

PROFESSIONAL SOCIALIZATION OF STUDENTS IN
FOUR TYPES OF NURSING EDUCATION PROGRAMS

By

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Professional socialization, the process of acquiring knowledge, attitudes, and behaviors appropriate to a professional role, formed the framework for an examination of professional orientations of students and faculty in programs preparing technical and professional practitioners of nursing. The purpose of this study was to determine whether students from four different types of nursing programs held different professional orientations and role conceptions as a result of the professional socialization process. Assumptions underlying the socialization process were derived from symbolic interactionist theory.

The Nurses' Professional Orientation Scale (NPOS), with reliability of .89, and construct validity reported, was administered to a sample of 178 senior nursing students and 92

faculty from six institutions representing four different types of nursing programs (associate degree, diploma, generic baccalaureate, and baccalaureate for Registered Nurses). Two methods of scoring were used, a total score measuring congruence with professional values of a normative baccalaureate faculty group, and a reweighted score measuring traditional and non-traditional role conceptions. Multivariate analysis of both scores was performed and Scheffé's method for pairwise comparisons was the post hoc test used for further significance testing. Professional orientation scores did not differ significantly from program to program, and the only significant differences on traditional/nontraditional role conceptions occurred between the traditionally-oriented associate degree and diploma programs, and the baccalaureate program for Registered Nurses, which held the most nontraditional orientation. The faculty group held a significantly more nontraditional role conception than the student group, and faculty professional orientation was significantly different from that of students.

Frequencies, percentages, and chi square tests of significance were used to analyze demographic variables related to sex, age, previous nursing experiences, previous licensure, education, teaching experience and professional membership. Faculty from the various programs differed significantly on only two variables, length of time spent teaching in various

programs, and the type of academic degree they held. Students varied from program to program on all variables except the setting of previous nursing experience (hospital). Although at the time of graduation from a basic nursing program, students differed in nursing and collegiate experiences, they held similar views of the nursing profession and the role of the nurse, no matter what type of nursing education they had received. This failure to differentiate different types of nursing practice through socialization processes was seen as detrimental to efforts to establish two different categories for nursing education. Faculty, as important instruments of the socialization process, hold the major responsibility for communicating attitudes and values to students which are appropriate to the goals and objectives of each problem. Homogeneity of program faculties on experiential variables and professional orientation appeared to have influenced the homogeneity of professional orientation and role conception which was found to exist for all programs.

Recommendations of the study were that nursing curricula should provide for the exploration of faculty and student values, with clarification and appropriate reinforcement emphasized. Education programs for faculty should recognize the importance of preparing faculty to deal more effectively with the socialization process so that students would acquire values and role conceptions appropriate for different categories of nursing practice.

CHAPTER I

INTRODUCTION TO THE PROBLEM

The Socialization Process

Socialization is a process in which individuals are transformed to enable them to live in stable associations with other people in pairs, groups, and large and complex organizations (Blitsten, 1971, p. 168). It is this process that inducts individuals into their culture and has its beginning in the early years of life. "It involves the acquisition of attitudes and values, skills and behavior patterns making up social roles established in persisting social systems" (McKinney & Ingles, 1959, p. 366). Socialization processes continue into adult life, and are particularly important as individuals acquire the attitudes, skills, values, and specialized knowledge which characterize education for a professional occupation. Professional socialization is seen as a special and important case of adult socialization (McKinney & Ingles, 1959).

Nursing, like other professions, possesses its own body of skills, knowledges, values, rules, and standards which represent the normative principles of the professional culture. These cultural expectations codify the values of the profession and cover a wide range of details concerning the

relations of nurses to patients, physicians, colleagues, and the community (McKinney & Ingles, 1959). It is the function of nursing educators to transmit, not only the skills and knowledge of the profession, but also the attitudes, values, and expected patterns of behavior to students aspiring to become nurses. Teachers of nursing must assist students in the process of orientation to the new role, helping them form a new occupational identity and develop realistic self-images to enable them to think of themselves as nurses. This process of professional socialization occurs through social interaction with significant people during the educational process--faculty, fellow students, patients, co-workers, physicians--the social system of the culture (McKinney & Ingles, 1959). Of paramount importance to successful professional orientation and role conception of nursing students is the influence of the faculty role model.

Theoretical Aspects

The theoretical constructs underlying studies of socialization can be found in symbolic interactionist theory as formulated by George Herbert Mead in Mind, Self, and Society (1934). This theory provides a general social psychological framework based on assumptions about man's distinctive characteristics (Rose, 1962, p. 4). Those assumptions are as follows:

1. Man lives in a symbolic environment as well as a physical environment.

2. Through symbols, man has the capacity to stimulate others in ways other than those in which he is himself stimulated.
3. Through communication of symbols, man can learn innumerable meanings and values--and, hence, ways of acting--from other men.
4. These symbols do not occur only in isolated bits, but often in clusters, sometimes large and complex.
5. Thinking is the process by which possible symbolic solutions and other future courses of action are examined, assessed for their relative advantages and disadvantages in terms of values of the individual, and one of them chosen for action. (Rose, 1962, pp. 5-13)

According to interactionist theory, the basic social process is role-taking, where the individual does not so much enact a prescribed role as he devises a performance on the basis of an imputed "other-role." A change in one's own role reflects a changed assessment or perception of the role of relevant others. The response of the other serves to reinforce or to challenge the individual's conception of the role. This testing process serves to stabilize or modify one's own role (Turner, 1962, p. 23).

