not fully understood. It is important that these experiences are explicated, as this increased understanding will enable the introduction of strategies to enhance the educational process to not only make the learning experience more enjoyable and effective for the transitioning student but also to decrease the potential attrition rate of those undertaking the conversion.

**Significance of the study**

The experiences of the EN transitioning to RN through a BN within Australia have not been widely researched. It is important that these conversion experiences are understood as within Australia, as well as internationally, we are currently experiencing what Holland, Allen and Cooper (2012) have described as the worst nursing shortage in the last 50 years. Supporting this, Health Workforce Australia (2012) calculated that the nursing workforce deficiency would be around 27% by 2025 (p. iii). This shortfall in overall nursing numbers is most notable within regional and rural areas with one recommendation being to encourage ENs to upgrade their qualifications to RN in an effort to increase the numbers of nurses in these non-urban areas with advanced practice skills (Kenny & Duckett, 2005; Rapley et al., 2006; Nayda & Cheri, 2008; Laming & Kelly, 2013).

However, research conducted overseas and the limited studies undertaken in Australia indicate that this conversion can be a challenging experience, with some students unsuccessful in completing the transition. As with the lack of clarity surrounding the actual
number of ENs who attempt the transition to RN, their attrition rate within undergraduate nursing programs is also unclear (Gaynor et al., 2007; Laming & Kelly, 2013), though Jacob et al. (2014) report that ENs are as successful in completing a BN program as other students. Yet due to the severe nursing shortage it is of increasing importance that the transition experiences of this unique group of BN students be more clearly understood. By developing an understanding of the experiences of the transitioning EN, educational strategies could be implemented that enrich the conversion process and increase the number of ENs successfully completing the transition program.

**Purpose of the study**

The aim of this research is to understand the transition experience of ENs who are enrolled internally in a BN program. These ENs have received a standard 12 months advanced standing as recognition of prior learning and therefore enter the BN program in its second year.

This understanding will allow the development of strategies to enhance the educational experience, to not only encourage more ENs to undergo the transition but also to minimise the attrition for those who are converting. These findings will be made available to other interested parties through journal publication and conference presentation as the dissemination of the data may be beneficial to all providers of BN courses within Australia.

**Research question**

What are the experiences of nursing students who are enrolled internally in a Bachelor of Nursing program as they transition from Enrolled Nurse to Registered Nurse?

**Glossary of terms**

*An Enrolled Nurse (EN)* is a registered member of the healthcare team who works under the direct or indirect supervision of the RN (NMBA, 2015). They have completed either a Certificate IV or Diploma of Nursing through a vocational education and training (VET) provider, which generally
takes one to two years depending on the state jurisdiction (AIHW, 2013), or obtained a hospital-based certificate under the hospital training system, which was phased out in 1993 (Bennett, 1995).

*Bachelor of Nursing (BN)* program is a pre-registration undergraduate degree course required to be completed before an applicant can apply to become an RN. As a full-time student the course may be completed over a minimum of three years (without RPL), through internal or external enrolment. Some BN programs acknowledge EN’s prior learning by granting them either individualised credits or 12 months advanced standing. The ENs in this study received the latter and therefore entered the BN program in its second year.

*A Registered Nurse (RN)* is required to complete an undergraduate Bachelor of Nursing degree course through a tertiary education provider over a minimum of three years (AIHW, 2013). The 2006 National Competency Standards for the Registered Nurse (NMBA, 2015) state that the RN “practices independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers” (p. 1).

*Vocational Education and Training (VET)* comprise a wide range of training provided by RTOs through both public and private providers under the Australian Qualifications Framework (ASQA, 2015). The nursing training in the VET system includes certificate courses up to and including advanced diplomas.

*Registered Training Organisations (RTOs)* are training providers that deliver VET services. They are required to be registered by the Australian Skills Quality Authority (ASQA) to provide nationally recognised training and qualifications (ASQA, 2015).

*A transition* can be described as “any event or non-event that results in change in relationships, routines, assumptions, and/or roles . . .” (Schlossberg, 1984, p. 43). Transition Theory (Schlossberg, Waters & Goodman, 1995) emphasises the individuality of transition experiences while stressing that strategies to improve the transition experience have a common basis.
Structure of the thesis

The first chapter has provided the introduction to this thesis and described the background, significance and purpose for this research study. It has explained how this study is guided by one research question and contains the glossary of the most significant terms used within this thesis.

The literature review pertinent to this research study is presented in the second chapter and explores the experiences of ENs (or their equivalents) as they transition to RN as described within the international and Australian literature. This review also discusses a wide range of individual, institutional and external factors that may potentially influence the EN to RN transition, including areas such as self-esteem, academic study, work, finances, family support, RPL, and bridging and orientation programs.

The third chapter discusses the methodology used for this study. The research design, study sample and setting, data collection methods, and description of the data analysis are presented. This chapter also introduces and discusses The Transition Theory of Schlossberg as the theoretical framework used to underpin the study. The personal assumptions of the researcher, and the trustworthiness and ethical considerations of the study are also discussed.

The findings, along with themes and subthemes that emerged from the analysis of the data are presented in chapter four. The demographic data for the study participants is also described.

The fifth chapter provides the discussion of the findings, along with its limitations and concludes the study. The findings of this study are explored through the lens of the theoretical framework, Schlossberg’s Transition Theory, and discussed in relation to the existing body of literature. The discussion of the findings resulted in the development of an EN to RN transition model influenced by Schlossberg et al.’s. (1995) Transition Theory. Finally, the study’s limitations, implications for further research and recommendations are presented with the aim to improve the experiences of ENs transitioning through BN programs.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter reviews the literature relevant to the current study. Literature focusing on the Enrolled Nurse (EN) to Registered Nurse (RN) undergraduate conversion experiences from Australia, the United Kingdom (UK) and New Zealand (NZ) were of particular interest due to their similarities in relation to the nursing professional history, scope of practice and education required to apply for registration (Cubit & Leeson, 2009; Meek, 2009). Several articles from North America were included to supplement the discussion, although it is important to note their career structure and RN education does differ somewhat (Robinson & Griffiths, 2007), with RNs educated in North America completing anything from two to four years of study and graduating with either a hospital-based diploma, associate degree or college degree (Hershey, 2007) as compared to the RN education in Australia, NZ and the UK, which all have an undergraduate tertiary degree requirement. The dissimilarities in the RN education and practice between that undertaken in the United States of America (USA) and Canada compared to those in Australia, the UK and NZ means that a direct comparison of the EN to RN conversion experience cannot be undertaken. However, inclusion of the conversion experiences is of interest as it expands discussion and provides additional international context to this study.

In the UK, the EN role originated with the enactment of the 1943 Nurses Act (Brown, 1994; Meek, 2009), however in 1986 the UK Central Council of Nursing announced the imminent cessation of the training of ENs within that country (Hembrough & Sheehan, 1989; Milligan, 2007). This decision led to the development of many EN to RN conversion courses in the UK; with associated discussion and research into the scope of practice and future of ENs escalating from this time throughout many countries, including New Zealand and Australia. This milestone decision and its effects on the UK’s EN workforce and education, and the resultant increase in EN to RN conversions,
led to the narrowing of this literature search for relevant articles to include only those published between 1987 and 2015.

The electronic databases searched are acknowledged as holding a broad range of nursing literature and included CINAHL, Scopus, ProQuest Central, Health Collection and Medline. After searching the first four databases no new relevant articles were discovered indicating that saturation had been reached. A review of primary sources resulted in the location of several relevant secondary sources and manual searches uncovered both Masters and Doctoral theses related to this topic.

The key words used for the literature search included combinations of: ‘enrolled nurse’, ‘second level nurse’, ‘licensed practical nurse’, ‘conversion’, ‘transition’. These key words are directly derived from significant words associated with the research question. A search of relevant literature that discussed the experiences of ENs transitioning to RN was undertaken prior to commencing the study and then again as a follow up search prior to writing the discussion chapter.

Inclusion criteria were limited to English language journal articles and related literature that discussed the conversion of ENs to RN published between 1987 and 2015. Though peer reviewed articles are predominant in this literature search, non-peer reviewed articles, or grey literature, are included, as they may contain insights that may add context and richness to this study. Initial reading indicated that the conversion experiences of the ENs were markedly similar in Australia, the UK and NZ, therefore a narrative literature search focused on literature related to the experiences of the ENs in these countries. As discussed, due to the clear difference in the nursing career structure and RN education in North America, literature from the USA and Canada was only used to expand discussion and present further international perspective to this study. The search resulted in a total of 843 possible articles and literature, which then yielded a total of 38 that met the inclusion criteria (see figure 2.1).
<table>
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<tr>
<td>Number of articles meeting inclusion criteria for narrative literature review</td>
<td>38</td>
</tr>
</tbody>
</table>

**Figure 2.1**

*Narrative Literature Search Process*

This search process resulted in literature from Australia \( (n=18) \), NZ \( (n=2) \), the UK \( (n=10) \), Canada \( (n=2) \) and the USA \( (n=6) \). These articles presented an exploration of the EN transition experience which, while covering a wide range of themes, related predominantly to areas of self-esteem, academic study, work, finances and family, and were often further discussed in relation to positive and negative experiences. Other relevant literature in this review includes research involving recognition of prior learning (RPL) and bridging or orientation programs due to their potential to affect the EN to RN transition experience. Literature reporting how the student’s self-esteem may be affected within the program with subsequent effects on their practice as ENs, and the reactions of former EN colleagues are also discussed.
Background

Enrolled Nurses may choose to undergo the transition to RN, though their actual motives for undertaking this conversion may vary. Studies from overseas and the limited Australian literature report these motives as: current job discontent (Boot et al., 1988; Foong & MacKay, 1996; Webb, 2000; Claywell, 2003; Iley, 2004; Kenny & Duckett, 2005; Laming & Kelly, 2013), lack of opportunity for career diversification or advancement (Boot et al., 1988; Foong & MacKay, 1996; Dowswell et al., 1998; Iley, 2004; Kenny & Duckett, 2005; Milligan, 2007; Rapley, Davidson, Nathan & Dhaliwal, 2008; Ralph, Birks, Chapman, Muldoon & McPherson, 2013), perceptions of job insecurity (Dowswell et al., 1998; Kenny & Duckett, 2005; Hylton, 2005; Milligan, 2007; Laming & Kelly, 2013), diminished or ambiguous scope of practice (Claywell, 2003; Gibson & Heartfield, 2003; Kimberley, Myers, Davis, Keogh & Twigg, 2004; Kenny & Duckett, 2005; Milligan, 2007; Chaboyer et al., 2008; Jacob et al., 2013; Ralph et al., 2013) and a desire for greater pay and recognition (Boot et al., 1988; Dowswell et al., 1998; Claywell, 2003; Gordon & Melrose, 2011; Laming & Kelly, 2013).

Although the incentives for many ENs to undergo the conversion to RN may be compelling, overseas research indicates that the transition experience from EN to RN is not without challenges. Non-Australian studies have described these challenges as: adapting to higher education (Crampton, 1992; Claywell, 2003; Milligan, 2007; Cook et al., 2010), former colleague resentment (Claywell, 2003; Dearney, 2006), damaged self-esteem (Hylton, 2005), balancing finances, work and study (Schultz, 1992; Dowswell et al., 1998; Adelman, 2002; Claywell, 2003; Cook et al., 2010; Melrose & Gordon, 2011), and competing domestic responsibilities (Schultz, 1992; Dowswell et al., 1998; Hylton, 2005; Cook et al., 2010). However, only two published Australian studies (Rapley et al., 2006; Hutchinson et al., 2011) have been undertaken with the aim to explore the EN to RN conversion experience, resulting in limited data on whether the transition experiences and potential challenges are similar in this country. Findings related to the positive experiences of ENs studying to become RNs in an
international and Australian context will be discussed first, followed by the negative aspects that have been so far identified.

Positive Experiences

Self-development.

When transitioning ENs experience success in their studies it has been found to have a positive effect on their personal lives. Internationally, the literature on EN to RN conversion describes their academic achievement as resulting in feelings of increased self-worth and improved self-esteem (Schultz, 1992; Dowswell et al., 1998; Hill & MacGregor, 1998; Claywell, 2003; Hylton, 2005; Dearnley, 2006; Milligan, 2007). The development of self-confidence in response to Licensed Practical Nurses (LPNs) achieving academic success was demonstrated in the Canadian study by Gordon and Melrose (2011), who used Kouzes and Posner’s (2007) model of transformational leadership to examine RN graduates who had recently completed the conversion from LPN. Though not stating how many of the 10 participants expressed this new-found confidence as a result of completing the conversion, the authors noted how a common theme from the qualitative study emerged, which indicated many of the study participants now carried themselves with increased self-assurance (Gordon & Melrose, 2011) and also saw themselves as having the potential to develop into nursing leadership roles.

These Canadian findings support earlier research from the UK, which demonstrated several positive changes in students as they achieved success with their studies (Hembrough & Sheehan, 1989; Hill & MacGregor, 1998; Dearnley, 2006). One phenomenological study by Dearnley (2006), used a theoretical model, developed from “Women’s Ways of Knowing” by Belenky, Clinchy, Goldberger and Tarule (1986) and Maslow (1962, 1968, 1970), to analyse their data. The analysis revealed how the students advanced from a position of silence and caution through to certainty and self-assuredness; both professionally and personally. It was notable that evidence of this development was obtained through interviews, with the students discussing events that they felt revealed their growth. As students were able to choose which incidents to discuss, and which
occurrences to exclude, this left the study open to questions of subjective bias. Additionally, no actual clinical practice was observed by which an objective assessment of the student’s transition could be measured. While Dearnley (2006) acknowledged these limitations, she reported that as the participants successfully transitioned towards becoming an RN they expressed how they became more motivated and confident in their professional, as well as their personal, lives. Similarly, new found confidence on completing the transition to RN was reflected by participants in the course evaluation study by Hembrough and Sheehan (1989). As stated by one participant in the study, “my philosophy of life had been given a new meaning” (p. 29); indicating how both their work and personal lives had been positively affected by completing the transition to RN. Journaling and focus groups were used in this research as data collection tools to examine how the values of the transitioning ENs changed at different points within their conversion to RN. As explained by the study authors these values changed from a position of negativity through to positivity as the course proceeded, representing constructive developments in the participants’ self-identity as they progressed. Hembrough and Sheehan (1989) acknowledged their decision to utilise an unconventional method of ensuring research validity and reliability, indicating how they believed that a conventional approach did not suit their research methodology, and so subsequently used an evaluation tool by Eisner (1988) that is not explained in detail by the authors. The relevance of this approach to believability was not articulated in the article though was discussed as involving data triangulation and documentation with limited further explanation. Despite this limitation the value statements documented are still of interest in reflecting the student’s journey, as these reports indicate the participant’s road to developing self-confidence. The study authors (Hembrough & Sheehan, 1989) also raised the potential of the Hawthorne effect, which may have influenced the student self-reported responses.

The positive effects of transition, most notably an increase in confidence and self-esteem achieved through academic success, have also been evidenced by a NZ study (Hylton, 2005) that focused on rural based Maori students. Again, achievement in the students’ studies in this setting
was described by the educators as being responsible for their improved self-efficacy. Although not directly measured, the statement regarding self-efficacy was supported by the participants achieving increasingly higher marks along with demonstrating heightened confidence as the course progressed. The building of student self-esteem through academic success was echoed by Paech (2002) through an Australian phenomenological study of recently graduated RNs who were formerly ENs. Though primarily a study examining the new graduate experience, this study does discuss how the participants indicated enjoyment of their new found status as RNs as it gave them a sense of personal achievement.

The successful transition to RN resulted in the participants developing greater self-assuredness in a UK phenomenological study of 30 transitioning EN to RN students (Milligan, 2007). The study’s author explained that the participant’s new knowledge gathered through their attainment of their RN registration gave them the confidence to be more capable and self-assured, as well as the motivation to continue to improve personally and professionally (Milligan, 2007). Similarly, one former LPN in the US study by Schultz (1992) replied “I am a new person . . . I think about that every day . . . It’s made an immense difference both personally and professionally, in my family, in my self-worth, in everything” (p. 64). The success in achieving their academic goals was also reported as having positive ramifications for the student’s personal development and self-image.

Personal development was reported by participants and their significant others in a US study of LPNs who had completed the transition to RN (Claywell, 2003). One significant other reported the changes in their loved one as “she carries herself a lot different(ly) and more prouder and . . . she knows a lot more. She’s more confident in . . . what she does . . . I don’t know how I would say it – more sure of herself” (p. 112). Following the completion of the interview data collection Claywell (2003) discussed how the thematic analysis indicated that the fundamental essence of the conversion experience for these former students was “self-empowerment and freedom” (p. 128), both professionally and personally.
Demonstrating how positive changes are not confined to ENs succeeding within a BN, similar enhancements in personal development amongst tertiary students as a result of academic achievement have been reported in many studies, especially amongst non-traditional learners, such as mature age students. O’Shea and Stone (2011) reported on the experiences of mature age women at an Australian university and described how the participants’ academic success had resulted in the positive transformation of their lives. Likewise, Kevern and Webb (2003) and Wainwright and Marandet (2010) reported how success in their tertiary studies resulted in a sense of achievement and positive self-development amongst these learners.

Clearly for those transitioning ENs who report academic success this can be associated with positive developments both personally and professionally. Whilst this can be seen as a significant achievement, reports of negative conversion experiences are also described in the literature, with many ENs struggling to make a successful transition to higher education.

**Negative Experiences**

**Returning to study.**

International and Australian studies indicate that many of the difficulties for ENs returning to study can be related to them not previously having had the opportunity to acquire the study skills and self-directed learning styles required to succeed in higher education (Allan & McLafferty, 1999; Claywell, 2003; Dearnley, 2006; Laming & Kelly, 2013; Jacob et al., 2014). ENs, who undergo the transition to RN, experience what Hylton (2005) described as the ENs “relearning how to learn” (p. 521). Traditional EN training has been variously portrayed as involving the receiving of information in an unquestioning and patriarchal method (Hylton, 2005) and in a direct style that does not encourage critical or abstract thinking (Allan & McLafferty, 1999; Jacob et al., 2014). This challenge for ENs to learn a new learning style on entry to higher education may decrease in the future as only diploma level courses are now accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) to provide training for ENs (Jacob et al., 2014). This was expected to assist in decreasing some of the differences experienced between the educational styles of the two levels of
nurse within Australia. Though, these authors also discuss that within Australia, their research demonstrated that it was not so much differences between the EN diploma and BN degree curriculums but variations in the pedagogical approaches between the training organisations themselves that may have contributed to the challenges experienced (Jacob et al., 2014).

Regardless of recent training and curriculum changes, the need for ENs to adopt a different approach to learning when undertaking the conversion to RN and develop self-directed study skills, has been reported as resulting in these students expressing frustration (Milligan, 2007). One participant in this UK study discussed experiencing feelings of incompetence and failure when trying to adopt this unfamiliar method of learning, especially as they felt unable to discuss this with their educators. For these traditional learners, being introduced to tertiary education with its emphasis on self-directed study was challenging for many, with one author (Crampton, 1992) describing her UK conversion experience as leaving her “demoralised and disillusioned” (p. 60). The author recounted how a lack of formal tuition and support left her, and many of her fellow students, confused and disheartened with their (perceived) lack of learning. The opinion piece by Crampton (1992) is of interest for her rich description of her own experiences while attending the course but is at the same time now dated and also limited by its personal nature and lack of information regarding either the course curriculum, pedagogical teaching styles used, or academic support available. There was also no opportunity for the course educators or educational facility to respond. While criticism of a whole course in general may be exceptional, the article did emphasise how, from a student’s personal perspective, communication with, and support from, the academic staff was seen as an important component of students successfully navigating their way through tertiary education (Crampton, 1992). Supportive academics were also reported in other studies as helping build confidence and self-esteem in those students enrolled in tertiary education both in Australia and internationally (Schultz, 1992; Hylton, 2005; Milligan, 2007; Boelen & Kenny, 2009).

Attainment of critical thinking skills was one particular area where non-diploma trained ENs reported encountering stress during their tertiary education, possibly because this type of
intellectual thought was not part of their former training (Laming & Kelly, 2013; Jacob et al., 2014). This issue was acknowledged in the Australian based study of recently transitioned ENs by Rapley et al. (2006), whose participants discussed how they had previously attained some nursing skills as ENs without fully grasping the basis for such actions. After completing the conversion to RN the new graduates in this study reported that they now understood the reasoning behind these procedures. Similarly Hutchinson et al. (2011), identified how the ENs did not comprehend the importance of how thinking critically was a basic difference between ENs and RNs, instead focusing on advanced nursing skills such as intravenous medication administration, as a major distinction between their and the RN’s role.

The importance of developing critical thinking skills as ENs transition to RN has also been recognised internationally in a US study (Claywell, 2003), especially in regard to complex problem detection and solution. The author further theorised how the LPN training was essentially practical skills-based with little education on recognising deviations from the patient norm, while RNs were educated to clinically reason and use the nursing process to its fullest in analysing and planning patient care (Claywell, 2003). Problems relating to the teaching of critical thinking to transitioning ENs was further discussed in a NZ study (Hylton, 2005) which reported that not only was this type of thinking foreign to their participants but also many of the students were still working as ENs and would lapse back into using the method of procedural based thinking. This issue of trying to adopt a new learning style while maintaining concurrent work as an EN was also noted by Dearnley (2006) who expressed concern that this continued to reinforce their dependent style of learning.

Similar to the difficulty for ENs to develop critical thinking skills, academic writing is consistently reported both internationally and within Australia as a higher education skill that ENs struggled with in their transition to tertiary learning. To emphasise the importance of this tertiary education requirement, academic writing may be a key assessment tool in undergraduate BN programs and therefore impacted on the ultimate success of the transitioning EN (Hylton, 2005; Rapley et al., 2006; Milligan, 2007; Jacob et al., 2014). Supporting this observation, Milligan (2007)
reported tertiary level writing as one of the main causes of student apprehension on entering higher education, possibly due to many ENs having left school early before developing such academic skills. Demonstrating how this is also an issue in Australian tertiary education, research has reported how the difficulty with acquiring skills in academic writing also possibly stemmed from the difference in the writing requirements between the vocational education and training (VET) and tertiary education areas (Hutchinson et al., 2011; Laming & Kelly, 2013; Jacob et al., 2014). Potentially increasing the difficulty with learning academic writing was the perception by the ENs of a lack of relevance of the importance of scholarly writing to actual clinical practice (Hutchinson et al., 2011). The significance of such academic skills often eluded transitioning ENs as they could not understand the application of academic writing to their future role. This confusion was reflected in one study (Hutchinson et al., 2011) where ENs perceived the practical skill of writing patient notes to be significantly different to the academic essays that they were required to write for their program.

Academic writing was not the only tertiary learning requirement that transitioning ENs did not understand the relevance of, as evidenced in a US study (Cook et al., 2010) that found students expressed a lack of understanding of the practical application of theoretical knowledge particularly in the area of learning mathematics calculations. The transitioning students reported not understanding why they were required to learn how to calculate medication dosages as they believed that all medications came in pre-packaged dosages (Cook et al., 2010).

The challenge for ENs returning to study may be increased as they experience role and identity conflict (Tower, Cooke, Watson, Buys & Wilson, 2015, p. 1184). The importance of recognising the difficulty that some ENs, as health professionals, experienced when adapting to the student’s role was identified in the author’s integrative review of the literature that related to the conversion to RN experiences of students with previous professional nursing qualifications. The authors classified this as an important consideration in the EN to RN transition that required further research (Tower et al., 2015). Role confusion has been previously discussed as responsible for ENs not understanding the differences between their role and the RN role (Hutchinson et al., 2011) and
accentuated by the similarities in the two roles in some health facilities (Kenny & Duckett, 2005; Rapley et al., 2006).

As well as adapting to new roles and teaching and learning styles on entry to higher education, international and Australian research indicates that transitioning students were required to use information technology (IT) in ways that were new to them (McGuire, 2004; Rapley et al., 2006; Milligan, 2007; Boelen & Kenny, 2009, Laming & Kelly, 2013). The ENs learning may have been further hampered when poor IT skills were combined with inadequate IT support services (Hylton, 2005). The development of adequate IT skills became even more significant when these students studied externally, with internet access and the capabilities to use the technologies being essential to participate in assessments (Hylton, 2005; Milligan, 2007; Boelen & Kenny, 2009). One outcome of ENs struggling with returning to study and unable to utilise IT as required resulted in students being unable to contact fellow students and university staff, an issue noted by Rapley et al. (2006) as leading to students feeling lonely and unsupported.

**Strategies to assist EN/LPN students with returning to study**

Approaches to overcome perceived learning difficulties by ENs are reported in the international literature. One NZ study discussed how teachers and the students worked collaboratively to discern the most suitable method for the minority (Maori) students to complete their required assessments (Hylton, 2005). This was perceived as necessary by the educators due to the academic disadvantages experienced by these students; as well as those restrictions related to extensive family and social commitments. The collaboration between the teachers and students resulted in a course designed with a flexible approach, which when combined with support from the academic staff, was reported as resulting in increased student confidence as they underwent a positive development process on their pathway to RN conversion (Hylton, 2005). Another flexible transition to RN course, also from a NZ university, offered the teaching components of the program at various times of the day, on different days, and could be completed externally, or part-time or full-time internally (Wade, 2001). The benefit in supporting the students and allowing flexibility...
within a program of study was discussed by some of the participants in the US study by Schultz (1992). As stated by one of the participants:

I truly believe that if I hadn’t been offered two weeks off, I couldn’t have made it through, I was just tired of trying so hard . . . It only turned out to be a week and I needed it . . . Just knowing (that) they were willing to give me the time and that they thought I could make it through made it easier to believe in myself . . . You can’t take away personal problems . . . Just knowing they were open enough to trust students to do whatever they need to do and be a little bit flexible, I found very reassuring.

(p. 50)

The recognition of the student’s personal issues by the academic staff and the offer of time off not only gave this student the opportunity to resolve their difficulties but it was also beneficial to their self-confidence. However problems did also result from this approach, as it was not always viewed as consistent or equitable by other students in the same program (Schultz, 1992), with the perception being that some students received favourable treatment while others were subject to more strict applications of policy.

Additional strategies to overcome academic challenges have been reported in the Australian literature. A one week compulsory bridging course for ENs who were undertaking the conversion to RN, was introduced to “provide support for this student group, alleviate stress, and in keeping with the theoretical content, provide underpinning science that would support their transition to university” (Boelen & Kenny, 2009, p. 534). This bridging course was noted to be very resource intensive with the use of multiple lecturers, de-brief sessions after every lecture, daily tutorial small group teaching, multiple practical sessions and several sessions in the computer laboratory. Evaluations from the course found a notable improvement in all student learning areas, including confidence in information technology usage, note taking, and becoming conversant with study texts. The students identified that two of the most important aspects of the bridging course were making connections with other students and with lecturers. It was notable that both these aspects of the
course related to socialisation, whereas actual knowledge gained in the areas of information technology and study skills were identified as being of less importance (Boelen & Kenny, 2009). It would be of interest to ascertain whether the academic results and retention figures for this cohort were higher than for other similar cohorts that did not receive this intensive bridging support program, but this was outside the scope of the study.

Supporting the value of socialising ENs to tertiary education was noted in another Australian study (Rapley et al., 2006), with the external students in their program indicating that the two week on-campus orientation course allowed them to establish links to other students about to undergo similar experiences. The students reported how the course enabled them to build supportive bonds with each other, an issue perceived as of particular importance to them as external students (Rapley et al., 2006).

