

The Road Now Taken: Addressing the Needs of the LPN Returning to Academia

Nancy Hinchcliffe Duphily

Fitchburg State University, Fitchburg, MA. United States

Copyright © 2014 Horizon Research Publishing All rights reserved.

Abstract The Road Taken: Addressing the Needs of the LPN Returning to Academia. The purpose of this article is to present and to highlight a newly created course created to support the educational needs of the LPN returning to academia for a baccalaureate degree in nursing. From an extensive literature review, and in discussions with practicing LPNs, LPNs in Bridge programs, staff nurses, nursing educators, and nursing administrators, this need was identified. Their contributions regarding what to include/omit in an LPN to BSN transition program provided its focus, that of supporting this population of nurses who articulate areas they consider challenging and often times overwhelming in their return to the educational setting. The intent of this article is that the reader will: 1. acknowledge the experience and skills that LPNs bring to the educational table. 2. describe the process of scaffolding new knowledge onto an existing solid nursing foundation. 3. identify the need for a seamless and successful transition to the new professional role. 4. discuss the challenges and strategies surrounding areas of successful role acquisition. 5. examine the purpose and rationale for the design of an introductory "Transitions" course.

Keywords Transition, Advanced Practice, Professionalism, Autonomy, Role Change

1. Introduction

Programs that address the transition from practical/vocational nursing to Baccalaureate nursing were virtually nonexistent a few years ago. Today there are 155 such programs, a number that continues to increase. This article presents an overview of a newly designed "Transitions" course which addresses the specific educational needs of students transitioning from LPN/LVN to BSN and professional practice. The material included in such a course provides an overview of professional practice at the BSN level and examines the core, role, and skill competencies required for the Baccalaureate-prepared nurse.

It addresses competence in leadership and management, critical thinking, cultural intelligence, information technology, and professional writing, as well as legal and ethical concerns. Additionally, the course focuses on the role of the RN within an interdisciplinary team, describes the experience of returning to an academic setting, and examines the challenges of and strategies for accomplishing a successful role transition.

Dall'Alba (2009) writes that "learning to become a professional involves not only what we know and can do, but also who we are becoming" (p. 34). Licensed Practical Nurses (LPNs) who enter a university to advance their education through seeking a Baccalaureate of Nursing degree often find the experience of socializing into the new professional role challenging. Professional socialization involves acquiring a professional role and evolving as a member of an occupational culture. A significant component of this process is legitimation, the experience of gaining a sense of affirmation from socializing agents (Haas and Shaffir, 1991; Klossner, 2008).

Legitimation is a critical element within the process of professional socialization (Klossner, 2008). It occurs when those around learners affirm that they are actually developing an identity as a member of their chosen profession. As students are professionalized, they are initiated into a new culture wherein they gradually adopt those symbols which represent the profession and its generally accepted authority.

Melrose and Gordon (2011) examined professional socialization and those socializing agents of legitimation that either enabled or barred the role transition from LPN to baccalaureate prepared RN. In a descriptive study that explored this experience with professional socialization, the authors explored those socializing factors which contributed to students' feelings of legitimacy in the growth of their new professional identities. Participants were 27 Post LPN to BN students from a Canadian university who attended a practicum on an acute hospital unit.

Focus group methodology enabled the researchers to draw out participants' views and to explore their ideas and conversational exchanges with one another in depth.

Emerging themes illustrated the experience of

legitimation among this group of learners.

In one of the four themes identified through this study, (*Post LPN to BN Students Need Little, If Any, Further Legitimation to Affirm Their Identities as "Nurse"*) participants felt that their identity as a "nurse" was well established before they entered the Post LPN to BN program: "When I gave my first injection...that was like...I'm a nurse"... "when the client appreciates the care that you provide them, and also the family, they will speak with you and then thank you for whatever you did"... "I was on the floor as the only official nurse for more than half of my shift...with the full responsibility of all 60 residents in my care ... that all happened as an LPN."

