

# **Expanded Collaborative Evaluation of Student Performance, Experience, and Outcomes in Registered Practical Nurse – Nursing Degree (RPN-BScN) Bridging Education**

**A Research Project Funded by the Ontario  
Consortium on Articulation and Transfer  
(ONCAT) and Collaboratively Conducted by:**

**Durham College (DC)  
George Brown College (GBC)  
Georgian College (GC)  
Nipissing University (NU)  
Trent University (TU)  
University of Ontario Institute of Technology (UOIT)**



## OVERVIEW OF THE STUDY

This study was conducted in 4 phases:

- Phase 1 involved collection and analysis of registrarial data from all six project partners. Data sources included application information, indicators of student academic performance including elements such as ongoing term by term and cumulative grade point average (GPA) information, time to completion and drop out/stop out data.
- Phase 2 involved collection and analysis of quantitative and qualitative data using an online data collection tool from students currently enrolled in RPN to BScN (nursing bridging programs at all six project partners. This data provided a “snapshot” of current students, their demographic characteristics; the context of their personal, school, and work lives; and their thoughts and ideas related to their bridging education.
- Phase 3 involved collection and analysis of data using an online data collection tool from program graduates, program faculty, and clinical/community partners. Program graduates were asked about the impact of the program on their personal and professional lives as well as thoughts and feelings about their bridging education. Program faculty were asked about their perceptions of quality post-secondary education and how these elements are present or not present in nursing bridging education. Finally, clinical/community partners were asked about their thoughts and experiences of bridging education in relation to their nursing employees and their partnerships with the colleges and universities offering this type of degree.
- Phase 4 involved the delivery of a one-day symposium providing faculty, college and university administrators, and students around the province with an opportunity to share learning about and experiences with nursing bridging education.

## **ACKNOWLEDGEMENTS**

This study would not have been possible without the efforts of all team members from Durham College, George Brown College, Georgian College, Nipissing University, Trent University, and the University of Ontario Institute of Technology. We also thank all who participated in the study for your valuable contributions that furthers knowledge that can help support the development of more optimal educational experiences for nursing bridging students in Ontario and beyond. We acknowledge the valuable contributions of faculty and their university and college departments who shared their thoughts and insights. Appreciation is extended to our many employer and institutional/community partners who took the time to impart their experiences with RPN to BScN bridging students through their engagement in the study. We would like to express special gratitude to the current student and program graduates who provided insight into their experiences in nursing bridging education in Ontario. Finally, sincere gratitude is expressed to the Ontario Council on Articulation and Transfer (ONCAT) who generously supported this research.

Special thanks to all members of the research team, including:

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## LITERATURE REVIEW

While nursing bridging education is one of the most rapidly growing types of educational offerings in nursing, there is a dearth of relevant literature, with almost no research evidence available. This literature review provides a concise summary of the available scholarly and gray literature.

The core of nursing education fosters continuous, life-long learning and development. Nursing bridging education (NBE) provides registered practical nurses (RPN) educated through college diploma programs the opportunity to build upon their college education and workplace experiences to attain a bachelor of science in nursing (BScN) and write the examination to practice as a registered nurse (RN). NBE recognizes that RPNs already have valuable skills, knowledge, and experiences that can be leveraged to streamline their educational requirements to practise as an RN in less time than it would take to complete the traditional BScN pathway (Coffey et al., 2015; Suva et al., 2015). Additionally, NBE could be regarded as an approach to support and optimize health human resources (Kamanyire & Achora, 2015), retain nurse employees within their current workplaces (Shipman & Hooten, 2010), and facilitate the on-going professional growth of those within the nursing profession (Cangelosi, 2006).

Literature for this review was gathered from Scopus, Web of Science, CINAHL, and PubMed. The primary keywords used were *nursing bridging education*. Sources must have addressed bridging education, experiences, or outcomes among nurses to upgrade their nursing licensure and obtain a baccalaureate degree, rather than bridging nursing education to nursing practice. The reference list for each relevant source was also reviewed and additional sources were retrieved.

### **Aging Population with Multiple, Chronic Conditions and Changing Health Care Needs**

Populations are living longer than any other generation with multiple, chronic and complex health conditions and states, impacting nursing education (Cangelosi, 2006; Cook, Dover, Dickson, & Engh, 2010; Kamanyire & Anchora, 2015; Shipman & Hooten, 2010). The literature identifies that RPNs lack the full scope of practice needed to provide effective and timely care to meet the changing needs of this population. Further, the liberal arts education that is included within BScN programs helps develop and hone excellent communication, critical thinking, and reflection skills, which are key skills needed for leadership within an evolving system of health care delivery (Shipman & Hooten, 2010). Building on this opinion of the BScN degree, in the United States a call to have RPNs continue their education and become RNs is growing (Boylston & Jackson, 2008; Cangelosi, 2006; Delaney & Piscopo, 2007; McEwen, White, Pullis, & Krawtz, 2014; Shipman & Hooten, 2010). However, Limoges and Jagos (2015) provided a contrasting view in their interviews with Canadian RN and RPN students: Regardless, the role of and need for NBE will continue to grow as the health care needs of populations continue to increase in complexity and variation. It is therefore also important to understand how to best support RPNs who return to school to pursue their BScN.

### **Methodological Gaps**

There is a significant limitation in relevant research. One strength to the research conducted in this project is that students, faculty, graduates, and employers affiliated with multiple institutions are surveyed, which allows greater inferences to be made about NBE, the experiences of students, their outcomes, and the implications for health care workplaces and health care service delivery.

## ENVIRONMENTAL SCAN

In the fall of 2011, a survey of all 14 university nursing schools in Ontario was undertaken by the Council of Ontario University Programs in Nursing (COUPN). The purpose of the study was to determine “the geographic distribution, number, size, and growth of RPN to BScN programs in Ontario”. Results of the survey focused on the degree to which RPN-to-BScN education was available in the province, indicating that 6 universities with 10 college partners were involved in providing this pathway to a nursing degree:

- McMaster and Mohawk
- McMaster and Conestoga
- Ryerson and Centennial
- UOIT-Durham- Georgian
- UOIT-Durham
- Nipissing and Canadore
- Nipissing online/blended with clinical placements in home community
- Trent and George Brown
- Ottawa and Algonquin
- Ottawa and La Cite

Growth in RPN to BScN program enrolment has been exponential over the past decade. In 2005 three pilot programs were initiated, with 67 students enrolled province-wide. Currently, in the 10 programs, student enrolment can be estimated somewhere in the range of 2000-2500 students.

Despite the growth in programs, there remains little evaluative data to point to program outcomes. The ONCAT funded project by Coffey et al (2013, 2014) examining student performance, behaviours, and outcomes in bridging education in the UOIT-Durham College and UOIT-Durham College-Georgian College remains one of the few empirical studies examining nursing bridging education. However, currently all of the RPN-to-BScN programs in Ontario have received accreditation through the Canadian Association of Schools of Nursing Accreditation Bureau.

## DATA COLLECTION AND ANALYSIS PHASE 1: REGISTRARIAL DATA

Data analysis of Phase 1 data provided important insight into the lives of students applying to and admitted into nursing bridging programs, as well as key indicators related to academic performance. In addition to descriptive statistical analysis which provides information about student demographics, higher level statistical analysis was conducted to answer several important questions.

### **Age of Applicants**

Average age of applicants was remarkably consistent across the province. Of data available for 2,097 applicants across Ontario, the average age was approximately 32 years old. See Table 1.

Table 1: Age

	UOIT-DC and UOIT-DC-GC	Trent University	George Brown College	Nipissing University
Average	32.1*	32.87	31.68	32.81
SD	9.21	7.97	7.94	9.13

\* NOTE: for UOIT-DC-GC, registrarial data extends only from 2011-2013 as data prior to 2011 was previously analyzed in a prior ONCAT funded study.

### **Gender of Applicants**

Gender of applicants across the province reflected an overwhelming majority of female applicants. This finding is consistent both with more traditional nursing educational models, where the typical female to male ratio is 9:1 and the professional itself, with similar numbers. See Table 2.

Table 2: Gender

	UOIT-DC and UOIT-DC-GC	Trent University	George Brown College	Nipissing University
Male	47 (7.2%)*	20 (13.4%)	34 (13.6%)	113 (10.8%)
Female	607 (92.8%)*	129 (86.6%)	216 (86.4%)	1048 (89.2%)

\* NOTE: for UOIT-DC-GC, registrarial data extends only from 2011-2013 as data prior to 2011 was previously analyzed in a prior ONCAT funded study.

### **Transfer Credit**

Transfer credit opportunities varied across programs. For applicants to the GBC bridge into the Trent Nursing Program, transfer credit was assessed when the bridge was completed. Table 3 provides an overview of transfer credits granted to students enrolled in each program. It is important to note that in Ontario there are two basic ways in which credits are counted at universities: a) with a basic unit weight of 3 credits per course, or b) a unit weight of 1 credit per course. UOIT-DC, UOIT-DC-GC, and Nipissing University all offer degrees using the 3 credit weight system (120 credit count to earn BScN in nursing), whereas Trent University uses the 1 credit weight system (40 credit count to earn a BScN in nursing).

Table 3: Transfer Credit

	UOIT-DC and UOIT-DC-GC	Trent University	George Brown College	Nipissing University
Average	36.9*	7.93	NA	21.67
SD	6.69*	1.31	NA	19.71

\* NOTE: for UOIT-DC-GC, registrarial data extends only from 2011-2013 as data prior to 2011 was previously analyzed in a prior ONCAT funded study.

### **Graduation Rate**

Graduation rate within each program was assessed at the point of data collection. Because some programs were newer (e.g., Nipissing University had just graduated 1 class at the time of data collection), the numbers reflect not only the rate of attrition, but also the numbers of students progressing through their programs of study. It is important to note the attrition rates are low for post-secondary education, ranging from 6.1% - 13%. Normal attrition rates vary by program and university and may be found at this link: <http://cou.on.ca/numbers/cudo/>. However, as comparators, for Nipissing University the graduation rate for students in the nursing program is 64%, for UOIT 74%, and for Trent 79%. For this bridging program data reflected in Table 4, graduation/continuing to study at this point rates are in the high 80s.

Table 4: Rate of Graduation

	UOIT-DC and UOIT-DC-GC	Trent University	George Brown College	Nipissing University
Dropped Out	40 (6.1%)*	20 (13%)	28 (11.1%)	98 (8.7%)
Ongoing	399 (60.9%)*	61 (41%)	65 (25.7%)	996 (88.4%)
Graduated	183 (27.9%)*	68 (46%)	157 (62.1%)	33 (2.9%)
Missing	33 *	0	3	34

\* NOTE: for UOIT-DC-GC, registrarial data extends only from 2011-2013 as data prior to 2011 was previously analyzed in a prior ONCAT funded study.

### **Higher Level Statistical Analysis**

#### **1. How does entrance GPA relate to overall cumulative GPA in the program?**

For 4 of the programs (UOIT-DC, UOIT-DC-GC, Trent, and Nipissing) there was a significant positive relationship between entrance GPA and ongoing student GPA in the program. The exception to this finding was in the case of George Brown College (GBC). In the model involving collaboration between GBC and Trent, GBC is responsible for a 2-term free-standing bridge. Data analysis determined that admission GPA had no relationship to ongoing bridge program GPA for this program. In view of these finding, recognizing policy implications is important. Given that admission to nursing programs is largely dependent solely on GPA, the fact that it is an indicator of ongoing success seems to support this approach. See Table 5.

Table 5: How does entrance GPA relate to cumulative GPA?

UOIT-DC and UOIT-DC-GC	$r=.149, p<.001$ (significant)
Trent	$r=.435, p<.001$ (significant)
George Brown	$r=-.017, p=.828$ (non-significant)
Nipissing	$r=.221, p<.001$ (significant)

#### **2. Is the “bridge term” or “bridge component” GPA an indicator of overall ongoing GPA in the nursing program?**

Not all RPN-to-BScN programs are designed to include a bridge term and even when included, the construction of this portion of the learning varies greatly between programs. An important question for the team was whether academic performance in the bridge term, often designed as a gatekeeper to the rest of the nursing program, was related to ongoing academic performance. For programs that include a bridge term or bridge component (UOIT-DC, UOIT-DC-GC, and Trent), academic performance in the bridge term or bridge component is significantly related to ongoing program GPA. This finding is important in validating the curricular design of a bridge component. See Table 6.

Table 6: Is "Bridge GPA" an indicator of overall GPA in the program (Cumulative GPA)?

UOIT-DC and UOIT-DC-GC	$r = .855, p<.001$
Trent	$r=.435 p<.001$
George Brown	N/A
Nipissing	N/A

### 3. Is there a relationship between students' entrance GPA and whether or not they complete the program?

Recognizing the unique personal and professional life context of this type of adult learner, it is critical to gain insight into whether students who leave the program do so because of academic performance or despite good academic standing. Data analysis revealed that for nursing bridge program students at UOIT-DC, UOIT-DC-GC, and Trent, there was a significant positive relationship between entrance GPA and persistence in the program. For students at Nipissing, this finding was non-significant, although the relative newness of this program suggests that patterns of attrition and retention may still be forming. For students at GBC, this finding was also not significant, likely aligned with the finding that entrance GPA did not have a relationship with ongoing program GPA at GBC. See Table 7.

Table 7: How does entrance GPA relate to successful completion of the program?

UOIT-DC and UOIT-DC-GC	<b>Group Statistics</b>					
		Grad_code	N	Mean	Std. Deviation	Sig
	Enter GPA	Grad	179	81.1679	7.18426	.53698
		Stopped or Dropped	37	77.3816	14.39209	2.36605
p=.018, t=2.37, df=214						
Trent	<b>Group Statistics</b>					
		Grad_code	N	Mean	Std. Deviation	Sig
	EnterGPA	Graduated	67	3.4696	.20963	.02561
		Stopped or Dropped out	19	3.3089	.19796	.04541
	CumGPA	Graduated	68	76.3307	5.21576	.63250
		Stopped or Dropped out	20	71.8520	17.73438	3.96553
p=.004, t=2.98, df=84						
George Brown	<b>Group Statistics</b>					
		Grad_code	N	Mean	Std. Deviation	Sig
	EnterGPA	Stopped or Dropped out	25	3.32	.465	.093
		Graduated	90	3.38	.286	.030
p=.41, t=-.83, df=113 non-significant						
Nipissing	<b>Group Statistics</b>					
		Status	N	Mean	Std. Deviation	Sig
	EnterGPA	Stopped or Dropped Out	93	77.23	5.159	.535
		Graduated	25	77.17	5.600	1.120
p=.591, df=115 non-significant						



## DATA COLLECTION AND ANALYSIS PHASE 2: CURRENT STUDENT DATA ANALYSIS

### Part 1: Quantitative Data Analysis

#### Summary of Data Collection – Phase 2

The data collected for this phase of the project occurred from January 26, 2015 to July 14, 2015. A total of 195 respondents, students representing all 6 project partners, completed the online survey. Of these responses, 144 were fully completed with all questions answered in their entirety and 51 were partially completed.

#### Area of Inquiry #1: Understanding Our Students

##### **Basic Demographics: Age and Gender**

The ages of students ranged from under 20 years up to 60 years (see Figure 1). Those within the 21-40 year range (n=148, 86%) represent the majority of respondents. Female respondents represent almost all students surveyed (n=152, 90.5%), whereas male respondents represented the minority (n=16, 9.5%) (see Table 8). There were some missing data (n=27) and this could be attributed to students electing not to respond or those who do not self-identify with binary gender classifications.

Figure 1: Age of Respondents (Current Students)

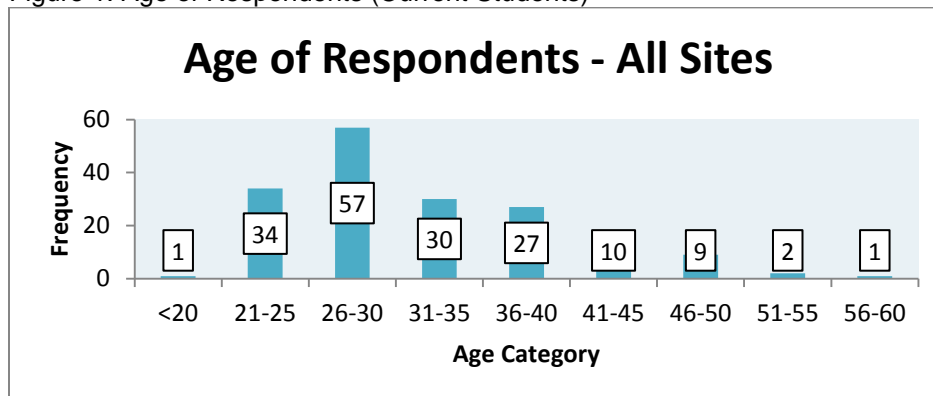


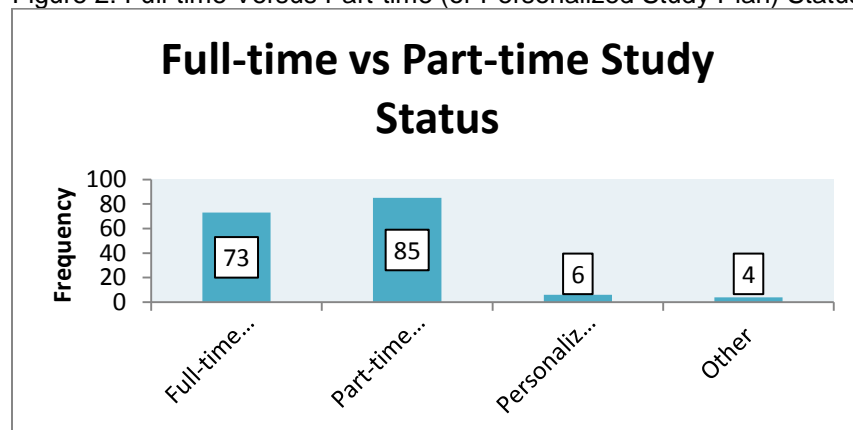
Table 8: Gender (Current Students)

Table 8: Gender of Respondents (Current Students) – All Sites				
	Frequency	Percent	Valid Percent	Cumulative %
Male	16	8.2	9.5	9.5
Female	152	77.9	90.5	100
Total	168	86.2	100	
Missing System	27	13.8		
Total	195	100		

### **Full-time versus Part-time Programs of Study**

Part-time enrollment (n=85, 51%) is the most frequent study plan; however, full-time enrollment (n=73, 43%) also represents a large proportion of respondents. Those with other or off-track study plans (n=10, 6%) represent a very small proportion of the students surveyed. See Figure 2.