A desire for a bridging course or other type of orientation was discussed by the students in the Australian study by Hutchinson et al. (2011). These ENs entered a BN course having been granted RPL, resulting in them joining the course in its second year. The authors reported how direct entry into second year left them with feelings of stress and of being at a disadvantage when comparing themselves to the other students, who they felt had had an opportunity to acclimatise themselves to the tertiary environment during their first year. A possible solution to this issue was discussed within this study (Hutchinson et al. 2011) with the students themselves recommending the introduction of a bridging course to orientate them to the higher education environment, therefore receiving the tertiary orientation and foundational learning that they felt they had missed. The benefits of a bridging course in assisting ENs to successfully enter BN programmes was recommended in Australia over a decade ago within the National Review of Nurse Education (2002) when it was noted how many students enrolled in EN to RN programmes. A similar recommendation involving the introduction of targeted academic support initiatives, especially in regard to the orientation of the transitioning EN receiving advanced standing, has also been discussed more
recently in the Australian literature (Ralph et al., 2013; Tower et al., 2015). However anecdotally, within Australia, there still appears to be few bridging programmes on offer for these students.

Further support for the benefits of a bridging course can be found in the UK literature in a narrative article by McGuire (2004), who discussed a generic study skills course aimed at adult students contemplating returning to study. Written in the context of an EN of 25 year’s nursing experience considering studying to become an RN, the author discussed the positive difference that learning skills, such as using information technology, academic writing, conducting presentations and learning the importance of evidence base and research, made to her confidence when preparing to return to study. Though there is no descriptive data contained in this opinion-piece the author indicated that she believed completing the study skills course, after receiving no formal education for many years, increased her likelihood of success in completing the transition to RN (McGuire, 2004). Similarly, a prerequisite study skills course that was part of a transition to RN course developed in NZ (Wade, 2001) was described as assisting the ENs in developing the academic study skills required to be successful within the transition.

Enrolled Nurses report many challenges with returning to study as they undergo the transition to RN. On entry to many places of higher education ENs may be eligible to receive RPL in acknowledgement of their previous studies and clinical experience. While decreasing the length of their transition to RN, RPL has also been reported as presenting its own challenges.

Recognition of Prior Learning (RPL)

The issues experienced by transitioning ENs on entering academia appear to be exacerbated when students are given direct entry into the second year of the BN program after receiving RPL for the first year of the program (Blackman, Hall & Darmawan, 2007; Hutchinson et al., 2011; Laming & Kelly, 2013; Tower et al., 2015). The ENs in the Hutchinson et al. (2011) Australian study described how they struggled with not understanding what was required of them academically, and related these problems to not completing the initial 12 months academic grounding that the other students (who didn’t receive the advanced standing) within the BN course received. This was supported in the
Canadian study by Melrose and Gordon (2011) who discussed how, on receiving RPL as LPNs, these students entered the BN course at a more advanced stage without the foundation knowledge and socialisation to the tertiary environment that the other undergraduate students had received, resulting in them struggling upon entering the course.

In contrast, Rapley et al. (2008) encouraged the application of RPL learning to all transitioning ENs, with students in their Australian based study receiving 18 months of advanced standing into their external conversion course. This positive recommendation for RPL was despite the retention rate of their EN conversion students reported at 75% compared to their overall undergraduate BN student’s retention rate standing at 82.7%. Rapley et al. (2008) argued the benefits of granting RPL provided an incentive for ENs to attempt the conversion to RN while also acknowledging that the decreased retention rate indicated the need for more study to be conducted in the area.

Cautioning against granting RPL to ENs on entry to BN programs, one Australian study that researched issues that affected the success of undergraduate nursing students (Blackman et al., 2007) noted that those students who received RPL underperformed academically compared to those who did not. The authors, while acknowledging that their results were not consistent with some other studies (involving non-nursing students), cautioned against granting RPL to ENs entering BN programs due to the difference in the teaching and learning styles between the vocational sector and the tertiary sector (Blackman et al., 2007). Supporting the need for caution in relation to awarding RPL to ENs entering a BN, Ralph et al., (2013) discussed the “significant variances in the qualifications, experience, knowledge, skills and competence of individual ENs” (p. 233) and how receiving advanced standing into a BN may increase the difficulty that some ENs have in transitioning into tertiary education. As a result of their exploration and analysis of the EN to RN literature, the authors (Ralph et al., 2013) recommended a careful evaluation of the ENs in regard to the amount of RPL that was granted on their application to enter the BN.
The need for a consistent approach to providing RPL for ENs entering higher education to convert to RN has been noted by two Australian Commonwealth funded reviews (National Review of Nursing Education, 2002; NNNet, 2006), and is also supported more generally by the Australian Qualifications Framework Pathways Policy (AQF, 2013), which encourages consistent provision of RPL across all levels of education and training. While supported by the Australian Government policies, the variations in findings from research into RPL raises concerns that students who receive RPL on entering higher education may be potentially academically disadvantaged as compared to those who do not receive any. Whether RPL has been granted on entry to tertiary studies or not, ENs have reported that undertaking higher education to undergo conversion to RN may damage their confidence and self-esteem.

Factors influencing self-esteem

Studies within and outside of Australia demonstrate the link between self-confidence and academic success whilst conversely those with poor self-esteem often exhibit higher levels of anxiety and do not achieve as well (Boelen & Kenny, 2009). This has been outlined previously in reports of lowered self-esteem from transitioning ENs experiencing self-doubt on entering higher education, particularly in relation to anxiety about their ability to perform academically (Dearnley, 2006; Milligan, 2007).

Another area identified as potentially damaging to an EN’s self-confidence is when the position and standing they held in association with their previous profession may be lost when entering a BN program at a tertiary institution (Claywell, 2003; Hutchinson et al., 2011). This potential detrimental effect on the student’s self-esteem was noted by an educator in the study by Hylton (2005) who stated:

> On a personal level, their re-entry to tertiary education must have some implications for their self-esteem. They come into a programme as quite experienced Enrolled Nurses and there is status and value of work that goes with that, and they lose that status. Like all of that suddenly gets taken away and there is recognition that maybe
they were practising unsafely. They become quite lost in terms of personal self-worth and esteem, and there is not a lot to replace that with initially. (p. 523)

The poor self-esteem referred to in this quote was reflected in the students’ initial unwillingness to persevere with learning new skills however with academic support and grade success their self-confidence increased (Hylton, 2005). The importance of improving students’ self-esteem was evident as both international and Australian studies (Milligan, 2007; Boelen & Kenny, 2009) demonstrated the link between higher self-esteem and tertiary achievement.

The link between supportive teachers and improved student self-esteem has been established (Schultz, 1992; Hylton, 2005; Milligan, 2007; Boelen & Kenny, 2009) but this is also dependent on the student being responsible for their own accomplishments. As explained by Milligan (2007), overcoming academic challenges was seen by the students as an achievement, which, when attributed to their own work and perseverance was associated with improved self-esteem. Conversely poor academic performance, if attributed by the student to their own failings, further decreased their self-esteem. The requirement for the converting EN to maintain self-confidence is further emphasised when considering how many have the added pressure of working while studying to become RNs.

Impact of work and finances

Financial responsibilities can be a challenging experience for many transitioning students, with both international and Australian research discussing the added pressures of trying to maintain a work schedule whilst studying (Schultz, 1992; Dowswell et al., 1998; Webb, 2000; Adelman, 2002; Suttle & McMillan, 2009; Melrose & Gordon, 2011). Financial issues were particularly problematic for some students in a UK study, particularly those on low incomes, or those who were either single parents or the sole income producer (Milligan, 2007). This was supported in one Australian study as some students considered both the cost of tertiary education and the difficulties of continuing work while studying to be an obstacle to undertaking higher education (Rapley et al., 2008). A consideration deliberated by some students before undertaking a conversion course to RN, was
whether the design of the program required them to leave their employment (Schultz, 1992; Adelman, 2002; Claywell, 2003; Cook et al., 2010). Many of the participants in these North American studies needed to maintain income to pay their usual cost of living expenses as well as the fees associated with undertaking the conversion courses.

Increasing the difficulty for some ENs is the requirement to complete the clinical components of the conversion to RN programs, with some studies indicating how some courses are not flexible enough to allow the students to continue employment. Examining the variation in program designs, the conversion course in one US study (Cook et al., 2010), which included one five hour clinical rotation per week, was considered compatible with students’ work commitments. Whereas a Canadian study (Melrose & Gordon, 2011) of transitioning LPNs to RN discussed how 50% of participants had to make the decision to decrease their full time employment as they were unable to obtain the required leave to attend their clinical placements of several weeks’ duration. While some of the participants were able to afford to just reduce their work hours, others were not in a financial position to do this and instead had to decrease their study to part-time to maintain their required income (Melrose & Gordon, 2011).

A UK study that reported difficulty with the converting ENs balancing their work-study commitments (Dowswell et al., 1998) described how about half of the students reported experiencing stress when trying to obtain the required time off work for study, as they perceived that many of their employers were not sympathetic to what the students felt was a priority in their lives. As discussed by the authors, the perception amongst some of the students was one of being treated unequally, with some students awarded over the recommended amount of time off for study while some received none. While the course information the students received did inform them that they would only receive study leave if it didn’t affect their work unit’s staffing, this feeling of inequity left some students expressing frustration and anger (Dowswell et al., 1998). In contrast to this the participants in the US study by Schultz (1992) indicated how supportive their workplaces
were in being flexible to their needs, with all the students receiving the shifts off duty required to allow them to meet their study commitments.

Indicating how these challenges cross international boundaries in an Australian study (Rapley et al., 2006) the EN participants, many of them rural based, recounted how some of them experienced difficulties in obtaining leave to attend their clinical placements based in the city, whilst other participants reported no difficulty in obtaining time off for their clinical requirements. The ability to obtain the required leave may have been dependant on either the staffing requirements of their workplace or a manager understanding their needs (Rapley et al., 2006).

Financial difficulties were revealed by the participants in another Australian study (Kenny & Duckett, 2005) as one of their major transition issues, both the cost of the education as well as other expenses that had to be paid such as child care, travel and cost of living. One participant stated “financially it is a huge commitment as I have children, a mortgage and travel 1000 km a week to do this course” (p. 428). The participants in this study also discussed warning former EN colleagues to consider seriously the financial and time costs before they too enrolled in the course. Additionally, the transitioning ENs indicated that the cost of the program combined with the text books may have been prohibitive to some students undertaking the conversion to RN (Kenny & Duckett, 2005).

More recent research of the tertiary sector by Universities Australia (Bexley, Daroesman, Arkoudis & James, 2013) reported how, compared to 2006, students were experiencing far greater financial concerns. The study highlighted how those students who reported the greatest financial difficulties were from low SES backgrounds and studying full-time, with these learners three times more likely to have to defer their studies than those not from low SES areas, or studying full time. Acknowledging how some of the data was contradictory, the authors (Bexley, et al., 2013) reported how, while financial distress had increased, less students had work commitments, though those who did were working increasing hours, compared to those in employment in 2006. While students may struggle financially, maintaining domestic relationships and social obligations can also be challenging.
Effects on family and home life

The experiences of balancing study demands with family and home responsibilities can be difficult as reported in several international studies (Schultz, 1992; Adelman, 2002; Claywell, 2003; Hylton, 2005; Suttle & McMillan, 2009; Cook et al., 2010). As an example, Dowswell et al. (1998) described how transitioning ENs interactions with their family and friends suffered as a result of their studies. The students undertaking this UK conversion program were doing so via an open learning course, which, while allowing some teaching contact flexibility, involved evening tutorials and clinical requirements several weeks in length; requiring the ENs to call upon family and friends for extensive support. Though the majority of the students indicated that this support was there, some participants reported that the assistance was not always forthcoming, describing their partners as not being as helpful and understanding as they would have liked, and in extreme cases holding their studies responsible for marital breakdowns (Dowswell et al., 1998). Further reports of challenges involving family, domestic and study balance were discussed by participants in the US study by Schultz (1992). Again support from partners appeared to be variable with one student describing her husband as:

The thing that kept me going . . . was wonderful . . . was truly sincere . . . he really helped me. You know you hear the stories about - I couldn’t have gotten through school without the support - but it was true, absolutely true. (p. 53)

This was in contrast to another participant who indicated that she couldn’t depend on her husband or family and felt no support at all while another student in the same study (Schultz, 1992) reported how she decided to continue with her studies knowing that it may result in the breakdown of her marriage.

Family and other social support networks were discussed as being of major importance in the successful completion of the transition to RN in the US study by Claywell (2003). The author discussed how many of the students were working during the day, while studying in the evenings requiring essential social support in providing child care, as well as pastoral assistance. These
findings (Claywell, 2003) were supported by faculty who also described many of these students as requiring a lot of collegial support in maintaining the fine balance between work, family and study.

Demonstrating how the struggle to balance home responsibilities with study is also an Australian issue, domestic research (Kenny & Duckett, 2005) described how routine home duties were often completely ignored due to study loads while some students explained how they increasingly depended on family and friends to assist them with responsibilities such as childcare. Likewise, Rapley et al. (2006) discussed how the support of family and friends was essential for many students in successfully completing the conversion from EN to RN. This was particularly emphasised in comments made by the participants indicating how important the family support was and describing how they shared their joy of graduating with the family who had been there for them (Rapley et al., 2006). While assistance from family and friends has been described as inconsistent, research indicates that support from former colleagues may also be unpredictable.

**Changes in relationships with former colleagues**

Motivations that influenced ENs to convert to RN have been discussed, however when ENs do choose to undergo the transition, approval and support from their former colleagues has been reported as variable. This was evident in the US study by Claywell (2003) whose participants unanimously described the experience of receiving negative treatment and derogatory comments from those LPNs who chose not to convert. The author described how some of this negative treatment appeared to be related to the regular needs of the converting LPNs to leave work early to attend to classes, with the perception that disparaging comments were also aimed at them for wanting to become RNs (Claywell, 2003). Both negative and positive treatment of converting ENs was described in one Australian study (Kenny & Duckett, 2005) that related how the transitioning students who continued to work as ENs reported that some former colleagues inquired as to how the experience was; indicating an interest in studying to become RNs themselves. This was in contrast to other ENs who demonstrated resentment towards them, acting as if by converting to RN these former ENs were betraying their profession (Kenny & Duckett, 2005). At least part of this
attitude may result from a lack of understanding of the reasons for these former colleagues wanting to be a RN. This was discussed by the converting students in the UK study by Dearnley (2006) who reported facing criticism when attempting to discuss such new found nursing priorities as ‘evidence base’ and the importance of using research in their practice. Similarly, the cohort in the Australian study by Paech (2002) discussed how ENs who were studying to become RNs experienced the breakup of friendships and loss of contact with this former set of colleagues; an issue they discussed as regrettable but which they accepted as they developed in their new role as an RN. This variability in former colleague and peer support was also noted in another Australian study (Rapley et al., 2006), where a participant reported being upset by some older ENs who criticised her desire to convert to RN. Conversely, other staff were reassuring and supportive of her desire to undergo the transition to RN and indicated to the participant that the disapproving nurses were just envious (Rapley et al., 2006). In contrast, the participants in the UK study by Hill and MacGregor (1998) make no mention of former colleague resentment with the study participants indicating they received only their positive support.

There has been a broad range of issues reported as impacting EN transition to RN in the international research, however little is known about the Australian context. Two Australian studies have been published where the aim was to examine this transition experience.

**The Australian experience**

International and Australian research has indicated that the EN to RN transition contains challenges, some positive, many of them negative. A number of Australian articles have been referenced here that discuss the experiences for ENs undertaking the conversion to RN, though many of these studies are limited in their relevance as findings were only incidental to the actual research aims, which differed from that examined here. Only two Australian studies have been published whose aims were to investigate the undergraduate experiences of ENs as they transitioned to RN.
The most recent Australian study utilised a focus group to examine the experiences of ENs undertaking the conversion via a BN program through an internal enrolment (Hutchinson et al., 2011). As noted in international studies discussed previously, the ENs faced many challenges on entering higher education, especially in the areas of learning critical thinking and academic writing, as the VET sector and higher education sector requirements for academic writing were dissimilar. These participants in this Australian study also discussed how they struggled with balancing study-work-domestic responsibilities especially when the students attempted to obtain time off for clinical placements (Hutchinson et al., 2011). The older study (Rapley et al., 2006) investigated the experiences of ENs studying to become RNs via a purpose developed external program devised for ENs based in rural areas. The authors reported similar difficulties with learning critical thinking and academic writing. Issues such as being challenged by the information technology (Rapley et al., 2006) as well as difficulty finding time for family were also identified.

There is other Australian research that contains some data on the undergraduate EN to RN conversion experience but it is incidental to the main aims of these studies and has been discussed previously in relation to the international literature. The evaluation of a bridging course for converting ENs was the main aim of the study by Boelen and Kenny (2009) that also discussed some transitional experiences that their participants underwent. Paech (2002), Kilstoff and Rochester (2004), and Nayda and Cheri (2008) investigated the experiences of ENs as they transitioned to RN with a particular focus on the graduate nurse experience, while also including some secondary discussion of transitional experiences throughout the course proper. An online study of why rural based ENs undertake the conversion to RN was investigated by Kenny and Duckett (2005), while also revealing some experiences of the ENs as they undertook the course externally. Even though these transitional experiences were not central to the research within these Australian studies some information relevant to this literature review was identified and has been discussed in this chapter.
Limitations of existing research

The amount of overseas research discussing the EN transition experience is sizeable, though the relevance of these studies to the Australian context is unknown. The similarities in regard to EN professional history, scope of practice and education between UK, New Zealand and Australia (Boelen & Kenny, 2009) resulted in the inclusion of the relevant studies in this literature review, however caution may need to be taken when considering transferring the results of the overseas studies to the Australian perspective. Limitations of these overseas studies to the Australian experience include; a narrow sample demographic (Hylton, 2005), and the design of conversion courses potentially different to those available in Australia (Hembrough & Sheehan, 1989; Dowswell et al., 1998; Hylton, 2005; Dearnley, 2006; Milligan, 2007) with these articles examining the EN transition through an open-learning (external) course. The articles from North America were included in the literature review to augment discussion, and transferability of the findings to the Australian context is not recommended; as differences in the education and scope of practice of the LPNs (equivalent to ENs) in Canada and the USA may exist.

The only relevant Australian studies identified (Rapley et al., 2006; Hutchinson et al., 2011) have methodological limitations. The participants in the 2006 study by Rapley et al. were transitioning externally through a purpose developed course that had been devised specifically for rural-based ENs. The narrow sample being investigated reduces generalisability to more common programs being undertaken by transitioning ENs, such as the one to be investigated in this study. In the study by Hutchinson et al. (2011) a single focus group was utilised to examine the experiences of ENs converting through a BN program. Though the authors argued that focus groups produce a broader discussion amongst the students than discrete interviews, Schneider, Whitehead, Lobiondo-Wood and Haber (2013) state “focus groups may not explore issues as deeply as one-on-one interviews” (p. 132). Indeed, the use of a focus group may have resulted in a reluctance of the ENs to disclose personal information in front of their peers resulting in predominantly superficial data being obtained. The Australian literature that examines the experiences of ENs converting to RN is limited
to two studies both of which have methodological limitations resulting in an incomplete understanding of the transition experience of these students in the Australian context.

Conclusion

The experiences of ENs studying to become RNs both internationally and in Australia have been discussed. Many of these experiences were related to returning to study, and involved fear, anxiety and stress as they struggled with higher education demands that many of them would not have been exposed to previously. The requirements to learn critical thinking and academic writing were expressed as particularly problematic while the new student role was discussed as conflicting with the EN’s existing health professional role. Information technology was a challenging experience for many who did not have the capabilities to utilise this resource and was particularly disadvantaging if ENs were studying externally and required online support.

The issue of RPL was discussed and reflected a lack of consensus in the literature. Whilst one study found RPL as encouraging ENs in promoting entry into conversion courses, others indicated the increased challenges related to omitting their first year. The advantages of introducing a bridging or orientation course to improve the introduction of ENs into BN programs were discussed though the issues of increased use of resources and added costs were highlighted.

Entering higher education was reported as resulting in students experiencing self-doubt and reduced confidence resulting in decreased self-esteem. This, due to the demonstrated link between increased self-esteem and educational achievement, may have had a negative effect on their academic success. Likewise, the loss of previous professional status as ENs when becoming students again, whilst also undertaking a new and demanding style of learning, was reported as leading to further frustration. The importance of support from both ENs’ peers and the academic staff was clear; with research demonstrating the easing of some of the obstacles discussed when support was available. However, as a result of academic success the positive experience of achievement has been discussed as leading to improved self-esteem and developing confidence in the transitioning student.
Obstacles to a successful transition included financial issues, both the cost of the education, as well as trying to balance the need to work with finding the time to study. Students described the need to limit their work commitments due to the demands of the study, and some reported struggling with obtaining leave from work to attend the compulsory clinical placements. As well as balancing finances and study, another challenge experienced by many of the students related to their home, family and social lives. Various studies related how students struggled with finding time for their domestic home duties and child care responsibilities. This was reported as resulting in frustration, and at times, relationship breakdowns.

The experiences of ENs studying to become RNs via a BN described in this literature review are reported in the main through the international research literature. Though the overseas research output is considerable, it is limited by its relevance to the Australian context, as many studies involved narrow demographic samples or conversion courses that may differ from those conducted locally. In Australia, despite the large numbers of ENs believed to be studying to become RNs, the published research on their transition experiences is limited.

The experiences of ENs transitioning to RN through an internal BN course have not been examined in depth in Australia. This gap in the literature is noteworthy as many ENs are reportedly undertaking the transition to RN through BN programs, an experience that is currently not fully understood. The conducting of one-on-one in depth interviews of ENs transitioning to RN within a BN program triangulated with the perceptions of academic staff who teach in this program, will result in the fuller understanding of the experiences of this sub-cohort of nursing student. This understanding will add to currently available literature from Australia and contribute to the development of strategies to enhance the educational experience, to not only encourage more ENs to undergo the transition but also to enhance the success of those undertaking the conversion.
CHAPTER THREE
METHODOLOGY

Introduction

This chapter provides a description of the methodological approach used in this study to, recruit participants and collect, analyse and report data, along with an explanation of the processes used to ensure trustworthiness and ethical requirements were met. The theoretical framework used to guide the data collection and analysis and interpretation of the data is also explained.

Research Design

This study used a qualitative interpretive descriptive methodology to understand the experiences of the ENs as they transitioned to RN within a tertiary education setting. For the purposes of this research, the use of the interpretive descriptive method was particularly relevant due to its focus on research projects that use a small sample to explore a “phenomenon of interest to the discipline (of nursing) for the purpose of capturing themes and patterns within subjective perceptions . . . generating an interpretive description capable of informing clinical understanding.” (Thorne, Kirkham & O’Flynne-Magee, 2004, p. 5)

Interpretive description allows the researcher flexibility to engage in dialogue with the participants, using data collection tools such as interviews or focus groups to explore “what kinds of thoughts and feelings do people experience when they encounter certain challenges or transitions?” (Thorne et al., 2004, p. 8). The requirement to understand the context in which the researcher is engaged is emphasised by Willis (2007) who stated that “the goal of interpretive research is an understanding of a particular situation or context” and further stressed “an understanding of the context in which any form of research is conducted is critical to the interpretation of the data gathered” (p. 8).

The context was of particular importance in this research as the ENs, as health professionals, were entering tertiary education; an environment that may have been foreign and potentially challenging to them. Therefore an understanding of their feelings through the interpretation of the
data within this context was significant in this researcher developing an understanding of the EN’s experience. I obtained an understanding of the experiences of the transitioning students from the perspective of the ENs themselves through the use of in-depth individual interviews, and the viewpoint of the academics involved in the EN’s education was collected via a focus group. The academic’s insights on the experiences of the ENs were useful in enriching the data collected from the ENs, as well as beneficial as a method of triangulating this data therefore enhancing the trustworthiness of the study.

An interpretative approach influenced by phenomenology was used to develop the interview questions as well as to analyse the data collected from the individual EN interviews for this study. This method allowed the researcher access to understand the phenomenon of the EN’s lived experiences from their perspective. Phenomenology is a framework that fits within the qualitative interpretive paradigm (Thorne et al., 2004) and is a method valuable in developing understanding of data as it “aims at gaining a deeper understanding of the nature or meaning of our everyday experiences. What is this or that kind of experience like?” (van Manen, 1997, p. 9). This method of analysis of the EN’s perspective, together with the qualitative interpretation of the academic’s perceptions of the EN’s experiences provided potentially richer data than from just one source and enhanced the credibility and validity of the findings. This approach, together with the framing of the interview and focus group questions and interpretation of the findings using Schlossberg’s Transition Theory was integral in assisting to develop an understanding and explanation of the individual experiences of ENs transitioning to RN through the tertiary education setting.

**Schlossberg’s Transition Theory; a guiding theoretical framework**

Enrolled Nurses studying to become RNs are undergoing a transition, and in an effort to understand these transitional experiences, the Transition Theory of Nancy Schlossberg (Schlossberg, 1981; Schlossberg, 1984; Schlossberg et al., 1995; Anderson, Goodman & Schlossberg, 2012) was chosen as the framework to underpin this study. In her seminal article, Schlossberg (1981) introduced ‘A Model for Analyzing Human Adaptation to Transition’, as a framework “in which
transitions of all kinds – positive and negative, dramatic and ordinary – can be analysed, and possible interventions formulated" (p. 3). The author continued:

Since people react and adapt so differently to transitions and since the same person can react and adapt so differently at different points in life, now we can understand and help adults as they face the inevitable but non-predictable transitions of life. (p. 3)

Transition Theory was applicable for this research, as the ENs were studying to become RNs and this theory may provide understanding of their transitory process experienced in tertiary education. Transition Theory is designed to assist the understanding of each person’s perception of their own individual experience, however while each person is an individual and their experiences unique, the structure for developing an understanding of each transition is constant (Schlossberg et al., 1995). As further explained:

The Transition Theory is based on the following premises that:

- Adults continuously experience transitions.
- Adults’ reactions to transition depend on the type of transition, their perceptions of the transition, the context in which it occurs, and its impact on their lives.
- A transition has no end point; rather, a transition is a process over time that includes phases of assimilation and continuous appraisal as people move in, through, and out of it.

(Anderson et al., 2012, p. 59)

The Schlossberg Transition model consists of three major components (see figure 3.1):

1. Approaching transition: Transition identification and the transition process.
2. Taking stock of coping resources: The 4 S system of potential assets and liabilities.
3. Taking charge: Strengthening resources.

(Schlossberg et al., 1995, p. 26)
The first component of the Schlossberg Transition model consists of two sections: ‘approaching transitions: transition identification’ and ‘the transition process’.


The first section, ‘Approaching transitions: transition identification’ (Schlossberg et al., 1995) involves ascertaining what the transition actually is, as well as classifying whether it is anticipated, unanticipated or a non-event by the person involved. While our lives consist of many transitions, when it comes to making sense of those transitions, developing an understanding of the type is important; particularly as perceived by the individual undergoing it. The first consideration is to determine whether the transition was anticipated, such as attending university, changing a career path or a planned pregnancy? Because of its very nature the anticipated transition contains the opportunity for preparation and allows planning for whatever changes may result. The second category of ‘transition identification’ is the unanticipated type; such as the serious illness, experiencing a crime, an unexpected marriage breakdown or an unforeseen job redundancy. The results of this type of transition have the potential to be calamitous, as due to their very nature there can be no fore-planning to manage the situation, potentially resulting in decisions made
without considered preparation. The third type of ‘transition identification’ is described as a non-event where an expected transition didn’t transpire. Examples of this are a marriage that didn’t occur, a job promotion that never happened, and children that didn’t eventuate (Schlossberg et al., 1995).