Participants felt their initial PN education had socialized them into the identity of "nurse." Many felt insulted by the notion of "becoming" a nurse. Given the similarities between the LPN and RN role in their workplaces, they did not always feel that they were doing anything "different" in their practicum. From the post LPN to BN students' perspective, the notion that socialization into the role of "nurse" would occur for them at this point in their career was insulting, as indicated by the following feedback:

"I almost feel a little bit insulted to think that I would feel any less professional as an LPN than I do as an RN. I feel equally professional in both roles."... "We are not newbies, we have been around, and we do bring experience."... "I'm still very proud of the work I do as an LPN. I already feel I do think like an RN. (It's) very frustrating and almost devalues the work that I've already put into the profession."

Post LPN to BN students in the study expressed that they already viewed themselves as professional nurses. They were not "becoming nurses" by attending a university. One nurse offered this advice to those involved with educating this group of learners: "It's extremely important when you are an adult learner to be treated as such. When you disregard our previous skill and knowledge, it's a blow to our ego, it's degrading."

In another theme (*Practicum Interactions with Instructors and New Clinical Experiences Are Key Socializing Agents*), participants reflected on changes and growth in their professional identity. They credited the practicum interactions with instructors and the opportunities for new experiences as particularly significant. During the practical components of their program, it was especially important to receive legitimation from others that they were truly extending their existing "nurse" identity:

"...you need to justify everything that you're doing and explain the reason for it. It makes you think more about your reasons for doing something and whether you can justify them well enough to, you know, proceed to doing care...you have somebody who's constantly challenging you to prepare. So if you can give a good answer, you know okay, I'm on the way. What can I do better? If you cannot answer the questions, then you're challenged to go and maybe research a little bit better."

Consistent professional socialization begins when instructors and clients accept students in their new professional role (Klossner, 2008). This acknowledgement by others generates confidence in students, along with a willingness to demonstrate behaviors expected of those in the new role. Research by Spoelstra and Robbins (2010) with Registered Nurses transitioning to an advanced practice role reinforces implementing direct patient care as essential to successful role transition.

Implications for both nursing educators and Post LPN to BN students include respect for the legitimacy (Klossner, 2008) students have already developed as practicing professional nurses. Educators must communicate with students, provide diverse opportunities for learning, and engage learners in topics and experiences that challenge them. Likewise, students are encouraged to seek out their faculty on an ongoing basis in order to and keep the lines of communication open, to recognize and address potential problems early on, and to identify individual educational goals for optimal learning.

Traditional undergraduate placements cannot be expected to accommodate all the needs of this diverse group of adult learners. It is critical for educators to recognize that "new" experiences may be different for each student. Knowing the value that this group of adult learners place on instructor evaluation and "new" clinical experiences, implications for educators include ensuring that discussion time between student and teacher is incorporated into the curriculum. Additionally, emphasis should be placed on designing practicum experiences that build on students' established identities as professional nurses (Benner, Sutphen, Leonard and Day, 2009). At the same time, students' reflections from weekly clinical experiences and placements are extremely valuable in articulating and evaluating which experiences best contribute to and advance their learning.

2. Integration of Quality and Safety Education for Nurses (QSEN) Competencies

In 2003, the Institute of Medicine (IOM) issued a challenge to nursing educators to effect fundamental changes in programs to enable graduates to work effectively in a reorganized health care system committed to quality and safety. The Quality and Safety Education for Nurses (QSEN) initiative formed in 2005 in response to this challenge. From this collaboration, six QSEN competencies were created: patient centered care; teamwork and collaboration; evidence based practice; quality improvement (QI); safety; and informatics.

At a survey administered during the 2006 National League for Nursing (NLN) Educational Summit, feedback from attendees revealed that these competencies were not being taught. Moreover, faculty did not understand the concepts themselves, and acknowledged that they were at a loss regarding how to teach them (Cronenwett, 2007). The QSEN

Learning Collaborative was created to design strategies supporting quality and safety competency education. Representatives from diploma, AD and BSN programs were chosen in relation to geographical location, school size and faculty expertise in areas of simulation, classroom and clinical. The group's goals included developing faculty expertise, promoting innovation in teaching, and introducing QSEN competencies in textbooks, accreditation and certification standards.

Since its inception, QSEN has made a significant impact on how nursing students are educated in schools around the country. Nursing faculty are assisting their students in obtaining the knowledge, skills and attitudes that are increasingly important in ensuring safety cultures and reliable systems of care. In keeping with these goals, QSEN is incorporated throughout this course, showing the alignment of each competency with each topic, along with its associated concepts and objectives.