Figure 2: Full-time Versus Part-time (or Personalized Study Plan) Status



### **Commute to School and Clinical**

On average, students reported a 50 minute commute to school and a 36 minute commute to their clinical placements. There was a fairly significant variation in commuting times, ranging from 24 min (Nipissing) to 80 min (UOIT-DC-GC) for school commute and 31 min (Nipissing) to 69 min (Trent) for commute to clinical settings. See Table 9.

Table 9: Commuting Requirements

Table 9: Current Student Commuting Requirement by Campus						
	UOIT-DC	UOIT-DC-GC	Nipissing	Trent	George Brown	All Sites
Average Commute to School (min)	53 min	80 min	24 min	62 min	83 min	50 min
Average Commute to Clinical (min)	40 min	25 min	31 min	69 min	37 min	36 min

### **Marital Status and Dependent Care Responsibilities**

Most respondents (n=106, 63%) are either married or in some form of union with another person, whereas approximately one third of the respondents (n=63, 37%) are single, divorced/separated, or widowed (see Table 10). Almost half of students (n=67, 42%) had dependent care responsibilities (see Table 11). This finding affirms previous data analysis (Coffey et al., 2014) that showed bridging students have many responsibilities outside of school that compete for their time and attention.

Table 10: Marital Status

Table 10: Marital Status							
	Single	Married	Living Common-Law/Living Together	Divorced	Separated	Widowed	Co-habitation
<b>Count</b>	47	68	38	7	8	1	0
<b>Percent</b>	27.8%	40.2%	22.5%	4.1%	4.7%	0.6%	0%

Table 11: Dependent Care Responsibilities

Table 11: Dependent Care Responsibilities		
Total Students	# Student with Dependents	% by Site
160	67	41.9%

### ***Practice Focus, Concurrent Employment in Nursing, Hours Worked***

The most common area of employment for current students was within high acuity units (n=103, 33.2%) followed by long-term care/rehabilitation/gerontology (n=96, 30.9%) (see Table 12). Table 13 provides a more detailed representation of the specific areas in which students are working. Over three quarters of students are working either full-time or part-time (n=136, 83%) and their manner of employment is equally distributed across those two categories (see Figure 3). It is also important to note that a small proportion (n=28, 17%) are working in contract, casual, or other employment capacities. Although almost half of respondents (n=68, 41%) indicate full-time employment, Figure 4 illustrates that the same proportion (n=71, 43%) of all are working, on average, 31-40 hours per week. This finding shows that more respondents are working full-time hours than what would be expected from the total number of respondents in part-time, contract, casual, or other employment categories. Table 14 shows that almost 20% of students relinquished full-time employment in order to pursue bridging education. While the distribution across 5 of the 6 programs is similar (approximately 30%), there is a significantly lower number of students from the Nipissing program who gave up full-time employment. Given that the Nipissing Program is offered as a distance program (mostly online), this finding suggests that for working RPNs, the option of studying via distance modalities impacts employment patterns. Ultimately, we see a picture in which in addition to their education, bridging students have concurrent employment responsibilities that occupy a large amount of their time and energy.

Table 12: Summarized Nursing Areas of Specialization for Current Students

Table 12: Summarized Nursing Areas of Specialization for Current Students – All Sites		
Current Practice Area(s)	Number of Responses	Percentage of Responses
High Acuity (e.g. Hospital-Based, Medical, Surgical, and Speciality Units)	103	33.2%
Long-Term Care, Rehabilitation, Gerontology	96	30.9%
Homecare	38	12.3%
Other	31	10%
Acute Care (e.g. ICU, L&D, Emergency)	29	9.4%
Agency Nursing	13	4.2%
<b>Total Responses</b>	<b>310</b>	<b>100%</b>

Table 13: Area of Nursing Practice

<b>Table 13: Area of Nursing Practice – All Sites</b>		
<b>Current Practice Area(s)</b>	<b>Number of Responses</b>	<b>Percentage of Responses</b>
Long Term Care/Gerontology	44	15.4%
General Medicine	36	12.6%
Mental Health/Psychology	31	10.8%
Other In-Patient Practice	31	10.8%
General Surgery	16	5.6%
Community Nursing	13	4.5%
Rehabilitation	13	4.5%
Paediatrics	12	4.2%
Emergency Department	10	3.5%
Homehealth Care (CCAC, Home visiting)	10	3.5%
Oncology/Haematology	7	2.4%
Post-Partum	6	2.1%
Gynaecology	5	1.7%
Public Health	5	1.7%
Respirology	5	1.7%
Specialty Out-Patient Department	5	1.7%
Cardiology/Cardiac Surgery	4	1.4%
Neurology	4	1.4%
Operating Room/PACU	4	1.4%
Administration	3	1.0%
Ear, Nose and Throat	3	1.0%
Education	3	1.0%
General Out-Patient Department	3	1.0%
In-Patient Psychiatry	3	1.0%
Orthopaedics	3	1.0%
Neonatal Intensive Care Unit	2	0.7%
Nephology	2	0.7%
Obstetrics/Labour and Delivery	2	0.7%
Intensive Care Unit	1	0.3%
<b>Total Responses</b>	<b>286</b>	<b>100%</b>

PLEASE NOTE: The data contains dual responses as participants are working in more than one practice area

Figure 3: Employment Status in Nursing (RPN)

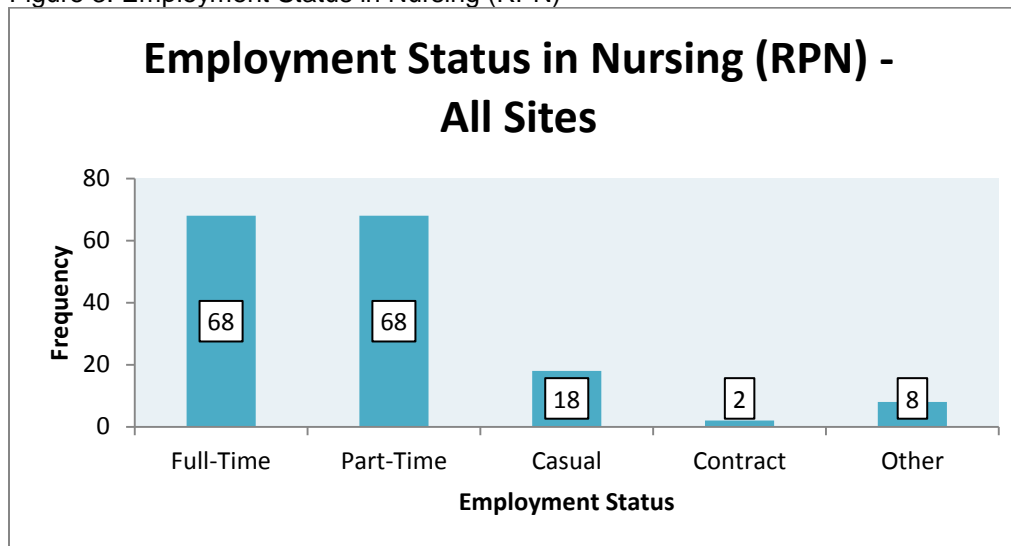


Figure 4: Average # of Hours Worked per Week in Any Type of Employment (Including both in nursing and outside of nursing work)

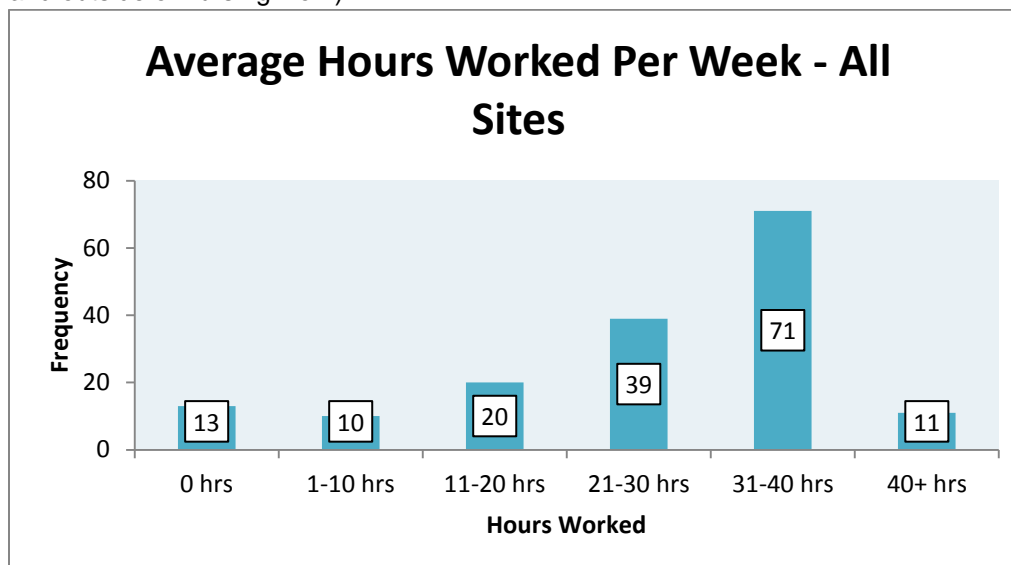


Table 14: Students Who Gave Up a Full-time Job for School

Table 14: Students Who Gave Up a Full-time Job for School					
	UOIT-DC UOIT-DC-GC	Nipissing	Trent	George Brown	All Sites
Count	23	4	2	3	32
Percent	38.3%	4.5%	33.3%	37.5%	19.3%

### ***Income, Student Debt and Scholarships/Bursaries***

Figure 5 illustrates that close to one third (n=45, 28%) of the current student respondents have an average family income between \$50,000-\$70,000. The data is almost normally distributed; however, there are 10% more respondents above the average family income (\$70,000+). Considering that many respondents indicated dependent care responsibilities and other employment responsibilities, it is concerning that 14% (n=22) of respondents had an average family income under \$30,000. In regards to estimated debt (see Figure 6), 50% (n=84) reported debt equaling or exceeding \$10,000. Conversely, 22% (n=36) expected no debt as a result of undertaking bridging education.

Figures 7-8 and Tables 15-17 outline that 67.4% (n=58) of students received funding from a single source, 32.5% (n=28) received funding two or more sources (e.g., RNAO and/or employer). The number of student who sought or needed assistance from multiple sources in light of high unemployment rates during the course of their education substantiate that those within bridging education are in need of increased or non-traditional financial support opportunities. Of the total number of eligible students, 44% (n=86) received a scholarship or grant to support their educational pursuits.

Figure 5: Average Annual Family Income

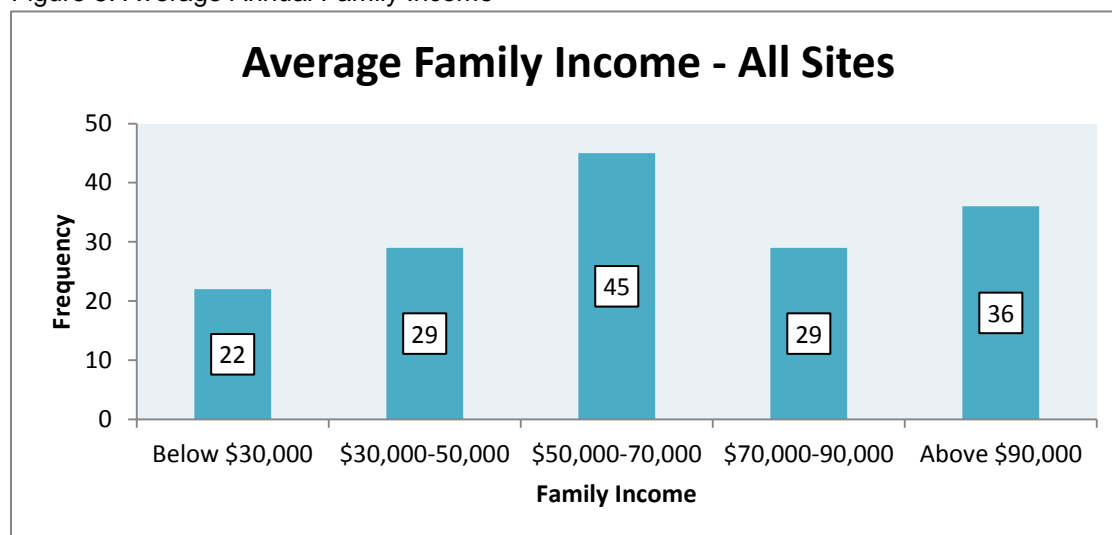


Figure 6: Estimated Student Debt for RPN to BScN Students (All Sites)

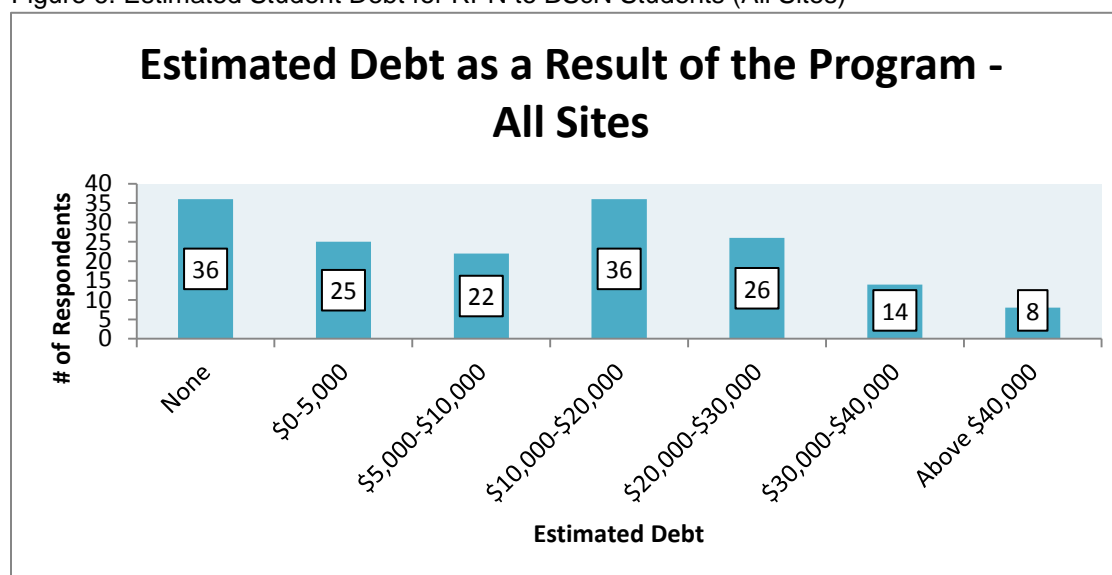


Table 15: Additional Funding Derived from X (Multiple) Number of Sources

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	UOIT-DC	UOIT-DC-GC	Nipissing	Trent	George Brown	Total	
<b>Funded Participants</b>	31	1	49	5	0	86	
							<b>Percent</b>
<b>1 source</b>	18	1	36	3	0	58	<b>67.4%</b>
<b>2 sources</b>	8	0	13	2	0	23	<b>26.7%</b>
<b>3+ sources</b>	5	0	0	0	0	5	<b>5.8%</b>

Table 16: Additional Funding Received from Any Number of Sources

Table 16: Additional Funding Derived from X (Multiple) Number of Sources		
All Sites		
<b>Funded Participants</b>	86	
		<b>Percent</b>
<b>1 source</b>	58	<b>67.4%</b>
<b>2 sources</b>	23	<b>26.7%</b>
<b>3+ sources</b>	5	<b>5.8%</b>

Figure 7: Number of Additional Funding Sources Accessed by Students

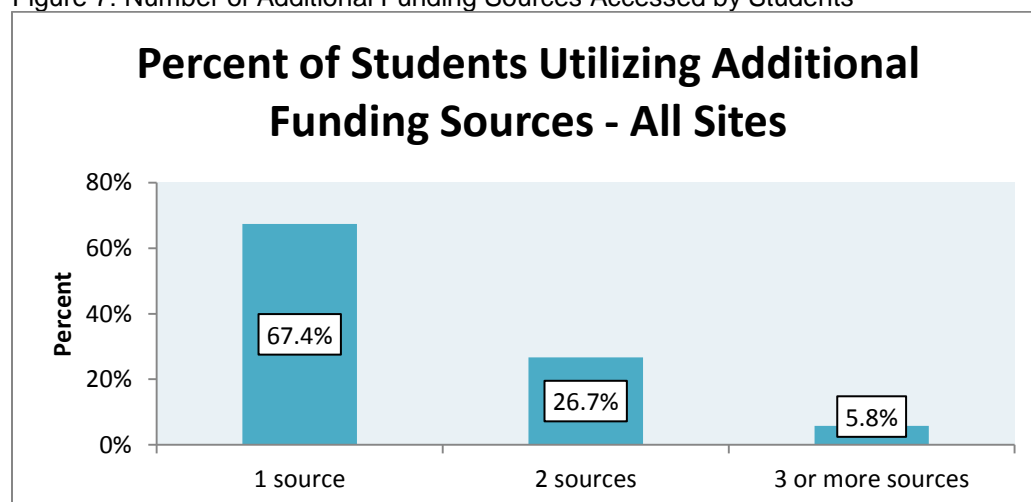


Figure 8: Scholarship/Grant Recipients

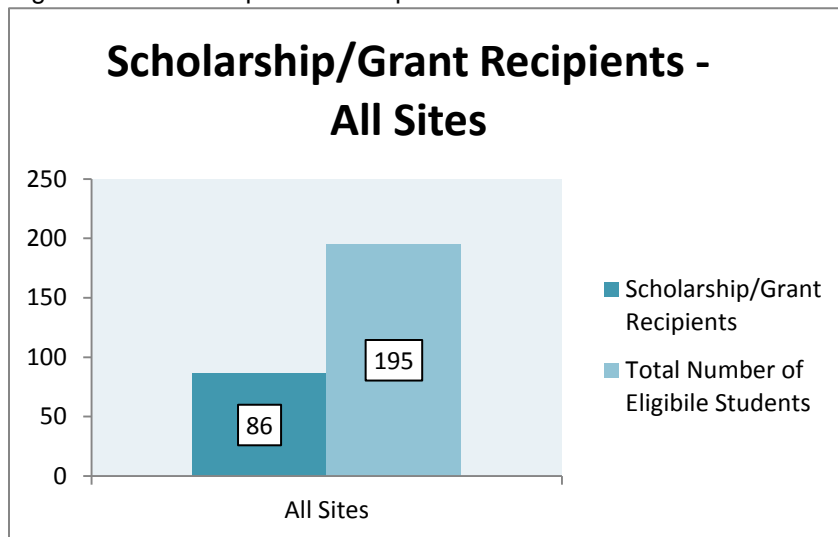


Table 17: Additional Funding Sources

Additional Funding Sources: Scholarships/Grants/Bursaries			
	Campus	All Sites	% of Category
	Funded Participants	86	44.1%
	Total Participants	195	
Sources of Funding	Employer	44	36.1%
	University	26	21.3%
	Service Organization	3	2.5%
	Professional Association	5	4.1%
	Nursing Education Initiative (RNAO)	37	30.3%
	Other	7	5.7%
	Total	122	100%
Additional Funding Derived from X Number of Sources	1 source	58	67.4%
	2 sources	23	26.7%
	3+ sources	5	5.8%