The individual’s perspective is an essential consideration in the ‘transition identification’ step. Whereas one individual may anticipate (and welcome) retirement, another may not anticipate it and perceive it as growing old and useless; therefore a transition that is not welcome at all. One individual’s perception of a transition may be seen as positive, while another person’s outlook of a similar transition may be one of negativity (Anderson et al., 2012). These perspectives may be influenced by the context in which the transition is occurring.

Demographical elements such as a person’s finances, professional status, gender or social support can affect the context in which the transitioning adult is working through. The perspective of the transition can also be affected by the current social and political climates. The relationship of the new transition to other transitions that may be occurring at the same time may also be of importance as concurrent transitions may exhaust available coping resources such as support and finances (Schlossberg et al., 1995).

When considering the ‘transition identification’ the individual’s perspective and the context of the situation are important. For an individual suffering the unanticipated loss of a partner in a motor vehicle accident, this may necessitate them leaving work to care for young children resulting in the double impact of loss of partner and work. This places emphasis on how, when contemplating the transition, one must consider the impact on the person and the causal sequence of events that may affect other aspects of the individual’s life.

The ‘approaching transitions: transition identification’ section of Transition Theory (Schlossberg et al., 1995) was useful in the formation of some of the student interview questions, including ‘what made you decide to undergo the transition to RN?’ and ‘has the experience been what you expected?’ The answer to these questions may have given an insight into the motivation/s
of the EN for studying to become an RN, and their perspective of what the transition would be like; whether they may have seen it as an opportunity for academic development or, in contrast, something they felt pressured to do due to a perception of having a limited future as an EN.

The second section of ‘approaching transition’ is concerned with the transition process that the individual is experiencing. This will examine the course of the transition and where the individual is situated within it.

1b. The transition process.

The ‘transition process’ is conceptualised in the integrative model (see figure 3.2). One important aspect of this framework involves the theory that the individual’s viewpoint of their transition will change over time, depending on where they perceive they are situated within this transition. The focus of this component is placed on the need for orientation and then adaptation as the individual progresses through the different transitional processes of ‘moving in’, ‘moving through’ and ‘moving out’ (Schlossberg et al., 1995).

‘Moving in’ involves the individual acquainting themselves with the requirements of the transition, as they discover what is expected of them and their place within this new environment. Research involving adults at the ‘moving in’ stage (Schlossberg, Lynch & Chickering, 1989) noted how every transitioning adult was different and could not be easily classified. This is consistent with the research on aging by Neugarten (1976) who discussed how adults, due to their individual life choices, grew progressively unalike as they aged, resulting in an adult with unique expectations and requirements. The distinctive experiences of the adult in transition are an important concept of this theory as their ability to successfully navigate the ‘moving in’ stage was dependent on the individual’s coping abilities and resources, with the possible outcome being positive or negative for each person.

The ‘moving through’ stage of the ‘transition process’ commences when the transitioning person has orientated to the transition. Once again this imbues uniqueness to every transition experience, as this acclimatisation may take an individual a short period of time, several years, or
anywhere in between. Once the individual starts ‘moving through’ the transition they enter a stage that is quite different from that experienced when they were ‘moving in’ to the transition. They have familiarised themselves to this new environment, therefore what they need to do now is adapt to the requirements of this transition. A study (Schlossberg et al., 1989) involving a selection of adult students ‘moving through’ a transition involving higher education determined that while each individual had their own experiences as they moved through higher education, all the learners required support to adapt to the transition and successfully complete the ‘moving through’ stage of the transition process.

The final stage of the ‘transition process’ is termed ‘moving out’. Once again, each transitioning adult’s experiences and needs are unique, whereas one individual may have prepared for the end of their transition, another person may be particularly ill-equipped. According to Chickering and Schlossberg (2002) this can be a time of discouragement and disillusionment, as for example, the transitioning adult may move from the relative security of higher education into the challenging world of employment with resulting pessimism and despair. This research highlighted a particular issue regarding institutional support being provided for adults ‘moving in’ to university, while the same consideration may not be given to those “moving out”, leaving graduating students with limited support and institutional resources (Chickering & Schlossberg, 2002). As for ‘moving in’ and ‘moving through’ each adult has an array of individual coping resources that makes the ‘moving out’ transition a unique experience for them.

As indicated, The Integrative Model of The Transition Process (figure 3.2) is cyclical. As an individual’s transition ends, another transition begins, and as such, the beginning of a transition may actually commence within the ‘moving out’ stage of a previous transition. Schlossberg et al. (1995) discusses this in the context of grieving, arguing how, as the individual grieves, they are also commencing a new, concurrent transition.
Application of Schlossberg’s Transitional Theory was key to assisting in the development of some of the focus group questions directed to the academics, such as ‘when coordinating/tutoring into a unit that may have EN to RN students, how do you become aware of these students? Do they stand out? For what reason?’, and ‘how do you find the EN to RN students engage within the classes that you teach/coordinate? Do you have to use any additional teaching strategies to engage them?’ These questions are designed to examine the students’ experiences and identify their position within the different stages of their transition.

The first component of Transition Theory (Schlossberg et al., 1995) has been discussed as comprising two sections: ‘approaching transitions: transition identification’ and ‘the transition process’. Once the type of transition has been ascertained and the stage of the process that the individual is in is identified, then their unique supply of coping resources needs to be considered.

2. Taking stock of coping resources: The 4 S system.
The second component of Schlossberg’s Transition model is termed the ‘4 S system’ (Schlossberg et al., 1995), which involves identifying the transitioning individual’s perspective of their coping resources (see figure 3.1). Again, the perspective of the individual is important as they can view their coping resources as supportive or alternatively as limitations that may make the transition more difficult (Schlossberg et al., 1995). The coping resources of the ‘4 S system’ are categorised as ‘situation’, ‘self’, ‘support’ and ‘strategies’, and developing an understanding of the individual’s perspective of their coping resources may be useful in gaining insight into why some individuals cope differently with what may seem to most as minor transitions and easily coped with. As stated by Chickering and Schlossberg (2002):

The ‘4 S system’ rests on several assumptions:

- No one factor is necessary for coping with change; rather, many factors play a role: Your Situation, Self, Supports, and Strategies.
- Everyone has a balance of resources and deficits for facing transitions.
- These potential resources and deficits are not permanent but change over time.
- There are things you can do to turn the deficits into resources. (pp. 46-47)

2a. The 4 S system: Situation.

This first coping resource refers to the situational characteristics of the transition, such as: the trigger for the transition (possibly related to a health issue or retirement), the timing of the transition (such as during a period of personal strength or alternately vulnerability), the individual’s perception of control over their transition, and whether they identify the transition as being short-term or long-term, as its anticipated length may affect the person’s ability to cope. The individual’s ability to cope with a transition may also be influenced by their previous exposure to similar transitions and, if they had been, how they managed before. If they managed well then this previous experience may support them as they undergo a similar event, while, on the other hand if they struggled or failed during the previous transition then they may view its reoccurrence this time as an
insurmountable obstacle. A further consideration is whether the transitioning individual is experiencing simultaneous pressures or transitions at the same time, as this may make the person more vulnerable to the new transition and affect the coping resources that they have available. The final attribute is the individual’s assessment of the transition and whether they view it as constructive or destructive, beneficial or detrimental? The assessment of the characteristics of the situation may assist in understanding how each transitional situation is different, and what individual self-coping resources may be required to successfully complete the transition.

2b. The 4 S system: Self.

The second coping resource assesses the individual and their assets and liabilities. The person’s psychological resources, such as their self-efficacy, as well as distinct characteristics; such as age, gender, sexual orientation, socio-economic status, culture and state of health comprise the ‘self’ resources of the individual. These may all have a direct bearing on their ability to cope with the transition. Many considerations are contemplated, such as, whether the person is optimistic or pessimistic, resilient or defeatist in nature. Psychologist Martin Seligman (as cited in Chickering & Schlossberg, 2002) goes as far as to say that having an optimistic or pessimistic disposition is fundamental to how one deals with life. While the attributes of ‘self’ are important as a coping resource, the person’s supports, both personal and institutional, are also significant.

2c. The 4 S system: Support.

Most individuals require support of some description or type (Chickering & Schlossberg, 2002). It is a rare person who is totally self-sufficient when faced by transition. This support can consist of partners, various other close relationships such as family or friends and the community to which the person belongs. Institutions, such as a transitioning person’s workplace and a student’s place of higher learning are also perceived as places of support. Supports are discussed as either a potentially negative or positive influence on the transitioning person, depending on the type and degree of support offered. It is also significant that differences exist between the general support networks of different genders, as males traditionally have less supportive systems, while females
generally have more support (Schlossberg et al., 1995). Once the individual’s support mechanisms are evaluated, their ability to adopt strategies to manage the transition needs to be established.

2d. The 4 S system: Strategies.

This final resource comprises the strategies that the person perceives they have to cope with the transition. While an individual may be able to cope with previous transitions they may be limited when faced by a different transition, as each transition requires its own coping strategies. It is important that the individual determines the effective approach that is required to cope with the transition as this may remove or decrease the stress that is experienced (Pendleton, 2007). Alternately the use of such stress release mechanisms as exercise, hobbies, gardening or yoga may be useful in coping with the pressures of a transition. Furthermore, the person’s coping strategies are shaped by whether the person has an essentially pessimistic or optimistic nature (Chickering & Schlossberg, 2002).

In summary, the ‘4 S system’ of ‘situation’, ‘self’, ‘support’ and ‘strategies’ comprise the coping resources that the individual has to manage their way through the transition, and considers the characteristics of the transition and the ability of the individual to cope (Schlossberg et al., 1995). The system depends on the balance and availability of these coping resources at that particular stage of the person’s life. This has particular applicability for this current study as we consider the transition that the ENs are undergoing as they proceed through the Bachelor of Nursing (BN) course.

The ‘4 S system’ was important in the formation of many of the student interview and focus group questions, as well as in the interpretation of the data. The student interview questions influenced by this section of Transition Theory (Schlossberg et al., 1995) included: ‘what sorts of things have helped you to succeed with the transition so far?’, ‘what sorts of things have made it difficult to succeed?’, ‘are there any areas associated with being in the program where you have struggled?’, ‘what advantages (if any) are there to being an EN when doing the BN program?’, and ‘what disadvantages (if any) are there to being an EN when doing the BN program?’; as these questions are directly related to assessing the participant’s potential assets and liabilities. These
resources used by the transitioning ENs were established through questions regarding the individual’s coping strategies, and specifically whether being an EN was an advantage or disadvantage to the transition to RN. The focus group questions asked of the academics influenced by ‘4 S system’ (Schlossberg et al., 1995) included: ‘could you describe any particular issues that stand out for the EN to RN students when first coming into the program?’ and ‘could you describe any special support you think these students would benefit from to assist their adaptation to University and the program itself?’ again, as these relate to the transitioning student’s potential coping resources (or lack of). This system was also useful in interpreting the data obtained from the interviews as it assisted in identifying the participant’s coping resources, as well as their liabilities when faced by the transition.

As the type of transition has been ascertained and the stage of the process that the individual is in identified, the unique coping resources of the transitioning person explored, then strategies to reinforce these resources can be considered. ‘Taking charge: Strengthening resources’ is discussed as the third component of Schlossberg et al’s (1995) Transition Theory.

3. Taking charge: Strengthening resources.

This component integrates several theoretical counselling techniques with the focus on building and reinforcing the transitioning individual’s coping resources. While it may be that the transition is not controllable as such, as stated by Schlossberg et al. (1995) “our approach is simple: help the clients assess and enhance their resources for coping - their Situation, Self, Support, and Strategies” (p. 169). Once this is established, counselling strategies can be recommended that may enable the individual the ability to better cope with the transition that they are negotiating.

As this study was focusing on understanding the experiences of the ENs within the BN program, this third component of this framework was not used when designing this research study, though it was useful in framing the recommendations to improve the transition of ENs into, and through, the BN.
Applications of Schlossberg’s Transition Theory in higher education research.

There has been widespread research studying students’ transitions within the higher education sphere that was conducted using the Schlossberg Transition Theory as the guiding framework. This preceding research provided an opportunity to assess the applicability of the theory as a framework to examine the experiences of ENs converting to RN through a tertiary education program. I have provided here a brief summary of some of the relevant research that used the Transition Theory.

Schlossberg’s Transition Theory was utilised by Byrd (2011) to both design and examine his PhD research into minority students within a teacher education program in the US. While the author indicated that the theory helped focus his research he indicated limitations in the ‘4 S’ component of the model that resulted in him separating the ‘support’ mechanisms into intimate and institutional. Byrd’s perception being that the institutional support was the most important of these mechanisms to the success of the student in higher education whilst the intimate support was also important, it could limit transitional success due to the added responsibilities such things as family can bring (Byrd, 2011).

Other studies that incorporated Schlossberg’s Transition Theory included an examination of the transition of former armed force veterans to higher education (DiRamio, Ackerman & Mitchell, 2008) and the exploration of the transition into tertiary education of students with learning disabilities (Coccarelli, 2010). Both studies primarily focused on the integrative model of ‘moving in,’ ‘moving through,’ and ‘moving out’ with this aspect of the theory described by the authors as assisting with the identification of the students’ experiences as they transitioned to campus life (DiRamio et al., 2008; Coccarelli, 2010).

The coping strategies of students receiving social welfare while attending higher education was explored by Pendleton (2007) in her case study based PhD thesis. While the researcher developed questions based on the ‘4 S system’ that she successfully employed in her research, she also cited several other studies that used Schlossberg’s Theory of Transition within and without the
educational sphere, and indicated the theory’s relevance and applicability in many different contexts. These studies, as cited by Pendleton (2007), included: research into the transitional experiences of students entering a place of higher education (Graham, 1994); an exploration of the transitional experiences of eight women as they left graduate school (Bowie, 2001); while Wiesenber (2001) investigated the transitional experiences of students undertaking external higher education and Rock (2002) examined the preparation of students for entry to college.

Schlossberg’s Transition Theory has had widespread exposure as a framework utilised in many studies, especially in examining the transitional experiences of students entering and proceeding through higher education. As this study examines the experiences of students (the ENs) entering and progressing through a tertiary setting to undergo the transition to RN, the suitability of Schlossberg’s Transition Theory is demonstrated as it provides a framework to explore and develop an understanding of these transitional experiences of individuals within a higher education context.

**Sample and Setting**

Purposive sampling was used to recruit students for this research, with inclusive criteria being an EN, eligible for registration with the Nursing and Midwifery Board of Australia (NMBA), and enrolled in a BN Program at a specific Western Australian University. The study was conducted using only one University’s BN program due to the constraints of time and access available to the researcher. The EN could be either vocational education and training (VET) sector or hospital trained, consistent with previous research (Rapley et al., 2006). Eligible students were invited to take part in this study during the third year of the BN course, though as ENs they had been granted the equivalent of 12 months advanced standing as recognition of prior learning (RPL) on entry to the program; this therefore represented their actual second year of study. Participant recruitment commenced with me delivering an introductory presentation about the study during a third year lecture where I gave an explanation of the main elements of the research, participant eligibility and what participation would entail. Following this, administration staff sent all eligible students an information letter (see Appendix D) and consent form (see Appendix E) detailing the research and
further explaining participation requirements. Preliminary contact was therefore made by persons not directly involved in the research or the education of the students themselves. Interested students then initiated contact with me, as the researcher, by returning the completed consent form, following which I organised an interview at a place, date and time convenient to the participant. This resulted in an initial sample size of six ENs \( (n = 6) \) from a total population of eligible students of eight ENs \( (n = 8) \) within a year group of 101 nursing students. In an effort to increase participation, ENs who had previously been students within the BN, but had withdrawn before completing their third year of the course, were also invited to participate. Therefore a further seven ENs \( (n = 7) \) who had intermitted or withdrawn from the course were contacted by the administration staff to provide these former students with information and the opportunity to participate in the research. As these students were no longer enrolled in the BN program it is unknown how many of them received this contact as University email addresses may have no longer been used by them, but this did result in one further participant \( (n = 1) \) enrolling to participate in the study. This resulted in the sample size of seven participants \( (n = 7) \), appropriate and similar to the sample sizes of related qualitative studies (Hembrough & Sheehan, 1989; Paech, 2002; Claywell, 2003).

A pilot interview was conducted to investigate the appropriateness of the indicative questions. One former EN who was completing the third year of the BN program (and whom therefore would have met all inclusive criteria for participation in this research) agreed to take part, though the data obtained from the interview was not included in the study as she was enrolled in a separate BN cohort. The data gathered from the pilot interview confirmed that the questions would obtain the required information and that the process would be a valid method of obtaining the required data to answer the research question.

Purposive sampling was also used in this study to recruit academic staff, who had extensive experience as RNs, and who had involvement in teaching within the second and third years of the BN program and who therefore had experience with teaching ENs. These academics were invited to participate in a focus group to examine their perceptions of the ENs as they underwent the
transition to RN. The inclusive criteria were that the academics had had experience with teaching ENs within the BN program. Participant recruitment commenced with me emailing all academics ($n = 9$) who taught in the second and third years of the undergraduate nursing program, briefly explaining the research and offering them the opportunity to participate in a focus group where their perceptions of the transitioning experiences of the ENs within the program could be valuable. The academics were then able to email me their interest in participating after which the information sheet and consent form were forwarded to them. This resulted in a sample size of five academics ($n = 5$), though unfortunately due to travel issues experienced by one, only four academics ($n = 4$) actually participated. The focus group was conducted following completion of the semester and the individual EN interviews, and was conducted in a small meeting room at the academics’ place of work.

**Data collection**

Data was collected from the transitioning ENs through individual interviews and the academics involved in teaching them via a focus group using open ended, semi-structured questions. Schlossberg’s Transition Theory was used in developing the interview questions (Appendix A) and focus group questions (Appendix F). The use of open ended, semi structured questions enabled me to frame the individual student interviews and probe the topic of discussion in depth, therefore allowing flexibility that a more structured format would be unable to (Patton, 2002; Streubert & Carpenter, 2011). Interviews are ideal for gathering data that explores the experiences of the participants. As stated by van Manen (1997), interviews:

> May be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon, and . . . may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of an experience. (p. 66)
The structure of the interview ensured that all participants were asked the same initial questions, while the open-ended format enabled me, as the interviewer, to inquire further for clarification or to probe topics not considered when the data collection instrument was initially formed. Indicative questions on which the interviews were based are contained in Appendix A.

The EN participants were given the opportunity to have the interviews conducted in a comfortable, private, non-threatening independent site of their choice (excluding their own home). The majority of the participants elected to have the interview conducted on campus to fit in with their university class schedule, while the former student who had withdrawn from the program elected to have her interview conducted off-campus at a place where she was currently studying a non-nursing related topic.

The interview was audio-recorded to ensure that all verbal information was collected. I also documented any non-verbal cues noted during the interview to add depth to the data collected (Patton, 2002). Interviews ranged from 35 minutes through to 70 minutes, with the majority between 50 to 60 minutes in duration, which is consistent with previous research in this area (Paech, 2002).

A focus group of academics involved in teaching the transitioning ENs was conducted as a method of enriching the data, and adding veracity to this study. Focus groups are useful in gathering quality data as the social interactions between the participants may lead to participants expanding their own responses to questions after listening to others considered views, therefore enhancing the information gathered (Patton, 2002, Schneider et al., 2013). Focus groups as a data collection tool have further advantages in that they can collect a lot of information in a short period of time (Patton, 2002), and are “particularly useful in discovering new information or obtaining different perspectives on the same topics” (Schneider et al., 2013, p. 131). Like all research tools, focus groups also have limitations, with one disadvantage being the potential for ‘group think’ (Patton, 2002; Streubert & Carpenter, 2011; Schneider et al., 2013). I was aware of this as a potential problem, which enabled me to facilitate the process to ensure that all participants had the opportunity to
share their perceptions and that no person/s dominated the discussion. Another limitation of focus groups is their debatable validity as a single data collection tool (Streubert & Carpenter, 2011). This limitation was minimised as data was collected from the two sources (the ENs’ individual interviews and the academics’ focus group), therefore providing an opportunity for the credibility of the data to be assessed through triangulation (Patton, 2002). A further possible limitation with focus groups relates to a potential difficulty with the data collection process as participants can talk over and interrupt each other, therefore rendering it difficult to identify the speakers and accurately collect the data (Streubert & Carpenter, 2011). To facilitate orderly responses to each question, I requested at the beginning of the session that all participants direct their responses through me, therefore minimising interruptions and aiding the identification of speakers. Additionally, I audio-recorded the focus group session to ensure all verbal information was collected and made written notes to ensure that non-verbal data was also gathered that could enrich the data further (Patton, 2002). Furthermore, I had the added advantage of knowing all academic staff, which assisted with recognising each participant as they responded to questions. The indicative questions used to initiate the focus group discussion are contained in Appendix F. The focus group consisted of four academics, all with several years of teaching within the BN program. Their insights on the experiences of the ENs within the BN was useful in enriching the data as well as triangulating the data that was obtained from the individual EN interviews therefore adding credibility to the research study.

All student participants volunteered to complete a short questionnaire (see Appendix B) that was administered prior to the interview. The aim of this questionnaire was to gather demographic data (see Appendix C) to aid in the description of the sample, as further discussed in Chapter 4.

Data analysis

Analysis of the data commenced at the onset of data collection (van Manen, 1997; Patton, 2002; Streubert & Carpenter, 2011) as the significance of what the participants were saying started to take shape while the data was being collected. The audio-recordings (individual interviews and
focus group discussion) were uploaded into a computer software program (NVivo 10) to enable me to complete a full verbatim manual transcription of the raw data into text. The interview and the focus group data were transcribed into text by listening to each recording and typing every word that the participants spoke. Once the transcriptions were complete the thematic analysis of the textual data was undertaken, where the interviews were read and re-read repeatedly with emerging sub-themes clustering together into themes. The recurrent re-reading of the data has been portrayed as the researcher immersing themselves within the data to develop an understanding of the phenomenon (Streubert & Carpenter, 2011). Three approaches to this form of analysis have been described by van Manen (1997): The wholistic or sententious approach, the selective or highlighting approach and the detailed or line-by-line approach. The method of thematic analysis undertaken in this study involved a combination of the selective (where initially each section of text was read as a whole while asking what experience was being described or discussed) followed by the detailed approach (in that each line of the transcribed interviews were read and re-read while inquiring as to the meanings behind the words) (van Manen, 1997, pp. 92-95). Reading sections of the transcribed data as a whole and then re-reading each section in line-by-line detail, combined with the initial interview and focus group processes and the full manual transcription of the interview material, resulted in me becoming fully immersed in the transition experiences as they were described by the participants. I was then able to manually code the sub-themes as they arose from the text using the NVivo 10 software program as a tool to group the data and identify emergent themes. When no further themes revealed themselves (saturation was reached) a narrative account was written (van Manen, 1997; Schneider et al., 2013).

Computer software (NVivo 10) was used only for grouping and storage of the data. As the researcher, I believed that the comprehensive engagement with the data through completing the full transcription of the interviews myself enabled the production of further intuitions (Patton, 2002) and aided in uncovering the elemental nature (van Manen, 1997) of the transitioning student’s experience.
Personal Assumptions

As an educator involved in teaching within the undergraduate degree that these ENs were enrolled, my knowledge of the program was of assistance in understanding the context of the study. However, an obstacle to developing an understanding of another’s lived experience is the risk that the researcher may know too much about the phenomenon being explored, and may impose their own theories, beliefs and preconceptions on the interpretation of the experience of the other (Streubert & Carpenter, 2011). Therefore, an important consideration of qualitative research is termed bracketing. This requires the researcher to identify their assumptions about the phenomenon being explored and ‘bracket’ away these impediments, therefore allowing access to the meaning-structure of the experience.

Bracketing was attended to at the beginning of the research design stage of this study by identifying any assumptions or preconceptions regarding the EN to RN transition that I had. As an educator within the BN program that these students were enrolled, I considered that I had an understanding of what this transition meant to the students (including the ENs) and it was important for the trustworthiness of the data collected that I identified these assumptions in an effort to isolate them from the research process (Streubert & Carpenter, 2011). The assumptions that I acknowledged about the ENs within the BN program at the beginning of the research design process included:

- The requirement to develop academic writing skills would be difficult for the ENs.
- Changing from the EN role to the student role would be a challenge, in that they may not take instruction well (‘hang-over identity’).
- The ENs would not mix with the rest of the non-EN cohort.
- That these students would find some aspects of the curriculum content (especially some of the skill instruction) boring as they would feel they ‘already knew it all’.
- The knowledge base of the ENs would be skills grounded and the requirements to complete academic subjects such as learning bioscience in more depth, and the more theoretical side of the program, would be a challenge for them.
- These students may exhibit ‘attitude’ towards some of the educators, questioning their clinical approaches when comparing to their own previous experiences.

Identifying the expectations of what the transition process would be like for the EN students enabled me to separate them from the data collection, analysis and presentation process. I referred to these pre-conceptions on a regular basis and added to this document intermittently, in an effort to minimise the influence that these assumptions had on the research process. While this bracketing of assumptions is intended to remove any personal bias that may affect the trustworthiness of a study, Haggman-Laitila (as cited in Streubert & Carpenter, 2011) made the following observation in relation to understanding the experiences of others: “The researcher is able to understand the experiences of an individual only through the researcher’s own view. The research process is a balanced cooperative relationship between the subjects and the researcher” (p. 68). Similarly, Mehra (2002) discusses how the qualitative data analysis is affected by the researcher’s “subjective interpretations—based on their reality and their worldview” (p. 12) and continues on to deliberate on how it was the researcher’s responsibility to ensure that any conclusions that are reached are validated by the data presented, and that any person who reads the study is able to clearly see how these conclusions were made (confirmability). Thorne et al. (2004) supports this view, and postulates how all nursing research is influenced, to some degree by the nurse researcher’s knowledge base and past clinical experience.

As discussed within the ‘trustworthiness’ section the process of member checking, the establishment of a clear research audit trail and use of data triangulation validated this research.
This demonstrated how any personal assumptions I may have held about this topic did not affect any data interpretation, analysis or conclusions drawn.

While bracketing is essential in granting access to the phenomena being studied, van Manen (2014) also describes a reductive approach that allows researchers to engage with the very essence of the phenomena that they are exploring. Table 3.1 outlines how the various aspects of the reduction method were applied in my research of the EN to RN transition experience.

Table 3.1
Aspects of Reduction and the Implications for Practice

<table>
<thead>
<tr>
<th>Aspect of reduction</th>
<th>Purpose</th>
<th>Implications for practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The eidetic reduction: Eidos or whatness</td>
<td>This approach enables the revealing of the distinctive underlying structure of the phenomenon under exploration, and may involve comparing the phenomenon with other associated but different phenomena. This may result in the conscious surfacing of meaningful thematic patterns.</td>
<td>Two strategies enabled me to understand the very essences of the experiences under exploration. Firstly, having a practical understanding of the BN program aided me in interpreting the data, and secondly, using Schlossberg’s Transition Theory as the framework for this research enabled me to develop an understanding of the transition, and what the students may have been experiencing as they converted from EN to RN.</td>
</tr>
</tbody>
</table>

The ontological reduction: Ways of being | This involves illuminating the meaning of the phenomenon. How the presence of the phenomena exists within the world, and how the world exists with the presence of the phenomena within it. | Having a practical understanding of the BN program allowed me to explore the experiences of the ENs as they transition to RN, as well as examine how the ENs experiences relate to the BN course itself. An example of this may be how if the data indicates that the ENs struggle with academic writing, is this problem magnified by them coming into the BN program in the second year, therefore missing the first year of the course when academic writing instruction commences. |
The ethical reduction: Alterity

The attitude emphasises the caring obligation that the phenomenologist has for others, that while we are exploring their lived experiences, we have an ethical responsibility especially in moments of vulnerability.