The six QSEN standards provide guidance for nursing professionals to make the changes needed to how to create a safer, more effective health care delivery system. More importantly, QSEN teaches nurses to think differently and collaborate more efficiently, thus effecting positive change (Sherwood and Barnsteiner, 2012). As a valuable and realistic resource for everyone involved in the health care delivery system, QSEN provides better ways to secure safe and reliable health care. Because of their significance to nursing education today, QSEN standards are incorporated throughout the Transitions course.

The intent of this newly designed course is multifaceted, as it celebrates and welcomes the LPN's return to school for a baccalaureate degree in nursing; acknowledges what the LPN brings to the educational table; introduces dynamic, current concepts in the nursing field; scaffolds new knowledge onto an existing solid nursing foundation; and identifies and realistically addresses students' recognized needs for a relatively seamless and successful transition to this new professional role.

3. Course Structure

The curriculum for the Transitions course is organized into the following areas:

PART I: INTRODUCTION TO ROLE TRANSITION

- Week 1. The LPN/LVN and Baccalaureate Nursing Roles: Differences and Distinctions
- Week 2. Theoretical Foundations of Nursing
- Week 3. Professionalism in Nursing

PART II: CORE COMPETENCIES FOR THE BACCALAUREATE-PREPARED NURSE

- Week 4. Critical Thinking, the Nursing Process, and Evidence-Based Practice
- Week 5. The Teaching and Learning Process in Nursing
- Week 6. Cultural Considerations in Nursing

PART III: ROLE COMPETENCIES FOR THE BACCALAUREATE-PREPARED NURSE

- Week 7. Leadership and Management
- Week 8. Legal and Ethical Issues in Nursing

PART IV: SKILL COMPETENCIES FOR THE BACCALAUREATE-PREPARED NURSE

- Week 9. Information Technology in Nursing
- Week 10. Professional Writing Skills in Nursing
- Weeks 11 and 12: Class Presentations

Sample Course Content

The Transitions course includes weekly class objectives, case studies, questions for reflection, QSEN standards, students' personal stories and quotes, and discussion board assignments. In the following paragraphs, specific examples of course content are illustrated.

Week I: Case Study: Role Transition, Delegation and Professional Responsibility

A recent BSN graduate who completed hospital wide and unit orientation last month, Mark works 32 hours (evenings) on a 20-bed adult surgical unit. He was previously employed on this same unit as an LPN for over five years. Upon receiving his assignment tonight, Mark learns that he will be responsible ("charge") for the clients on half of the unit, which has a current census of 12 clients. His team consists of one LPN, a new ADN graduate who is still on orientation, two CNAs and a unit secretary. Mark receives report on the 12 clients: five new postoperative clients, two of whom are experiencing nausea and vomiting; two clients scheduled for surgery within the hour; four elderly clients requiring assistance with activities of daily living; and one client, postoperative day two, at high risk for falls. The nursing supervisor calls to say that she is in the process of securing "extra help" for the unit tonight, expressing confidence in his abilities and his experience as an LPN.

In planning the assignment and as part of the delegation process,

What questions does he have of his nursing supervisor?

What does Mark need to know about his team members?

How does Mark organize and prioritize the care of these clients?

What should the assignment sheet look like? What should Mark's assignment look like?

Week II: Reflective Questions

Reflect on the work of the selected nursing theorists. Which theorist/theory do you feel is most closely aligned with your nursing practice, with your beliefs as a nurse? Consider the following:

WHY did I become a nurse?

WHAT values and beliefs keep me in nursing?

WHAT values about humans and nursing are most important to me?

DOES a specific theory reflect nursing practice in a way

that I value? WILL a specific theory support my concept of excellent nursing practice?

WHICH theories are most relevant to my practice area?

Week III. Creating A Personal Definition of Professionalism

“I believe professionalism is a standard that a person holds themselves to, to deliver quality and proficient services to their clients...mastering a certain skill set that can be offered as a service. Professionalism is a confidence, poise, and knowledge that an individual possesses while rendering services. I also think professionalism is putting the job first and enhancing the work you do with your individual personality while never losing autonomy.”(Student Essay)

Week IV. Critical Thinking, Nursing Process, Evidence Based Practice

This class explores the application of critical thinking, nursing process and current evidence as a foundation for informed, safe and professional nursing practice. The ANA (American Nursing Association) Standards provide the framework necessary for critical thinking in the application of the nursing process. The nursing process is a tool which fosters the nurse’s proficiency in critical thinking.