## Area of Inquiry #2: Facilitators and Barriers to Success in the RPN-to-BScN Program

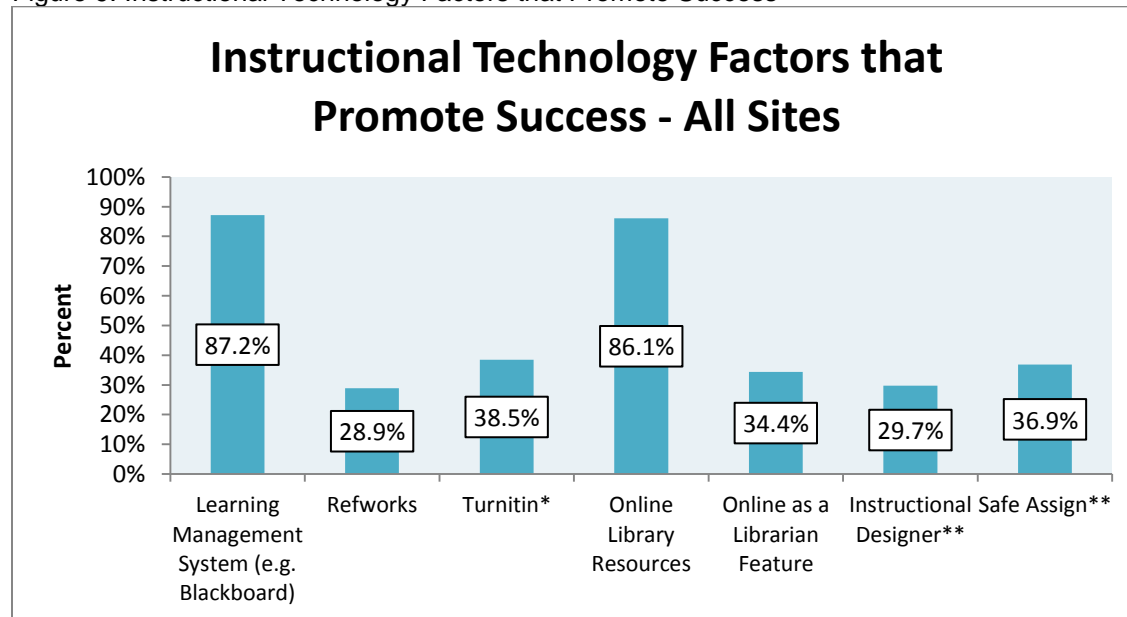
The facilitators and barriers to promoting success in the bridging program were explored across several dimensions, which included instructional technology, employment, academic, personal, and other (general) factors. Exploring these dimensions and whether they represented a facilitator or barrier to success can allow bridging programs to tailor support services and educational endeavours to meet the needs of learners.

Data for facilitators and barriers was collected via an online survey, utilizing a 5-point Likert scale (1 = Strong barrier to success, 2 = Somewhat a barrier to success, 3 = Neither promotes or creates a barrier to success, 4 = Somewhat promotes success, 5 = Strongly promotes success). Consistent with the previous study by Coffey et al (2013), utilizing a 60% response rate as significant, data analysis provided insight into areas that students identified as either a barrier or facilitator to success.

### Instructional Technology Factors that Promote Success

Figure 9 represents the instructional technology factors (learning management system, Turnitin, online library services, etc.) that either moderately or strongly promoted students' success within the program. Learning management systems are platforms by which professors and students can access and share information. Students are able to download course content and participate in online discussions. RefWorks is an online citation management system, which allows for organization of resources and articles students may use for projects. Turnitin allows students to submit work online, while allowing faculty to assess for plagiarism. Online library resources and the "ask a librarian" feature allow students to access online journals, textbooks, and other resources, while also having access to aid/support when questions arise. Students across all sites identified that the learning management system (e.g., Blackboard) (87.2%) and online library resources (86.1%) were strong promoters to success.

Figure 9: Instructional Technology Factors that Promote Success



\*NOTE: Data does not include GBC

\*\*NOTE: Data refers only to Nipissing University

### Instructional Technology Factors that are Barriers to Success

Table 18 represents instructional technology factors that students identify as barriers to their success. It is worth noting that across the board, instructional technology factors are not perceived by students as representing any type of barrier to success, with a range of just 1.3%-6.6% respondents indicating any type of barrier.

Table 18: Instructional Technology Factors that are Barriers to Success

Table 18: Instructional Technology Factors that are Barriers to Success							
	Learning Management System (e.g. Blackboard)	Refworks	Turnitin*	Online Library Resources	Online as a Librarian Feature	Instructional Designer**	Safe Assign**
All Sites	1.3%	1.6%	6.6%	2.6%	3.1%	3.1%	3.1%

\*NOTE: Data does not include GBC

\*\*NOTE: Data refers only to Nipissing University

### Employment Factors that Promote Success

Table 19 shows employment factors that students identify as promoters to their success in the bridging program. These factors include schedule flexibility, employer support, job security, job availability for RNs and RPNs, work environment support for continuing education, availability for leave of absence, and peer attitude to continuing education. Overall, the majority of these factors were identified as promoters to success in the bridging program (response rate >60%). Work schedule flexibility (71.8%) and work environment support for continuing education (74.3%) represented the most significant promoters to success. Students also identified that employer support (66.2%), job security (64.8%), job availability for RNs (61.8%), and peer attitude to continuing education (64.88%) were also additional promoters to success.

Table 19: Employment Factors that Promote Success

Table 19: Employment Factors that Promote Success								
	Work Schedule Flexibility	Support from Employer	Job Security	Job Availability for Registered Nurses	Job Availability for Registered Practical Nurses	Work Environment Supportive about Continuing Education	Opportunity for a Leave of Absence	Peer Attitude to Continuing Education
All Sites	71.8%	66.2%	64.8%	61.8%	51.5%	74.3%	57.4%	64.8%

### Employment Factors that are Barriers to Success

Table 20 explores student perceptions of employment factors that are barriers to their success. The most significant employment factor that students identify as a barrier to success is work schedule flexibility (21.1%). This is important to note, as previous data has indicated that the majority of students are working either part-time or full-time hours while attending school. Work schedule flexibility is important for students' ability to attend class and practicum placements regularly. Other factors that students identify as barriers to success are employer support (15.5%), job security (15.5%), and opportunity for leave of absence (14.7%).

Table 20: Employment Factors that are Barriers to Success

Table 20: Employment Factors that are Barriers to Success								
	Work Schedule Flexibility	Support from Employer	Job Security	Job Availability for Registered Nurses	Job Availability for Registered Practical Nurses	Work Environment Supportive about Continuing Education	Opportunity for a Leave of Absence	Peer Attitude to Continuing Education
All Sites	21.1%	15.5%	15.5%	11.8%	8.8%	12.9%	14.7%	9.9%

### Personal Factors that Promote Success

Table 21 depicts student perceptions of personal factors that promote success in the bridging program. Personal factors include support from peers/family/colleagues; technology skills; academic skills (e.g., scholarly writing); previous nursing experience; personal traits (e.g., perseverance, determination); and the ability to maintain life balance between work, school and personal obligations. Students identify each of the personal factors as significant factors that promote success (>60%), however personal traits (96.9%), computer technology skills (94.3%), and support from family (93.1%) were identified as the strongest promoters.

Table 21: Personal Factors that Promote Success

Table 21: Personal Factors that Promote Success								
	Support from Other Students	Support from My Family	Support from Professional Colleagues	Previous Skills with Technology – e.g. with Computers	Previous Academic Skills – e.g. Academic Writing	Previous Nursing Experience	Personal Traits – e.g. Perseverance, Determination	Ability to Maintain Work-School-Life Balance
All Sites	64.2%	93.1%	81 %	94.3%	86.8%	94.3%	96.9%	83.5%

### Personal Factors that are Barriers to Success

Table 22 depicts the personal factors students identify as barriers to their success in the bridging program. The ability to maintain work-school-life balance was the most significant barrier (10.8%) to students' success. Other factors, such as support and previous experience, were not identified as significant (<5%).

Table 22: Personal Factors that are Barriers to Success

Table 22: Personal Factors that are Barriers to Success								
	Support from Other Students	Support from My Family	Support from Professional Colleagues	Previous Skills with Technology – e.g. with Computers	Previous Academic Skills – e.g. Academic Writing	Previous Nursing Experience	Personal Traits – e.g. Perseverance, Determination	Ability to Maintain Work-School-Life Balance
All Sites	1.9%	0.6%	1.3%	1.3%	4.4%	1.9%	1.9%	10.8%

### **Academic Factors that Promote Success**

Several academic factors were explored in regards to whether they represented promoters or barriers to students' success. Academic factors promoting success are represented in Tables 23 and 24 (Part A and Part B), as well as depicted graphically in Figure 10. Students identified the following academic factors as significant facilitators to success:

- Faculty (61.7%)
- Online learning opportunities (69.5%)
- Face-to-face learning opportunities (59.9%)
- Clinical learning abilities (76.9%)
- Library services (70.1%)
- Program of study (courses in the program) (63.6%)
- Online course offerings (70.1%)

It is worth noting that online learning opportunities and online course delivery remains an important academic factor that students identify as a facilitator to success.

### **Academic Factors that are Barriers to Success**

Tables 25 and 26 represent barriers to success as perceived by students across all sites, while Figure 11 presents this data graphically. Of note, program writing requirements (14.1%), program of study (courses in the program) (13.2%), online course delivery (14.9%), course scheduling (14.8%) and course offering location (12.2%) were the most significant academic barriers to success. The fact that online course delivery was identified as both a barrier and facilitator to success may indicate an avenue for further exploration.

Table 23: Academic Factors that Promote Success (Part A)

Table 23: Academic Factors that Promote Success (Part A)										
	Academic Advising	Program Coordinator	Peer Tutoring	Tutoring and Learning Centre (TLC)	Academic Success Centre/Student Learning Centre	Peer Assisted Learning	Faculty	Online Learning Opportunities	Technology Support	Face-to-Face Learning Opportunities
All Sites	45.8%	48.4%	24.6%	25.8%	35.7%	21.5%	61.7%	69.5%	52.6%	59.9%

Table 24: Academic Factors that Promote Success (Part B)

Table 24: Academic Factors that Promote Success (Part B)											
	Clinical Learning Abilities	Library Services	Librarian Services	Private Tutor/Editor	Tutorial Assistants	Program Writing Requirements	Program of Study (Courses in the Program)	Course Offerings – Online Format	Course Offerings – Face-to-Face Format	Course Offerings – Scheduling (Day, Time)	Course Offerings – Scheduling (Place)
All Sites	76.9%	70.1%	42.3%	20.3%	24.8%	39.6%	63.6%	70.1%	46.5%	54.2%	54%

Figure 10: Summary of Academic Factors Promoting Success

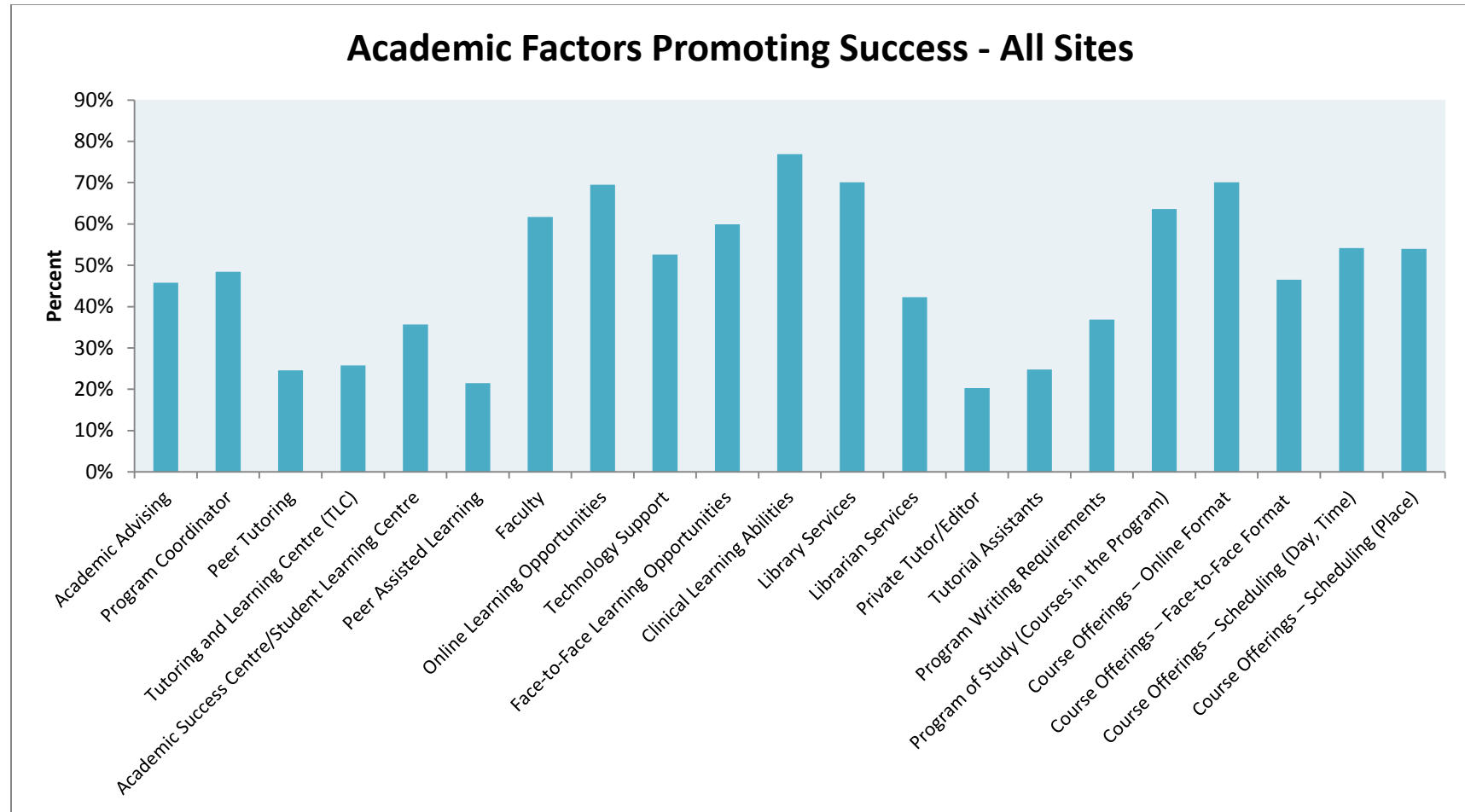


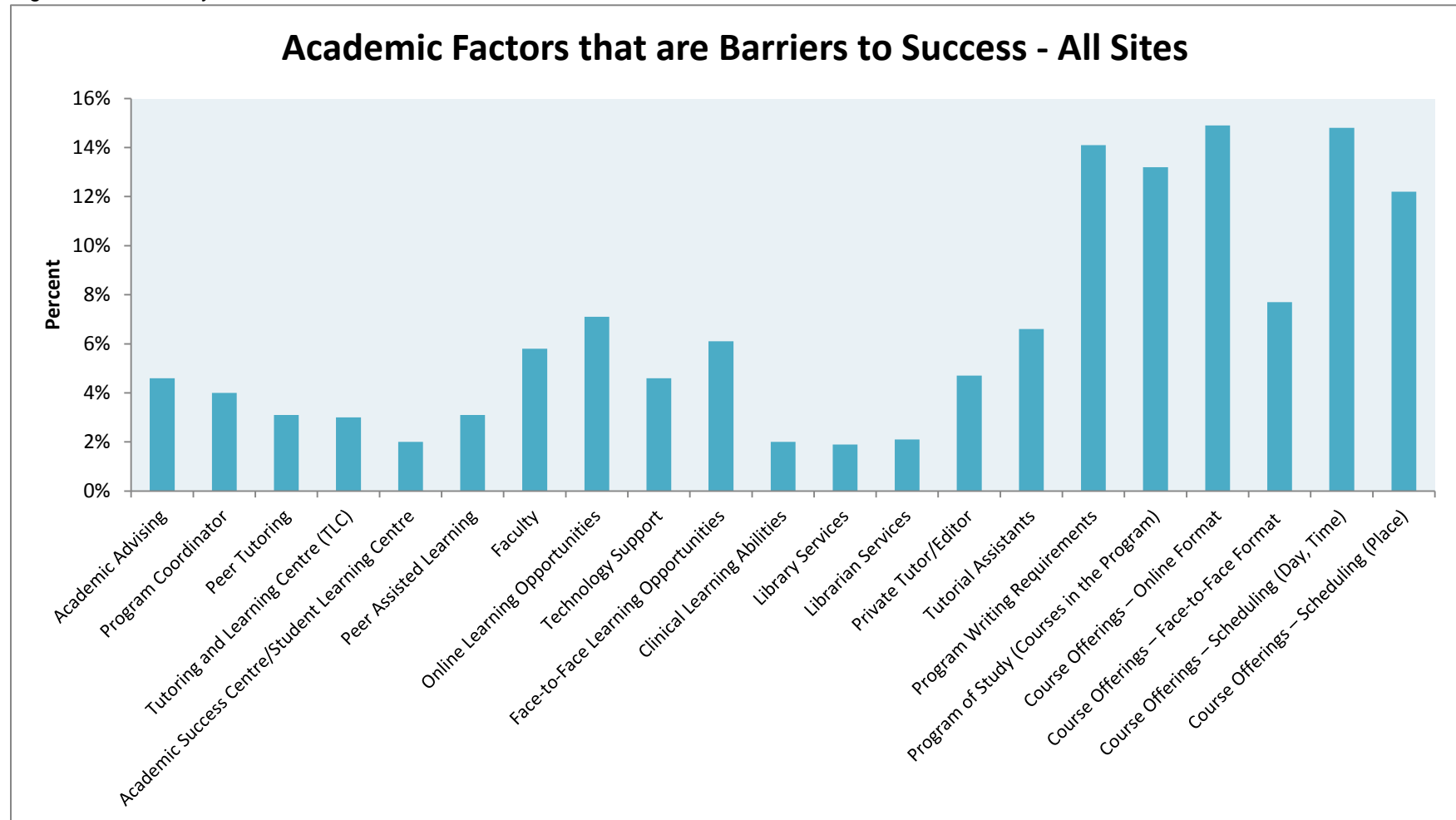
Table 25: Academic Factors that are Barriers to Success (Part A)