I am fully aware of my ethical responsibility for the participants within the study, as demonstrated in my ethical considerations below. My personal ethics, as well as ethical requirements as a RN further emphasise how I meet this attitude.

The radical reduction: Self-giveness

This comprises looking beyond the person, to the experience as it reveals itself; to remove the individual/s involved and allow the phenomena to be, without pre-conception or subjective judgement.

Bracketing assisted me to set aside my pre-conceptions and beliefs regarding the transitional experiences of the ENs, therefore permitting access to the very essence of the phenomena itself.

The originary reduction: Inception or originary meaning

The approach is interested in tracing the origin of the phenomenon. This development of originary understanding may come in a moment of spontaneous comprehension, often unplanned and unexpected.

Once again, having a practical understanding of the BN program aided me in interpreting the data, and secondly, using Schlossberg’s Transition Theory as the framework for this research enabled me to develop a clear understanding of how the experiences of the students came about as they converted from EN to RN. Flashes of insight into the student’s experiences did occur when conducting the thematic analysis.

(adapted from van Manen, 2014, pp. 222-228)

It is important to consider that the phenomenological reduction is not a series of methodological steps to attain an end-point, but rather a state of reflective being which allowed insight into the true essences of the lived experience to come into understanding (van Manen, 2014).

The practice of phenomenological reduction (including bracketing) allowed the experiential world of the EN participants as lived by them to be revealed. While the experiences of the ENs were essential to developing an understanding of their transition, seeking data from another perspective,
such as the academics involved in their teaching, provided an important aspect of ensuring the trustworthiness of the research.

**Trustworthiness**

To ensure the validity of a research project, the findings must be perceived as being trustworthy. This is important in qualitative research because the researcher must be seen as accurately portraying the experiences of the study participants (Streubert & Carpenter, 2011), out of fairness to the participants themselves but also for other researchers who may be assessing the research’s transferability to their context.

Although an established measure of rigour (or trustworthiness) in qualitative research remains elusive (Schneider et al., 2013) there are a number of strategies that can be undertaken in its pursuit. The integrity and quality of this study was ensured according to Guba’s (1981) four aspects of trustworthiness of naturalistic enquiry, which are credibility, transferability, dependability and confirmability (p. 83). A brief explanation of each of these terms will now be undertaken as well as an explanation as to how this research study met each of these four aspects of trustworthiness.

Credibility is ensuring that the study is accurately researching what it states it is researching (Shenton, 2004). This was assured by the return of the edited transcripts of the participant’s interview data to them to validate the accuracy of the researcher’s transcription, a process known as member checking. The researcher is cognisant of the potential problems with member checking therefore the recommendations from Carlson (2010) were followed. This included developing a clear understanding with the participant of the member checking process beforehand. The credibility of this research was further enhanced with the use of data triangulation (Patton, 2002) through the use of the multiple data sources. Triangulation is a method of demonstrating the trustworthiness of, what Guba (1981) described as, naturalistic inquiry; with phenomenology being part of this naturalistic paradigm (p. 75). Supporting this, Streubert and Carpenter (2011) described how triangulation of the data overcame limitations inherent in single strategy research. Furthermore, Patton (2002) discussed how triangulation was useful not only for reinforcing the information or
data collected, but to allow testing for consistency of the information yielded (p. 248). Data was collected from the transitioning ENs through a one-on-one interview process as well as from academics responsible for teaching the ENs via a focus group to not only enrich the collected data, but also to assess the consistency of the data collected.

Confirmability relates to the findings representing the experiences of the participants, not the beliefs or interpretations of the researcher; and can be seen as an assessment of the objectivity of the study (Shenton, 2004). This was ensured by the establishment of an audit trail. This trail extended from the transcription of the interviews through to the documentation of the themes. Confirmability was further verified by the triangulation of the data through the participant interviews and by means of the academic staff focus group.

Dependability, a criterion of rigour similar to credibility, is another important component of trustworthiness in qualitative research and refers to the reproducibility of the study (Shenton, 2004). In this study dependability was assured by the member checking process where the participants confirmed the accuracy of the interview data transcription, and by the establishment of the audit trail; as well as the triangulation of the data.

Transferability is the fourth criterion of trustworthiness and refers to whether the findings of the study have application in similar contexts (Shenton, 2004). This was confirmed by the results having relevance to other places of higher learning. The demographic profiling and purposive sampling that was representative of the EN students within this BN program will assist other researchers to assess whether the results of this study were relevant to ENs within their places of higher education. (Guba, 1981, pp. 79-88) Therefore the rigour of this study was ensured according to Guba’s (1981) four aspects of trustworthiness of naturalistic enquiry.

**Ethical considerations**

As an educator at the university, I was cognisant of the power inequity between myself and the students, therefore recognising the presence of a fiduciary relationship. In recognition of this, I put several strategies in place. Following the introductory presentation of the study at the third year...
 lecture, the school initiated contact on my behalf with all eligible students by emailing the consent form and information letter regarding the research. Secondly a Participant Advocate (Advocate) was appointed to act as an independent resource for the students to enquire with about enrolling in the study or to ask questions if desired. These two strategies were designed to decrease any appearance of coercion that may have been perceived by the students, as eligible participants. By having initial contact from the administration staff the potential participant could then follow up on their interest in the research, if they wished, by approaching the Advocate for further information, or alternatively, elect not to participate without me, as the researcher (and as an educator within the School) being involved or aware.

The School Student Advisor agreed to be the Advocate for this research project, and her broad responsibilities included: being available for the students to contact to discuss their potential participation in the study; being fully briefed on the study and able to discuss the potential benefits and risks associated with participating in the research with the (potential) participants; being able to discuss with the eligible students that their participation was entirely voluntary, and that if they did not wish to participate then they were not obligated or under any pressure to do so. The Advocate was available to facilitate communication between myself and the eligible participant/s before and after the research and ensured that the eligible students did not perceive any pressure or coercion to participate in the research from having an educator within the university as the researcher.

The School Student Advisor was an ideal choice for the Advocate due to her current relationship with the School, its staff and the students. The School Student Advisor is a member of the University Support Services team whose function is to provide individual student and School level support and to improve student retention. By playing a pastoral role in the student’s academic lives, the Student Advisor has developed a supportive and respected profile within the School, making her an ideal choice as the Advocate.

Further strategies instigated to confirm that the research was ethically responsible included ensuring that the information letter was very clear about participation by the students being entirely
voluntary, with no incentive or coercion to take part in the research. Additionally, as an educator within the BN I had no teaching or assessment responsibilities in any third year unit; the year that the potential participants were undertaking.

To ensure that the study was of a high standard, that participant confidentiality would be maintained and that the methodology was rigorous, the research proposal was subject to a peer review process. The School approved the proposal and my peers made several recommendations that were incorporated into the study including the introduction of a pilot interview to confirm that the indicative questions would obtain the required information.

Ethical approval for this study was obtained through the University Human Research Ethics Committee (2013/171) before the recruitment of participants was commenced. The focus of human research ethics committees is to ensure that research involving human participants abides by the “values of respect, research merit and integrity, justice, and beneficence” (NHMRC, 2007, p. 11). By granting approval for this research, the University Human Research Ethics Committee identified that these values were respected and established in this study.

The participants were given the opportunity to choose pseudonyms during data collection and their confidentiality was maintained at all times. This confidentiality will be ensured by the storing of the list of pseudonyms and research data separately and securely within locked cabinets within an office in the School of Health Professions, with access limited to myself and my Research Supervisors. Outside work hours the premises are locked and secured with a monitored alarm. Electronic research data will be stored on the secure University server with access available to authorised persons only using a password system. The data that will be stored will be the transcribed interviews, the analysis of the interviews and the narrative account. This data will all be stored under pseudonyms. As required by the National Health and Medical Research Council (NHMRC) (2007) regulations, this data will be stored securely for a minimum of five years. After this time the data will be destroyed.
Conclusion

This chapter provides a discussion of the various aspects of the methodology used in this research study that explores the experiences of ENs within a BN program as they are studying to become RNs. A description of the qualitative interpretive descriptive approach as the research methodology for the study was explained along with the suitability of the Transition Theory of Schlossberg as the framework to underpin aspects of this study. The chapter further describes the study’s sample and setting, and the use of the individual student interviews and the focus group of academics as sources of data collection are examined and finally the various aspects related to the study’s trustworthiness and ethical considerations are reviewed.
CHAPTER FOUR

FINDINGS

Introduction

This qualitative interpretive study explored the experiences of Enrolled Nurses (ENs) as they transitioned to Registered Nurse (RN) within the Bachelor of Nursing (BN) program. The researcher obtained the data for this study from two sources, ENs who were undertaking the BN, and academics who had experience in teaching ENs within the program. The ENs were asked a series of open-ended interview questions to elicit responses that reflected their lived experiences within the tertiary education setting. Context for those experiences was also collected from a focus group of academic staff where their perceptions of the ENs’ experience, when undertaking the BN program, were examined. This chapter presents the findings from the data collected from the seven individual EN interviews and the focus group of four academic staff.

Demographic data

Setting.

Registered as health professionals in their own right, ENs have regulatory requirements, professional expectations, and in some cases, well developed and extensive practice. Therefore unlike the majority of other students, ENs commence the BN program with a background and understanding of nursing.

The EN participants (n=7) were recruited from a sample of eight ENs still enrolled from a cohort of 15 who commenced their BN degree in 2010 in a year group of 101 nursing students at a regional campus in Western Australia, 60km from the University's main city campus. This BN program must be completed as an internal enrolment, and is a three year undergraduate nursing degree accredited with the Australian Nursing and Midwifery Accreditation Council (ANMAC) to graduate students eligible to apply for RN registration with the Nursing and Midwifery Board of Australia (NMBA). The program consists of on-campus theoretical units run during the University semesters as well as clinical and community practicums of three weeks duration, run in the winter
and summer breaks during 1\textsuperscript{st} and 2\textsuperscript{nd} year and two six week clinical placements run in the last semester of 3\textsuperscript{rd} year. ENs enter the BN in its second year, having been granted the standard 12 months of advanced standing in recognition of their EN training and experience.

**Characteristics of the Research Participants.**

The participants who undertook the individual interviews were all registered as ENs with the NMBA. Six of the ENs \((n=6)\) were enrolled in the third year of the BN program. One EN \((n=1)\) had withdrawn from the BN after completing nine months of the 2\textsuperscript{nd} year of the course and their data is included because their perspective of the program may have led to additional insights into the experiences of ENs within the BN; therefore adding richness to the data. This participant discussed in her interview how she had felt so angry and humiliated during the program that she withdrew from the course, and consequently left nursing for a length of time. This participant never returned to undergraduate nursing study but has now returned to practice as an EN, expressing how ‘at heart, a nurse is what she is’.

All participants were female and were also all, except one, currently working as ENs. Those who were working and still enrolled in the program worked either between 11 to 20 hours \((n=3)\) or under 10 hours per week \((n=2)\). These working hours were stated by the participants at the time of data collection and may have varied during the program according to individual circumstances, as discussed within the EN interviews. The sample was predominantly older with participants aged 21 to 30 \((n=2)\), 31 to 40 \((n=1)\), 41 to 50 \((n=3)\) and over 50 years \((n=1)\). Five of the seven were either married or in a defacto relationship. Participants each reported a range of work experience including: emergency department and medical nursing, operating theatre, rural health, critical care, wound care \((n=2)\) and with one participant stating that she specialised in ‘everything’. On being asked if they had completed any advanced practice certificates, only one of the ENs answered in the affirmative stating that she had completed an emergency nursing certificate. Length of experience as an EN varied between 3 – 5 years \((n=3)\), 6 – 10 years \((n=1)\), and over 21 years \((n=2)\), with one of the participants practicing as an EN for less than two years. The participants reported their EN training as
being either hospital based \((n=3)\) or vocational education and training (VET) based \((n=4)\), with one EN completing an Advanced Diploma course.

The focus group comprised four academic staff who were teaching within the second and third years of the BN program in which the EN participants were enrolled. All academic participants had extensive experience as RNs, extending from 19 years \((A1)\) to 37 years \((A4)\) with academic experience for these educators ranging from six years \((A3)\) to 10 years \((A4)\). The academics therefore had experience teaching ENs within the BN of between six to 10 years.

Findings

**The Transition Experience of Enrolled Nurses undertaking a Bachelor of Nursing program.**

This study explored the transition experiences of ENs who were undertaking the BN program on their chosen path to become an RN. It was my aim to understand the experience as it was being lived by the ENs; who as individuals undergoing a personal encounter with tertiary education could be expected to produce a variety of distinctive perspectives. These experiences are also considered in the context of data collected from a focus group of academics who provided their perceptions of the EN experience as they undertook the BN to make the transition to RN. The themes and sub-themes that arose from the investigation of the EN’s lived experiences, and the academic’s perceptions of those experiences, are presented in Table 4.1.

Five themes were identified: ‘standing out from the crowd’, ‘seeking personal and professional balance’, ‘struggling with the academic demands,’ ‘moving beyond the constraints of being an EN’ and ‘growing within the program.’
Table 4.1  
*Themes and sub-themes derived from the EN’s and academic’s data*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
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<tbody>
<tr>
<td>Standing out from the crowd</td>
<td>Feeling different and stereotyped</td>
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<tr>
<td></td>
<td>Expressing frustration with perceived inadequacy of recognition of prior learning and experience</td>
</tr>
<tr>
<td>Seeking personal and professional balance</td>
<td>Stressed by competing priorities</td>
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<tr>
<td></td>
<td>Feeling their identity as an EN challenged</td>
</tr>
<tr>
<td>Struggling with the academic demands</td>
<td>Feeling unprepared for the academic challenges</td>
</tr>
<tr>
<td></td>
<td>Perceiving academic disadvantage due to commencing the program in its second year</td>
</tr>
<tr>
<td>Moving beyond the constraints of being an EN</td>
<td>A means of realising aspirations</td>
</tr>
<tr>
<td></td>
<td>Developing personal strategies has helped achieve academic success</td>
</tr>
<tr>
<td></td>
<td>Stepping up to the challenge</td>
</tr>
<tr>
<td>Growing within the program</td>
<td>Strengthened by their beliefs in their capabilities as an EN</td>
</tr>
<tr>
<td></td>
<td>Feeling gratified when EN expertise is valued by peers and educators</td>
</tr>
<tr>
<td></td>
<td>Feeling empowered through academic success</td>
</tr>
</tbody>
</table>
Theme One: Standing out from the crowd

Enrolled Nurses, in contrast to their fellow students within the BN program have completed a prescribed EN course and often have well developed nursing skills and broad experience. In recognition of this, on enrolment in the BN, ENs are granted a standard 12 months of advanced standing that marks the ENs as dissimilar to the majority of their fellow nursing students, even at the outset of their journey. The experiences as they progress through their degree as described by the ENs, and supported by the academics, indicate that the ENs stand out as a sub-cohort within the larger cohort of students in the BN; that is, they are ‘standing out from the crowd.’ This first theme, ‘standing out from the crowd,’ was developed from the sub-themes ‘feeling different and stereotyped’ and ‘expressing frustration with perceived inadequacy of recognition of prior learning and experience.’

Sub-theme: Feeling different and stereotyped.

Enrolled Nurses reported how they felt that they were classified as different by the ‘routine’ non-EN students and stereotyped by them as outspoken and intimidating because of the behaviour of a minority of their EN colleagues; perceptions supported by the academics. This then resulted in them often perceiving that they were being excluded by the non-EN students, as stated by the EN participants:

*First semester, no one likes you and there was no one willing to talk to you. I felt really out of place. That was very very hard, it was very hard. I like to try to know people so I just kept pushing myself. Up to now it’s still very difficult as some people don’t want to talk to you.*

(P5)

Feelings of being unfairly stereotyped were expressed by one EN when she explained how she felt estranged from the other students on account of her being an EN:
I feel a little bit alienated sometimes . . . one girl said to me that she heard that there was Enrolled Nurses floating around in the second year and she said “we were intimidated by you”, and I thought I didn’t want that, I didn’t like that. I went ohhh really no no no! Cause then some of them are talking about the ones (other ENs) who are a little bit ‘up themselves’ and think they know it all and that’s horrible. I said “don’t tar me with that brush, I’m not (like that), honestly.” (P2)

The academics too noted how they could often easily distinguish the ENs from the non-EN students within the classes that they taught:

It’s quite obvious sometimes, you can pretty much tell. (A1)

Well, extraordinarily they identify themselves. They identify themselves not verbally necessarily, but it’s almost as if there is this front. They carry themselves differently. (A4)

However, while some students were clearly identifiable as ENs, other ENs actively sought anonymity in an attempt to ensure they weren’t perceived as different. One EN discussed how she tried very hard not to stand out, but rather blend in with the other students:

I’ve also felt very different being in the class and sometimes I’ve not wanted people to know (that I’m an EN) because I didn’t want to be treated any different. I didn’t want to have other students [say] “ohh she’s an EN” . . . You feel a little bit embarrassed. You do, because you don’t want to look like the smarty pants and things like that. That’s why I’ve kept a low profile because I didn’t want to be like “actually I know this, actually I know that. I know how to do this and that.” I didn’t want to look like I know things that they are learning. (P2)
This participant further explained how she used the strategy of actually hiding her EN identity with her aim to be treated the same as the other students by the academics:

My tactic of coping and being treated as a student. No different, didn't want you (the lecturer or tutor) to think of me as anything else but an RN student, that's what I am . . . and that's the other side of why I didn't tell you. Cause I didn't want you to either think I should have known this, or if I got something wrong in the class - “ohhh she should know that”. I didn't want that you see? I just wanted (to be able to) have a go at answering this question and this is what I think and you know if it’s right or wrong then there's no thinking well she’s an EN she should know better than that. (P2)

The rationale for some ENs to attempt to hide their EN identity can be understood when considering a statement made by a non-EN student while on clinical placement, that was then related by P5 during the interview:

One time I went on Prac. . . . I was there on the first day of orientation. They did not know I was an Enrolled Nurse, none of them knew. So I just came back out (of one of the rooms) and one of those girls (non-ENs) said “I just pray I don’t have any Enrolled Nurse with me . . . they just always know everything and I’ll be embarrassed.” So I just sat quietly and didn’t say anything. (P5)

As the participant recounted this episode, her emotional distress relating to the incident and her knowledge that some non-EN students could hold such an opinion of ENs in general, was evidenced by her shaky voice and distressed facial expression. Similarly, P6 also witnessed another non-EN expressing how they felt about ENs:
She (the non-EN student) said – “I hate ENs, I hate all ENs, and I hate working with them.” I think she’s had some bad experiences (with ENs). (P6)

These types of confronting encounters were described by P6 as contributing to the stereotyping and subsequent exclusion of the EN students by the non-EN students; as this participant continues:

Definitely a couple of weeks ago there was this real chill out, you know, women’s intuition. You just notice that all of a sudden they were all sort of in this little gang (of non-EN students) and I was like, really? I can understand if they (the non-EN students) have had some bad experiences that they are going to lump us all together but they didn’t even know me. (P6)

This perception of a division between the EN and non-EN students was further discussed by P6 who also offered potential reasons for its development:

The increasing divide between the RNs (non-EN students) . . . and the EN RNs . . . Yeah, don’t know what that’s about? But just recently I put it down to maybe they see . . . that we’ve got jobs to go to and they don’t. Maybe as I said, they are sick of ENs opening their mouths or knowing more . . . or I think there is an experience envy, where some of them might be envious that we have that (experience). (P6)

The formation of separate EN and non-EN student groups within the classroom was also noted by the academics as explained by A1:
They (the ENs) form their own little cohort within the group. I’ve had it in the past where we have an ‘us versus them’ in the class room setting and we have to manage that kind of interaction before it arises - because it can get very prickly can we say. (A1)

The rationale for this division between the EN and non-EN students is perceived by the academics as possibly being a result of the ENs’ attitude:

I think that also these ENs who have been out (practising) for sometimes 20 or 30 years as an EN, they have been in the clinical setting for years and I’ve done this myself when I’ve been working alongside an EN and said “have you ever thought about becoming an RN” because you are recognising those ENs who have got the potential to do that. So they have heard for years - “you should be an RN.” So they hit the course thinking I know as much as you . . . You know they come in thinking that they are as good as an RN and that this will be just ticking the boxes. (A2)

I think they may see the course . . . as they’ve been in practice for so long and they’ve done lots of internal, in-house development, self-development, staff development, in-house courses and they have some kind of advanced life support course or something like that and they actually come to see this like a postgraduate type qualification level. (A1)

A comment from one of the EN students supports this observation, further identifying how they felt different from the other BN students.

I feel that for the ENs it should be structured differently, maybe a Post grad. where you are on the wards. You are working, you get it (the Prac. experience) through wherever and you
come to Uni. one day a week. You go on the wards two days a week, three days possibly. Then you are learning the skills that you need to top up that. (P2)

The academics also considered that the way the ENs are set apart from the non-EN students may also be related to the ENs commencing the BN program in its second year and missing out on the opportunity to mix with the other students from the start of the course:

I think they miss out on integration with other students . . . they don’t get the University socialisation. (A1)

The manner in which the ENs stood out from the other students and the division within the cohort may not have been fully understood by the ENs, though socialisation was not the only issue for the ENs as they explained how they felt their receipt of only 12 months of advanced standing was inadequate.

Sub-theme: Expressing frustration with perceived inadequacy of recognition of prior learning and experience.

An additional matter that resulted in the ENs standing out as being different in the cohort related to their EN background, with the majority of ENs believing the standard 12 months advanced standing for recognition of their previous learning and experience was insufficient. Unlike the rest of the cohort who were generally learning new content, they believed that the standard 12 months advanced standing resulted in unnecessary revision and was accompanied by expressions of frustration and boredom:

I would say first year (which was the BN course’s second year) was a waste of time . . . just with the curriculum I just felt like my time would have been better spent actually working as a nurse (rather) than being here learning how to do what I already knew how to do. (P6)
I think just the frustration of knowing that I know some of the things and having to go over things again was a little bit like arghhhhh (and expresses her annoyance by throwing her hands in the air). Just the little that we learned through the Enrolled Nursing that was there, and when you work as an EN it all comes together and it all makes sense and it was a little bit frustrating . . . I felt that I was repeating what I’ve already done at TAFE. (P2)

Like the first semester there are some things that I thought like I wasn’t learning anything because I knew it already so it was kind of boring, kind of pffft . . . so not really happy. (P5)

An additional frustration for one EN participant was related to her perception that she was paying for learning that she considered she already knew:

I found that the least thing I liked was redoing something that I’ve just done a lot of in the last units in semester 3 of TAFE, which was the first units I did in semester 1 of Year 2 at Uni. I thought I’m paying for this and I’m not learning anything . . . it is a bit of a struggle. (P1)

Further to the frustration already expressed by the ENs regarding the amount of revision they were subject to as a result of only receiving 12 months advanced standing, one experienced EN begrudged only receiving the same recognition of prior learning as less experienced ENs; rationalising how she felt that she deserved more:

You had your certificate, or your hospital based diploma and you went on the pathway, the EN pathway (on enrolling in the BN). We were all exactly the same . . . we’re talking about some that have just come out of doing their diploma for two years or their certificate and they’ve just gone straight on to do their Registered Nursing. So they’re doing exactly the
same amount as I’m doing so when you think about it I’ve been qualified since 1984. You know I’ve got a little bit more experience - I’d like to think - than most ENs. (P7)

She also expressed vexation that the standardised advanced standing did not acknowledge her substantial clinical experience:

‘It’s the same with the practical units. You know, like you go into your surgical or medical - whatever the clinical placements that you have. That’s all I ever did was clinical I’ve been in hospitals and clinics and stuff like that and that’s all I’ve ever done. So why am I doing that? . . . think mostly that having to do six weeks unpaid practicals for someone who’s experienced, that should be dropped, I really do . . . I just don’t see the point in me having to do that. I just thought that was ridiculous. (P7)

Again, unlike the other non-EN students, the ENs reported how the advanced standing issue resulted in them feeling unchallenged whilst on their clinical practicum:

Feeling like you are just going backwards on Prac. I really expected to learn new stuff straight away. I was ready but it didn’t come for a long time and you kind of got a bit stale. (P1)

The frustrations experienced due to the amount of theoretical and practical repetition perceived by the ENs was sometimes expressed in behaviours that at times were viewed by their peers as being less than ideal, and contributed further to their ‘standing out from the crowd’:

I’ve seen in class a couple of ENs questioning the lecturer (disrespectfully). I just think well, depending on experience and that sort of thing, you don’t have to agree but you don’t have to be rude either. (P1)
(Some ENs) could get up some people’s noses but I’ve not had that personal experience . . .

but you know if you were one that was a bit, sort of in their faces and overtly went about
spewing your knowledge when they (the lecturer) didn’t want it, you could get up people’s
noses quite easily. (P3)

Supporting this, the academics also commented on how the ENs stood out in class, causing
disruption to their teaching and the learning of the other students:

I think, as we said, it’s the way they carry themselves, it’s almost as if they become defensive
by becoming offensive in the classroom. When I say to students what do you think about
that, why do you think we are doing it this way, the regular University student kind of
question or think about it or apply their text to it, whereas the EN students tend to go - “well
we always do that, we’ve (always) done it that way”. (A1)

Because sometimes you get that attitude of students that stop engaging because they know
the ENs are going to crank up and be the expert. Do you know what I mean? And (the ENs)
answer the questions in the tutorial, so it is very much . . . the ENs will answer it, so other
people stop interacting. (A2)

At times, the academics also perceived that some ENs further stood out from the rest of the cohort
as they actively undermined their teaching:

I must say I’ve heard quite often little mumblings in the clinical rooms - “don’t worry, don’t
worry this is what you have to do when you get in here but when you get out there its
nothing like this” . . . it’s almost an undermining because they (the ENs) said “this is unreal,
this is stupid, just use it for Uni. but when you get out there the whole thing will change.”

That I think can also be quite an influential power over the younger nurses, particularly the ones who are pretty good at taking shortcuts. (A4)

A3 continues this thread of discussion:

If it comes to doing some clinical skills, you listen to the conversations and you can actually hear, as you said, the mumblings (from the ENs). (A3)

This classroom disruption was noted as declining when the content being taught was new to both the EN and the non-EN students; as all students were learning a new subject with minimal pre-existing knowledge base resulting in more cohesion within the classroom. This is described here by one academic in relation to the maternity unit:

I think that firstly I was pretty lucky in the maternity (unit) because nobody had a great deal of experience in it . . . so I was lucky enough to have a topic where it was almost as if there was an even playing field except your own personal experience so that was a wonderful thing. (A4)

Enrolled Nurses described how their experience of tertiary education was one where they felt different and stood out from the other students for a range of reasons that included their difficulty with blending in with the rest of the cohort and their feelings of frustration and boredom with revision of content they felt familiar with, and didn’t see the relevance of. This sometimes resulted in disruptive classroom behaviours that contributed to them being perceived as being a group apart from other students. The ENs’ perceptions were corroborated by the academics’ data. However
‘standing out’ was not the only complication for ENs within the program, as they struggled to balance the various demands upon their lives.

**Theme Two: Seeking personal and professional balance**

This second theme developed from data that identified how the ENs tried to seek a balance with the range of demands and competing priorities that they encountered in their lives at home, work and university. Professional issues were also described, as the ENs equated difficulties encountered in the program with challenges to their identity as an EN. The resulting sub-themes ‘stressed by competing priorities’ and ‘feeling their identity as a nurse challenged’ combined to form the theme ‘seeking personal and professional balance’.