Critical thinking is vital to evidence-based nursing practice. It supports nursing care and contributes to positive client outcomes across a variety of settings and geographic locations. The nature of evidence based practice, its relevance to nursing, and the skills needed to support it are essential components of baccalaureate nursing education, all of which lead to the development of independent, self-directed learners and, ultimately, professional nurses.

Week VI. Cultural Considerations in Nursing: Student Reflection

“I’ve heard the phrase ‘no cure without caring’. I remember several patients in clinical who spoke different languages and who were not native to America. For a new mother from Africa, it meant for her to have ten people (adults and children) in the room with her for the entire day. For an older Italian man, it meant having his Italian, non-English speaking, lady friend care for all of his personal care. I find it so interesting to meet people with different customs. We care for them, but they teach us so much more.”

Week VII. Leadership and Management

Classroom Objectives:

- Contrast leadership and management roles and responsibilities
- Discuss the attainment of leadership skills
- Examine managing the business of leadership
- Compare different leadership and management styles
- Identify the qualities of a transformational leader
- Describe shared governance as a model for collaborative decision making

Week VIII. Legal-Ethical Considerations (Incorporating QSEN Standard a. Patient Centered Care)

Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs

- Explore ethical and legal implications of patient-centered care.
- Describe the limits and boundaries of therapeutic patient-centered care.
- Recognize the boundaries of therapeutic relationships.
- Facilitate informed patient consent for care.
- Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care.
- Appreciate shared decision-making with empowered patients and families, even when conflicts occur

4. Lessons Learned

To ease the burden of returning to school while employed and reduce driving time and expense, nursing administration designed a Tuesday/Thursday class schedule for the LPN to BS students. It should be noted that in addition to the Transitions class, students were enrolled in two three-credit Health Assessment and Pathopharmacology courses. To this semester, some students chose to include both required and elective classes (i.e. Human Growth and Development, Liberal Arts and Sciences electives).

The one credit, 50-minute weekly class LPN to BS Bridge 1: Transition from LPN to Professional Nursing began in September 2013. During the first session, the course itself was introduced in its entirety to the 17 nursing students. Over the course of twelve weeks (September to December, 2013) several themes evolved, which are detailed in the following paragraphs. The course presented a major cultural shift in their way of learning.

Realistic Expectations. The “Transitions” course was configured into the LPN to BS in Nursing program as an introductory one credit course comprising 50 minute blocks of time each week for twelve weeks. The course included new challenges for many of the 17 students enrolled: Blackboard technology, discussion boards, conducting a literature search, writing a scholarly paper, and presenting their findings before their colleagues. The Blackboard site for the Transitions course included several tutorials and examples for these assignments. Additionally, the university Librarian conducted a “Literature Search” class for students and designed a Library “button” on the Blackboard site for navigating through the online library resources offered by the University. Despite these tools, the course was overwhelming for many of the 17 enrolled. Students expressed their concern at the outset that there was too much work required for a one credit course. They communicated

the needed to place the bulk of their attention and study to the three credit classes.

Transparency. The class consisted of 17 students from diverse learning backgrounds, experience, years of practice, practice levels and practice settings. The time element of the course itself presented challenges for the instructor in getting to know students and disseminating concepts within a relatively short time frame. An additional challenge involved transparency relative to student questions and concerns and conflict resolution. When it was noted that students related their concerns about the course to other instructors (who appropriately relayed the information to the Transition course instructor) the importance of conflict resolution and transparency within the course and profession itself was included as a significant component of the curriculum.

Flipping the Classroom. The nature of this one credit course lent itself to flipping the classroom: homework, discussion boards, class participation and case studies were the norm.

Students were expected to come prepared to fully participate in discussions. During the first class, the course was presented in its entirety as an active discussion format in a “flipped format” andragogical setting, one in which students actively participate in class discussion based on the previous week’s readings. In keeping with this philosophy, learners here are self-directed and responsible for their own learning.

Their collective experience prior to this course, however, was one of pedagogy: weekly lecture, PowerPoint and frequent quizzes in a carefully timed classroom sessions. In this type of setting the student is primarily motivated by external pressures and competition for grades. Learning is a process of acquiring prescribed subject matter.