Table 25: Academic Factors that are Barriers to Success (Part A)										
	Academic Advising	Program Coordinator	Peer Tutoring	Tutoring and Learning Centre (TLC)	Academic Success Centre/Student Learning Centre	Peer Assisted Learning	Faculty	Online Learning Opportunities	Technology Support	Face-to-Face Learning Opportunities
All Sites	4.6%	4%	3.1%	3%	2%	3.1%	5.8%	7.1%	4.6%	6.1%

Table 26: Academic Factors that are Barriers to Success (Part B)

Table 26: Academic Factors that are Barriers to Success (Part B)											
	Clinical Learning Abilities	Library Services	Librarian Services	Private Tutor/Editor	Tutorial Assistants	Program Writing Requirements	Program of Study (Courses in the Program)	Course Offerings – Online Format	Course Offerings – Face-to-Face Format	Course Offerings – Scheduling (Day, Time)	Course Offerings – Scheduling (Place)
All Sites	2%	1.9%	2.1%	4.7%	6.6%	14.1%	13.2%	14.9%	7.7%	14.8%	12.2%

Figure 11: Summary of Academic Factors that are Barriers to Success





### **Other Factors that Promote Success**

Students were also questioned about general factors that may have represented a facilitator or barrier to their success in bridging education. These factors include institutional factors that are non-academic, such as financial aid, health centre, and disability services. Additionally, factors regarding accessibility and transport were assessed (access to vehicle, access to public transit, access to childcare or dependent care support, and accessibility services). Lastly, students were asked about personal factors that may promote or establish a barrier to success, such as recreation, physical activity, hobbies, volunteer work, outlets for stress, and personal counselling. Tables 27-28 and Figure 12 represent other factors that promote success for students in bridging education. The most significant factors promoting success for students across all sites were access to a vehicle (68.3%) and outlets for stress release (59.1%).

### **Other Factors that are Barriers to Success**

Conversely, students were questioned about the same factors, and whether they represented barriers to their success in the bridging program. Overall, the most noteworthy barriers to success that students identified were financial aid (9.9%), hobbies (10.2%), volunteer work (9.9%), and most significantly, outlets for stress release (13.1%). This may represent an avenue for nursing programs to support personal coping mechanisms. It emphasizes the importance of educating students regarding stress management, as they are balancing many competing responsibilities. See Tables 29-30 and Figure 13.

### **Final Words from Students: Promoting Success**

Students were asked: “What is the single most important factor that promotes your success?”. They identified several factors that were promoters of their success in the program. Financial aid and supportive communities – family, peers, employers, etc. – were facilitators to success. Additionally, students also noted how online course delivery in the nursing program was important to them. There were two personal traits of students: determination and motivation. These traits enabled students to be successful in bridging education. Students were determined to better their nursing career and excel in their nursing career goals. Students also identified multiple factors that sustained their motivation during the program, such as their family, better wages and more available employment opportunities. Flexibility within work and the student’s personal life was also a facilitator to success. It was important for students to concurrently manage school and personal priorities to their dependents and themselves. In addition, flexibility within the workplace allowed them to have more time to focus on their studies and future career goals.

### **Final Words from Students: Barriers to Success**

Students were also asked: “What is the single most important factor that is a barrier your success?”. They identified numerous factors within the RPN to BScN bridging programs as barriers to their success. Students identified that online course delivery could be improved by providing face-to-face learning for courses with very complex concepts (e.g., pharmacology, mathematics/statistics). Conversely, some students expressed displeasure that there were courses offered face-to-face that could have been more effectively delivered in an online format. In regards to online learning, some challenges students noted were attributed to collaborating with students across wide geographies, using technology to support their learning and the manner in which online courses are delivered by instructors. Students felt that bureaucratic policies and poor communication with faculty hindered their success within the programs. Students felt that improved course organization and increased out-of-class support from

faculty would enhance their educational experience. This finding underscores how more support for using technology – by students and faculty – in online course delivery is needed. Moreover, it alludes to the fact that there is no consistency as to how online courses are delivered. Students also identified how important scheduling of clinical placements – including locations – and courses were barriers to their success. They noted how poorly constructed schedules erected significant barriers to managing their responsibilities.

Students believed that they were not provided with enough recognition for their RPN experiences. Specifically, they felt that some course content was repetitive to their role in the workplace. They also were upset that their prior skills were not recognized and further felt like a second-rate nurse. Finances were also a notable barrier to their success within the programs. Many identified how they required financial aid to support themselves, pay their tuition and support their dependents. They identified how financial aid for mature students, bridging students and online students was largely absent. Managing time, while also a facilitator to student success, was also identified as a barrier. Coordinating work hours and time for school work was challenging. Additionally, inflexible schedules were contributors to high stress rates and feelings of burnout.

Table 27: 'Other' Factors Promoting Success (Part A)

Table 27: 'Other' Factors Promoting Success (Part A)								
	Financial Aid	Campus Health Centre	Counselling	Centre for Students with Disabilities	Access to a Vehicle	Access to Public Transit	Access to Childcare/ Dependent Care Support	Recreation
<b>All Sites</b>	36.6%	14.8%	21.5%	7.7%	68.3%	19.7%	19.4%	34.6%

Table 28: 'Other' Factors Promoting Success (Part B)

Table 28: 'Other' Factors Promoting Success (Part B)						
	Physical Activity	Hobbies	Volunteer Work	Outlets for Stress Release	Personal Counselling	Accessibility Services
<b>All Sites</b>	51.1%	46%	13.7%	59.1%	17.3%	10.4%

Figure 12: 'Other' Factors Promoting Success

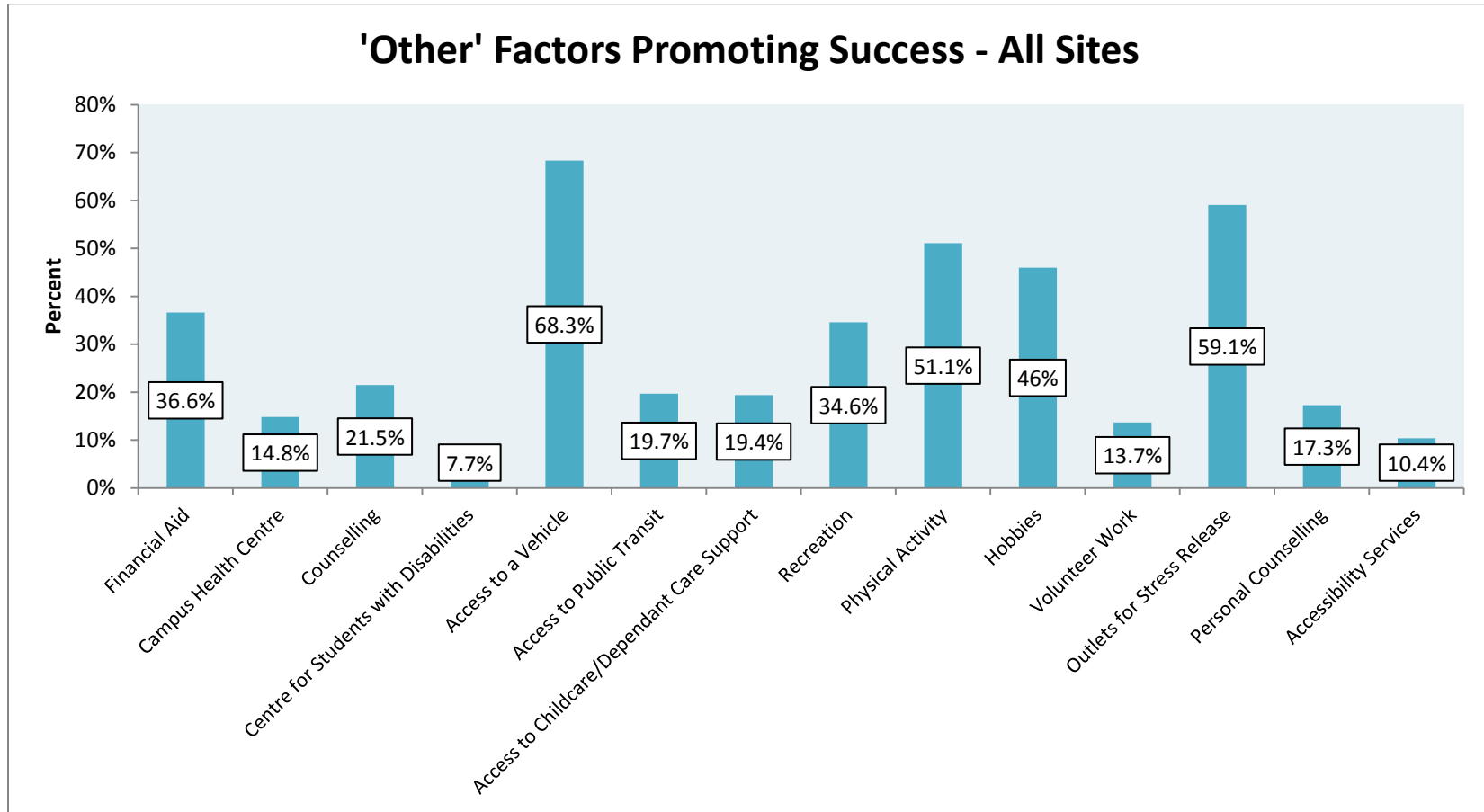


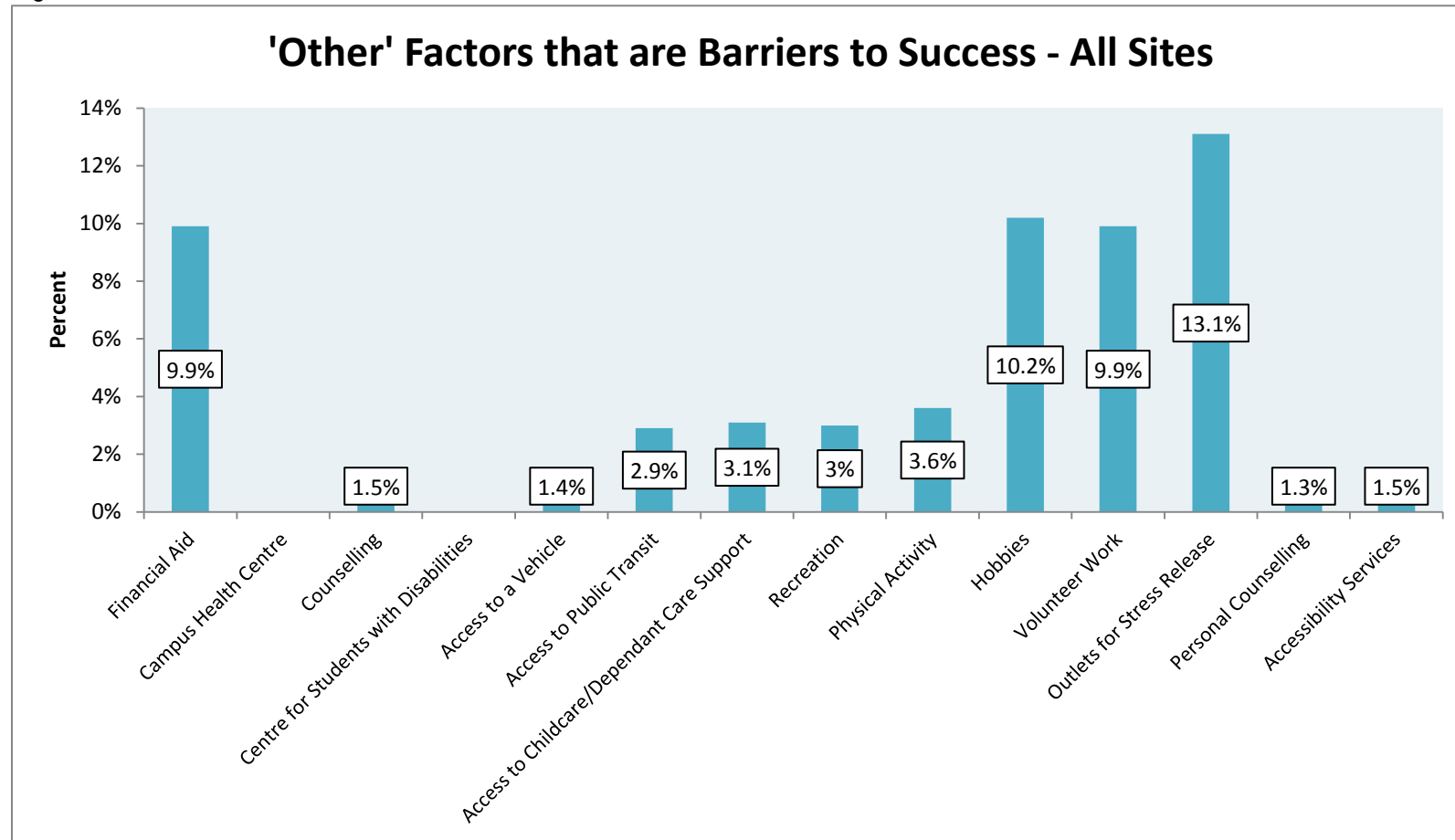
Table 29: 'Other' Factors that are Barriers to Success

Table 29: 'Other' Factors that are Barriers to Success (Part A)								
	Financial Aid	Campus Health Centre	Counselling	Centre for Students with Disabilities	Access to a Vehicle	Access to Public Transit	Access to Childcare/Dependent Care Support	Recreation
All Sites	9.9%	0%	1.5%	0%	1.4%	2.9%	3.1%	3%

Table 30: 'Other' Factors that are Barriers to Success

Table 30: 'Other' Factors that are Barriers to Success (Part B)						
	Physical Activity	Hobbies	Volunteer Work	Outlets for Stress Release	Personal Counselling	Accessibility Services
All Sites	3.6%	10.2%	9.9%	13.1%	1.3%	1.5%

Figure 13: 'Other' Factors that are Barriers to Success



### **Area of Inquiry # 3: Supports and Services Accessed and Their Effectiveness**

Students across all sites were asked about institutional supports and services accessed and their effectiveness using a 5-point Likert scale (5 – very effective, 4 – somewhat effective, 3 – neither effective nor ineffective, 2 – somewhat ineffective, 1 – ineffective). Tables 31-33 and Figures 14-16 outline the supports and services accessed and their effectiveness by current students. Students identified faculty, the library and academic advising and coordinator to be the most effective supports accessed during their bridging education. No service or support was deemed to be somewhat ineffective or ineffective. The Registrar's Office, IT services, bookstore and campus ID were additional and notable services accessed by many students. Conversely, services such as career services, childcare services, Aboriginal services and housing services were the least accessed and ranked lowest in terms of their overall effectiveness.

We asked students: "Can you think of any student supports or services that you would recommend we develop for learners in the nursing bridging program that are currently not available?" Students identified that at times the quality and consistency of online courses needed further development and review. Also, students felt that having increased access to tutors, counsellors and mentors should be more readily available. Students also echoed the need for financial support for those within non-traditional educational pathways.