**Sub-theme: Stressed by competing priorities.**

Enrolled Nurses reported how they struggled to balance all the priorities in their life with the demands of their University studies:

*It’s life, isn’t it. It’s hassles, it’s children, it’s mortgage, it’s money, it’s stresses, it’s family, it’s everything you have to think about . . . to juggle everything, my house is a mess but I don’t care.* (P2)

*It was just when you’re sort of mid semester and overwhelmed with everything and life is going on at home and children still, even though they don’t live at home, it’s still you know, going through their mental breakdowns, they’re still kids. They may as well live at home . . . home life can intrude (on the University study).* (P3)

P6 clearly articulated how every facet of her life was consumed by study:

*It’s not as if I have any other life other than study . . . it’s there, it’s constant and it never goes away, even when you are trying to have a good time! It’s there, it’s like you are listening to*
people but you’re not taking any notice of what they are saying because you are thinking “well I should be home” . . . like most of us feel like prisoners in our own home because we never go outside . . . I haven’t finished my assignment and so you’ve got all this work and you’ve got only this much time to do it in. So that’s what I mean by there is not enough time to do it properly so you just feel like nothing is done properly. Cars not washed, ironings not done, assignments haven’t been finished. So yeah more time in my life would be good. (P6)

Study demands also often intruded on personal aspects of the EN’s lives as one participant describes as she attempted to find time to spend with her ‘fly-in-fly-out’ partner:

Adjusting to having him home and wanting to be with him, and you have this pile of Uni work. That is probably the worst thing in the world. Then when you do go out you think I’ve got so much to do. (P1)

The stresses involved with combining family and study needs are discussed as another challenge for the ENs as they tried to find personal balance in their lives:

Pressure, pressure, my husband always says “remember you have children. You have to work at times and you have a home to run. Don’t kill yourself.” Which is like - I think I am the one that is killing myself. (P5)

The challenges resulting from the pressure of study also impacted on others close to them, as P5 continues, explaining how her children had to adapt to fit in around her study:

They are good kids. They are very understanding . . . they know that they have to go to bed by 7.30/8 o’clock because mummy needs to study and they do that. (P5)
The academic workload in combination with other personal challenges, resulted in one participant describing the development of a psychological condition related to the associated stress:

> You have stress, you have everything that builds up and it’s not only Uni that affects me. There are also personal things and I think the Uni. work, the assignment load, everything kind of broke the camel's back. And I just fell in a hole and hated everything. Then it was my family who realised that something was wrong and they suggested I go and see a Doctor and I said “no there is nothing wrong with me.” I kept going and got more and more stressed and at that point I was doing an assignment for Psychology on stress and I realised that I’m suffering these symptoms. So I went to the Doctor and they said “you are depressed and you need to go and talk to someone.” (P1)

Financial pressures and the necessity to work were also discussed as competing priorities with the need for the ENs to study:

> It was not easy coming here. Nooo (stated expressively). I mean to stop full time work to come and study was always a procrastination, but it needed to be done . . . it’s a big pay cut so stress wise I reckon most semesters I probably get, like at the moment I’ve got a cold. I think you just run yourself down a bit. (P4)

ENs who were older and had been in the workforce for some time found it particularly difficult, especially when they now had to rely on someone else financially:
Especially with nurses who have worked in the field who have a full time job coming to rely on a partner or part-time work for themselves and coming to full time or even part-time study is very stressful for them. (P1)

The increases in stress levels involved with the monetary struggles as well as the inability to receive financial assistance or a scholarship are expressed by P3:

Yeah, definitely financial pressures and it pisses me off to be honest because I get nothing from Centrelink for being a full time student because I’m married and (her husband’s) income is about $60 thousand a year if that and then I did get a scholarship but I don’t get it now because I am not full time, which was helpful but it’s just like I can’t apply for any other scholarships because I don’t fit the criteria (expresses nonverbal frustration). (P3)

Further expansion is provided by this participant on the sacrifices her and her husband had to make to allow her to persist with her studies:

I’ve had to go back to do part-time agency and I’ve done the odd shift at the surgery, for financial reasons. But I’d prefer not to do that. It’s just something you have to do . . . definitely financial pressures. (P3)

And she continues:

It has been really hard financially . . . more than once I’ve thought about quitting because of having to go back to work and it is only because our parents have given us an interest free loan. My parents bought the house and we pay them back but it’s interest free and we haven’t made a house payment for three months because we just haven’t had it (the money).
I've talked to dad about that and he's fine with it and says “look whatever happens it's most important you finish your studies” kind of thing. But you know we feel bad because if we were in a normal banking arrangement we would be out on the streets by now. I would not be here. So it’s only because it is mum and dad are the bankers that I am still here and it is really tight financial pressure but you just get through it. But, yeah, that would probably be the hardest thing. (P3)

The academics also related how they had observed that the need for many of the ENs to work could sometimes have an impact on the amount of time that those students were able to contribute to their studies. Their perception was that these stresses and pressures could sometimes affect the ENs ability to commit fully to the academic requirements of the course:

*They fall down with the academic side of it because they are also often working pretty much full time as well.* (A2)

*Those people who haven’t engaged will miss it (the lecture) and unfortunately it is quite a high percentage of those ENs because they are working . . . you end up with this sort of disconnect.* (A4)

The stresses faced by the ENs as they sought to balance the assorted demands of family, work and study on their life have been discussed, but these are not the only challenges that the ENs faced. They also looked for balance between being an EN and an RN nursing student with many feeling their EN professional identity was now challenged during their transition to RN.

**Sub-theme: Feeling their identity as an EN challenged.**

The EN’s experience as an RN student was sometimes associated with a perceived or actual diminished performance within the tertiary program, which then appeared to lead them to
experience a loss of self-confidence, and to have emerging self-doubts about their proficiency in their role as an EN:

\[I\text{ was making errors in the classroom and that sort of affected my confidence and made me really think I'm not as good an EN as I think I am, you know? When you have your confidence damaged and you think, am I as good a nurse as I think? Because I've failed that maths exam, I failed one assignment I had to work extra to make a scrape of a pass for one unit. So that did damage my confidence a bit . . . Am I really as good (an EN) as I think I am? (P2)\]

\[Of\text{ being an Enrolled Nurse, if you get something wrong it feels like it's not a good thing (because you think you should know . . . everything). (P5)}\]

Perceptions that these learning challenges could affect the EN’s professional identity are supported by the academics:

\[I\text{ think the other element of it is that because they are working clinically there is a big fear of failure. If I admit that I'm not coping with this and I can't do the work then I'm a failure not only within this environment but also in their current work environment (as ENs) so all the RNs and the peers that they are working with will see that they failed. (A1)}\]

The EN student who withdrew from the program also had difficulty with maintaining her confidence in her professional abilities after struggling with the academic requirements of the course:

\[If\text{ I had have known the way it was going to be, like that, no I wouldn't have (enrolled in the course). I wouldn't have just done that to myself. Like the worst thing you can do is put doubt in to someone who knows they are confident in the profession that they're in. Don't put} \]
One participant indicated how her identity as an EN was challenged as she realised that she was learning how to become the health professional that made the decisions, not the one who went to others for those decisions to be made:

*You are not always going to someone for the next answer, like you’re the answer (as an RN). So having to think well this is it like you’re it! This is me I have to think these things now . . . so I suppose just thinking that way and working things out yourself . . . I think you realise (as an EN) that you have to start doing it, as well as how hard it actually is.* (P4)

The ENs have discussed the range of challenges that they were confronted with as they sought to balance the demands of home, work and university. They have also discussed how balance between the competing roles of EN and student RN was hard to find when they felt they were not meeting their own expected standards in their tertiary studies. This then often resulted in self-doubt in their clinical practice as ENs. Both these struggles were also observed by the academics and supported in their data. However these issues may become magnified when the pressures of university education become prodigious.

**Theme Three: Struggling with the academic demands**

This third theme focuses on the ENs and the challenges they face trying to meet the requirements of tertiary education. The ENs reported a lack of preparedness for the demands of academic learning and that this sometimes had a detrimental effect on their experience. This theme, ‘struggling with the academic demands’ includes the two sub-themes ‘feeling unprepared for the academic challenges’ and ‘perceiving academic disadvantage due to commencing the program in its second year.’
Sub-theme: Feeling unprepared for the academic challenges.

In this subtheme the ENs talk about how they felt the different teaching format of their original EN training, as well as their skills-based practice as ENs, did not prepare them for the demands of tertiary education. This lack of preparation was reported by the ENs, with support from the academics, as often resulting in learning issues, especially in relation to the academic writing and assessment requirements:

You get these huge assignments . . . because they are so multi-faceted you have to answer so many things in 2000 words or 1500 words and you don’t get 5000 words to cover everything so you cram it all in or you take bits out so by the end of it nothing makes sense. And you are sick of looking at it! You start feeling like you can’t see anything, nothing. It’s like blahhh on the page and you just think right ohhhh in the back of my mind I’ve got another one, I’ve got another one and I’ve got all this reading and all these other things I’ve got to do . . . I didn’t expect there to be so much time to be spent on getting assignments right. (P6)

The lit review or the essay or a reflective essay. That was really hard, trying to understand and only have a small time to take in what people were trying to tell you, to explain it to you.

That was really, yeah, really hard. (P1)

The ENs continued, further discussing how they were particularly unprepared for the academic writing requirements of tertiary education:

Essay writing, like academic writing . . . They were my biggest challenges at the start of the conversion. They were just so far from my mind I didn’t even know how to attack (them). (P4)
I have sort of learnt the hard way . . . I write from the heart and I’ve had to learn not to write as much from the heart and that was a little bit challenging . . . the difficulty was that the writing took a while. That was my number one (academic difficulty). (P2)

One EN student stated that she struggled with the academic writing requirements to such a degree that she unwittingly committed plagiarism:

Like I haven’t written an essay for six years and then the standard is quite different . . . I came up for plagiarism for one of my essays. Because I wasn’t writing it in my own words . . . I’ve found it challenging . . . keeping up a good essay and its standard has been a challenge. (P4)

Understanding how to reference correctly was also discussed by the ENs as another academic challenge they were unprepared for:

Referencing is a bit mmm (not good) . . . I printed off everything and even after I look at the papers (on how to reference from the library site) on how to do it, and I think that it still doesn’t make sense. (P2)

These challenges felt by the ENs were identified as being related to the differences in teaching and learning expectations between their EN training and tertiary education, resulting in them being unprepared for the self-directed learning requirements of the BN program:

I think as an EN you get things handed to you a lot of the time, all your readings and stuff. Like you get your worksheets and you don’t have to do too much reading. (However with the University) a lot of the time with the readings you have to do them at home and write a lot
down. Whereas (with the TAFE) a lot of it’s handed to you, it’s all in the books and you don’t have to go out of your depth too much to find answers and things like that. (P4)

They kind of give you everything (at TAFE) and then what you don’t understand you kind of reflective read later . . . Like you’ve only got an hour’s lecture (in the BN program) and it’s kind of just touching on things, and the rest is in your readings. Whereas at TAFE you’ve got a 3 hour lecture (that covers almost everything). (P1)

The need to link theory to practice and to develop critical reasoning skills were highlighted by the ENs as further differences between their EN training and the requirements of tertiary education that led to them struggling with their learning:

It’s like we are given the knowledge so we can do the skill (as an EN) but we are not given the knowledge why we do what we do, and how we can analyse why we do what we do, so that’s the difference. We do what we do with the knowledge we’ve got, but we’re not thinking about why we do what we do . . . for me that’s where the distinction is. (P3)

P3 continues:

But the nursing knowledge (as an EN) is different to the nursing knowledge (required in the BN), again from the critical analysis, critical appraisal, critical thinking point of view, because we are not taught that. (P3)

Supporting this observation by the ENs, the academics reinforced how it was often evident that the ENs struggled with the conflict between their previous EN training and practice, and their current
academic study, though from a different perspective as they explain how the ENs had the clinical background but lacked the academic skills:

(\textit{The ENs}) don't have the academic (ability) to be able to fly necessarily but they've got the clinical experience to apply it . . . Lots of them have done the skill for a long time, and a lot of them have been deemed competent in those skills. But we are actually applying those skills in different settings or different scenarios, that's where they struggle to actually step outside their area . . . almost have to leave it behind. It is a new chapter they're starting and this is how you have to progress. (A1)

\textit{I think the challenge is to get them to understand how vital it is to have the theory to the skill which they have already mastered, because it is that that is so special because ENs don't have that theory behind it.} (A4)

\textit{I do agree they've got the particular way of doing it in the health setting that they're in, like the particular skill. Every day they are practicing it a certain way and when they come to the Uni. they have to practice it differently and have to remember it differently and that may cause dissonance and upset because of that'.} (A3)

The academics also discussed how some ENs may have been unprepared for the academic challenges because they had not been required to study for a long time or may not have been exposed to the learning inherent in acute care nursing:

\textit{They do struggle out there because the majority have been out of the game for much longer. I think they are in the same boat as the mature University students coming in, the ones who}
are forward of 40, 50, 60 years and who have been out of school for years and they are the ones who struggle. (A1)

My perception is that we have basically about two cohorts, or two different groups. One is the newly graduated ENs coming from TAFE straight away or a year or two under their belt and my perception of them is that they are quick on the uptake, good students, ‘get it’, they are quite easy (to teach). While the other cohort or group they have been through the hospital system and they take more time. They sometimes have plentiful experience if they've come from an acute setting or if they may have come from aged care, which is problematic. But they may take a bit more time to get them on track and into the programme and then they are up and running. (A2)

Similar to the difficulties with meeting the standard expected with academic writing, another consistent challenge expressed by the ENs was the sheer volume of reading and academic writing that they were expected to complete:

I saw all my readings and all my assignments . . . you hear about all the work but you don’t expect it until you actually see what you’ve got to do. And the outside people say “you’re always studying”. It’s like “would you like to see what I have to do for 3 years” . . . I had a little breakdown last semester and yeah . . . it was full on. (P1)

The amount of reading and writing that was required by the program led to the neglect of study to attain knowledge in more depth, as expressed by one EN:

I just feel like I spend all of my time, most of the semester, reading the journals - reading reading reading! Which means that I put in less time studying when I am supposed to study.
So that is my problem with academic writing . . . I did not know I would be writing a lot of papers . . . reading these journal articles, to write papers . . . that was unexpected. (P5)

P5 continues, elaborating on how she was unprepared for the large amount of academic writing she was required to complete:

When I say “struggle”, I think it’s because one semester I am doing three or four units and you have to write for all that and it makes it really hard for you to study. It’s just about the papers. That is my struggle with it. Writing them it’s not like I am failing them, no. It’s just the fact that you have to keep the studying aside and concentrate on the papers . . . Because it’s all about academic writing. That’s what I’ve seen it’s about writing, writing, writing and more (writing). (P5)

Though the volume of reading and writing was not the only academic challenge that the ENs faced, with P1 discussing how she felt overwhelmed by the demands of one of the second year units that was based on advanced medical surgical nursing:

Acute Care II, I really struggled with that. I felt like I was out of my depth, I was like whoooo (stated with head spinning). I know they would say like you gonna know things but you are not going to know everything. But even when someone might say something you think why don’t I know that, I’ve done the readings, I’ve done this I’ve done that? But it hasn’t stuck with me . . . but Acute Care II really was hard . . . I found it the most difficult and the most stressful unit to do. (P1)

And P1’s reaction when she saw the exam paper:
I opened that exam (Acute Care II) and I almost died (laughs). I honestly did, I was like, I felt like I knew nothing. (P1)

A further academic challenge that the ENs discussed being unprepared for was related to the university approach to skill’s assessments, with the ENs stating how they were different to the way they had been conducted in their previous EN training courses, resulting in them feeling intimidated:

It was more when we did simulation (assessments at TAFE) I never was scared going into them because they weren’t like here. Here it is cold. Whereas there it was like, this is TAFE, you had this, this is your simulation . . . and I’ve found it very frustrating to have come from one learning (at TAFE) then be put in the next (at University). (P1)

The difficulty with these assessments for some EN students related to how they may have used these skills in practice for several years but now they were being evaluated on them:

(The assessor) stood there and she said you didn’t wash your hands long enough and I didn’t even realise she was timing me. I was just thinking I got to do this, I’ve got to do that. I haven’t got too many bad habits in my aseptic technique but I think when you are in that clinical assessment I was just like stupid. I think yeah the assessments they are tough, they are tough . . . I’ve removed staples, I’ve done aseptic techniques, I’ve done neurological examinations (at TAFE) and (now) I was being examined on them. It was different; I was being examined on it. It was harder, it felt harder . . . when you have someone watching you with a clipboard I was like ohhh I’ve got to do this now (looking stressed) and I’m thinking, I can’t remember. (P2)
The difference between completing the skill when working as an EN, as compared to now being assessed within the BN program resulted in feelings of anxiety, as explained:

*Skills (assessments) make me really nervous because they are things I do at work every day but now under a watchful eye. I’m a nervous person generally in my life and I get more nervous and I can fail just because I’m being nervous but it’s something that I do and I’m being assessed for it. That’s the worst part of University, the skills (assessments) are the worst part.* (P5)

The challenge and frustration with the tertiary assessments is increased for one EN as she explains how she feels that they do not provide an accurate assessment of her practice as a nurse:

*Exams and stuff are challenging . . . and assignments and stuff. Only because I don’t think I was quite prepared for, number one the level, but also I never really get great marks I suppose. And it’s not because I don’t know the answers but I feel like when I get 50% of something that it doesn’t really display how I am like as a nurse. Because you’ve got all this theory stuff weighing on it . . . So I find that it’s probably my biggest challenge (the assessments).* (P4)

While P2 explained how she considered that overall, the BN program for ENs was a little like trying to ‘teach an old dog new tricks’:

*I think as an EN you sort of have this little world that you’re in and you get in that little world and then to come out of it and try and think like an RN was a little bit harder.* (P2)
The struggles with tertiary education that some ENs experience may be related to them having a type of disconnect with tertiary education, according to one of the academic participants:

*When I look back on all of the marks over the years, the ENs generally in the theory components struggle, they generally have the low marks and whether that is because there is the issue about not wanting to open a book and they don't feel that they need to have that theory or whether they are finding the transition from being told what to do to actually telling what to do is difficult, I don't know.* (A4)

The academic challenges that the ENs face have been described, however these challenges can be made greater when some academics are not meeting the standard of teaching that the ENs expect:

*Sometimes you know they're (non-EN students) being taught wrong. It doesn’t happen like that (in practice) and you’re not allowed to be taught like that. But that’s what they are taught here so you just accept that and let it go and they'll find out the same way you did (on Pract.) . . . you can lose trust in the lecturer because you think that’s not up to date or that’s not how you do it.* (P6)

*I mean some of the tutors that you had - you were more experienced than they were about what they were talking about, but you don’t do anything about that. That’s in the curriculum and you’re sort of like no, no it doesn’t happen like that (in practice)!* (P7)

The ENs further describe how, from their perspective, poor teaching practices can negatively affect their learning and increase their challenges when meeting the academic demands:
I am not naming names but one lecturer brought their personal home experiences to Uni and the majority of students found that you learnt nothing (in that unit) and it did reflect in our marks . . . and I thought that is a bit unfair for students who’re trying to learn and wanting to learn so that was probably a frustration with the Uni. as well. Yeah it makes your learning harder, especially if you are struggling already. (P1)

Additionally, another EN makes a comment on how variations in academic approaches and opinions can make learning more difficult, although it was delivered in good humour and with a degree of resignation; she was laughing as she said:

No two academics agree on the same thing anyway . . . even though there’s guidelines for marking it’s still at the subjective will of the marker and I find that frustrating. But maybe that’s just the phenomenon it is, academia! (P3)

The challenges of the program resulted for some in disillusionment with academia and the development of feelings of inadequacy as clearly explained by P7:

Because you don’t understand some of the things that they (educators) are actually saying because it’s in an academic structure, does that mean you’re stupid because you don’t understand that? Or you can’t immediately pick up what they’re saying to you? Like that can make you think I must be really dumb you know but it’s not, I suppose the language is different at Uni. I know that. But at the end of the day you still know what you are doing; it’s that you don’t express it perhaps in those terms. You do your essay, and you put your essay in and because you’re forewarned that if you don’t have it exactly the way the reader (academic marker) likes it they are not even going to bother with it . . . I just think that’s really sad because that just makes people think - well I must be crap! (P7)
The academic challenges that they faced have been discussed by the ENs, and supported by comments from the academics. Another contributing issue identified by ENs that may affect their ability to meet these challenges is the perceived academic disadvantage as they commenced the BN in its second year due to the standard 12 months advanced standing. Paradoxically this contradicted in some ways the earlier beliefs expressed by the ENs, that they felt that they deserved increased advanced standing due to their previous learning and experience gained as an EN.

Sub-theme: Perceiving academic disadvantage due to commencing the program in its second year.

Despite protestations from the ENs that they merited a greater amount of advanced standing, the ENs and the academics identified some foundational skills that they considered the ENs missed out on as they commenced the BN in its second year; therefore increasing the EN’s academic challenges. The ENs discuss how they felt they were disadvantaged by starting the program in its second year:

*We are going in to Uni. and there has been a year's worth a students already gone through.*

*You don’t know where you are going, you don’t know what you are doing.* (P1)

This participant continues on to describe the resultant academic disadvantage that the ENs experience:

*It kind of felt like you just got thrown in . . . It’s a big thing. It’s struggles with the assignments and that sort of thing. There was nobody really to coach us!* (P1)

This difficulty with acclimatising to the academic demands was supported by another EN:
Just getting into the minefield of everything I had to do. I remember, like sitting in front of the computer, had my login, my first little look at the University site. I just thought I don’t know where to start . . . I found the first couple of weeks I couldn’t get a grip. I was like, I can’t, I can’t do this. I don’t think I can, there’s too much. Where do I start? . . . It’s like this doesn’t make sense, that doesn’t make sense, nothing made sense. (P2)

Some of the academic disadvantages encountered by the ENs when missing the first year of the BN program are listed:

Academic writing and going through all those things . . . how to prepare yourself for exams. (P4)

The referencing and academic writing. (P3)

Further explanation is given by P3 on how they received a lecture on academic writing but that she felt that it was inadequate for what they needed to know:

I know we get the lecture from (staff member from Student Learning Centre named) about doing your essays and that, and everything he says yeah, yeah I got that but when you come to do it you’re like (pulls face, shrugs and laughs). You don’t get it at all! So that would be I think one of the biggest things (that we miss out on). (P3)

The replacement of some of the content they felt they already knew with much needed academic writing instruction is recommended by another of the ENs:
The next one is the academic writing. I just felt like I should have done it first, coming into the University... Because it’s all about academic writing. (P5)

The academics too acknowledged how the 12 months of advanced standing disadvantaged the ENs, discussing how these students missed out on important academic teaching and introductory information on the support services available. The academic participants itemise some of these foundational skills that they consider the ENs miss out on by receiving academic credit and entering the BN in its second year:

*Academically, writing an essay, academic writing and structure and writing of essays’* (A1)

*‘Starting to critique evidence and because they only know about Mr Google and Wikipedia, which is good stuff... but there are other options that they need to learn...’* (A2)

The ENs discussed how the difficulties experienced due to missing the first year of the program could be mitigated by the implementation of additional support tailored to assist their specific transition to University:

*It would have been good to have a bridging (course)... like even two days where you just learn a few more things like how to set up how you think and things like that... Just how to prepare yourself for exams... or (learn) organisation.* (P4)

Their need to receive more assistance to develop their academic writing skills was acknowledged by the ENs:
Maybe one of the small (teaching) units to get the writing skills beforehand. (P2)

I think the initial stuff like getting the referencing, and academic writing bit. I don’t know whether we need to have a day session on that. (P3)

The importance of tailoring the support for the ENs due to their perceived academic disadvantage is further discussed:

I think this would also help with the dropout rate as well. I know a couple of students who dropped out personally. If you were to have that first semester of second year, I really can’t speak for other ENs until they speak to you but from what we have discussed, utilise that semester to help with the transition for ENs. (P1)

The academics also made some recommendations regarding the additional support that they felt would benefit the ENs due to them missing the foundational teaching in the program’s first year:

I think they almost need to do the transition unit (a first year, first semester unit) for people coming into Uni. There almost needs to be a transition unit for people currently working in practice “alright, let’s see where you are, that’s how we do things academically, this is how we do things, this is what an academic essay is.” (A1)

Although assisting the ENs with learning strategies to succeed at University was seen as important by both groups, the academics also identified how they felt that the ENs were acutely disadvantaged by the 12 months of advanced standing in relation to content. A particular example given was that the ENs didn’t experience some of the learning inherent in the first year unit ‘Health Assessment and Physical Examination’:
The one thing that is fundamentally different between a Registered Nurse and Enrolled Nurse is assessment skills and it’s the one thing we get wrong. It’s the assessment skills to the absolute. It is understanding the pathophysiology that goes with what they are finding and they don’t have that connect. (A4)

I think this is one of the big skills that the ENs don’t get because they are given (the health assessment unit) as credit (advanced standing) . . . health assessment is one of the big areas that is different between an RN and an EN because ENs don’t often do that head to toe health assessment and yet we give them credit for it. (A2)

The result being that the academics consider that the ENs may then struggle with some of the second year units (being the first year of the program for the ENs):

They get to the second year acute assessment units such as 205 (Acute Care II) and they can’t apply it (the assessment skills learnt by first year students in the ‘Health Assessment and Physical Examination’ unit). (A1)

Individualising recognition of prior learning, rather than the application of a standardised 12 months of advanced standing for ENs, was another strategy suggested by the academics to decrease the EN’s academic disadvantage and improve their transition into the BN program:

I don’t think you should have to give them 12 months (of advanced standing). I think you should have to give them what they deserve for what they require to become an RN. So for some ENs that have been out of the game for a long time and academically are not there, it
may mean that they benefit anything from 100 (the transition unit) for instance where they can learn from the background of writing an academic essay. (A1)

The advantages of the awarding of individualised advanced standing are further discussed by the academics:

Some might get 12 months or some might get more, “OK you can do this first year unit, but miss these two and do that 3rd year unit and do that 2nd year unit”, or you might have someone where you say “let’s give all first year units.” You can tailor it to the person. (A1)

The benefit of individualised advanced standing is discussed by A2 in relation to one of the third year units that she coordinated:

I found it was difficult to keep ENs engaged because we were talking about workplace bullying, we were talking about preceptorship, we were talking about graduate nurse programs, we were talking about safety audits. We were talking about management things like that and it was very easy for them to switch off. “I don’t need to know this” and when you are talking about workplace bullying they’d seen it all. That is where a tailored pathway would be good. They weren’t interested, a lot of them weren’t interested because a lot of them had already transitioned to the workforce and they were not learning anything new. (A2)

One of the participants in the academic focus group also discussed how the introduction of individualised advanced standing for ENs may result in targeting teaching to meet the different learning requirements of each of these students:
Individualised pathway . . . because it would give them recognition for what they have done but also identify where they need to develop. (A1)

Another support strategy suggested by an academic focused on providing pastoral care for the ENs:

(The BN program should have) an academic whose portfolio is the ENs. You know pastoral care, yes some pastoral care for the ENs . . . and it is not hard to do because all the resources are in the University so it is just a matter of pointing them in the right direction. They don’t know what they don’t know (due to their 12 months of advanced standing). They don’t know that we have got councilors; they don’t know that we have got exam preparation workshops and they don’t know that we have got teaching and learning support. They think they know they have to be at this lecture theatre at 0900 on Monday but it is more giving them the time to acclimatise to the environment and transition through the culture shock and with an academic who’s in charge of that and is allocated the time in their workload model. (A2)

Difficulties for the ENs with socialisation were alluded to in the theme “standing out from the crowd” and also identified within this theme as being associated with missing the first 12 months of the program:

The socialisation . . . they don’t get the University experience, that collegiality. (A1)

They also don’t know how approachable some of the unit coordinators are . . . as well as the mentors, and the first year advisor. (A2)

The academic challenges faced by the ENs have been discussed and despite previous assertions from the ENs that they deserved greater than the 12 months of advanced standing that they are currently
awarded in recognition of their EN training and experience, they also acknowledged how this advanced standing resulted in increased academic disadvantages as they commenced the program in its second year. These academic struggles were also observed by the academics and corroborated in their data. Notwithstanding these repeated academic challenges that the ENs experienced, they were able to overcome these challenges and continue in the BN, moving towards fulfilling their aspirations to become an RN.