The flipped classroom approach initially created much distress with the same student feedback of not having the time to devote to this class while keeping ahead in the other three credit courses. It took three to four weeks for students to begin to accept, work within and embrace this methodology.

Scope of practice. During the first class, an initial activity involved each student sharing their education, experience and future career goals. It was evident after the first few students’ introductions that the LPNs were practicing outside of their scope of practice. Many students reported that they were responsible for supervising RNs. Additionally, the job responsibilities they described reflected practice outside of the scope of the LPN. Because of this they felt that the LPN to BS was simply a means to an end; they were already functioning as an RN but not reaping the benefits afforded to the RN role. This prevailing attitude prevented a full understanding of the value of a Transitions course. Moreover, it begged for increased emphasis and education regarding in-depth examination of professional practice guidelines. Case studies relating to scope of practice were built into the curriculum, reflecting areas such as QSEN, Code for Nurses, Nurse of the Future and ANA standards.

Accomplishments/Challenges. Despite their consternation,

this student cohort achieved much success. With submission of drafts for their papers, they became better writers. Many overcame their fear of public speaking. They progressed in the integration of technology into the curriculum when each presented and compared 17 nursing theorists on the Transitions course’s discussion board site. With the case study method of learning, students learned to defend their reasoning and grew to better understand the nature of ethical dilemmas and conflicts.

5. Conclusions

“Transitions” will be repeated to a new cohort of LPN to BS students in the fall of 2014. In order to appropriately evaluate the course, this instructor believes that it is important to maintain the original content. In further discussions with nursing students, faculty and administration, the overall response was one of agreement, to keep the course the same in order to effectively evaluate and compare outcomes. Additionally, feedback revealed the following suggestions: while the content seems “heavy” for a one credit course, it is too valuable to lose, so consider increasing the course to two or three credits; maintain “Transitions” as the first nursing course in the LPN to BS curriculum, because at no other point in this program will students have the opportunity to reflect on those areas that will prepare them not only for their upcoming courses but for their future professional practice; maintain the flipped classroom approach; continue with unveiling the entire course during the first classroom setting; increase awareness emphasis on professional scope of practice, transparency, incivility, lateral violence and conflict resolution; and most importantly, capitalize on each student’s strengths, celebrating the value that this population brings to academia and ultimately the nursing profession.

REFERENCES

- [1] American Nurses Association (ANA). (2008). About nursing: ANA’s definition of nursing. American Nurses Association. Retrieved from <http://www.nursingworld.org/> Balzer-Riley J. (2011). *Communication in Nursing* (7th ed.). Mosby, St. Louis MO.
- [2] Benner, P., Tanner, C., & Chesla, C. (2009) *Expertise in nursing practice: Caring, clinical judgment, and ethics*. (2nd ed.) New York, Springer.
- [3] Benner, P., Sutphen, L., & Day, L. (2009). *Educating Nurses: A Call for Radical Transformation*. Jossey-Bass.
- [4] Carr, J. (2006). *Healthy Nurse: Escape Burnout and Discover the Ultimate Life/Work Balance*. Columbus, IN: Matilda Publishing.
- [5] Dall’Alba, G. (2009). Learning professional ways of being: Ambiguities of becoming. *Educational Philosophy and*

Theory, (41)1, pp. 34–45.

- [6] McMasters, K. (2014). *Role development in professional nursing practice* (3rd ed.) Burlington, MA.: Jones and Bartlett.
- [7] Melrose, S. and Gordon K., (2011). Overcoming barriers to role transition during an online post LPN to BN program. *Nurse Education in Practice*, (11)1, 31–35.
- [8] Porter-Wenzlaff, L.J. and Froman, R.D. (2008). Responding to increasing RN demand: diversity and retention trends through an accelerated LVN-to-BSN curriculum. *Journal of Nursing Education*, (47)5, 231–235.
- [9] Secrest, J., Norwood, B. & Keatley, V. (2003). I was actually a nurse: The meaning of professionalism for baccalaureate nursing students. *Journal of Nursing Education*, (42) 2, 77–82.
- [10] Spoelstra, S. and Robbins, L. (2010). A qualitative study of role transition from RN to APN. *International Journal of Nursing Education Scholarship*, (7),20.