Table 31: Supports and Services Accessed and Their Effectiveness

Table 45: Supports and Services Accessed and Their Effectiveness – All Sites (Part A)												
	Academic Advising	Academic Coordinator	Peer Tutoring	Peer Assisted Learning	Tutoring and Learning Centre (TLC)	Academic Success Centre/ Student Learning Centre	Faculty	Library	Financial Aid	Campus Health Centre	Counselling	Accessibility for Students
Number of Students who Accessed Service/ Support	101	86	26	26	24	62	120	116	69	42	38	38
Average of Likert Scale: 1-5 for Effectiveness	3.73	3.72	3.58	3.73	3.46	3.48	4.17	4.28	3.48	3.43	3.37	3.39

Table 32: Supports and Services Accessed and Their Effectiveness – Part B

Table 46: Supports and Services Accessed and Their Effectiveness – All Sites (Part B)											
	Registrar's Office	Housing Services	IT Services	Diversity, Equity, Human Rights	Career Services	Aboriginal Services	Bookstore	Childcare Services	Campus ID	Athletics	Assessment and Test Centre
Number of Students who Accessed Service/ Support	106	13	84	46	33	31	97	15	77	36	23
Average of Likert Scale: 1-5 for Effectiveness	3.68	3.15	3.73	3.46	3.36	3.16	3.65	3.00	3.56	3.17	3.52



Figure 14: Number of Students Accessing Services

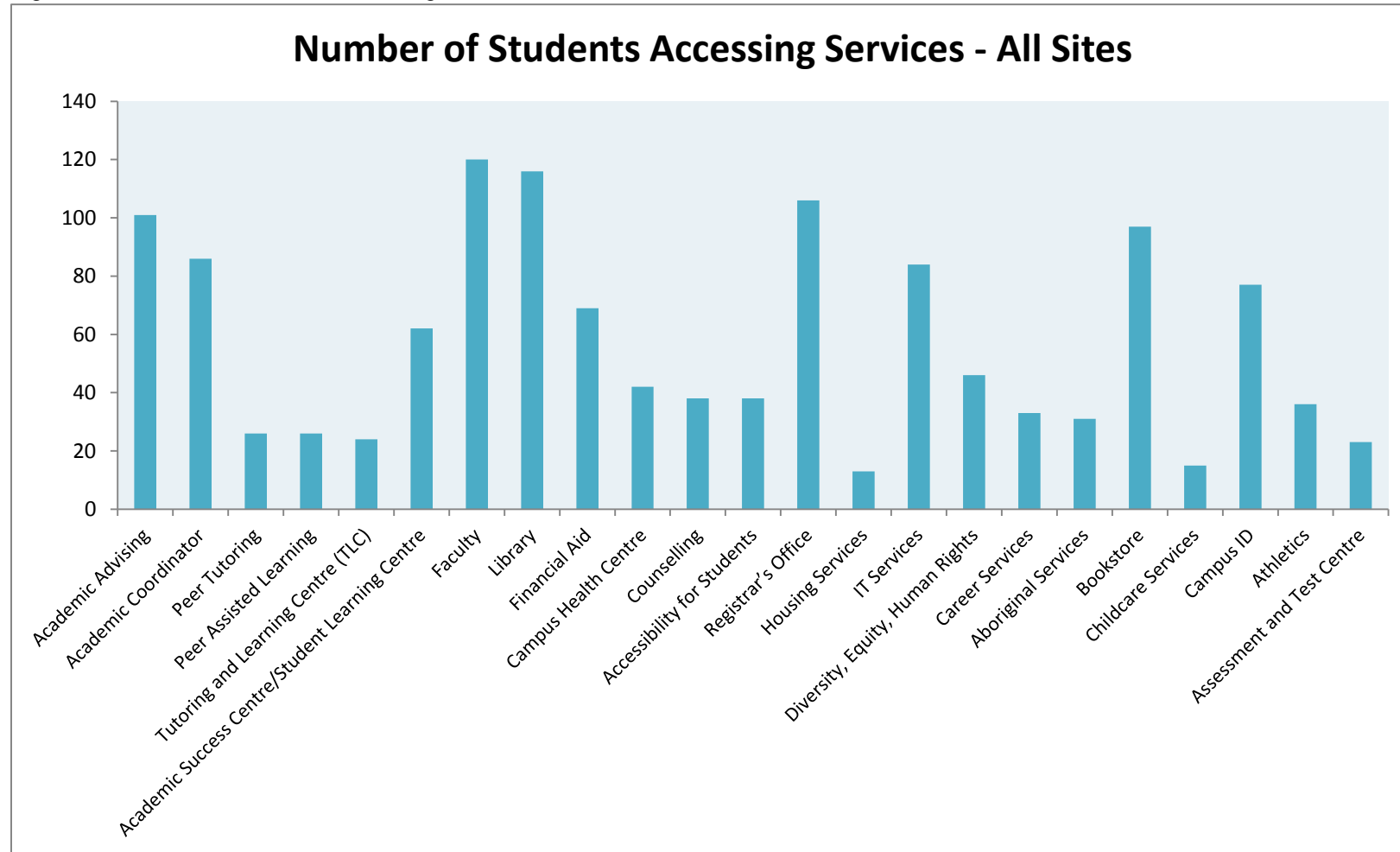


Figure 15: Evaluation of Effectiveness of Support Services

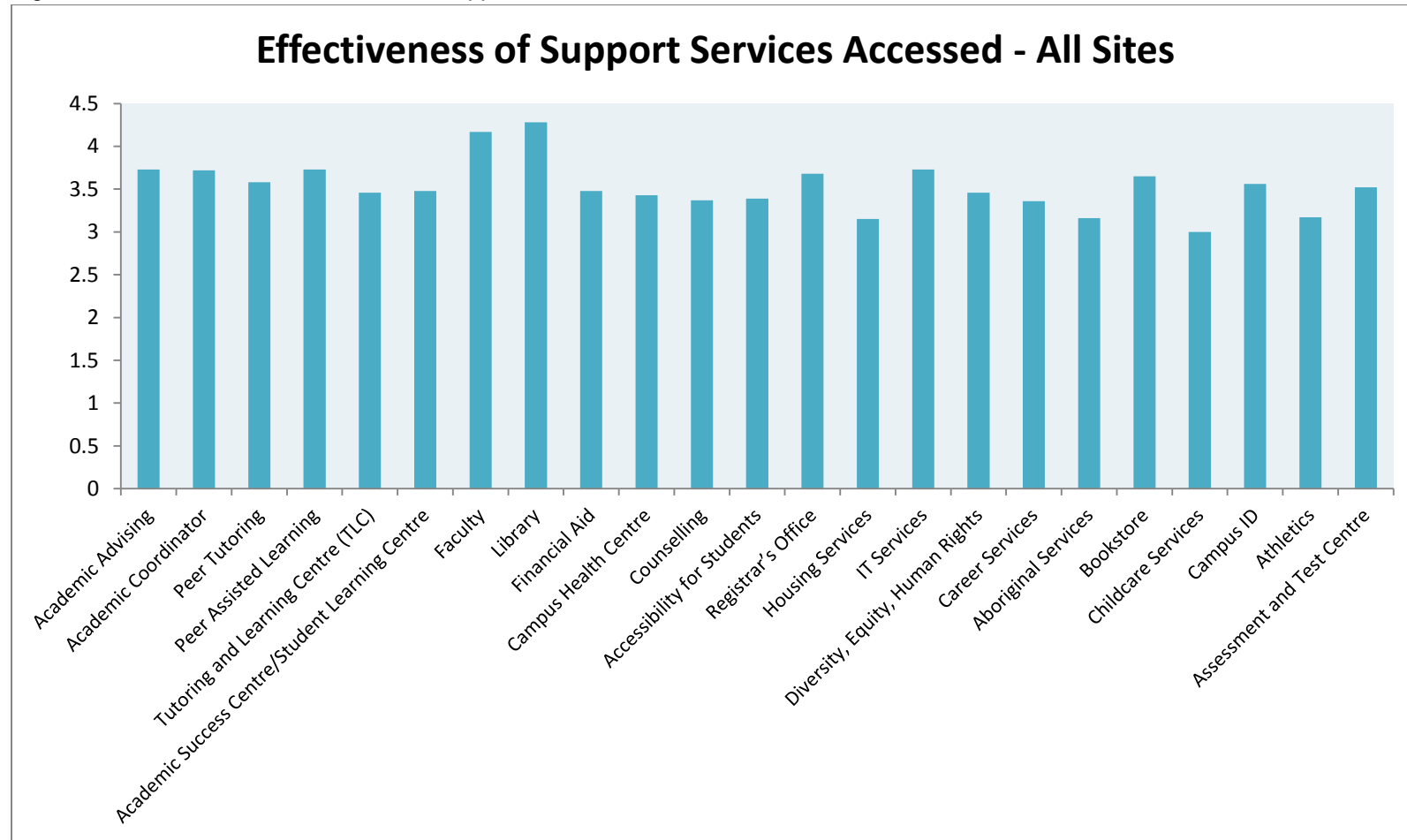


Table 32 – Supports and Services Accessed and Their Effectiveness

Table 32: Supports and Services Accessed and Their Effectiveness – All Sites (Part A)												
	Academic Advising	Academic Coordinator	Peer Tutoring	Peer Assisted Learning	Tutoring and Learning Centre (TLC)	Academic Success Centre/ Student Learning Centre	Faculty	Library	Financial Aid	Campus Health Centre	Counselling	Accessibility for Students
<b>Total Students = 195</b>												
<b>Total Responses</b>	127	122	59	59	57	126	129	134	117	117	115	115
<b>Very Effective</b>	23	18	6	7	4	10	49	54	19	5	2	6
<b>Somewhat Effective</b>	40	27	5	5	4	14	43	45	14	8	11	5
<b>Neither Effective or Ineffective</b>	29	40	14	14	15	36	27	13	24	29	24	26
<b>Somewhat Ineffective</b>	6	1	0	0	1	0	1	3	5	0	1	0
<b>Very Ineffective</b>	3	0	1	0	0	2	0	1	7	0	0	1
<b>Not Accessed</b>	26	36	33	33	33	64	9	18	48	75	77	77
<b>No Response</b>	68	73	36	36	38	69	66	61	78	78	80	80
<b>Percent of Students</b>												
<b>Very Effective</b>	18.1%	14.8%	10.2%	11.9%	7%	7.9%	38%	40.3%	16.2%	4.3%	1.7%	5.2%
<b>Somewhat Effective</b>	31.5%	22.1%	8.5%	8.5%	7%	11.1%	33.3%	33.6%	12%	6.8%	9.6%	4.3%
<b>Neither</b>	22.8%	32.8%	23.7%	23.7%	26.3%	28.6%	20.9%	9.7%	20.5%	24.8%	20.9%	22.6%

Effective or Ineffective												
Somewhat Ineffective	4.7%	0.8%	0%	0%	1.8%	0%	0.8%	2.2%	4.3%	0%	0.9%	0%
Very Ineffective	2.4%	0%	1.7%	0%	0%	1.6%	0%	0.7%	6%	0%	0%	0.9%
Not Accessed	20.5%	29.5%	55.9%	55.9%	57.9%	50.8%	7%	13.4%	41%	64.1%	67%	70%

**Table 33: Supports and Services Accessed and Their Effectiveness – All Sites (Part B)**

	Registrar's Office	Housing Services	IT Services	Diversity, Equity, Human Rights	Career Services	Aboriginal Services	Bookstore	Childcare Services	Campus ID	Athletics	Assessment and Test Centre
<b>Total Students = 195</b>											
<b>Total Responses</b>	128	52	119	115	114	114	127	54	123	106	49
<b>Very Effective</b>	20	1	19	5	3	1	21	0	13	2	3
<b>Somewhat Effective</b>	41	0	32	11	6	3	34	0	20	4	6
<b>Neither Effective or Ineffective</b>	38	12	26	30	24	27	32	15	42	29	14
<b>Somewhat Ineffective</b>	5	0	5	0	0	0	7	0	1	0	0
<b>Very Ineffective</b>	2	0	2	0	0	0	3	0	1	1	0
<b>Not Accessed</b>	21	39	35	69	81	83	30	39	46	80	26
<b>No Response</b>	67	43	76	80	81	81	68	41	72	79	37
<b>Percent of Students</b>											
<b>Very Effective</b>	15.6%	1.9%	16%	4.3%	2.6%	0.9%	16.5%	0%	10.6%	1.9%	6.1%
<b>Somewhat Effective</b>	32%	0%	26.9%	9.6%	5.3%	2.6%	26.8%	0%	16.3%	3.8%	12.2%
<b>Neither Effective or Ineffective</b>	29.7%	23.1%	21.8%	26.1%	21.1%	23.7%	25.2%	27.8%	34.1%	27.4%	28.6%

<b>Somewhat Ineffective</b>	3.9%	0%	4.2%	0%	0%	0%	5.5%	0%	0.8%	0%	0%
<b>Very Ineffective</b>	1.6%	0%	1.7%	0%	0%	0%	2.4%	0%	0.8%	0.9%	0%
<b>Not Accessed</b>	16.4%	75%	29.4%	60%	71.1%	72.8%	23.6%	72.2%	37.4%	75.5%	53.1%

Figure 15: Academic Services Accessed by Campus

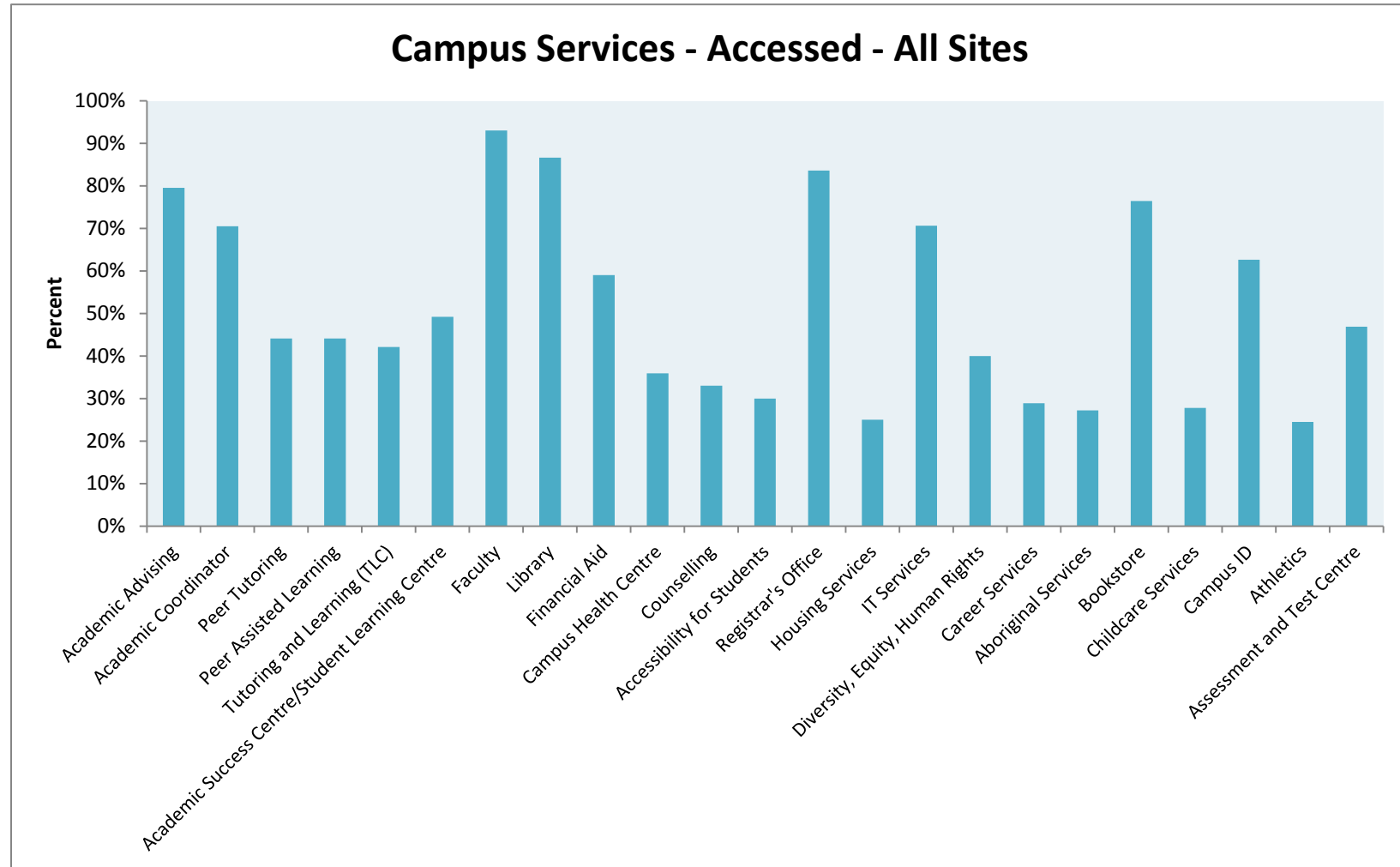
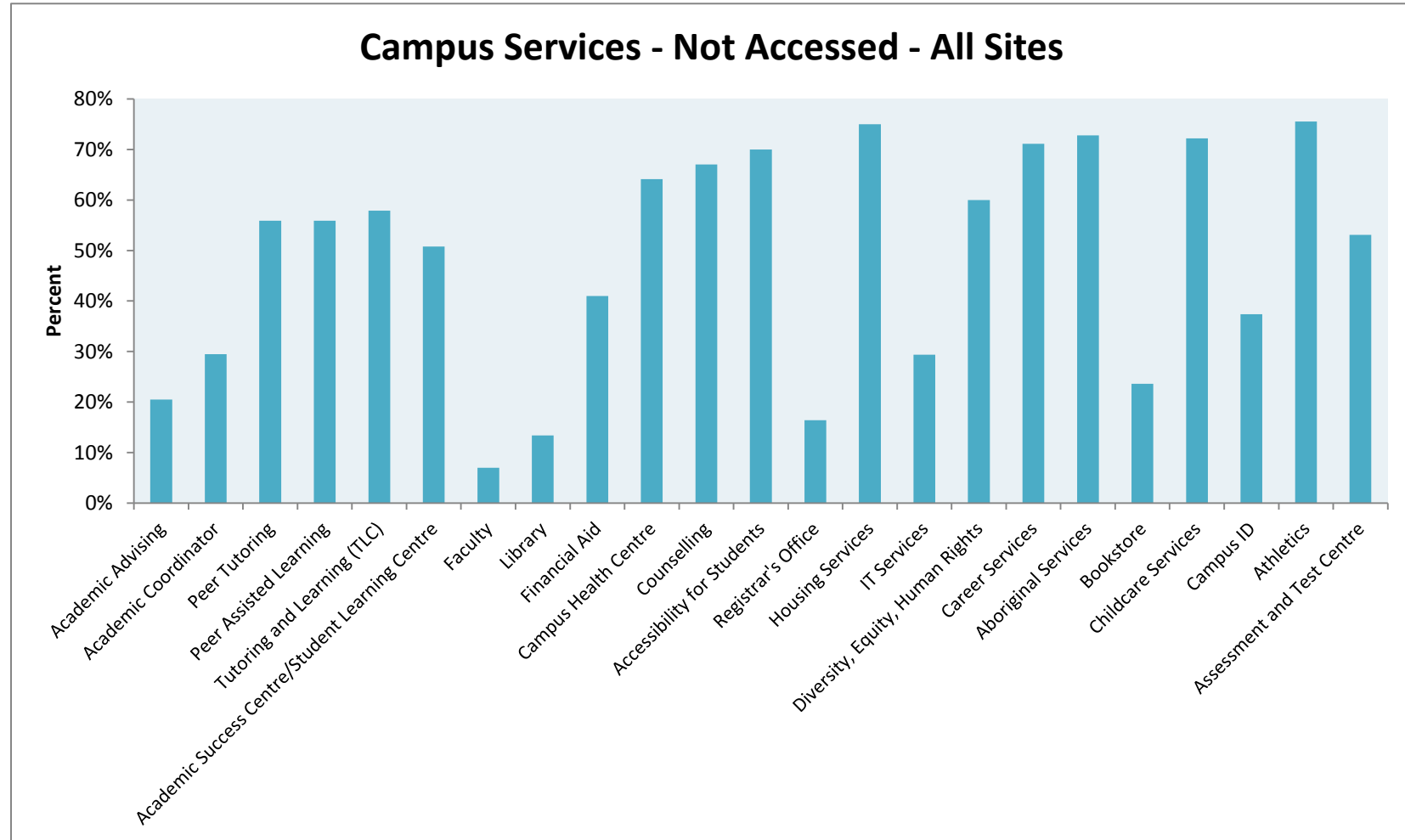


Figure 16: Academic Services NOT Accessed by Campus





## Part 2: Current Student Qualitative Data Analysis

In addition to quantitative data collected through an online survey, students were asked a number of questions in which they responded in writing, sharing their thoughts and feelings. Analysis of this qualitative, written data was accomplished using NVIVO10. Working in pairs, researchers and research assistants analyzed student statements for common themes. An audit trail is provided for the identified themes.