**Theme Four: Moving beyond the constraints of being an EN**

This fourth theme identifies the EN’s motives and aims related to undertaking the conversion to RN and how they began to achieve their expected outcomes as they progressed through the course. Integral to this was, after initially experiencing some difficulties on entering tertiary education, developing the ability to take on the challenges they faced and that have been discussed in the previous themes. This theme ‘moving beyond the constraints of being an EN’ includes the sub-themes: ‘a means of realising aspirations,’ ‘developing personal strategies has helped achieve academic success’ and ‘stepping up to the challenge.’

**Sub-theme: A means of realising aspirations.**

The ENs described a range of motives for enrolling in the conversion to RN, including expanding practice opportunities and increasing their knowledge base, as explained by the ENs:

*Just for my brain number one. Increase my knowledge. There are always things to know but also more opportunities for myself.* (P4)

*Have more options, you know. Learn more. It’s OK to have all the knowledge as an EN but if you can’t put it into practice then it is extremely frustrating. Especially when you are working with RNs who don’t have hardly any experience, they do it wrong and you’re under their guidance, under their authority and it’s really frustrating . . . if you want to be them you’ve got to do the work to be them!* (P6)
Frustrations with feeling constrained in their current position as an EN were further explained:

*I realised there were more options as an RN... I can do acute care but I really wanted to do critical care but I couldn't because of the fact that I was an EN and... I realised there was more potential as an RN.* (P2)

*It opens up more opportunities for me as well, like I'm in my early 50s, my back is stuffed and I don't want to be (the EN) super nurse on the ward running around. I've done that. It gives me more opportunities in the future to choose areas that interest me and potentially get the job that I want to get and particularly if we start traveling around and that sort of thing... being an RN would give me much more potential to open up the doors to where I want to be.* (P3)

*I've had an old boss say to me "your skills are wasted as an EN, you've got to do your RN." I guess not having the scope that RNs have means that you're limited in what fields you can get into. Like I did the six months Advanced Diploma course but I will still only ever be an EN. I could complete years and years and years of competencies and training and get all sorts of certificates, but I'll still be an EN.* (P6)

This participant continues, explaining how she had previously been offered nursing positions that were of interest to her, but was prevented because she was not an RN:

*This old lecturer of mine is a cancer nurse in the wheat belt and she's always saying “you've got to do your RN. I want you to come and work with me.” I can't come and work with her as an EN, I can't get that experience. Another friend who is an ED CN at Sir Charles Gardiner...*
Hospital wants me to go there and I thought I can't. I don’t have the qualifications to do the work that is out there inviting me to do it.’ (P6)

While for another participant becoming an RN is a ‘means to an end’ as she plans to use her completed RN skills to do ‘FIFO’ work with her partner:

(There is) more opportunity for me to be an RN too - if I wanted to do ‘fly in fly out’ work. Just that sort of thinking. (P1)

For a couple of participants it was also related to receiving financial compensation that more closely reflected their current responsibilities:

Because basically I wasn't getting paid for what I was doing. (P7)

I felt I was doing much the same work (as an RN). (P6)

One EN participant found her decreased scope of practice on migrating to Australia extremely frustrating, as it was much more restricted when compared to her previous country of employment:

Personally, I was trained in a different country as an Enrolled Nurse. When I came to Australia Enrolled Nurses were nothing. They were not regarded as anything. So I felt like the company I was working with there were so many things I wasn’t allowed to do as an Enrolled Nurse which was different to where I came from . . . so to me this was a challenge that I would go and be a Registered Nurse so I could be able to do everything while in Australia. (P5)
The ENs have discussed their motives and aims for enrolling in their conversion to RN, explaining how they hoped to move beyond their current professional restrictions as ENs and increase their personal knowledge and professional opportunities, as well as their pay. Attaining these aims often required the ENs to develop personal strategies to overcome the challenges they encountered in order to achieve the successes they aspired to.

**Sub-theme: Developing personal strategies has helped achieve academic success.**

The EN students highlighted a broad range of approaches that they had undertaken to ensure success on their pathway towards becoming an RN. Seeking out assistance from a range of sources was an important means of achieving this, with some of the ENs finding both friendship and participating in more formal study groups with non-EN and EN students to be particularly helpful. This was despite discussing how, previously in the theme “standing out from the crowd,” divisions existed between some EN and non-EN students:

*The other students have been a very big help and the other ENs too. I think we all kind of formed a little support group with each other because we are going through similar things. We talk outside Uni. and that sort of thing. I mean (fellow EN student named) and I have become very close and (other fellow EN student named). So having them was a big help, very big help. (P1)*

*The other students and study groups . . . being able to bounce off others . . . I've got two groups. Like (fellow EN student named) and I, we study and then sometimes (fellow EN student named), and then also there's a bigger group like with (non-EN students named) and a few of the others. Like I've sort of got two groups. (P3)*

Sourcing more formal avenues of support provided through the university was also described by many of the ENs as helpful to their academic success:
(Staff member from Student Learning Centre named), absolutely brilliant. Especially with assignment structure. Yeah I was pretty terrible, I must admit, and then he just said you need to do all this . . . so that has been a big help. (P1)

(academic staff name supplied) as far as reviewing essays (was great) . . . because I like to know the feedback and what I can do to make it better. (P3)

In contrast, one student found the offer of academic review and feedback not useful to her personally:

I've had people proof read it (my work) but I've not had it critically analysed by anybody (prior to handing it in) and I didn't want that because, I know it maybe makes me sound really stupid but I just thought I didn't want my confidence knocked. So I thought I don't want someone to go "that's wrong, that's wrong, that's wrong." (P2)

This student, instead, felt that talking about things and having a positive outlook was a strategy that helped her achieve success:

I've not encountered too many difficulties because I'm a talker. I will talk, I will get help, I'm not one that'll just sit and cry. I don't let it get to me. I've got quite a good sort of - what's the word I'm looking for - positive, the ‘Power of Positive thinking’. I try and be positive. (P2)

An alternate means of support was discussed by one EN participant, who described how accessing help from an RN colleague at her work was useful:
My staff development nurse checks most of my stuff. She has been definitely helpful. Just cause she was here a year ago she's only new (as an RN). So she's set up a day for me . . . Where she's just helping me to structure sentences and how to give it (the academic writing) a bit more oomph. (P2)

Receiving support in the workplace was discussed as an opportunity to develop the skills required to become an RN, as RN colleagues were often willing to be mentors. This participant further discussed the support from the RN staff that she was able to access in her workplace:

I mean work wise they support me . . . I did a night shift a few weeks ago and I’ll say “can you help me, can you talk me through setting this IV back up, can you talk me through this”? They like to be involved, they are very supportive as well. Well they know you’re doing your conversion they are a little bit more “OK yeah come on. We'll go through this, we'll talk through that.” If you get the right person at work and they’ve got time it does help and that is just amazing to have that support from work as well. (P2)

Seeking support other than those directly needed for academic success were also reported by the ENs as important:

There are times when I’m going nuts but previous in my life, I sought psychological support for other issues and I can still now use those strategies and skills to apply to this (the increased stress). (P3)

Total commitment to their studies was also expressed by the EN students as necessary for academic success; which sometimes demanded temporarily neglecting other responsibilities:
I don’t do a lot else though (laughs). I haven’t got a life . . . I work hard, I do work hard. (P2)

Individual study techniques were also discussed by the EN participants as helping them to achieve success in the program:

I think knowing what way worked to make it stick (the readings) which obviously is for me writing things out a lot. And then reading them over and over again until it sticks into my head . . . but at the moment just, yeah trying to do all my readings and listen to all the lectures and sometimes I listen to them twice and write down lots of notes just to get it into my head. (P4)

Interestingly, in contradiction to the academics’ views that ENs demonstrated disengagement with the learning by not attending lectures (outlined in the theme ‘seeking personal and professional balance’), P4 indicated that this was not necessarily so and that listening to lectures on-line was a strategy that best suited her learning style:

I actually find listening to the lectures on-line now is more helpful because I can rewind when I know that I’ve missed something. I find that actually easier . . . Whereas I’m the type of person that needs to focus and have that time just to listen. And I like being able to rewind when I’ve missed something so I think that’s important for me but it’s different for everyone. Some people have to come to (the lectures). And I think it was more important in the first semester . . . coming and listening that way. But now I have worked out my routine a bit better. (P4)

Another successful strategy in achieving academic success reported by an EN participant was to stick to a rigid study schedule:
I tick each week and I stick to each week what I have to do each week. And I think this week (I don’t think too far ahead). This week - this. Next week - that. And then I think I’m half way, so yeah. I work hard, I do work hard . . . Like this week’s - presentation, next week - start working on the last assignment, takes me ages, but I’ll get there. I can’t work them out the night before; I’m not one of them. (P2)

Despite the challenges the ENs described in earlier themes most were able to adapt in their own ways and, combined with their own inner resolve, find strategies that best helped them to succeed in moving towards developing the attributes required as an RN.

**Sub-theme: Stepping up to the challenge.**

The ENs discussed how, despite challenges and occasional setbacks, they strengthened their determination to continue on in the program to complete the conversion from EN to RN:

*Last semester was a challenge because it was me thrown into a University environment and I was like ohhh can I do this? And I thought yeah I can. Come on, keep going. So it’s like a battle of wills going on.* (P2)

*I was like I can’t do this, I can’t do this, I can’t do this! And they (my friends) said that I should come back (to the US) and then I thought “I don’t quit!”* (P5)

The importance of having resilience when the academic challenges increased is also discussed by P3:

*I think just the burden of everything building up and like you feel like this puddle-duck where you are floating on top and paddling underneath (indicates furious paddling and laughs) and it’s like, I refuse to be beaten! So for me it’s just like I put more energy into things (when it*
(gets tough) and somehow just decide I’m not going to be beaten because I really just don’t like being beaten by things like, academia. (P3)

Being told that you wouldn’t succeed in becoming an RN was also described as an incentive to ‘step up to the challenge’:

_I think my biggest thing that has helped me through Uni. was my TAFE lecturer telling me that I won’t make it (laughs). That was my biggest motivator; I gotta prove them wrong!_ (P1)

This participant discussed a little later in the interview how this kept her going when she was particularly struggling with the academic requirements of the program:

_There was a moment there last semester I thought I really need to go part-time and have a break and then this voice comes in my head (the TAFE lecturer saying) “you can’t do it” and I thought I’m doing it, so that was probably the biggest thing that has got me this far._ (P1)

Similarly, P3 discussed how her inability to previously enroll to undergo the study to become an RN when she first left school has motivated her to continue with her studies:

_Just a point of principle. Proving a point, really. I had actually got into Royal Perth to do my RN training before I finished my TEE. I needed to get four level fours or better in the TEE and I got 1 for Math, 3 for English, 4 for Human Biology, and 5 for the other subjects and they wouldn’t take me. That’s how I ended up in Enrolled Nursing and yet now I got in here on the results of my TEE from 1979, and I can get into any Uni. except UWA on the current marks. So it’s a bit like proving a point, flipping the bird and saying “there”! There is a bit of that in it. Don’t tell me what I can’t do!_ (P3)
In this theme the ENs have discussed their motives for undertaking the conversion from EN to RN and how they either developed their own or sought out other available strategies, and drew on personal strength and resilience, to continue and succeed with their academic studies. They also described, despite the numerous setbacks they discussed, other personal aspects that were beneficial in building their self-belief and helping them to grow personally and professionally within the program.

Theme Five: Growing within the program

Despite previously being discussed as a disadvantage (in the theme ‘struggling with the academic demands’) this fifth theme reveals how the EN’s experience as health professionals become a source of self-confidence for them as they progressed through the course, especially when it was valued by other students and the teaching staff. The ENs also discussed how achievement within the program subsequently resulted in feelings of increased self-worth and empowerment, both personally, as well as in their practice as ENs. This final theme developed from the sub-themes ‘strengthened by their beliefs in their capabilities as an EN,’ ‘feeling gratified when EN expertise is valued by peers and educators’ and ‘feeling empowered through academic success.’

Sub-theme: Strengthened by their beliefs in their capabilities as an EN.

The ENs discovered that although there may have been some detriments associated with coming from an EN background, their previous experience practising as ENs also gave them an added advantage and increased their self-confidence in their ability to successfully complete their conversion from EN to RN:

*Huge advantage (to be an EN in the program) - background knowledge, experience, done a lot of what is going on in the labs. You’re not as apprehensive or frightened or worried that you can’t do it, because you’ve done it.* (P6)
I think having that prior learning coming into RN . . . knowing the nursing background or at least some stuff about nursing helped a lot . . . having done Pracs. in TAFE and coming into Uni. if I’m learning something new . . . you kind of click along the way (such as) when you were talking about Guillain- Barrè syndrome (in class). I looked after two patients with that as an EN at TAFE so that’s where you kind of put 2 and 2 together and it does, it helps you. (P1)

Similarly, P4 discusses how her previous EN experience was beneficial when studying within the BN:

I realised how much I did know as well (doing the BN) if that makes sense. I realised I actually (did know something). I didn’t realise that I did . . . I suppose you’ve got that basic confidence . . . and I suppose that I’ve got basic knowledge and I know why things are being done . . . I think that if I didn’t have it (basic foundation of knowledge) then it would be a lot harder . . . like I find that the acute and the complex care (units) . . . I’ve had some sort of base knowledge there before so it’s more enhancing what I’ve already got. And I suppose if someone asks you questions to do with those things you sort of go I sort of know this, this and this so I suppose maybe it’s just enhancing that and that’s the next step. (P4)

A further advantage to being an EN within the program was linked to having confidence when being out on clinical practicum:

Just increased confidence (being an EN). I think that reflects onto your patients as well because you’re not worried about letting something go or talking to the patient that’s there. And I’d say that’s probably my biggest thing . . . Just knowledge like being able to explain things to a patient, why you are doing it. Just knowing kind of stuff so if they do ask you a
question you know what to do because you have already done it (as an EN). So it is just extra

skills and thinking that you’re adding on (to that EN basic knowledge and experience). (P4)

The advantages of having the EN experience to adapt their theoretical learning to their clinical practice are discussed:

It’s not text book anymore . . . sometimes things will go absolutely upside down and then
everything is thrown out the window (as taught in the textbook). But I think I have that little
knowledge. It’s been really useful, my prior knowledge. (P2)

Another participant describes how their previous experience as an EN was beneficial to them while on Prac:

Yeah, it (confidence from previous EN experience) does, definitely (give the ENs an advantage). Because you’re in that environment. I’ll go on to different wards and stuff and the experience is different like when I did maternity. Totally out of my comfort zone that was. I didn’t know a lot about that but I knew if something was wrong and I did have something happen on Prac and I was onto it straight away . . . this woman had given birth and I said to my midwife “I’ll go and do some obs” . . . Did some obs and I thought she looked pale, she was talking to me, and she didn’t seem weird but her obs weren’t right - blood pressure was really low, pulse was really high and I thought and I said “how’s your blood loss” . . . and I lifted the sheet up and I just was like ohhh OK. I hit the bell, midwife came in and I went “you need to check this lady, I’ll do another set of obs I want you to have a look I think there’s something going on.” Well this woman just like, it was more or less code blue. She just haemorrhaged . . . but I sort of sensed it straight away just by looking at her. And that’s a skill that you get when you work and that takes time. And I’m not the most experienced
nurse but I know when something is not right. That's why I think as an EN like going into the RN is able to go, I've got all that, I can do all that, and I know how to walk into a room and assess a person and do obs. and talk and communicate and know when something is wrong and talk to Drs. I know all of that and that to me is a big part of nursing. (P2)

Further benefits of having previous EN experience are discussed by another EN:

I've got more experience. I've had a broad exposure to medications in general practice, to immunisations, to triage, to everything because you did everything (as an EN in general practice). So for me I've got a broad knowledge base, which has been useful . . . I think having been a nurse I've got good communication skills that's an advantage because you deal with all sorts of people; yeah you really have to be culturally sensitive. (P3)

Another EN participant explained how achieving success in completing the EN course gave her the confidence to enroll for the conversion to RN:

The Enrolled Nursing gave me the confidence (to enroll) as an RN because I thought that as an EN it was within my reach. I felt like I can probably do this, but the RN I thought I can never achieve (until I had completed the EN program). But I thought actually I could do this because I've just finished a grad program I feel like I can go on further . . . It was the EN that gave me the confidence to do it (enrol for the RN). (P2)

Despite the many comments from both ENs and academics that academic success could be inhibited by the style of learning associated with becoming an EN, one participant did outline that there were also a number of ways in which this assisted her:
We used APA referencing they taught us how to research, exams were very similar in a lot of ways and yeah it did (help) . . . If I hadn’t have gone to TAFE I wouldn’t have continued. I would have probably had a breakdown - so TAFE did help me a lot . . . I guess coming from TAFE it was the fact that I had a lot of prior learning. I knew a lot more than the other students I guess on day 1. I had a little bit of a handle on the assignments. Not so much until I opened one up. But it did help me having written a couple (of assignments) at TAFE coming into this - coming to Uni., as an EN. (P1)

The previous experiences of the ENs have been discussed as aiding these students in the BN program, especially in the areas of practicing nursing skills and when out on clinical practicum. Though, the ENs also described how the importance of having their knowledge valued by others benefitted them.

Sub-theme: Feeling appreciated when EN expertise is valued by peers and educators.

The ENs expressed pride when relaying the following information about how they enjoyed sharing their EN knowledge base and experience; with the ENs initially describing how they liked assisting non-EN students:

I get on with the first to third year students. I sit next to them all the time and they seem to single me out for some reason and maybe because I think I help play it down a bit. “Don’t be worried, don’t be scared.” Some of them are like “how am I gonna do this, how am I ever gonna be a nurse?” (I say) If I can do it, you can do it! (P6)

Because I think I found it a good way to have actually taught the new ones (BN students) how people are different and how your tone of voice can actually affect someone. I enjoyed that because I knew that they were going to be able to pick up these little snippets (of advice) and I hope that when they approach a patient or something that they will be aware of the
circumstances. You know like there is always a circumstance behind someone’s behaviour or their reaction to something. Instead of like putting them into a bracket straight away “he’s a nutter.” (P7)

Further expressions of satisfaction were demonstrated as another EN discussed assisting the new graduate nurses:

I love helping the new grads. that come in. I’ve worked alongside them and they are like “well what do I do here again” and I’m like “yeah I’ll go and do the obs. for you while you go and concentrate on that or I’ll do what you need doing.” I’m very helpful. (P2)

The EN’s pleasure at being able to assist the non-EN students with their academic challenges shone through as the ENs discussed how they were able to support these other students:

There were a couple of times in (class) where things weren’t explained properly so the (non-EN) students kind of turned to us and we explained it, I guess. (P1)

Because I’m good at maths, I did a few of those (study sessions with the non-EN students) this week. I don’t mind because we can all bounce of each other. Gets us all through. So I do enjoy that mentoring each other or helping each other. (P3)

The benefit of the EN’s training and experience to the teaching of the non-EN students is supported by two of the academics:

I’ve used ENs before to demonstrate something. I have demonstrated skills then gone around and seen an EN showing the Uni. student and then explaining in a different way, not
necessarily a better way, just a different way with equal levels of understanding at the end of it. I’ve gone “that’s a great way of explaining it, guys have a listen to this.” (To the EN student) “will you mind sharing that with the rest of the class” and getting them to explain that to the rest of the class. I think that’s kind of, professional courtesy. To say “OK I’m the RN but that’s as good as how I explained it and some of the students may understand it better than the way I explained it.” (A1)

I mean we could really harness it, we could all as student coordinators harness the knowledge (that EN students have). (A4)

The ENs have discussed how their previous training and skills as an EN have benefitted both themselves and the other students, and built their self-confidence concurrently, though they also felt encouraged as they overcame academic hurdle after academic hurdle to get closer to their goal.

**Sub-theme: Feeling empowered through academic success.**

As the ENs have achieved academic success on their way to becoming an RN, this has had positive outcomes for both their personal lives, as well as their practice as ENs:

*I think I’ve grown as a person . . . just matured a bit. Taking on things myself even if that’s just deciding to do my essay straight away and just accomplishing an essay myself is a big thing for me. And just being able to finish things and get to where I am at the moment. I feel like I’ve moved on as a person. Yeah confident, probably more confident even at work because I know things now you know that I didn’t know before and I’m like ahhh that’s why they did it (the RNs). So I suppose in that way it’s made me more confident in that I have learnt things and that I have more understanding as well. (P4)*
Likewise, P2 was positively beaming as she enthusiastically described how she felt as she achieved success in her BN studies:

*It’s just like a really good feeling to be expanding, especially when I come from a very small town (named as being overseas). Never thought in a million years that I’d ever make it to University. It’s like (for) the younger generation. It’s not a thing that they (her generation from where she came from) would think “ohhh Uni., wooo we’ll all go to Uni.”. It’s like something like never in my scope as a younger person. So for me to be here it is a real achievement.* (P2)

Her description of how she had been empowered by her experience at the University shone through as she continued:

*It’s going back to learning again. I’ve loved the learning and the writing and absorbing it all in the classroom again, after so long. It’s just a great feeling to be like, like there is the old saying that you never stop learning, and I never thought that I would get this far and I know I keep saying it but I never thought I would and I have. So I am quite proud of myself in that way . . . I’ve loved being in this and I’m so proud of myself getting this far.* (P2)

This positive personal expression of self-worth regarding the academic achievement is echoed by P3:

*It’s like I never thought I’d actually get here, let alone do as well as I do.* (P3)

As well as feeling more self-confident, the ENs also discussed how they had developed into more competent and thoughtful practitioners:
I think I'm a more empowered nurse . . . yeah more empowered and a better thinking nurse. (P3)

I think that it’s good that I question more of what’s out there now and I’m a bit more cynical and less gullible and in nursing as well. Because some of the stuff that you do (as a nurse) you go back to work and you think you’re not supposed to be doing this because it makes no difference or makes it worse. (P6)

Yeah confident, probably more confident even at work because I know things now you know that I didn’t know before. And I’m like ahhh that’s why they did it. So I suppose in that way it’s made me more confident in that I have learnt things and that I have more understanding as well. (P4)

This development of the ENs into better practitioners through their learning in the program is supported by one of the academic participants as they relayed how an EN explained to them that they now have a greater understanding of the theory behind their practice:

This EN said to me “It is essential to understand that when your vital signs are out of the normal what it actually means. I used to just do them (the vital signs) but didn’t really understand what they meant. Now I have that element of theory behind it I understand it is important to note that a pulse is rapid, breathing is shallow and blood pressure is rising, and what that means.” (A4)

While one participant briefly summarises how the learning has made her feel professionally:

I love the feeling - it has given me the confidence in myself as a nurse. (P2)
The ability to drive change in her workplace was discussed by one EN as a positive outcome of her improved self-confidence resulting from her success at her studies:

*It’s been good because I’ve learnt a lot. There are things that I, let me say, I’ve built on my skills that I learnt as an EN, I’ve built more on. Which makes it good and then I feel more confident now even at work as an EN . . . Everything I learn when I got back to work before anybody says anything I’ll be like “this is how you’re supposed to do it, it’s evidence based. This is how you do it” (stated very enthusiastically). Things have changed.” . . . So I always try to (set an example) at work and they are happy and I think everyone likes me for that because I bring the new stuff from Uni. I bring it and I am happy with that. And then like even at the staff meetings she (the ward coordinator) will say “just copy the way (P5) does. See, this is what (P5) is doing.”* (P5)

A greater awareness of legal and governance issues is discussed by another EN as a further example of how the increased knowledge gained in the BN program has improved their practice as an EN:

*I’ll protect my registration so I think being here I’ve learnt that as well. It’s made me much more aware of that (the legal responsibilities of being a nurse), because you look at the legislation and all that sort of stuff. There is so much in there with the potential for stepping over the line.* (P3)

P3 continues on to summarise how she now considers that she is now able to think like an RN:

*I’m learning to think like an RN even though I am still an EN, so I am asking more questions. I’m relating the theory to the practice more . . . now I am critically thinking about what I am doing and why I am doing it and if I am not sure about something and then I’d always ask*
The ENs have described how their previous EN experience was appreciated by others and contributed to their growth within the course. Academic success has been discussed by the ENs as empowering them, both in their personal, as well as in their professional lives. This success in the BN has been discussed by the ENs as resulting in them looking forward, as they started to develop into the RN role.

Summary of the Findings

The ENs have provided the data exploring their experiences while studying to become an RN through the BN. This data was enriched with the perceptions of the academics involved with teaching the ENs. Thematic analysis of the data provided by the ENs and supported by the academics revealed five themes: ‘standing out from the crowd’, ‘seeking personal and professional balance’, ‘struggling with the academic demands’ ‘moving beyond the constraints of being an EN’ and ‘growing within the program.’

The first theme ‘standing out from the crowd’ was developed from the two sub-themes ‘feeling different and stereotyped’ and ‘expressing frustration with perceived inadequacy of recognition of prior learning and experience.’ This theme discussed how the ENs felt that they had been stereotyped as difficult by the other students resulting in the m being labelled as different and creating division between them and the non-EN students. This theme also revealed how the ENs were frustrated with what they felt was an insufficient amount of advanced standing that resulted in them experiencing large amounts of revision, with subsequent expressions of boredom and reports from both ENs and academics of poor behaviour from some ENs within the classroom.

The second theme ‘seeking personal and professional balance’ arose from the sub-themes ‘stressed by competing priorities’ and ‘feeling their identity as a nurse challenged.’ This theme expounded on the challenges faced by the ENs as they struggled to balance the demands of
academic study with their work and home responsibilities, and how perceptions of a lack of success in their academic studies may have resulted in a loss of confidence in their capabilities as ENs.

The two sub-themes ‘feeling unprepared for the academic challenges’ and ‘perceiving academic disadvantage due to commencing the program in its second year’ combined to form the third theme ‘struggling with the academic demands.’ This theme explored how the ENs experienced several academic challenges, especially in the areas of academic writing and clinical skills assessment, as well as with the self-directed requirements of tertiary education, reported by both ENs and the academics as being different to their original EN training. This theme also described how ENs perceived academic disadvantage as they started the BN program in its second year due to their 12 months of advanced standing, despite in an earlier theme describing this 12 months RPL as inadequate for recognition of their previous EN training and experience.

The fourth theme ‘moving beyond the constraints of being an EN’ developed from the three sub-themes ‘a means of realising aspirations,’ ‘having personal strategies has helped achieve academic success,’ and ‘stepping up to the challenge.’ The motives that the ENs had for undertaking the BN were explored in this theme as well as how the ENs had their own methods for succeeding within the BN program including their own personal study techniques and the accessing of institutional support. Finally this theme discussed how the ENs overcame the various challenges they were faced with as they underwent the transition to RN.

The fifth and final theme ‘growing within the program’ arose from the three sub-themes ‘strengthened by their beliefs in their capabilities as an EN,’ ‘feeling gratified when EN expertise is valued by peers and educators’ and ‘feeling empowered through academic success.’ These sub-themes reported how the participants’ previous experience as ENs gave them an advantage in their tertiary studies and helped them achieve success within the program, as well as how this experience was valued by others resulting in the ENs expressing feelings of self-worth and pride. Finally, this theme discussed how the EN’s academic success resulted in them increasing in self-confidence and feeling empowered.
CHAPTER FIVE
DISCUSSION AND CONCLUSION

Introduction

This study was guided by the research question, ‘what are the experiences of nursing students who are enrolled internally in a Bachelor of Nursing program as they transition from Enrolled Nurse to Registered Nurse?’ This research was conducted in an undergraduate nursing program in a regional campus of one University in Western Australia.

At the time of this study all Enrolled Nurses (ENs) commenced the Bachelor of Nursing (BN) in its second year having been awarded the standard 12 months of advanced standing, however despite this, they were not an homogeneous group. Their backgrounds were representative of the variations found in the normal EN population in Australia (AIHW, 2013) where their nursing training may have been completed through either a vocational education and training (VET) course or through a hospital-based certificate. There was also a broad representation in the ages of the EN participants in this study, which ranged from their early 20s to over 50 years, with the average age of this sample comparable to the current Australian average age for ENs of 45.9 years (AIHW, 2015). Similarly, the EN’s nursing experience post registration also varied widely from less than two years to nearly 30, and ranged from low acuity care through to highly specialised areas. However the identity that ENs acquire from their EN registration, provides a commonality between this otherwise diverse sub-cohort of students.

The variation in the sample allowed the collection of data related to a range of EN experiences that could then be triangulated with data exploring the perspectives of the academics who were teaching them. This approach provided a rich in-depth understanding of the EN transition experience and supplements knowledge acquired from two previous Australian studies; one that focused on the transition experiences of predominantly rural based ENs converting to registered nurses (RNs) through an external purpose developed course (Rapley et al., 2006) and another that employed a focus group of ENs enrolled at one university to explore the barriers they faced, and the
strategies that they engaged to overcome them, as they underwent the conversion to RN (Hutchinson et al., 2011).

The individual experiences of the EN students in this current study were explored through the lens of Schlossberg’s Transition Theory (Schlossberg, 1981; Schlossberg, 1984; Schlossberg et al., 1995; Anderson et al., 2012) due to its emphasis on the importance of each person’s perspective of their transition. Transition Theory (Schlossberg et al., 1995) consists of three major components. The first component has two parts, ‘approaching transitions: transition identification’, which considers the impending transition and its meaning to the individual, and ‘the transition process’. The ‘transition process’ comprises a staged progression involving ‘moving in’, ‘moving through’ and ‘moving out’ that requires adaptation from the individual as they transition from one stage to the next. The second component of Schlossberg’s Transition Theory, the ‘4 S system’, refers to the individual’s coping resources of ‘situation’, ‘self’, ‘support’ and ‘strategies’ (p. 27), which may support or alternatively limit their ability to cope with the transition. The third component, ‘taking charge: strengthening resources’, involves the strategies an individual can employ to build coping resources that may enable them to better manage these and future transitions (Schlossberg et al., 1995).

Understanding the personal experiences of the transition, as revealed by the ENs and the observations of their educators, how the ENs’ lives were affected, how they coped and how most ultimately achieved success was crucial to this research. Schlossberg et al.’s. (1995) Transition Theory not only guided the preparation of both the interview and focus group questions, but also provided a valuable framework for the discussion of the themes revealed through the data analysis. These themes were: ‘standing out from the crowd’, ‘seeking personal and professional balance’, ‘struggling with the academic demands,’ ‘moving beyond the constraints of being an EN’ and ‘growing within the program.’ A discussion and summary of these findings forms the basis for the development of an EN to RN transition model, which is accompanied by an outline of the study’s limitations, resulting recommendations, implications for further research, and conclusion.
Preparing to move in: Anticipating the journey

The ENs in this current study undertook the conversion to RN for a variety of reasons however the primary underlying impetus for most was that they didn’t want to remain in the EN role due to frustrations they experienced with their current scope of practice. Additionally, aspirations to diversify their work opportunities into areas they viewed as only available to RNs, such as critical care and community nursing, were expressed by several of the participants in this study and matched findings from both international (Dowswell et al., 1998; Milligan, 2007) and Australian (Rapley et al., 2006; Hutchinson et al., 2011) studies. Moreover, the ENs explained that a further motivation for aspiring to become an RN was to receive appropriate remuneration for their current EN nursing duties and responsibilities, as they held a perception that in some workplaces their scope of practice mirrored the RNs but they were only paid at the inferior EN rate. The apparent blurring of the scopes of practice of ENs and RNs has also been recognised elsewhere (Boot et al., 1988; Kenny & Duckett, 2005; Jacob et al., 2013) as resulting in EN frustration and as an added incentive for them to undergo the conversion to RN.

The motivations identified by the ENs for undertaking the BN program can, in light of Transition Theory (Schlossberg et al., 1995), be seen as shaping the student’s perspective of the approaching transition. The ENs in this study positively anticipated the conversion to the RN program, especially in relation to having the opportunity to expand their learning and nursing responsibilities. This is important, as an optimistic attitude and self-confidence are considered essential to achieving success and overcoming challenges inherent in a transition (Schlossberg et al., 1995) such as that experienced by ENs within a BN (Hylton, 2005; Boelen & Kenny, 2009). However, interestingly, negative motivations have been reported in the overseas literature, especially from the United Kingdom (UK) in the late 1980s and 1990s and may have resulted in some of the students in these studies enrolling in conversion to RN courses with negative attitudes and expectations of the program. The UK findings (Boot et al., 1988; Foong & MacKay, 1996; Dowswell et al., 1998) should be considered in context, where the abolition of EN training combined with a fear that they may be
replaced by untrained care workers, resulted in many of these ENs feeling pressured to undergo the conversion to RN. The positive perspectives expressed by the ENs in this present study are representative of a significantly different time and place than the UK context, and replicate the findings more generally expressed throughout the literature.

In preparation for the commencement of the BN program the ENs in this study identified the need to arrange their work and personal responsibilities to ensure they did not impact on the expected demands of tertiary education. While some of the ENs felt that they were at a stage in their life where they could dedicate the required time to the conversion, others realised how they needed to decrease their paid work hours as well as organise additional support to assist them with family requirements. These findings are similar to other studies that reported how ENs in preparation for undertaking the conversion to RN program decreased their work responsibilities (Melrose & Gordon, 2011) and organised family and friends to assist with child care (Schultz, 1992). Once the ENs left the ‘preparing to move in’ stage and entered the ‘moving in’ stage of their transition they found that they were met with numerous challenges that impacted their journey.

**Moving In: Challenges impacting the transition from EN to BN student**

Transition usually requires people to adapt to new roles, routines and relationships in an unfamiliar environment (Schlossberg et al., 1995, pp. 44-45) and can be fraught with challenges. The ‘moving in’ stage of the transition into the BN program was often described as difficult by the ENs with a number of obstacles highlighted. The difficulties with orientating to the new environment primarily related to the ENs feeling academically unprepared, experiencing socialisation issues with the rest of the BN cohort and facing alterations to their professional role and identity. These challenges appeared to be exacerbated by the ENs commencing the program in its second year, having all been awarded 12 months advanced standing irrespective of their diverse educational backgrounds and practical experience.
The dilemmas of advanced standing.

The challenges of the awarding of advanced standing have been reported in this present study as being twofold. On one hand the students reported being disadvantaged by missing foundational learning, but on the other hand they were required to repeat large amounts of material they were familiar with, leading to the ENs feeling bored, discouraged and dissatisfied.

Standardised advanced standing is awarded to ENs on entry to many BN programs. This occurs despite the range of courses these students may have completed, which include either the older hospital-based system, Certificate IV training or the Diploma in Nursing. Although Ralph et al. (2013) cautions against standardised recognition of prior learning (RPL) due to the wide variations in both EN’s educational standards, as well as their experience, there was no observed increase in transitional problems in the current study’s participants related to any single mode of EN training type, with a wide spread of academic difficulties reported by all participants. These difficulties included learning new concepts and skills such as critical thinking, self-directed study, evidence-based practice and academic writing. The findings of a broad range of challenges encountered by all ENs does not support the assumptions that diploma trained ENs may make the transition to RN with more ease than ENs trained via other modes (Jacob et al., 2014), although the observations made in that and the current study only involved small samples and this would need to be investigated further.

Overcoming some of the challenges associated with the standardised awarding of RPL is beginning to be addressed with current research (Birks, Smithson, Wickett & Holmes, 2015; Birks, Smithson & Holmes, 2015) into the design of a software mapping program that will allow curricula of the Diploma of Nursing (EN) to be mapped against undergraduate BN programs. Validation of the structural model continues and a Beta version of the RPL software has been produced (Personal communication, M. Birks, November 24, 2015). Ideally, to ensure the success of this approach to academic credit for ENs undertaking the conversion to RN it would be helpful if the tool could also be used or adapted to include education undertaken by hospital and certificate trained ENs.
Transition Theory (Schlossberg et al., 1995) provides a framework for examining the challenges that the ENs experience as a result of receiving RPL, as well as affording the opportunity for the consideration of supportive strategies. ‘Moving in’ to a transition requires the individual to, amongst other things, orientate to the requirements of an unfamiliar environment. The non-EN students are able to acclimatise to the tertiary environment in the first year of the BN and may have already formed new relationships and developed an academic foundation of knowledge by the time the ENs commence the program. Therefore most non-ENs would have completed their ‘moving in’ stage and progressed into the ‘moving through’ stage of the transition by the time the ENs commence the program in its second year. Using Transition Theory (Schlossberg et al., 1995) we can conceptualise how the ENs may be in a different stage of the transition to the other students who did not receive RPL. This implies that the ENs may have special teaching and learning needs from the non-EN students and may benefit from distinct resources to support them as they attempt to orientate to the tertiary environment. The perception from the academics in this study was that specific institutional support was required that could meet a need in providing both academic and pastoral assistance to the transitioning ENs.

Despite the identified academic disadvantages associated with RPL, the ENs also argued that what was awarded was insufficient to recognise their clinical training and experience and expressed frustration that they were required to complete theoretical units on topics where some of them had many years of practical experience. They also voiced exasperation with having to complete clinical practicums that had limited scopes of practice requiring them to set aside their EN skills; a frustration also recognised by Hutchinson et al. (2011). ENs entering the BN deserve advanced standing that maximises the recognition of their prior learning and experience, though the dilemma is how it should be awarded with minimal disadvantage to their learning needs.

The introduction of individualised advanced standing is recommended as it would acknowledge each EN’s prior learning and experience without disadvantaging them by applying academic credit for content in which they don’t have sufficient learning. Contextualised support to
be supplied by the tertiary education provider is also recommended as it would ensure a smoother transition for ENs into BN programs. One specific area that has emerged from this current study’s findings where extra support is required is to assist the ENs to meet the requirements of tertiary teaching and learning.

**Challenged by the demands of new learning approaches.**

Teaching and learning approaches vary across VET and University sectors (Jacob et al., 2014), both nationally and internationally, and it has been suggested that these differences contribute significantly to the academic challenges that are associated with the awarding of advanced standing (Blackman et al., 2007; Cubit & Leeson, 2009; Hutchinson et al., 2011; Melrose & Gordon, 2011). These variances exist due to the different pedagogical approaches and learning outcomes associated with each qualification. As a result EN students are provided more intensive ‘hands-on’ and teacher directed learning opportunities (Jacob et al., 2014), whereas RN students are expected to have the ability to meet the higher academic demands of tertiary education (Jacob et al., 2014) and be self-directed in their learning (Hutchinson et al., 2011). Therefore, when ENs enter BN programs they may have a limited ability to be self-directed in their study and potentially struggle with many of the academic conventions required in tertiary education.

The acclimatisation of the EN to the demands of higher education may be understood using the framework that Transition Theory (Schlossberg et al., 1995) provides. For the ENs to transition successfully into the BN program they need to orientate to the demands of the unfamiliar environment. This may involve learning a new role, developing relationships with new people and learning to balance the requirements of the new transition with the existing demands on their time and personal resources. Orientating to the foreign environment requires the EN to adapt to alternate learning approaches required by higher education and these may be more easily facilitated with the provision of targeted support provided by the tertiary institution. Such support has been identified as “key to the handling of stress” (Schlossberg et al., 1995, p. 67) that may be associated with all types of transitions.
The dissimilarities between the participant’s EN training and that which they experienced in the tertiary sector presented several challenges for the ENs in this study. The ENs recognised the different requirements of tertiary education early in the conversion program as including much shorter teaching sessions that required them to be self-motivated and to complete the readings and study independently. The self-directed learning requirement in the conversion to RN program was also described as a challenge across the literature (Claywell, 2003; Hylton, 2005; Laming & Kelly, 2013; Jacob et al., 2014) as it was a concept foreign to the majority of ENs.

Learning critical thinking was reported by many of the ENs in this current study as another academic challenge as it was not part of the curricula in their previous training and was not required of them in practice. Reinforcing this, the academics discussed how they considered that the previous skill-based EN training resulted in the ENs having difficulty learning the theory behind the practice of those skills, and that they lacked the critical thinking abilities to apply them in new situations. Critical thinking was described as a major theme that arose from the findings outlined by Rapley et al. (2006) who stated that the development of these skills was “clearly evident as a major component of their change in nursing practice as a result of the process of completing the course” (pp. 6-7). This sentiment has also been reinforced in a latter study (Hutchinson et al., 2011) that described how the ENs did not understand how important developing critical thinking skills were to the RN role.

The challenge for the ENs to develop critical thinking skills was reported by the academics in this current study as possibly being accentuated when they worked concurrently as ENs. These findings support Hylton (2005), who discussed how the challenge to realign the thinking of the ENs learning to question their practice, was increased for those ENs who continued to work in that capacity. However in this current study, some participants were able to incorporate the newly acquired skills into their current work, and described how the ‘new RN skills’ made them better ENs.

Critical thinking skills are an essential component of effective patient assessment undertaken by the RN in clinical practice. The knowledge and ability to efficiently undertake patient assessment was discussed by the ENs as a skill that they were not required to develop in their
previous training or during their professional practice as an EN. Increasing this difficulty was the awarding of the 12 months of advanced standing, which resulted in them missing out on being taught the higher level form of these skills as the health assessment unit was taught in the first year of the program. Interestingly, the ENs did not specifically recognise that bypassing the health assessment unit increased their academic challenge, though the academics did make this observation, with a perception that it then led to the ENs struggling with the advanced medical surgical units. This perception was supported by one of the EN participants who commented on her intense struggles with a subsequent unit, where the assessment skills and knowledge deficit may have increased her learning challenges. The struggle for ENs to develop advanced assessment and clinical reasoning skills during the BN program has also been described by Claywell (2003) who highlighted how Licensed Practical Nurses (LPNs) were only taught to observe for and report any deviation from normal results. These findings also support the Australian study by Jacob et al. (2014), which specified how certificate trained ENs did not receive the same level of patient assessment education that BN program graduates did, though these learning differences may be decreased for diploma trained ENs. These findings call into question how credit should be applied for ENs enrolling in BN programs, particularly where a blanket provision of the first year is provided and may result in the ENs not learning essential skills required to progress successfully through the BN program.

The development of self-directed learning and critical thinking skills has been identified in this current study as concepts foreign to the majority of ENs. The capacity of the participants to overcome these and similar academic challenges can be considered using the ‘4 S system’ of Transition Theory (Schlossberg et al., 1995). The ‘situation’ for the ENs in tertiary education was foreign to them as they had not faced these learning requirements before. The converting ENs also discussed how they were unsure where to turn to for assistance and therefore could not find the ‘support’ required when faced by the new learning challenges. The ENs consequently found
themselves in an environment that was new to them, sometimes felt they did not have the internal resources to cope with the new situation and found it difficult to source support to assist them.

Institutional support has been identified as important to the orientation of ENs to the tertiary environment and significantly it was the academics and not the ENs who identified that commencing the BN in its second year resulted in a lack of connection with the University staff and an ignorance of them as available resources. The ENs did report difficulties with accessing supportive services, especially early in the program, however did not mention the academic staff as a potential avenue for additional support and this lack of awareness or possible disconnect with University staff may have increased their academic challenges. The importance of forming connections with the teaching and support staff is acknowledged across a range of national and international settings (Schultz, 1992; Rapley et al., 2006; Boelen & Kenny, 2009; Melrose & Gordon, 2011) as being vital to the success of ENs undertaking conversion courses to RN.

Increasing the transparency of the support services available, providing educational material that explains the tertiary academic requirements and the relevance of them to RN practice, may improve the engagement of the ENs in their conversion programs. Additionally, support provided in the form of orientation or bridging programs with a focus on the pedagogical differences between their EN training and the teaching within the BN program, such as academic writing, self-directed learning and critical thinking, may also ease the transition of ENs into the BN program.

The academic difficulties experienced as a result of receiving 12 months advanced standing may be further increased for the student who is of mature age. Mature age students (MAS) students are variously acknowledged as being over 21 years of age (Kenny, Kidd, Nankervis & Connell, 2011) or 23 years and older (Fleming & McKee, 2005); criteria that all converting ENs in this study met. Additionally, all of the participants in this study had not come directly from a school, VET provider or other educational situation, which may have increased the learning difficulties for this group of students. The problems for mature age students (MAS) entering higher education are well
documented but can be summarised as balancing study and life priorities (James, Krause & Jennings, 2010; Kenny et al., 2011) and returning to study (Boelen & Kenny, 2009).

The factors that the ENs have identified as impacting their transition into the BN in the current study are very similar to those reported in the literature that discussed the MAS’ transition into higher education. Likewise, approaches that are designed to improve the orientation of MAS to the tertiary environment may also advance the transition for ENs within their conversion programs. Various strategies have been reported that may improve the transition of MAS into higher education including improving orientation resources (Campbell, Catterall, Yang, Davis & Brennan-Kemmis, 2012) and adapting teaching to better suit these students’ learning needs (Cullity, 2006). The Campbell report (2012) to the Australian Learning and Teaching Council found that the initial period settling into higher education studies was very stressful for MAS students and highlighted the need to make the expectations of tertiary education more transparent and to improve the student awareness of the supportive resources available (Campbell et al., 2012). This research also supported findings from Cullity (2006) who recommended that tertiary educators adapt teaching practices to meet the special learning needs of this group of student.

However, attributing teaching and learning difficulties, or increased transition challenges, to an individual because of their age has been disputed. A more precise assessment of the potential impact of a transition on an individual is not their chronological age but their “psychological age . . . social age . . . functional age” (Schlossberg et al., 1995, pp. 60-61), as deficiencies in these attributes may result in increased transitional challenges. Therefore it is advisable that University staff, when considering mature age students who may be struggling with the transition into, and through the BN, not to simply attribute the difficulties to their chronological age but to make a more thorough assessment of the individual. The early transition difficulties the ENs experienced relating to academic and learning issues were also compounded by their struggles to socially connect with other students in the cohort.
Experiencing social exclusion.

The majority of ENs in this study experienced initial difficulties with forming social relationships, and therefore supportive links, with non-EN students within the program. The EN students’ late articulation into the program meant they struggled to form social connections with the non-EN students who had already formed social groups. This exclusion has been previously identified (Hutchinson et al., 2011) as a consequence of ENs receiving advanced standing and may have effected the learning of converting ENs.

The perception developed by the ENs, and supported by the academics, was that some non-EN students considered them ‘intimidating’ and ‘different’. These opinions may have resulted in the non EN students exhibiting negative behaviours towards the ENs, which consequently led to their social withdrawal and becoming further isolated. The discomfort that some of the participants felt, being ENs within the program, resulted in two of them actively hiding their EN identity in an effort to decrease the resentment they perceived from the other students. This coping strategy has been previously identified in an earlier study (Hutchinson et al., 2011) that discussed how some ENs subsequently started hiding their EN status after experiencing displeasure from non-EN students after they offered their assistance with learning clinical skills.

It is troubling that the ENs perceived this barrier between themselves and the other students because social support systems have been discussed as one of the main contributors to a student’s success in the tertiary environment (Fleming & McKee, 2005; Boelen & Kenny, 2009). This support may come from family and friends (Rapley et al., 2006), though the importance of peer support to the success of students undertaking tertiary studies has been particularly emphasised (Boelen & Kenny, 2009; Byrd, 2011).

‘Support’, as a coping resource, is reported in Transition Theory as involving several different types; intimate, friends, group and institutional, and reports how transition has the potential to disrupt an individual’s usual support systems (Schlossberg et al., 1995). The importance of institutional support to the success of the transitioning student was reported by Byrd (2011) who
used Schlossberg’s Transition Theory as the framework for his study of transitioning undergraduate students of colour. Separating ‘support’ into ‘intimate’ and ‘institutional’, Byrd (2011), argued how intimate support can be either a positive or constraining resource, while institutional support was instrumental to the student’s success within the program. Conversely, this current study reported that the ENs did not acknowledge institutional support as being more important to their transition and more closely corroborates Rapley et al.’s. (2006) finding that intimate support, though at times limiting, was perceived by the students as of great importance to their success in the program.

Resources need to be introduced to assist ENs to build social connections with both their fellow students and the University staff. Strategies such as introducing orientation programs and bridging courses (Fleming & McKee, 2005; Rapley et al., 2006; Boelen & Kenny, 2009) may assist these students to improve their access to social and institutional support. Strengthening these social connections may assist the ENs to cast off their EN identity and adopt the student role, another area identified as challenging the transition of participants.

**Coping with challenges to adopting the student role.**

The majority of ENs in this study struggled to assume the student role possibly relating to their problems with socialisation, security with their EN role, issues with balancing the priorities in their life, and a lack of understanding of what was required to construct the student identity. While the challenge of building social connections made it difficult for some of the ENs to access support from other students, as well as the University staff, lacking internal and external supportive resources may have also made it challenging for the participant to relinquish their EN identity, adapt to the student role and commence forming their new RN identity.

As the ENs experienced difficulties through the BN program they reported self-doubts in their capabilities as practising ENs, a perception also recognised by the academics, which may have negatively impacted their self-confidence, especially early in their transition. A failure to achieve success in the BN contributed to such severe damage to one participant’s self-confidence that it culminated in her withdrawing from the program and subsequently she felt she was unable to return.
to practice as an EN for several months. Her inability to return to nursing practice demonstrates the important link between self-concept and professional identity (Arthur & Randall, 2007) and how an impaired professional nursing identity can lead to attrition from the health workforce (Johnson, Cowin, Wilson & Young, 2012). It is an important consideration that, of the 15 ENs who commenced this BN program only six were still enrolled at the time this study was conducted. This represents over 50% who had withdrawn or intermitted from the BN program, a figure higher than similar studies such as Rapley et al. (2008) who reported a retention rate of 75%. The reasons for the low retention rate of this cohort is not clear as only one of the ENs who had intermitted or withdrawn from the BN program participated in this study.

Professional identity “is a sense of self that is derived and perceived from the role we take on in the work that we do” (Johnson et al., 2012, p. 563). Therefore, an individual with more than one type of employment or occupational role may have multiple professional identities (Johnson et al., 2012), which may have consequences for ENs who struggle to relinquish their professional identity as they are required to adapt to the student role in the conversion program. Similar identity problems were reported in an earlier study (Hutchinson et al., 2011) that described how ENs found it problematic to let go of their EN identity and adapt to the student role.

The challenge for ENs to adopt the student role was increased when it required them to relinquish many of their EN skills and work within the student’s scope of practice. This builds on earlier research that reported the struggle for ENs to put aside their existing professional role and assume the student role (Hutchinson et al., 2011; Ralph et al., 2013). Conversely, a UK study (Dearnley, 2006) discussed how ENs struggled to adopt the student role because of a lack of confidence in their knowledge base and skills proficiency, which affected their self-esteem as they developed the realisation that some of their EN practices may have been outdated. The loss of self-assurance by converting ENs has been reported elsewhere (Hylton, 2005) as compounding their struggle to adapt to the academic requirements of being a self-directed tertiary student.
Again, the mature age status of the participants in this study may have added complexity to the issues surrounding the different roles and identities inherent in the transition from EN to student to RN. The MAS’ identity may contain added roles, such as parent, homemaker, wife or ‘breadwinner’ with these responsibilities potentially increasing their difficulty in taking on the (mature) student identity (Johnson et al., 2012). The participants in this study may therefore have commenced the conversion program with at least one other existing identity, EN, which may have provided responsibility and security for them. The need for them to deconstruct their existing EN identity and reconstruct a mature student identity (Johnson et al., 2012, pp. 563-564) may have increased the difficulty for these students to adapt to the requirements of the transition.

Consistent with their mature age roles, becoming a student required the participants in this study to balance the requirements of their personal life with the teaching and learning responsibilities of the program. The ENs indicated how they had commenced the program at a stage in their life, with children leaving home and financial stability, where they believed that the study demands fitted in with their remaining responsibilities. However, the balance between the MAS role and personal responsibilities can unexpectedly change, as exampled by one participant whose partner lost work resulting in the need for her to change her student enrolment to part-time so she could increase her paid work hours. These findings support other studies that reported how unexpected financial impacts (Melrose & Gordon, 2011) or relationship problems (Schultz, 1992) increased the challenge for ENs attempting to adopt the student role within EN to RN conversion programs.

The requirement for individuals to adapt existing roles while forming new ones during a transition is well recognised within Transition Theory (Schlossberg et al., 1995) and is significant because “role changes are an important aspect in determining the impact of a transition” (Schlossberg et al., 1995, p. 55), with the degree of the impact an important indicator of the transition experience. This may explain why ENs who struggled to adapt their existing role, and therefore identity as an EN, may have had difficulty in adjusting to the requirements of being a
student. Despite the complexities encountered by the ENs as they orientated to the requirements of the conversion program the majority of the ENs interviewed successfully completed the ‘moving in’ stage to undergo the ‘moving through’ stage of the transition.

**Moving Through: Navigating the transition from EN to BN student**

As the ENs in this study moved through their transition to RN they continued to experience challenges related to the new academic and social environment in which they found themselves. The ENs now began to adopt strategies that included forming study groups and accessing institutional support, which allowed them to navigate their way to becoming a successful BN student.

**Overcoming academic challenges.**

The ENs demonstrated various personal attributes and psychological resources in overcoming the academic challenges that they were presented with. The ability to successfully navigate a transition is related to an individual’s characteristics of ‘self’, including the psychological resources of optimism and self-efficacy (Schlossberg et al., 1995), which this study’s participants demonstrated in negotiating the transition to RN.

Self-efficacy relates to the individual’s self-belief that they can effect an environment to achieve their aim (Schlossberg et al., 1995), including the employment of ‘strategies’ that they can call upon when required. Self-efficacy, self-esteem and self-confidence are interconnected and involve different aspects of an individual’s psychological resources and personal growth (Milligan, 2007). Whereas self-esteem relates to belief in your ‘self’ and is built through feedback, success and an increased self-confidence, self-efficacy stems from achievement and results in the processes that relate to and develop self-confidence (Milligan, 2007). Therefore, developing one aspect of ‘self’ can have a positive effect on the other facets of this psychological resource.

The individual’s psychological profile is identified by Schlossberg et al. (1995) as an important consideration when negotiating a transition, as it enables the development of ‘strategies’ as coping resources to overcome challenges and obstacles. The ENs in this current study each demonstrated a range of strategies that were effective for them in overcoming the academic
challenges of the program. These strategies included: establishing study groups of ENs and non ENs that met within and outside the University, accessing teaching and learning support, academic staff and RN work colleagues to assist with academic writing and skill development, maintaining a positive outlook on life and a strong commitment to their study, and practising a variety of individual study techniques.

Additionally, the ENs in this study revealed strong psychological resources, such as optimism and resilience (Schlossberg et al., 1995) when discussing how they faced various challenges of the program. Expressing terms such as: “I refuse to be beaten”, “I don’t quit”, “come on, keep going”, “I got to prove (my doubters) wrong” and “don’t tell me what I can’t do”, the converting ENs demonstrated a high degree of self-efficacy and a motivation (Milligan, 2007) and belief that they had the ability to overcome any reasonable difficulties that they were faced with in the transition to RN (Schlossberg et al., 1995).