Current RPN to BScN students across all sites were surveyed between January 26 – July 14, 2015. A total 195 current students responded, with a total of 144 completed surveys. Of respondents, 51% were enrolled on a part-time basis, 43% were enrolled full-time and 6% were neither full nor part-time. The ages of respondents ranged from under 20 to over 60, with the majority, 86%, between the ages of 21 and 40. Of the respondents, 90.5% identified as female and 9.5% identified as male. Almost half of the students, 42%, had dependent care responsibilities.

### Question 1: If you met with a student who is coming into your year of the program, what would you tell them to expect?

Students had both encouraging and disheartening statements about what an incoming student could expect in the RPN to BScN program. Bridging education is exceptionally self-directed and students identified how they need to maintain their motivation to complete assignments and stay organized. Students also emphasized the amount of time that the program required and how this impacted their ability to lead a balanced life. It was also noted how students felt like they were not given enough credit for their prior experiences and often did not see any value in what they were learning. See Table 34 for student comments for this Question 1 and identified themes.

Table 34: What would you tell an incoming student?

Research Question	Themes Identified	Examples
If you met with a student who is coming into your year of the program, what would you tell them to expect?	Personal traits – Motivation	<ul style="list-style-type: none"> <li>• “Learn how to effectively self-learn/research”</li> <li>• “I would tell them to expect to dedicate at least 20 hrs a week to school and to make sure that they are able to stay self-motivated and focused because distance ed can be tricky.”</li> <li>• “Need to be self-motivated, organized, and ensure to complete the modules weekly as you can get behind quickly”</li> </ul>
	Flexibility – Life Balance	<ul style="list-style-type: none"> <li>• “To have no life outside of school and work. It's impossible to work full time and complete consolidation hours full time.”</li> <li>• “You are treated no differently [than] the on-campus students; your previous RPN experience in the clinical setting is now counted upon. Also, 'B' is for balance; do not be hard on yourself if you do not get the perfect mark just take it as a learning experience.”</li> <li>• “Don't be overwhelmed with all the information and materials. Stay focus and go through the course week by week. A balance life is important. Have time off for yourself and enjoy a day off once in a while to get re-energize.”</li> </ul>

		<ul style="list-style-type: none"> <li>• “I would tell them that they need at least 10 hours a week of study time to commit to their schooling. Anything less is academic suicide.”</li> <li>• “Expect to drop everything in your life for a few years. it is a huge sacrifice from family and life.”</li> <li>• “Be prepared for the amount of time it requires to complete courses online. Next to a career it leads to at least a 60 hour work week”</li> </ul>
	Support	<ul style="list-style-type: none"> <li>• “take advantage of the SLC”</li> <li>• “Meet other students and work together. Get a Facebook page or other meeting area so you can keep each other up to date and pass class notes.”</li> <li>• “An excellent learning experience with wonderful faculty/lots of support (I have recommended this school to many other RPNs)”</li> <li>• “Know APA format, and how to use online library”</li> </ul>
	Nursing Program – Engagement	<ul style="list-style-type: none"> <li>• “lots of fluffy bunny stuff, they will spend a lot of time teaching you stupid stuff and very little time teaching you things that will be on your exam, for experienced nurses, you keep your mouth shut and do the work, there is no point complaining. they want you to act like you know nothing about nursing, just nod your head and say yes”</li> </ul>

## Question 2: How has being in the program changed you as a person?

Students explained how they learned how about different avenues within the nursing profession that they could take following the completion of their BScN degree. Students felt they had more confidence, competence as a nurse, and an improved ability to manage time. Their sense of increased confidence and nursing competence was deemed important to managing the higher acuity patients for whom RNs are responsible.

Of concern, there are a number of statements in which students indicated either no change or a significant reduction in their personal health and wellness. This could have significant implications for health human resources, quality of care and compassion, and empathy for patients. Through managing multiple, competing priorities with minimal support, students felt that they were substantially more stressed and anxious, which could lead to burnout and medical errors. . It is worth noting that these responses appear to be consistent with the pattern identified by Coffey et al. (2013,2014), where at various points in their progression through their program of study, students expressed frustration with what they were studying and their perception that it was not meeting their needs. However, as they continued to progress in their studies, their view of the value of the courses and program foci changed significantly for the better. See Table 35 for student comments for this Question 2 and identified themes.

Table 35: How has being in the program changed you as a person?

Research Question	Themes Identified	Examples
How has being in the program changed you as a person?	Expansion – Nursing Perspectives	<ul style="list-style-type: none"> <li>• “It has opened my eyes to nursing, and has shown me the bigger picture, which my workplace seemed to drown out.”</li> <li>• “Further opened my eyes to the opportunities available”</li> <li>• “It has me looking forward to doing more with my future.”</li> </ul>

		<ul style="list-style-type: none"> <li>• “I feel more well-rounded as a professional, more equipped to advance my career.”</li> </ul>
	Improved – Competence	<ul style="list-style-type: none"> <li>• “Also I feel more prepared dealing with newborns and having my own because our maternal child rotation was such a great experience.”</li> <li>• “The program has increased my self confidence in regards to increased knowledge base”</li> </ul>
	Improved – Confidence	<ul style="list-style-type: none"> <li>• “The program has made me more assertive, organized, goal oriented and responsible.”</li> <li>• “I have a new study ethic. I take on leadership opportunities that will follow through into the workforce when I am finished. I have become more independent by having to move to a new city leaving my family, significant other, and employment behind. This shows extreme commitment to the profession.”</li> <li>• “It has taught me to be more responsible because my RPN program was a little easier and I have learned to depend on myself because colleagues do not always try to help you”</li> <li>• “I am more independent in my studies. I am more confident in my ability to manage the demands of my life. I am more aware of my personal strengths and weaknesses as a learner and a student.”</li> <li>• “I know that I can do anything I set my mind to. Having nobody looking over my shoulder, telling me to do my homework, or reminding me of due dates; it’s all me.”</li> <li>• “I’m more confident that I can still learn in my older adult years”</li> </ul>
	Improved – Time Management	<ul style="list-style-type: none"> <li>• “I have learned better time management skills”</li> <li>• “I have had to balance full time work and full time school. Due to this, I have developed outstanding time management skills”</li> <li>• “It forces me to be more time conscious.”</li> <li>• “I have learned to organize my time far better than I ever thought possible, because it would have been impossible otherwise”</li> <li>• “I am more time conscious, making sure I make good use of what little time I have.”</li> </ul>
	No Change	<ul style="list-style-type: none"> <li>• “I don’t think it has. The RPN program had already changed me.”</li> <li>• “Not one bit”</li> <li>• “It has not improved me as a person!!”</li> </ul>
	Reduced Health and Wellness	<ul style="list-style-type: none"> <li>• “I have an awful sleeping pattern due to my work/school/practicum schedule. I have little time to do anything else but work or school. For example, seeing my family or exercising. I am looking forward to graduating and being able to continue to work hard. However, I am looking forward to having more time for my family, volunteer work and physical activity.”</li> <li>• “I’m stressed a lot. Tired all the time.”</li> <li>• “Yes. I have not been able to be there for my</li> </ul>

		<p>friends and family while completing this program.”</p> <ul style="list-style-type: none"> <li>• “Made me more cynical.”</li> <li>• “Makes me happy, stressed, anxious, always stressing over what is due and what I can be working on. Not a part time program.”</li> <li>• “I’m overwhelmed, a lot, stressed and I cry a lot. I have no social life (that’s okay), I just feel that I need a break every now and then. Work has now become my get-away.”</li> </ul>
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### Question 3: How has being in the program changed you as a nurse?

Similar to how bridging education holds the potential for changing a student as a person, the increased expansion of nursing perspectives also was reported as change in in students’ sense of themselves as nurses. Students reported better critical thinking skills, seeing the patient as a whole including the contextual factors that contribute to or detract from their health, and the value of evidence-informed nursing practice. A sense of improved personal confidence and nursing competence was also present for many respondents.

Again, those who reported no change felt that they did not learn anything new and continued to do the same work as an RPN. Those who reported a reduction in their personal health and wellness felt that the continual immersion within nursing study and practice contributed to feelings of burnout. Understanding at what point in their program of study students were responding to this question would be helpful considering the comments about the developmental nature of change described by Coffey et al. (2013, 2014). See Table 36 for student comments for Question 3 and identified themes.

Table 36: How has being in the program changed you as a nurse?

Research Question	Themes Identified	Examples
How has being in the program changed you as a nurse?	Expansion – Nursing Perspectives	<ul style="list-style-type: none"> <li>• “I have a higher respect and knowledge for research-based care”</li> <li>• “More critical thinking skills and conflict resolution capabilities. Heightened extensiveness of assessment from the PN program. I notice a change in my practice currently.”</li> <li>• “It has taught me how to think about the patient as a whole instead of task to be completed”</li> <li>• “Improved my clinical thinking skills and making me think more about various issues. I want to become more involved with behind the scenes in healthcare.”</li> <li>• “It has given me many opportunities to reflect on my role as a nurse and my career as a whole.”</li> </ul>
	Improved – Competence	<ul style="list-style-type: none"> <li>• “I have gained more knowledge about pathology and pharmacology, allowing me to better care for my pts”</li> <li>• “I am more conscious of the little details. I have improved my documentation ensuring there are no questions left unanswered for the people who read my notes”</li> </ul>

		<ul style="list-style-type: none"> <li>• “I find myself looking at a nursing situation more in depth and providing more competent, holistic care to individuals. I am constantly assessing the situation for changes and am making more connections between subjective and objective information and treatment options chosen.”</li> <li>• “I focus on how to educate and prevent disease as much as caring for clients.”</li> </ul>
	Improved – Confidence	<ul style="list-style-type: none"> <li>• “I am able to apply new knowledge as I work. I see the changes in my assessments, my 'big picture' thinking when looking at a patients' lab values and clinical symptoms. I'm growing and becoming much more confident.”</li> <li>• “I feel more accountable to the clients that I am caring for. I have more knowledge about the client's health condition and the ramifications that extend beyond their physical appearance. I am more confident in my assessments.”</li> <li>• “I have an in-depth understanding of nursing. I feel as though I can accomplish anything and that I would be able to succeed in any area of nursing as an RN if given the chance.”</li> <li>• “increased knowledge and confidence broadened my ways of thinking and makes me look at situations outside of the box”</li> </ul>
	No Change	<ul style="list-style-type: none"> <li>• “Not really, I find that I have not really learned anything new. Just a re-cap from RPN program. Just how to write more papers.”</li> <li>• “I anticipate getting paid a better wage for doing exactly the same work that I am doing already as an RPN.”</li> <li>• “This program has made me question why I wanted to enter into a bridging program after graduating from the PN program.”</li> </ul>
	Reduced Health and Wellness	<ul style="list-style-type: none"> <li>• “Unfortunately, doing the program part time alongside working full time, has also had a negative impact on me as a nurse, as I feel I have become increasingly burnout due to the feeling of doing nursing related things 24/7”</li> <li>• “It has made me tired, stressed and anxious when at work about all the homework I have to do.”</li> </ul>

**Question 4: If somebody were to ask you about nursing bridging education, what would you say?**

Students reported that they had to make many sacrifices during their bridging education and would express this to any person interested in pursuing bridging education. Examples of sacrifices, included reducing work hours and less time to spend on personal hobbies or with friends and family.

Students also emphasized a heavy academic workload and time commitment. Some students also commented about how courses are structured and delivered to build upon the prior experiences of RPNs. Many students also acknowledged how the program was beneficial to advancing their career within nursing and other avenues within the health care industry. See Table 37 for student comments for Question 4 and identified themes.

Table 37: What would you say about your nursing education?

Research Question	Themes Identified	Examples
If somebody were to ask you about nursing bridging education, what would you say?	The Mature Bridger Experience	<ul style="list-style-type: none"> <li>• “It is challenging to complete while working and there are a lot of redundancies between the PN program and the bridging which make it frustrating.”</li> <li>• “Please understand we are more mature than a person’s who just graduated from high school (when we entering in this course as RPN); make it easier and more efficient regarding the length and type of courses that we have to pass.”</li> <li>• “I would make sure they know it’s a lot of work to take on and that you need to have the support of everyone around you in order to be successful. Id explained to them that going back as a mature student is a way different experience then it was going straight from school”</li> </ul>
	Course Organization and Success	<ul style="list-style-type: none"> <li>• “There are a lot of informational barriers - it's hard to get answers promptly, whether it's having to call the University during business hours (and paying the long distance charges) or waiting for days to get a response from a prof”</li> <li>• “I would say it's a great program for those who cannot afford to leave regular work to attend school, though it takes serious determination and a strong work ethic. I think the distance method forces learners to a deeper level if learning as we try teach ourselves for the most part”</li> </ul>
	Understanding What Bridging Truly Entails Before Enrolling	<ul style="list-style-type: none"> <li>• “Do a lot of research in all of the programs that are available first before committing.”</li> <li>• “Program still has a lot of bugs to filter out. program that is designed to allow the students to work and go to school makes it very difficult to do so with the course load, exam schedule.”</li> <li>• “I would tell them that it is a valuable option for PN's wishing to remain working and at home to obtain their BScN degree. However, I would also tell them that they MUST be self-directed independent learners who are willing to work hard and be flexible”</li> <li>• “it is worth it although it is a big commitment of time. I did not realize that it was 5 years with no summers off. I don't remember reading that anywhere.”</li> </ul>
	Sacrifices Made During Program	<ul style="list-style-type: none"> <li>• “It is very heavy workload that does not leave any free time. Managing school and work is very stressful, and sometimes impossible.”</li> </ul>

		<ul style="list-style-type: none"> <li>• “Don’t do it unless you’re willing to give up everything for it.”</li> <li>• “I would only suggest entering into the program if you are not working. I have never had so much stress in all my life.”</li> </ul>
	Bridging Education as a Catalyst for New Opportunities as a Nurse	<ul style="list-style-type: none"> <li>• “People do ask me, and I always say 'Do it.' One of the physicians said to a coworker who was considering the program 'time will continue no matter what. Five years from now will come no matter what and in five years will you be an RN or will you still be where you are now?' It made us all think about getting the most out of our time”</li> <li>• “It's a good idea. Better pay for RN and more job portability than as an RPN.”</li> <li>• “Bridging education is an important step and can be a springboard to one's becoming a more competent and qualified nurse in more than one clinical setting.”</li> </ul>

## **DATA COLLECTION AND ANALYSIS PHASE 3A: FACULTY PERCEPTIONS OF BRIDGING EDUCATION**

### **Overview of Data Collection**

From January 26 – April 1, 2015, full-time and part-time faculty teaching in the nursing bridging programs of all six project partners were invited to participate in online data collection focussing on their perceptions and experiences with nursing bridging education. REB approval was obtained from all six project partner sites. Quantitative data collected included basic demographic information about participants. Qualitative data collected focussed on four key areas: faculty perceptions of quality nursing education in general, how these characteristics are present or not in RPN to BScN bridging education, areas requiring improvement, and faculty experiences teaching in bridging education.

Faculty members from all six project participants responded to the questionnaires with a total of 12 complete data sets. Faculty ages ranged from 35-55+, with 83.3 per cent with 20+ years of experience. Years of teaching experience in nursing ranged from four to 20+ years.

### **Question #1: How do nursing faculty describe quality in nursing education?**

Analysis of participant responses revealed three common themes in relation to quality nursing education. These themes included: 1) education grounded in evidence, 2) learner centred-education, and 3) qualified faculty.

Faculty expressed the need for education to be based in evidence, consistent with major educational and practice trends in nursing for several decades (Coffey & Anyinam, 2015). Faculty identified elements, such as critical thinking, a stance of inquiry, and use of multiple ways of knowing, as essential in high quality education. The ability to make linkages between theory and practice and enhanced role enactment, such as the development of leadership skills, were seen as connected to education grounded in evidence.

Faculty also identified the essential nature of a learner-centred approach to education as a hallmark of quality. Elements central to learner-centred nursing education include respect, partnership, inclusivity, caring, and an appreciation of multiple ways of knowing. Once again, the connection between theory and practice was identified by participants. A note of interest would be that three of the six educational institutions included in this study have programs based in the caring curriculum, potentially influencing the values seen in faculty responses. However, the central values of the nursing profession (e.g., caring and respect) are also seen quite consistently through these responses.

The final theme identified within this category is the need for qualified faculty. Whether identified specifically (e.g., “is delivered by quality/qualified teachers”) or through inference (e.g., faculty who are clinically experienced, have pedagogical knowledge/skill, or are highly engaged in the teaching-learning process), the linkage between quality education and qualified faculty was clear. See examples of quotes for these themes in Table 38.