In contrast, the participant who withdrew from the program explained how a lack of success in some areas of the conversion resulted in damage to her self-confidence. As she faced further obstacles within the program, her apparent low self-efficacy led to her choosing to withdraw from the program. Interestingly this participant had previously protested about how she felt that her (standardised) advanced standing did not reflect her worth as an EN and expressed frustration that other ENs, with very limited practical experience, received the same amount of RPL as she did. The importance of valuing experience was identified in an earlier US study (Adelman, 2002) that described how recognition of LPN’s experience resulted in increased self-esteem and reported that bridging programs that incorporated this method of strengthening of student’s self-esteem could potentially enhance the LPN’s performance in the conversion program. Affirmation of EN’s previous training and experience, if introduced into orientation and bridging programs for converting ENs, may build their self-esteem, and therefore their self-efficacy, and enhance their performance in the BN program.
The ENs demonstrated that they had the psychological resources to develop and use personal strategies in surmounting the academic challenges that the conversion program presented. Having overcome these academic challenges, further adaptation in respect to developing social links with other students and University staff were required if they were to continue to achieve success in the transition to RN.

**Developing new relationships.**

Initial socialisation difficulties experienced by some of the participants in the ‘moving in’ stage were overcome as they were able to form relationships both within the EN group and also with some non-ENs. This adaptation demonstrated an ability by these participants to build social networks with the non-ENs in contrast to some ENs who continued to perceive a barrier between themselves and the other students.

The ability of some individuals to succeed in situations where others may fail can in part be explained by the psychological resource of self-efficacy, which plays an important role in individuals remaining optimistic about achieving goals in challenging environments (Schlossberg et al., 1995). Possessing a strong self-efficacy may explain why some participants in this study had the additional resources to develop social networks outside the EN group, whereas other ENs may not have had the ‘self’ resources to form these social connections.

Developing connections with other students was not the only social difficulty as forming supportive relationships with University staff was a problem for some ENs as they were initially ignorant of their value as a resource. Despite originally struggling to access academic support, those participants who wished to were able to seek out institutional resources and develop supportive relationships with University staff. Similar difficulty (Melrose & Gordon, 2011; Ralph et al., 2013; Tower et al., 2015) with initially accessing supportive services is reported as resulting in ENs experiencing difficulties within conversion to RN programs.

While this enhanced self-efficacy may have enabled the ENs to improve their social networks, not all of them may have had the desire or time to form social connections due to family
or other personal responsibilities. Though this may be the EN’s preference, they may not realise that this can be problematic, as isolation has been reported as causing additional academic challenges (Rapley et al., 2006; Hutchinson et al., 2011). This was not reflected in this current study, as participants who did have children or extensive work commitments expressed disappointment at their inability to form social connections with the rest of the cohort. Despite their failure to form links with non-ENs, these ENs were able to form supportive relationships within the EN group.

The socialisation issues raised by the participants are further evidence of the need for additional supportive resources designed to encourage the socialisation of the ENs into the BN program. Orientation and bridging programs, as well as the introduction of mentor groups may assist the ENs in building social connections with the wider BN cohort. These recommendations have been identified across a range of Australian (Rapley et al., 2006; Boelen & Kenny, 2009; Hutchinson et al., 2011; Ralph et al., 2013; Tower et al., 2015) and international (Wade, 2001; McGuire, 2004; Fleming & McKee, 2005) literature as necessary to improve the induction of ENs to the requirements of the BN program.

The ENs demonstrated the ability to develop social connections that facilitated their continued success in the program. As the various obstacles presented by the BN were overcome, the ENs found themselves preparing to conclude the program, and finally complete the transition to RN.

Preparing to move out: Getting ready for the new transition

As the ENs moved through their final year of the program evidence began to emerge of elements that demonstrated the beginnings of their development of an RN identity. Schlossberg et al. (1995) describes the final stage of a transition thus, “Moving out can be seen as ending one series of transitions and beginning to ask what comes next” (p. 45).

Establishing the RN identity.

The complexities around the development of a new professional identity, particularly as this involved the discarding of their old EN identity, proved challenging for most of the study’s participants. Increasing the challenge may have been their lack of clear understanding of what the
RN role entailed until the latter part of the BN program. Several participants in this study indicated how they couldn’t comprehend how some teaching, such as developing an understanding of research and evidence base, fitted within their new role. Additionally, two of the participants argued how the conversion to RN should have been more of a part-time post-graduate type process with greater clinical content and less time spent learning theory in the classroom. This supports an earlier UK study, albeit with dated research, that highlighted a lack of understanding of the difference between the two roles. One third of participants in the study (Boot et al., 1988) contending how their EN experience should have been adequate for them to be gifted RN registration though half of the same sample did recognise the need for a full conversion program to prepare them for the RN role. Reporting similar role confusion in the Australian context, Hutchinson et al. (2011) discussed how their EN participants reduced the difference between ENs and RNs down to administering IV medications and did not seem to grasp the importance of higher level nursing concepts such as critical thinking and evidence-based practice. Similarly, two Australian studies (Kenny & Duckett, 2005; Rapley et al., 2006) argued how the scopes of practice of the two roles had evolved to become very similar, but what is not clear in the presented research is whether some ENs are, as they believe, actively functioning in the RN role, or whether the issue lies with the lack of clarity around the differences of the two roles in some areas. Clarifying the differences in the two roles for ENs as they enroll in BN programs may assist these students to understand the importance of both theoretical and practical content within the curricula of conversion programs, and therefore facilitate their adoption of the RN identity with more ease. This is important for ENs who may enroll in BN programs considering that they already function at the level of an RN as this study demonstrated how ENs who enter BNs with this attitude particularly struggle with the academic demands and the requirement to adopt the student role.

Education has been recognised as vital to nurses developing professional identities (Ware, 2008; Johnson et al., 2012) because the learning enables the students to dissemble and assemble their multiple roles and identities. The participants struggle to disassemble their EN identity and take
on the student role has been discussed, but through education provided both within the classroom and on practicum, they appeared to engage more with the roles inherent in forming the RN identity. The development of the new professional identity through learning in different environments is described as crucial (Ware, 2008; Johnson et al., 2012) in developing the EN’s student identity into their RN identity.

Registered Nurse role models are a strategy that may assist ENs to transition into the RN identity with less difficulty. The formation of professional relationships with RNs in their workplaces was discussed by the ENs in this study as assisting them to develop many of the skills required by the RN role. Whilst not clearly articulating these work colleagues as role models, it was nevertheless evident that several of the ENs in this study were influenced by these RN colleagues as they helped them to develop the skills and thinking required to be an RN. This supports earlier national and international research (Paech, 2002; Hershey, 2007; Melrose & Gordon, 2011) that discussed the importance of role models helping support ENs as they transitioned into their new RN roles. Role modeling as highlighted by Schlossberg et al., (1995) identified how important a positive role model can be in supporting an individual through a transition.

An individual’s self-esteem, and hence their self-efficacy, is important to the development of new identities (Johnson et al., 2012), and notably in this study, this appeared to have increased in the participants as they achieved success in the conversion program. Achieving success, especially early in a transition, has been described as enhancing self-efficacy (Milligan, 2007) and therefore promoting self-belief that the individual has coping resources that can overcome obstacles throughout their transition (Schlossberg et al., 1995). Conversely, initial failure may result in damaged self-belief and poor self-efficacy. Academic support, through constructive feedback (Milligan, 2007) and the affirmation of the EN’s existing knowledge base and nursing skills (Adelman, 2002) has been reported as developing EN’s psychological resources and needs to be implemented at the commencement of the program. This reinforces Transition Theory (Schlossberg et al., 1995)
that describes how the affirmation of existing resources (EN knowledge base and skill’s set) may build an individual’s self-efficacy.

While the majority of ENs exhibited attributes of increased self-esteem, such as expressing increased confidence in decision making and encouraging other nurses to use evidence-based practice, two of the older ENs in particular demonstrated enhanced self-efficacy as they discussed how confident they felt in their future as RNs. This is noteworthy because an enhanced self-efficacy developed within the program has been discussed (Schultz, 1992; Hylton, 2005; Dearnley, 2006; Milligan, 2007) as aiding ENs in the successful completion of BN programs.

Several of the participants in this current study were exhibiting their disengagement from the student role and engagement with their new RN identity. Even though these participants had over a semester of the BN program to complete, they expressed an eagerness to utilise many of the skills and adopt the many responsibilities of the RN. The ENs were nearing the completion of what Mezirow (as cited in Claywell, 2003) describes as a “transformational journey” (p. 53), as they were developing proficiency and self-confidence in their imminent (RN) roles and their perspective of their identity within nursing had changed. Demonstrating this professional transformation, one EN in this current study discussed how she was actively incorporating RN proficiencies, such as critical thinking and assessment skills into her EN proficiencies, and had begun to critically evaluate RN practice in her workplace. This participant was preparing to adopt the RN identity and as described by Claywell (2003) “to question, to analyze, to interpret, and to act accordingly” (p. 58).

The findings of this study suggest that not only had the EN participants still enrolled overcome all academic obstacles but that they were also adopting elements of the RN identity that would spell the completion of this transition. This journey is reflected in a transition model developed to reflect the steps the ENs may encounter during the BN program (see figure 5.1), as viewed through the lens of Transition Theory (Schlossberg et al., 1995). Conceivably, failure to negotiate any of the steps comprising the transition stages can result in either challenges or an inability to achieve their goal of becoming an RN.
The model commences with the ENs positively anticipating their journey to RN as they ‘prepare for the moving in’ stage. This stage includes establishing their motivations for undertaking the conversion program, which in turn assists to shape their attitudes and perspective towards the BN, and influences their goal setting. An important component of this preparation is organisation of their work, family and social responsibilities to fit in with the anticipated study demands.

The next stage of the model, as students ‘move in’ to the transition, identifies the challenges the ENs may face as they orientate to tertiary learning, the program itself, socialisation with other students and finding balance between their personal, work and student roles and

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Figure 5.1
A transition model describing steps in the EN’s journey from EN to BN student

(Adapted from The Integrative Model of The Transition Process, Schlossberg et al., 1995, p. 44)
responsibilities, along with the steps necessary to overcome these challenges. Once these ‘moving in’ transitional steps are successfully negotiated students continue onto the ‘moving through’ stage.

The ‘moving through’ stage of the transition represents the EN’s adaptation to the BN program and depicts the need to build relationships with other students and maintain supportive structures, as well as use personal strategies and their own individual resources to overcome failure and achieve success within the program. This stage also describes the importance of students finding balance and acceptance of their dual roles as ENs and RN students.

The final stage of the model, ‘preparing to move out’ portrays the ENs preparing to complete their transition, and start a new transition, as they begin to demonstrate elements of an RN identity, aided by their RN mentors. Increases in self-efficacy are demonstrated as they acknowledge their success in the program and positively anticipate what the future holds for them as they move ever closer to their goal. The ‘moving out’ stage of Schlossberg’s Integrative Model of The Transition Process in not included in the model developed from the findings of this study as the participants had not completed their transition to RN.

The model demonstrates that once the ENs commence the ‘moving in’ stage, through to their preparation for ‘moving out’ there can be some movement back and forward between the stages according to their personal experiences. An inability to meet challenges and self-perceived failures within the program may result in the ENs needing to re-orient themselves within the transition process, resulting in either a movement backwards or an exit from the model.

Recommendations

The findings of this current study have outlined the many challenges and successes that the ENs have experienced as they transitioned from EN to RN in the tertiary environment of the BN. The following recommendations were developed from the findings of this study and are supported by international and national literature that examined similar experiences. Schlossberg et al’s (1995) Transition Theory was useful in framing these recommendations due to the focus the framework
placed in helping to acknowledge and develop the coping resources needed by students when managing their transition.

- The introduction of individualised advanced standing for all ENs is required, as this study identified how standardised advanced standing for ENs enrolling in BN programs disadvantages many of these students in some way. Individualised RPL affirms the value of the EN’s training and experience, which is demonstrated to improve their self-efficacy (Adelman, 2002), as well as decrease the potential academic disadvantages associated with standardised RPL. This would require an assessment of the training mode and clinical experience of each EN who applies to enroll in a BN, with consideration of the granting of advance standing for individual units of the program.

- An orientation or bridging program should be made available for ENs to complete before they commence the BN program. The findings of this study identified how ENs, due to their existing nursing background and receipt of advanced standing, require orientation resources that are different from other students within the program. The focus of the program should be on the academic differences between their EN training and the teaching within the BN program, the expectations of self-directed academic learning, the value of developing supportive social relationships and the importance of adopting the student role. Foundational teaching in areas such as academic writing, critical thinking and evidence-based practice and their importance in practical application should be included.

- A mentoring program that includes structured opportunities for the ENs to socialise with other BN students may help overcome the initial difficulties that ENs experience trying to orientate into the wider BN cohort. The socialisation difficulties that the ENs experienced have been discussed and a mentoring program could be introduced as an element of a bridging or orientation program to encourage the development of supportive social connections between the ENs and the other BN students, as well as University staff.
• Distinct resources are required to assist ENs to orientate to the tertiary environment and to assist their adaptation throughout the BN program. This study has reported how ENs experience some unique academic and personal challenges related to their being an EN. Consideration should be given to the introduction of an academic staff member whose focus is to regularly meet with the ENs and to provide academic and pastoral assistance throughout the conversion program.

• Education should be provided to ENs to clarify the differences in the roles of the two levels of nurse, as well as to explain the necessity of adopting the student role. Identity and role problems for transitioning ENs have been discussed in the findings of this study and strategies to assist the converting student to deconstruct their EN identity, adopt the student identity and construct the RN identity (Johnson et al., 2012) are required. The sourcing and introduction of RN role models to support ENs on clinical placement may also assist the ENs in developing their RN identity.

Implications for further research

• The difficulties in learning new concepts, such as critical thinking, self-directed study, evidence-based practice and academic writing for ENs needs to be explored further; especially in relation to ascertaining whether any mode of EN training is responsible for increased or decreased difficulties in the BN program. The assumption by Jacob et al. (2014) that diploma trained ENs may make the transition to RN with more ease than ENs trained via other modes was not reflected in this current study but due to the small samples of both studies this needs to be investigated further.

• Research is required on the introduction of individualised RPL for ENs undertaking the conversion to RN. Standardised advanced standing was demonstrated in this study, and discussed in international and national literature, as resulting in increased difficulties for the ENs commencing the BN program. Individualised pathways for diploma trained ENs
undertaking a BN is currently being investigated (Birks et al., 2015), though the hospital based and certificate trained ENs are not included in this study.

- The struggle that ENs experience with socialising into the wider BN cohort needs to be studied. The contribution of social connections to student success within the BN program has been acknowledged (Boelen & Kenny, 2009; Hutchinson et al., 2011) and research needs to be conducted on strategies, such as the introduction of mentors, which may assist the ENs to integrate with the non-EN students.

- Some ENs had difficulty in taking on the student role which may have increased the difficulties that they experienced within the conversion program. The challenge to assume the student role may be due to a number of issues, including a lack of understanding of what the student role entails and difficulty with deconstructing their EN identity. Adopting the student role has been discussed as improving the EN experience within the BN (Hylton, 2005; Hutchinson et al., 2011) and research is required to develop strategies to assist ENs to more easily adopt the student role.

**Limitations**

As an educator within the BN program, and despite the instigation of ethical strategies designed to avert the perception of student coercion, it was still possible that I influenced the participation of students within the study. This may have resulted in selection bias where the participants may not have been a true representative sample of the population under study. There was also the potential that the ENs may have had their responses to interview questions influenced (either knowingly or unknowingly) by the researcher being a member of faculty.

I made every effort to bracket pre-conceptions and assumptions that I may have about the topic under investigation but it was still possible that this study was affected by researcher bias. Therefore, interpretation of the data may have been affected by my subjectivity and worldview (Mehra, 2002) or knowledge base and nursing experience (Thorne et al., 2004).
Transferability, or generalisability, of this research to other places of higher education is not claimed. Of the cohort of seven ENs who had intermitted or withdrawn from this BN program only one student agreed to be interviewed, therefore the experiences of the other six ENs, who did not participate, may not be reflected by the findings of this study.

The qualitative interpretive approach as a research methodology has limitations. By design, this study explored the experiences of a single sub-cohort of ENs within one campus of a University. The findings therefore may not be generalisable to ENs enrolled in programs at other universities, however it is reassuring that the findings did support those of other similar studies.

Conclusion

This study aimed to explore the experiences of ENs within a BN as they transitioned to RN. The use of a qualitative interpretive descriptive research methodology allowed me to draw on phenomenological influences that facilitated my engagement, as the researcher, with the student experience whilst also enabling the triangulation of data that reported the perspectives of educators involved with the teaching of the ENs. Manual transcription of the data resulted in sub-themes and then themes arising from the text, following which I wrote a narrative account. The themes that emerged from the data include standing out from the crowd, seeking personal and professional balance, struggling with the academic demands, moving beyond the constraints of being an EN and growing within the program.

Schlossberg’s Transition Theory was used to guide the formulation of the interview and focus group questions, and provide the framework for discussion of the findings. This theory was ideal to explore the student’s experiences as it focuses on the perspective from the individual’s viewpoint and enabled the development of a transition model that summarised the study’s findings.

Associated findings identified how the ENs were motivated to undertake the conversion to RN as they wished to expand their work opportunities, and that they entered the program with a positive perspective. The standardised advanced standing that they received disadvantaged them as they missed out on the first 12 months of foundational learning provided in the program and
resulted in revision and boredom. The ENs all struggled initially with adapting to the academic requirements of the tertiary environment including the need to be self-directed in their study, and the requirement to learn foreign concepts such as critical thinking and academic writing. The ENs used various strategies, including study groups, institutional support and RN mentors that facilitated their success within the program. As the students struggled with the requirement to cast off their EN identity and adapt to the role of the student, they faced considerable challenges both academically and personally. Despite these obstacles the students were able to overcome their difficulties to successfully navigate the transition from EN to RN and disassemble their previous identities as ENs to construct their new identities as RNs.
APPENDIX A

INDICATIVE INTERVIEW QUESTIONS

Please tell me how you feel about your experience at the university, so far? Prompts – what’s been so great/difficult/challenging?

What made you decide to undergo the transition to RN?

What have you liked most about your experiences as a nursing student in this program?

What have you liked least about your experiences as a nursing student in this program?

Has the experience been what you expected? In what way?

What sorts of things have helped you to succeed with the transition so far? Prompts - coping strategies/resources/supports/special people.

What sorts of things have made it difficult to succeed?

Are there any areas associated with being in the program where you have struggled? Can you tell me more about them?

What advantages (if any) are there to being an EN when doing the BN program?

What disadvantages (if any) are there to being an EN when doing the BN program?

How do you feel you have changed since undertaking this course (if at all)?

Looking back, are there things that you would have done differently when first entering the course?
APPENDIX B

DEMOGRAPHIC DATA QUESTIONNAIRE

The experiences of nursing students in a Bachelor of Nursing program as they transition from Enrolled Nurse to Registered Nurse.

Participant consent

I have read the information letter about the nature and scope of this survey and have given written consent to participate in this study.

Pre-interview Demographic Questionnaire

Participant's pseudonym:

---

Age group: Under 20 [ ] 21 – 30 [ ]
31 – 40 [ ]
41 – 50 [ ] Over 50 [ ]

Gender: Male [ ] Female [ ] Other [ ]

Current marital status? Single [ ] Married [ ]
De facto [ ]
Are you currently working as an EN?  Yes □  No □

If so, what is the average number of hours per week?

- N/A □
- Under 10 □
- 11 – 20 □
- 21 – 30 □
- 31 – 40 □
- Over 40 □

As an EN what is/was your area of specialty?
Please specify: ____________________________________________________________

What was the mode of your EN training? VET or hospital based.

- VET □
- Hospital based □

How many years have/did you work as an EN?

- Less than 2 □
- 3 – 5 □
- 6 – 10 □
- 11 – 20 □
- Over 21 □

As an EN have you completed any advanced practice certificates? Yes □  No □

Please specify: ________________________________

Thank you for your time in completing this questionnaire.
Please place this questionnaire in the envelope provided and return to the researcher.
### APPENDIX C

**DEMOGRAPHIC DATA OF PARTICIPANTS**

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
<th>P7*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21 - 30</td>
<td>Over 50</td>
<td>41 – 50</td>
<td>21 – 30</td>
<td>31 – 40</td>
<td>41 – 50</td>
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<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Current marital status</td>
<td>De facto</td>
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<td>Married</td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td>Currently working as an EN,</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>If so, the average hours per week</td>
<td>NA</td>
<td>Less than 10</td>
<td>11 – 20</td>
<td>11 – 20</td>
<td>11 - 20</td>
<td>Less than 10</td>
<td>31 - 40</td>
</tr>
<tr>
<td>As an EN what is/was your area of specialty?</td>
<td>NA</td>
<td>Everything</td>
<td>Emergency department and medical</td>
<td>Operating theatre</td>
<td>Wound care</td>
<td>Rural nursing</td>
<td>Clinical and wound care</td>
</tr>
<tr>
<td>Mode of EN training. VET or hospital based?</td>
<td>VET</td>
<td>Hospital based</td>
<td>VET</td>
<td>VET</td>
<td>Hospital based</td>
<td>VET</td>
<td>VET</td>
</tr>
<tr>
<td>Number of years working as an EN</td>
<td>Less than 2</td>
<td>Over 21</td>
<td>3 – 5</td>
<td>6 – 10</td>
<td>3 – 5</td>
<td>3 – 5</td>
<td>Over 21</td>
</tr>
<tr>
<td>Completed EN advanced practice certificates</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Emergency for rural ENs</td>
<td>NA</td>
</tr>
</tbody>
</table>

* Note that participant P7 was no longer enrolled within the BN program.
APPENDIX D

INFORMATION LETTER

The experiences of nursing students in a Bachelor of Nursing program as they transition from Enrolled Nurse to Registered Nurse.

We invite you to participate in a research study investigating the transition experiences of Enrolled Nurses as they convert to Registered Nurse within a Bachelor of Nursing program. This study is part of my Masters Degree, supervised by Associate Professor Catherine Fetherston and Caroline Browne at Murdoch University.

Nature and Purpose of the Study
The numbers of ENs entering Bachelor of Nursing courses to undergo the conversion to RN is increasing and although there is some research that has been conducted overseas looking at this transition, research conducted in Australia is limited. It is important for us as educators to understand these transition experiences so strategies can be developed to enhance the ENs educational experience. We hope this will encourage more ENs to undergo the transition and also limit the attrition of those who are converting.

If you consent to take part in this research study, it is important that you understand the purpose of the study and the procedures you will be asked to undergo. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

What the Study will Involve
You must be an EN, previously registered with the Nursing and Midwifery Board of Australia, and currently enrolled in a BN at a Western Australian university. You may be either VET or hospital trained. Eligible students will be invited to take part in this study during their third year within the BN program.

If you decide to participate in this study, you will be asked to complete the following tasks:
- Participate in an interview with the researcher at a place convenient to you to discuss your experiences as an EN studying to become an RN. The interview will be audio-taped to assist with analysis of the data. It is estimated that the interview will take approximately 60 minutes.
- Complete a questionnaire that collects demographic information that will assist us to better understand your experiences in relation to the research topic.

Voluntary Participation and Withdrawal from the Study
Your participation in this study is entirely voluntary. You may withdraw at any time without discrimination or prejudice. All information is treated as confidential and no names or other details that might identify you will be used in any publication arising from the research. If you withdraw, all information you have provided will be destroyed, although the data will not be able to be separated from the study findings if analysis has already taken place.
Privacy
Your privacy is very important to us. We would like to reassure you that although the researcher is a member of the teaching staff within this course he has no teaching, assessment or unit coordination responsibilities in any units that you are currently enrolled in or will be required to complete for your degree. Your participation in this study and all information that you provide will be treated in a confidential manner. We will ensure your name and any details that might identify you will not be used in any publication arising out of the research. Should you wish to discuss any concerns regarding the study before contacting the researcher and consenting to your participation we have appointed an advocate whom you may contact and chat to about the study. She is Mandy Kelly and can be contacted on 9582 5579. Any discussions you have with her will be confidential and not relayed in any form to the researcher. Following the study, the data will be kept in a de-identified format electronically in a password protected file for 5 years after which time it will be destroyed.

Benefits of the Study
There will be no direct benefit to you from participation in this study, though you may find relating the narrative involved in telling their stories a satisfying experience. The knowledge gained from your participation may help other ENs in the future as they undergo the transition to RN.

Possible Risks
There are no specific risks anticipated with participation in this study. However, if you find that you are becoming distressed or upset during the interview you will be advised to receive support from the university counseling service, at no expense to you.
If you have any questions about this project please feel free to contact either myself, Peter Wall on 95825508 or my supervisor, A/Prof Catherine Fetherston on 95825516. My supervisor and I are happy to discuss with you any concerns you may have about this study.

Once the data has been collected you will have the opportunity to view a transcript of your interview. This will allow you to check what you have said and add anything further that you feel we may have missed. Once we have completed our analysis of the information from this study a summary of our findings will be available on the School of Health Professions website approximately 12-18 months following your interview.

If you are willing to consent to participation in this study, please complete the enclosed Consent Form.
Thank you for your assistance with this research project.

Sincerely

This study has been approved by the Murdoch University Human Research Ethics Committee (Approval 2013/171). If you have any reservation or complaint about the ethical conduct of this research, and wish to talk with an independent person, you may contact Murdoch University’s Research Ethics Office (Tel. 08 9360 6677 or e-mail ethics@murdoch.edu.au). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
APPENDIX E

CONSENT FORM

The experiences of nursing students in a Bachelor of Nursing program as they transition from Enrolled Nurse to Registered Nurse.

___________________________________________________________________________

I have read the participant information sheet, which explains the nature of the research and the possible risks. The information has been explained to me and all my questions have been satisfactorily answered.

I have been given a copy of the information sheet to keep.

I am happy to be interviewed and for the interview to be audio-taped as part of this research.

I understand that I do not have to answer particular questions if I do not want to and that I can withdraw at any time without needing to give a reason and without consequences to myself.

I agree that research data from the results of the study may be published provided my name or any identifying data is not used. I have also been informed that I may not receive any direct benefits from participating in this study.

I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.

Participant’s name: ________________________

Signature of Participant: ______________________ Date: ……/……/……

I confirm that I have provided the Information Letter concerning this study to the above participant; I have explained the study and have answered all questions asked of me.

Signature of researcher: ______________________
APPENDIX F

FOCUS GROUP QUESTIONS

We have several ENs that are undergoing the transition to RN through our program. Could we please start with your perceptions regarding these students undergoing the transition?

When coordinating/tutoring into a unit that may have EN to RN students, how do you become aware of these students? Do they stand out? If so, for what reason?

How do you find the EN to RN students engage within the classes that you teach/coordinate?

Do you have to utilise any additional teaching strategies to engage them? What are they?

What impacts to the learning of the other students do you consider having an EN within your classes, if any? If so, how so?

Prompts – any benefits/any disadvantages? Any strategies to cope with these impacts?

Could you describe any particular issues that stand out for the EN to RN students when first coming into the program?

Follow up to probe these issues.

Could you describe any special support you think these students would benefit from to assist their adaptation to University and the program itself?

Follow up to understand the special support strategies.

Could you share any experiences that have stood out for you when teaching EN to RN students?
REFERENCES


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Wade, M. (2001). Removing barriers to further education: Meeting the needs of mature "nurse students" through a flexible, cost-effective transition program has proved an exciting