Table 38: Faculty Perceptions of Quality in Nursing Education

Research Question	Themes Identified	Examples
How did faculty describe quality in nursing education?	Grounded in evidence	<ul style="list-style-type: none"> <li>• “Quality nursing education provides theory based learning and makes the connections to evidence-informed practice.”</li> <li>• “Evidence based, education that promotes critical thinking, is challenging and at times difficult so that students are pushed to learn, education that promote curiosity and enables nurses to take a leadership role in practice because they have the ability to use knowledge from a variety of ‘ways of knowing’.”</li> <li>• “When both science and theory are weaved and link to practice, and when collaboration with diverse health care professionals are dominating so nursing students can navigate not only knowledge but how to relate and collaborate with others”</li> </ul>
	Learner-centred education	<ul style="list-style-type: none"> <li>• “It is respectful of the learner and what each brings to the learning experience. Classrooms are supportive and caring, honouring each learner while setting expectations and standards to ensure excellence in practice. Quality nursing education is transformational.”</li> <li>• “When both science and theory are weaved and link to practice, and when collaboration with diverse health care professionals are dominating so nursing students can navigate not only knowledge but how to relate and collaborate with others”</li> <li>• “When all stakeholders (teacher, student, and institutions) are partners in teaching and learning.”</li> </ul>
	Qualified faculty	<ul style="list-style-type: none"> <li>• “Quality nursing education is developed by faculty who are engaged in the learning process.”</li> <li>• “When teacher is experienced clinically and has knowledge of pedagogy.”</li> <li>• “Is delivered by quality/qualified teachers”</li> </ul>

## Question #2: How did faculty describe how the characteristics of quality nursing education are present in the RPN to BScN program?

Three common themes were identified among faculty surveyed: grounded in evidence, learner-centred education, and qualified faculty. Of particular note, these three themes mirror those identified by faculty as the cornerstones of quality nursing education. While the themes were the same, how they were described varies between question 1 and question 2

The first theme, referring to education that is “grounded in evidence”, incorporated a regular review of program and course curriculum and the amalgamation of theory and practice in teaching. Additionally,

respondents acknowledged the importance of the program being reflective of current trends in health care.

The second theme, “learner-centred education”, refers to how quality is seen in bridging education, and involves recognizing and acknowledging the unique experiences and needs of each student. Faculty emphasized courses that are flexible and offered in various formats to accommodate the needs of the learner. Furthermore, learner-centred education in bridging education is transformational for students as they acquire the necessary knowledge and experience to enter a new role. Faculty also indicated the importance of building upon prior experiences as a nurse to enhance their critical thinking, judgment, and therapeutic care.

Finally, faculty expressed that those teaching within the program have a firm grasp of effective teaching strategies and nursing knowledge, and are accessible to learners in order to support their learning journey, growth, and development as a nurse through the program.

While not a substantially significant theme, faculty also identified program accreditation and acknowledging standards of practice from the College of Nurses of Ontario as important aspects of quality nursing education. They also expressed how they see the numerous responsibilities and challenges that bridging students regularly encounter as part of their educational journey. See examples of quotes for these themes in Table 39.

Table 39: Faculty Perceptions of How Quality Nursing Education is Present in Nursing Bridging Programs

Research Question	Themes Identified	Examples
How did faculty describe how the characteristics of quality nursing education are present in the RPN to BScN program?	Grounded in evidence	<ul style="list-style-type: none"> <li>• “Current trends of health care well reflected. - Rigor in terms of integrating new knowledge that help RPN progressively move to an RN role”</li> <li>• “The program is integrative from the standpoint of theory and practice and courses are linked to program objectives.”</li> <li>• “Frequent reviews of courses/curriculum and sharing amongst prof teaching in the bridge. The ability to bring about changes quite fast (when compared to other programs)”</li> </ul>
	Learner-centred education	<ul style="list-style-type: none"> <li>• “RPN to BScN education is transformational for the learner, in their lives and in nursing. It takes the professional strengths, knowledge, and skills of RPNs and adds the depth and breadth required in RN practice. It is different than any other professional education program as students enter with knowledge and experience from within the profession and further develop and refine this in a new role within nursing.”</li> <li>• “There is a standard of life-long learning evident in the RPN to BScN program. I believe students are encouraged to think using critical analysis and to develop skills of leadership.”</li> <li>• “awarding transfer credits, flexibility in scheduling, more electives,”</li> <li>• “offered in many different formats, both online and in-class options that can allow learning to occur”</li> <li>• “The ability to debate, exchange idea, integrate</li> </ul>

		readings, through numerous online discussion across courses. Adding more scholarly writing is a plus for this program, in that students gain a certain mastery of scholarly writing early on in the bridge and get the opportunity to practice writing.”
	Qualified faculty	<ul style="list-style-type: none"> <li>• “Professors teaching in the bridge have experiences in their fields.”</li> <li>• “Availability of professors (on site often)”</li> <li>• “Highly qualified teachers are hired”</li> </ul>

### Question 3: What aspects of quality nursing education did faculty identify as needing improvement in the RPN to BScN program?

Faculty identified that learner-centred approaches and scholarly expectations of work submitted by students were areas requiring improvement in their bridging programs. In terms of the theme “learner-centred approach”, faculty acknowledged that while this focus was present, such as with prior learning and recognition (PLAR) processes, in order to enhance quality within bridging education, more work needs to be done to acknowledge the unique backgrounds and experiences of students.

Faculty also expressed concerns over the scholarly performance of students. Specifically, the assignments that bridging students complete lack the equivalent academic rigor that traditional BScN pathway students complete. Moreover, one faculty expressed the need for a more theoretical approach to teaching in bridging education, rather than a task-oriented approach. This perception contrasts to comments provided by current students in regards to their expectations of transitioning from an RPN to RN. Students expressed a desire for a more task-focused education and wanted to learn advanced nursing skills, rather than engage with theory, evidence, critical thinking, and written expression. See examples of quotes for these themes in Table 40.

Table 40: Faculty Perceptions of Aspects of Nursing Education Requiring Improvement

Research Question	Themes Identified	Examples
What aspects of quality nursing education did faculty identify as needing improvement in the RPN to BScN program?	Learner-centred	<ul style="list-style-type: none"> <li>• “RPN to BScN students come with a wide range of existing knowledge. This too needs to be explored and utilized from a BScN perspective.”</li> <li>• “Many RPN students are bright and want to learn. Unfortunately, some RPN bridging programs have been dummed down as it is believed that RPN students cannot think, analyse or synthesize- the very same attributes that RPN students want to learn.”</li> <li>• “improve PLAR process”</li> </ul>
	Scholarly expectations of students	<ul style="list-style-type: none"> <li>• “assignment requirements are not sufficiently evidence based to align with degree studies.”</li> <li>• “I believe the scholarly endeavours in the RPN to BScN program are less than in a BScN program alone. I think more should be expected of these students”</li> <li>• “the apprenticeship model used does not adequately bring these students to the BScN level. Preceptors are not screened for their</li> </ul>

		commitment and ability to teach degree level students, and so in many situations, a task orientation, rather than knowledge orientation to nursing education is emphasized.”
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#### **Question 4: What is your experience as faculty teaching in the RPN to BScN program?**

Faculty reported mixed experiences and views regarding teaching in the bridging program. Many faculty members expressed negative statements. For instance, faculty commented that the attitudes of students were angry and resentful. Faculty speculated on lateral workplace bullying as reasons for completing bridging education. The anger from students may also be attributed to their poor understanding and unrealistic expectations of university educational requirements versus those of college education. Previous theoretical development of the process of unlearning and transformational learning in nursing bridging education by Coffey et al. (2014, 2015) highlights the developmental nature of nursing bridging education, which the authors identify as moving from resistant and resentful to accepting and ultimately proactive and embracing of a new and vastly expanded personal view of one’s personal and professional identity, one’s role as a nurse, and one’s overall contribution to healthcare.

Those faculty members who identified a positive experience emphasized the characteristics of the students as inspiring because of how they juggle their many competing priorities and responsibilities. Faculty emphasized the unique traits and experiences of bridging students and the energy and insight they contribute to the classroom environment. See examples of quotes for these themes in Table 41.

Table 41: Faculty Experiences Teaching in Bridging Programs

<b>Research Question</b>	<b>Themes Identified</b>	<b>Examples</b>
What is your experience as faculty teaching in the RPN to BScN program?	Negative experience	<ul style="list-style-type: none"> <li>• “Much of it stems from student feelings of being a second rate nurse that comes from being an RPN.”</li> <li>• “One would think they have come into the program for higher learning and for personal advancement, however their anger is palpable in the classroom. I find this a barrier to their learning.”</li> <li>• “The most significant challenge for students is recognizing and understanding differences in educational expectations and role, and making the transition from RPN to RN. At times, and until they understand these differences, students may feel resentful.”</li> <li>• “I am amazed at how little they think of this learning as beneficial to them. Many feel they already know everything and do not understand what more they can possibly be taught to make the bridging education worthwhile.”</li> <li>• “For the most part I find the RPN to BScN students to be very angry. Some do not see</li> </ul>

		the benefits of university education and many are only in this program to get the piece of paper.”
	Positive experience	<ul style="list-style-type: none"> <li>• “Great students to work with, as are focused, motivated, and professional. Students are very busy balancing work, family and student obligations. Rich classroom discussions with sharing of experiences and wealth of knowledge.”</li> <li>• “This group of students are a delight to get to know and hear their story. The Bridgers have a wide range of life experiences, and listening to their stories is heart wrenching and inspiring.”</li> <li>• “This cohort brings unique dimension and experience to the classroom.”</li> <li>• “These learners have a unique entry point into BScN studies, and value their experience as an RPN on their journey to the RN role. At times, these learners can be a challenge, but their motivation and drive are sources of energy.”</li> </ul>

## DATA COLLECTION AND ANALYSIS PHASE 3B: GRADUATE PERCEPTIONS OF BRIDGING EDUCATION

### Overview of Data Collection:

Graduates of bridging programs across all sites surveyed in this phase of the project completed an online survey between January 26 – April 2, 2015. REB approval was obtained from all six project partner sites. There were a total of 15 respondents. Year of graduation ranged from 2009 to 2014 with the majority of respondents completing the program within three years of starting it. All respondents passed the RN registration examination on their first attempt.

### Question 1: What were the outcomes of the program that graduates identified?

Graduates identified increased ability to choose where they practice and increased professional employment opportunities. Respondents also mentioned obtaining employment in a specialized field or in other countries, such as the United States. Additionally, they noted the impact on their income, better unions, and increased job satisfaction and opportunities. See examples of quotes for these themes in Table 42.

Table 42: RPN to BScN Program Graduates' Perceptions

Research Question	Themes Identified	Examples
What were the outcomes of the program that graduates identified?	Increased ability to choose where they practice	<ul style="list-style-type: none"> <li>• “Allowed me to work in the specialty I was interested in, increased my income and gave me the potential to obtain a TN visa in the US.”</li> <li>• “Obtaining RN: increasing skills to allow for more specialized work; personal accomplishment; more options for work opportunities within the nursing field, including community work.”</li> </ul>
	Increased professional employment opportunities	<ul style="list-style-type: none"> <li>• “It was a great choice; I love my job and learning more each day. It was hard work but all worth it in the end.”</li> <li>• “I was able to obtain full time RN position in the organization I work in.”</li> <li>• “increased job satisfaction, better union”</li> <li>• “Impact on my income has been significant”</li> </ul>

## Question 2: What was the transition from RPN to RN practice within the first six months?

Feedback from graduates incorporate two major themes: increased awareness of professional responsibility and expectations of patient care and transition from student nurse to practising nurse. Graduates acknowledged the increased acuity of patients in their care and the responsibility of caring for those patients. They also noted feelings of insecurity in the RN role, despite having multiple years of experience in the RPN role. Graduates also expressed feelings of having greater theory informing their practice. Given the strong focus of faculty in ensuring theory and practice were integrated, this finding is an important acknowledgement of the success of this endeavour. Additionally, graduate perceptions of increased awareness of responsibility are consistent with previous research by Coffey et al. (2013, 2014) that identify graduate appreciation of the much more expansive role of the RN versus RPN that happens upon role enactment. See examples of quotes for these themes in Table 43.

Table 43: Graduate Experience of Transition in first 6 months

Research Question	Themes Identified	Examples
What was the transition from RPN to RN practice within the first six months?	Increased awareness of professional responsibility and expectations of patient care	<ul style="list-style-type: none"> <li>• “Scary! New knowledge of how sick my patients really were or could get made me insecure and nervous. I was checking and double checking much more often, despite having 20 years of RPN hospital acute experience. I was much more aware of my actions/lack of actions impact on patient safety. I felt much more responsibility”</li> <li>• “Felt I had much more theory behind my skills”</li> <li>• “Increased responsibility and immediately post-grad acting as a resource to RPNs (even though many of them had years of experience of nursing) – asking a lot of questions – feeling like I should know more (e.g. specific IV med mixing and administration instructions without having to look it up) – felt less experienced and more uncertain. Roles of going from experienced RPN (7 years) to new RN”</li> </ul>
	Transition from student nurse to practicing nurse	<ul style="list-style-type: none"> <li>• “It was a transition but placement prepared me for it, ended up working on a unit I went through for in University. Other staff were great as well”</li> <li>• “A wonderful relief to be recognized as an RN with knowledge and skills”</li> <li>• “Main difference is acuity of patients and greater use of skills”</li> </ul>

## Question 3: What was the overall experience of transition to professional practice as an RN following the completion of the program?

Three major themes are identified regarding graduates' overall experience of transition to practice: role transition, professional expectation, and increased collaborative opportunities.

Role transition focused on being a nurse and no longer a student nurse. Specifically, graduates noted the steep learning curve regarding the higher acuity of patients and an inability to no longer rely on a co-assigned nurse or preceptor. Professional expectations captured graduates' experiences with respect and acceptance from older RNs in their workplaces. Graduates also reported increased respect and higher expectations regarding patient care knowledge. Finally, graduates found that there were increased collaborative opportunities with other health care professions compared to when they were an RPN. See examples of quotes for these themes in Table 44.

Table 44: Overall Experience of Transition to Professional Practice upon Program Completion

Research Question	Themes Identified	Examples
What was the overall experience of transition to professional practice as an RN following the completion of the program?	Role transition	<ul style="list-style-type: none"> <li>• “New recognition of how serious my patients’ situations were, and realizing that I was the one... could no longer say “I will check with the RN”. Collaboration with other RN’s was great, most were very willing to mentor and answer questions and share their knowledge”</li> <li>• “role transition – major – from nurse to student to nurse again self-appraisal of confidence/knowledge – felt like I didn’t know as much as I should/wasn’t as confident”</li> <li>• “it was a great transition, it takes a while to build confidence and the learning curve is never over which keeps things interesting”</li> </ul>
	Professional expectations	<ul style="list-style-type: none"> <li>• “Most people applaud the accomplishment but want to see evidence of enhanced knowledge through your work. After graduation I pursued more education through college courses for more specialized work including cardiac care and emergency medicine. This enhanced my confidence as a new RN”</li> <li>• “I will say now that I am RN and working in a RPN position, I am treated differently. More respect from older RN’s. I noticed a change right away. Not as much workplace bullying, or and I will be given more acute patients”</li> </ul>
	Increased collaborative opportunities	<ul style="list-style-type: none"> <li>• “Interprofessional collaboration is greater as RN - greater confidence in skills and knowledge”</li> <li>• “Understanding the working difference between RPN &amp; RN...more respect in the field”</li> </ul>

#### Question 4: What was overall the impact of becoming an RN?

Graduates described an increased sense of accomplishment and increased professional and educational opportunities. Graduates were proud of themselves and what they achieved. They reported a sense of satisfaction and fulfillment working in the RN role. They also noted how more opportunities for further education, such as certificate courses in acute care, were now available to them. They also reported



increased employment opportunities that were not available to RPNs. See examples of quotes for these themes in Table 45.

Table 45: Overall Impact of Becoming an RN

Research Question	Themes Identified	Examples
What was overall the impact of becoming an RN?	Sense of accomplishment	<ul style="list-style-type: none"> <li>• “Satisfied that I did it and reached my goal!”</li> <li>• “I feel the transition to RN gave me a sense of pride in my accomplishment”</li> <li>• “I am so glad I pursued the program as I am much more fulfilled in my role as an RN”</li> </ul>
	Increased professional and educational opportunities	<ul style="list-style-type: none"> <li>• “it has allowed me to pursue further advancements in the acute care area and take post-grad courses (certificate programs) that were specific to RNs. – after practicing, I have increased confidence in my ability to handle a patient load and prioritize appropriately – I have more experience at leadership opportunities such as unit team lead and staffing”</li> <li>• “More doors have opened, and more education opportunities on courses, as many are restricted to RN”</li> <li>• “Overall, it gave me more options and allowed me to work in an area that I have passion for and have no ceiling to hit. I also feel it gave me a certain level of respect from others”</li> <li>• “On a whole, it has opened many opportunities within nursing which were not available as an RPN”</li> </ul>

## DATA COLLECTION AND ANALYSIS PHASE 3C: EMPLOYER AND INSTITUTIONAL/COMMUNITY PARTNER PERCEPTIONS OF NURSING BRIDGING EDUCATION

### Method:

Employers at health care organizations and community partners affiliated with the academic institutions surveyed in this report were approached to participate in an online survey exploring their experiences with RPN to BScN bridging students. REB approval was received from all six project partner REB boards. From January 26 – March 4, 2015, 24 respondents fully completed 24 surveys.

### Question 1: What were employer's experiences having an employee enrolled in the RPN to BScN bridging program?

Employers identified three key themes in regards to having an employee enrolled in a bridging program: life balance, knowledgeable and competent employees who take initiative and employee retention. Life balance represents the student's ability to manage both work and school concurrently. This finding is consistent with other data collected that shows how students are either working full-time or part-time while in school. Employers acknowledged how bridging students are competent, knowledgeable and seek new experiences to further their education and growth as a nurse. Employee retention was also identified because when students graduate from the bridging program, employers may not necessarily have the ability to hire the new RN or remunerate at a higher wage. Graduates may also gain other interests or desires to pursue other opportunities outside of the scope of the RPN. See examples of quotes for these themes in Table 46.

Table 46: RPN to BScN Program Employer/Health Care Agency Experiences

Research Question	Themes Identified	Examples
What were employer's experiences having an employee enrolled in the RPN to BScN bridging program?	Life balance	<ul style="list-style-type: none"> <li>• "I found that my employee was able to manage working close to full time hours and still be able to work on her program."</li> </ul>
	Knowledgeable, competent employees who take initiative	<ul style="list-style-type: none"> <li>• "These employees are hardworking and tend to seek out new experiences whenever possible"</li> <li>• "They came in with fresh new knowledge and engage their colleagues."</li> <li>• "She's able to bring us significant information, best practices to improve our programs"</li> <li>• "They have a very solid clinical nursing foundation and aspire to expand their role and knowledge base."</li> </ul>
	Issue of retaining employees	<ul style="list-style-type: none"> <li>• "Our issue is retention as students, once receiving their new designation, often transition into other health care sectors or area of interest."</li> </ul>

## Question 2: Was it an organizational priority to have PNs return to school to obtain a BScN?

Some employers acknowledged the value in retaining good employees through supporting their endeavours to update their education and contribution to patient care delivery. The majority, however, reported that it was not an organizational priority, but some support was offered to employees who did undertake bridging education. It was emphasized that there is a need for both RPNs and RNs within community nursing. See examples of quotes for these themes in Table 47.

Table 47: Organizational Priority Related to Nursing Bridging Education

Research Question	Themes Identified	Examples
Was it an organizational priority to have PNs return to school to obtain a BScN?	Yes	<ul style="list-style-type: none"> <li>• Yes. There are many RPN's in our facility who are pursuing BScN education. This is an excellent recruitment and retention opportunity for us."</li> </ul>
	No	<ul style="list-style-type: none"> <li>• "No this is not an organizational priority as we are a community nursing agency and need a mix of RNs and RPNs to deliver community nursing care"</li> <li>• "It is not a priority of the organization to have then return to school but if they choose to then it is our priority to assist them in any way possible to help them be successful"</li> <li>• "No. However, readily available support systems. Links to other students enrolled in the same program. Any decision made along those lines by the PN will be supported by the facility"</li> </ul>

## Question 3: What did employers perceive as facilitators of the student's success as students move(d) through the program?

Employers identified academic institution and faculty support and the personal traits of students as facilitators to success in the program. Institutions and faculty should provide ongoing communication and feedback to support optimal student learning. Students who are successful in the bridging program already possess a wealth of knowledge and are able to link theory and evidence into their practice, are open-minded and are eager to learn. See examples of quotes for these themes in Table 48.

Table 48: Employers' Perceptions of Facilitators to Student Success

Research Question	Themes Identified	Examples
What did employers perceive as facilitators of the student's success as students move(d) through the program?	Academic institution and faculty support	<ul style="list-style-type: none"> <li>• "Ongoing faculty support. Links to student support systems. constant feedback"</li> <li>• "Organizations that make the time to provide a good experience - regular meetings with the students to ensure learning goals are on track - Regular feedback opportunities and a supportive learning environment."</li> </ul>
	Personal traits of students	<ul style="list-style-type: none"> <li>• "We do place RPN to BScN students at our organization for their student placement. - having an open mind re: variety of nursing roles /different sector -knowledge of community health and public health nursing -linking theory and evidence into practice -willingness to learn about community health and public health nursing; not solely focusing on acute care."</li> </ul>

#### **Question 4: What did employers perceive as barriers of the students' success as they move(d) through the program?**

Employers stated that life balance, academic institution organization and scheduling, and personal traits of students were barriers to success in the bridging program. Managing competing responsibilities, such as family, school, and work, were acknowledged as a significant barrier and burden on students. Employers also noted that the academic institution plays a part in student success, particularly in regard to organization and scheduling. Moreover, employers stressed that scheduling of clinical placements and respecting time and resources was essential to building and maintaining strong, collaborative partnerships. Lastly, personal traits and knowledge of students underscored the misunderstanding of what university education entails. In particular, students focused on acute care nursing skills and devalued nursing research, evidence-based and reflective practice and leadership. See examples of quotes for these themes in Table 49.

Table 49: Employers' Perception of Barriers to Student Success

Research Question	Themes Identified	Examples
What did employers perceive as barriers of the student's success as they move(d) through the program?	Life balance	<ul style="list-style-type: none"> <li>• "Time management- successful juggling of both ongoing career, whether full-time or part-time with educational commitments and goals."</li> <li>• "They are juggling a lot RPN full time work, family life, and school in many cases as adult learners."</li> </ul>
	Academic institution organization and scheduling	<ul style="list-style-type: none"> <li>• "The nature of the distance program can be a barrier – as the organization that was hosting students, I was not fully aware of learning plans so was not able to contribute as fully to the learning experience as I would have liked – I was also a bit confused between my role and the faculty member's role in the learning experience."</li> <li>• "Lack of communication to the partners on when placement will occur and student's status. We schedule 1 month in advance and with multiple students attending it is best to know as early as possible to arrange scheduling. RPN's clearing criteria is unusual-ie having to have TB every time- sometimes twice in 1 year just to qualify for placement. University cancelled placement the Friday before it is to start, provided assurance that next semester for placement they would be assigned but failed to recognize cleared criteria for the cancelled placement for the rescheduled placement event and disqualifying the student's clearance because of a health appointment 1 day after deadline even though the student did everything possible between notification and deadline to arrange appointment at the earliest time. They spoke with the university prior (a month) to the deadline outlining the concern, and given the permission to proceed and then disqualified her."</li> </ul>
	Personal traits and knowledge	<ul style="list-style-type: none"> <li>• "focusing on acute care nursing related to their previous RPN experiences –lack of research skills and the use of evidence –focusing on task-oriented skills –lack of leadership skills."</li> <li>• "Most students coming to public health as a placement do not understand the 'client as community' and have difficulty working within a population health approach. More education/preparation for public health nursing would better prepare them for placements."</li> </ul>

### Question 5: What kinds of supports did employers offer to employees going back to school or in school?

Employers offered flexible work arrangements and/or financial support to bridging student employees. Flexible work arrangements allowed for students to attend classes and clinical placement and have time off for exams. Financial support came in the form of interest-free loans, bursaries, and paid time-off. See examples of quotes for these themes in Table 50.

Table 50: Employers' Supports for Students

Research Question	Themes Identified	Examples
What kinds of supports did employers offer to employees going back to school or in school?	Flexibility	<ul style="list-style-type: none"><li>• "We support them by adjusting the schedule as needed for them to attend clinical placement and the final tests."</li><li>• "We do not offer any monetary support at this time we facilitate time off for exams and try to ensure that salaries stay whole."</li><li>• "Flexible work schedule for full time RPNs."</li></ul>
	Financial support	<ul style="list-style-type: none"><li>• "We offer interest free loans and for those who require academic support we are offering tutoring and study groups."</li><li>• "The Administration has showed great support, she agreed to pay the RPN her time when went to write her exams last December, no loss of income."</li><li>• "We have a bursary program and give tuition funding each year. We have also paid for staff tuition and they paid us back through payroll deductions."</li></ul>

### Question 6: What kinds of supports did employers recommend the University-College implement for students who are employed while at school?

Employers recommended four key areas of improvement for academic institutions: improved communications, convenient clinical placements, flexibility, and financial aid.

Improved communication was reported as important as effective and open communication forms a solid base for collaboration. Employers felt it was necessary for academic institutions to educate them about the goals of the bridging education and how they could more effectively support their employees in their education pursuits. They also emphasized the importance of timely and accurate communications with students. Moreover, employers would like to support their students by having them complete their mandatory clinical placements within their current workplace. Employers perceived that clinical placements at current workplaces would be convenient for both students and employers.

Flexibility was correlated with improved communications: employers cannot optimally support their employees if they do not understand the outcomes and benefits of bridging education within nursing. They also identified how online learning and integrating technology was exceptionally important for supporting students to manage school, work and family responsibilities.

Finally, financial aid was another notable theme. Any post-secondary pursuit is a financial undertaking and the receipt of financial aid to support this endeavour significantly alleviates stress and worry on those who have dependents or partners. See examples of quotes for these themes in Table 51.

Table 51: Employers' Recommendations for University-College Student Supports

Research Question	Themes Identified	Examples
What kinds of supports did employers recommend the University-College implement for students who are employed while at school?	Improved communications	<ul style="list-style-type: none"> <li>• “Educate employers about the goals of the program and how to better support their employees.”</li> <li>• “Better way to communicate directly with the student. A communication site on the internet-blackboard education site that the student can log on and get direct communication to them. Full communication so they can plan appropriately. Finding out 2 weeks before you are going to start a semester that is supposed to be placement that they did not qualify and only found out then because the employer called to find out what is happening. There has to be a better method than that.”</li> </ul>
	Flexibility	<ul style="list-style-type: none"> <li>• “Flexible learning environments, on-line capabilities and use of technology to promote learning”</li> <li>• “Promote flexibility to assist students in balancing both school and worklife.”</li> <li>• “Flexibility with adapting academic requirements with opportunities that exist within their workplace that demonstrate their learning of the concepts and principles”</li> </ul>
	Financial aid	<ul style="list-style-type: none"> <li>• “Bursaries. Links to government support for financial assistance while employed.”</li> <li>• “Offer financial incentives to students willing to do this program while working.”</li> </ul>
	Convenient clinical placements	<ul style="list-style-type: none"> <li>• “Clinical placements closer to home would make this easier on the employees as they have their shift commitments to fulfill.”</li> <li>• “Setting up an aspect of the program where students may do their clinical placement at the current workplace to allow for reflective practice”</li> </ul>

## **PHASE 4: NURSING BRIDGING EDUCATION AND RESEARCH SYMPOSIUM**

Phase 4 of the project involved holding a symposium that focused on nursing bridging education and research in the Province. This took place the first week of December 2014 on the Bracebridge campus of Nipissing University. Participants from across the province attended, sharing key elements of each of the nursing bridging programs in Ontario and key learning as each program has unfolded. Feedback on the day was tremendous, with universal appreciation for the opportunity for educators to be together and sharing practices, research, and learning to date about nursing bridging education. Appendix 1 provides a copy of the agenda for the day. Appendix 2 provides a summary of learning identified by participants throughout the day. The project website ([www.bridgingnursing.ca](http://www.bridgingnursing.ca)) has had a soft launch. Once the final report for the project has been accepted by ONCAT, research findings for the project will continue to be loaded. See Appendix 1 for the Symposium Agenda and Appendix 2 for Participant Learning and Feedback.



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## **APPENDIX 1: SYMPOSIUM AGENDA**



# Bridging Nursing Education RESEARCH SYMPOSIUM

## AGENDA

<b>8 – 8:45am</b>	Registration
<b>8:45 – 9am</b>	Opening remarks
<b>9 – 9:30am</b>	Keynote Speech by Dr. Karima Velji
<b>9:30 – 10:15am</b>	Presentation on Current Status of ONCAT Funded Research Study <i>Post-Secondary Student Mobility: Expanded Collaborative Evaluation of Student Performance, Experience, and Outcomes in RPN to BScN Bridging Education</i>
<b>10:15 – 10:45am</b>	Break
<b>10:45 – 12:15 pm</b>	Voices of Experience Panel <i>10-minute presentations by representatives (faculty &amp; student) from each nursing bridging program followed by Q &amp; A Session</i>
<b>12:15 – 1 pm</b>	Lunch
<b>1 – 2pm</b>	Research Focus Break-out Sessions Small Group Discussions <ol style="list-style-type: none"> <li>1. Program evaluation: What kind of research is currently underway regarding bridging education, and what kind of research is needed moving forward?</li> <li>2. What are barriers to the research agenda in regards to nursing bridging education and how can we overcome these barriers?</li> <li>3. How can we raise the profile of nursing bridging education research?</li> </ol> Report back to larger group
<b>2 – 2:45pm</b>	Large Group Discussion <i>How can we move nursing bridging education and research forward?</i>
<b>2:45 – 3pm</b>	Closing remarks

## **APPENDIX 2: PARTICIPANT LEARNING AND FEEDBACK**

**NURSING BRIDGING EDUCATION RESEARCH SYMPOSIUM  
EVALUATIONS/FEEDBACK**

**How was today relevant to you and your program?**

Better understanding of bridging programs available to students from PN programs

Looking at what has worked in RPN bridging and what has been challenging. Planning for research and what is needed.

Very interesting and valuable, great contacts. I come from a school without a bridging program, so there was a lot of learning and exposure to what is happening in Ontario for our RPN students to continue with.

Extremely relevant; it is what we do all day each day. Great to get together for this kind of think tank.

Provided context on the research and the diversity of RPN-BScN bridging programs.

It was great to hear what other institutions are doing as far as blended learning.

Very! It was nice to hear about other schools and how they run the bridge. Found out our program is unique to the others. Would like to have more time to ask questions of the other schools/programs.

Very relevant. Involved having students involved for their perspectives.

I heard a variety of approaches to RPN-RN delivery.

Great to hear others' common perspectives, common problems, common traits of learners/RPN students. I got to meet one of our distance students face to face! Our team heard the info all together, so sharing research findings helpful to full team.

It was a good opportunity to learn about what other programs are doing.

Fabulous learning that will change the way I view the struggles/sacrifices the RPN to BscN students make (to attend their studies). The increased need to participate in the research moving forward.

Very relevant to program – Helpful to hear what worked well with other programs.

Wonderful to hear various perspectives on bridging. As a student – gives me inspiration to be part of change.

The statistics presented today helped to solidify the successful role of the RPN in the bridging program and therefore the importance of the program. It was nice to see the student experience across the province and build themes on challenges

Informed me about what other programs in the province are offering. Highlighted the lack of awareness about these programs within organizations, and thus the lack of promotion of upgrading education (i.e. RPN to RN)

Today was very relevant being a student to learn about various bridging programming and research initiatives. This was very helpful to be part of as a student. I learned a lot and have a fuller scope of relevance. Thank you so much :)

Today was amazing. This symposium was very relevant for your program. It has informed a better understanding of the various programs.

Interesting to hear the similarities and differences of each program. Confirmed many programs facing some challenges.

Very relevant. Shared experiences certainly validated my experience as a student.

Very relevant. Thank you! Great sharing.

### What suggestions do you have for further gatherings about RPN-to-BScN Bridging Education?

Looking at curriculum similarities and differences

Program evaluation

Have more – Set up a consortium with members/terms of reference and either annual/bi-annual meetings to share and set goals

Standardized information.

I really liked hearing from the student perspective. That is so important.

How do we come together as an Ontario research team? The systematic review of literature on bridging programs for nurses (by RNAO with Shelley, Nancy & Elaine) has produced a manuscript for publication. There are research recommendations (conceptually grounded) that would be useful for this group as a springboard for studies.

Have clear articulated outcomes and next steps.

Move time for open discussions – to bounce ideas back and forth.

Split up the program presentations. It is a lot to sit through every school. Maybe have a guest speaker, then a school, then a speaker, etc.

Yearly event. Moving forward with research focus small group information. Establishment of a communication network for further collaboration.

Connection to contact information of attendants. Please e-mail summary sheet information from the three sessions as a follow-up.

Need to have introductions at start of session. Need list of contacts. Have an annual symposium, or annual meeting or shorter, more frequent (i.e. 2x/yr for ½ day)

Research presentations.

More student participation at future gatherings. It is important to have the voices of the students/past students heard.

Continue the networking – quarterly meetings via webinar. Annual F2F at another meeting.

More time for large group discussion/sharing. Maybe make it a 1 ½ day event – not such a time crunch.

Perhaps more time, however I found this gathering very enjoyable and well organized.

Collaborating with all schools to create a standard research template and involve students, following them post-grad

Including more students by having a gathering at the beginning time of the semester instead of exam time. Including peers that are engaged in RPN to BScN bridging/funding agencies who can run research and really know the relevance of nursing research.

Please keep it here at Nipissing and to allow for more student involvement by scheduling it during non-exam periods i.e. May or June. Ensure it is a yearly event, discussing research, etc.

Very! It's important to see what is happening in the various colleges/universities and the commonalities. It was appreciated to hear an overview of other programs.

I like the communication website/page. Sharing upcoming current projects and findings.

Continue to engage and involve the student body in all discussions.

Perhaps rotate sites for gatherings.

Facebook?

Have tape to post flipcharts after carousel activity so presenters don't have to hold it.

**Is there anything else you want us to know? (Registration, organization, communication, social event, setting, food, agenda, other)**

Very well done! Thank you.

Photo booth was fun. Food was yummy. Space was perfect, chairs comfortable. Well organized.

Standardized information for current RPN students to make application and information seeking easier.

Love the setting. Let's have all future sessions in beautiful Bracebridge.

Fabulous location for the conference. Appreciate how my time was respected. Leaving at 3pm is perfect. Thank you for including our university.

Great food, great location, great people.

It would be nice if this could become an interest group of sorts to help lead change to reduce the stigma in Bridging programs, and to lead research. Could be made up of all roles (faculty/admin/students).



Thank you to all the organizers!

Thank you for bringing this group together.

Great food. Great venue. Smooth negotiation and communications.

More opportunities for collaboration.

It was a wonderful venue. Friday night social event was fun! Overall, well organized. Great to connect with other colleges/universities.

This was a great day. Wonderful to network with colleagues around the province. Friday night social – great opportunity to meet in an informal setting. Set the tone for the sessions. Extremely well organized – thanks to Amy, Margarida & Zainab – Well done.

Excellent.

Thank you so much for this wonderful opportunity. Bracebridge is beautiful, the campus is wonderful. I enjoyed today so much!

Everything was well-planned and executed. A very informative and enjoyable event. I would be happy to be part of continuing this research initiative.

Organization of the event was great with e-mail communication. The setting was great as well. Food was amazing. The agenda flowed very well, being very flexible to allow for ideas to fully expand and grow.

Perfect.

No. Great starting point.

Well organized – everything! Great job!

Great recovery within timing/schedule. Food was excellent. Thank you for the sushi! Great facilities. I would love to see the great potential created today not stay at the theoretical/discussion stage!

Friday evening – thank you! Wonderful weekend, appreciate all efforts. Look forward to getting together again!