The processes of socialization and professionalization can be seen as a process of role-taking by the individuals involved; a continuous process of modification of one's role as one interacts with significant others results in role modification which occurs to different degrees in various individuals, according to their perceptions.

Although the symbolic interaction theory has not been completely elaborated or rigorously tested, hypotheses used in this study were logically consistent with the theory. The

impact of significant others, particularly faculty, on role-taking behavior of nursing students, in concert with individual factors which affect perception allow the researcher to propose hypotheses concerning the socialization outcomes of different nursing school experiences.

Statement of the Problem

Because of the diversity of educational programs preparing students to practice nursing, much confusion exists for the consumer, the employer, and the graduating nurses themselves over what constitutes appropriate role expectations according to the different educational modes. Faculty in various educational settings also question what is being taught, what should be taught and what is effective teaching (McKinney & Ingles, 1959). Educational processes by which neophytes are transformed into nurses include the acquisition of attitudes and values, knowledges, skills, and behavior patterns necessary to learn the professional role. This process of adult socialization into an occupation is referred to as professionalization, or professional socialization.

The Baccalaureate in Nursing program is considered by the nursing profession to prepare nurses for professional practice. Diploma and associate degree programs prepare nurses for technical practice. The generic (basic) baccalaureate program has been the educational model for the preparation of professional practitioners in nursing. In the wake of the associate degree in nursing programs, upper

division baccalaureate programs for Registered Nurses have appeared, purporting to transform the technical nurse into the professional practitioner. If nursing educators have been successful in implementing two types of nursing practice, technical and professional, role conceptions of the two types of graduates will demonstrate clear-cut differences as a result of socialization processes.

The problem addressed by this study was the effect of socialization processes in various modes of professional education. Specifically, the problem was whether students and faculty subscribed to differing professional values and role conceptions depending on their association with a particular type of nursing program and their individual nursing and educational backgrounds. Another aspect of the problem was to determine whether socialization processes affected values and role conceptions of students prepared first as a technical, then as a professional practitioner.

Patterns of Nursing Education

Nursing has undergone many changes while evolving from a less-than-respectable occupation for unfortunate women, through a sprawling adolescence of apprenticeships in hospital-based programs, to the first blush of maturity involving professional preparation at the collegiate and university level. The struggles for survival and then for academic legitimacy have left their mark in the form of a bewildering melange of educational institutions and degrees which characterizes the

profession (Strauss, 1966, p. 73).

In the past, nurses were prepared to practice their profession in the hospital diploma school, modeled after the Nightingale system which had been imported from England. These training schools experienced phenomenal growth, as hospitals sought to increase their supply of steady help at a minimum cost (Strauss, 1966, p. 68). Many nursing programs revolved around the function of providing nursing service instead of nursing education. In an effort to upgrade the education afforded by these diverse hospital schools, nursing leaders began to look to the universities and their broader educational resources. Many hospital schools became affiliated with universities, and later, university schools of nursing were established free from the controlling influence of hospital administration. These programs were on the baccalaureate level.

Early studies on the situation in nursing education identified three types of nurses--baccalaureate graduates, diploma graduates, and practical nurses, and recommendations were made that there be only two types of nurses, to reduce confusion about their roles and functions (Rines, 1977).

Following World War II, community colleges began to proliferate, and preparation of the nurse technician became a viable program, providing students easy access to higher education, regardless of age, marital status, sex, creed or race (Rines, 1977). As proposed by Montag (1951), the graduate of the two year program, the associate degree nurse, would

function at a technical level.

In 1965, the American Nurses Association (ANA) Committee on Nursing Education startled nurses throughout the country with its first position paper on education for nurses (ANA, 1965). Not only did the committee declare that all those who are licensed to practice nursing should receive their education in institutions of higher education, but it also reiterated that nursing practice would have two levels, technical and professional. Minimum preparation for beginning professional nursing practice should be baccalaureate degree education in nursing, and beginning technical practice should be associate degree education in nursing. This pronouncement provoked great controversy among nurses across the nation. How did one differentiate between professional and technical practice? What would become of the diploma schools? Where did licensed practical nurses (LPNs) fit into the plan? How many students could afford baccalaureate programs? Where would qualified faculty come from? What was wrong with the status quo?

Although the ANA position was not unanimously supported by either nursing educators or nurses in practice, its impact on nursing education cannot be ignored. In 1965, 65% of basic nursing education took place in hospitals; in 1975, these schools represented only 28% of basic nursing programs (Johnson, 1977). There was also a substantial increase in graduations of registered nurses from baccalaureate programs. During the year 1975-1976 there were 4,759 graduations compared

to 2,337 in 1971-1972. Of these 4,759, 1,363 graduated from 53 programs that offer nursing programs to registered nurses only (Johnson, 1977). Implicit in the ANA position paper was the implication that a hierarchy is to exist in the practice of nursing, and the baccalaureate is the degree that determines a nurse's status as a professional or as a technician. Many associate degree nurses and diploma nurses began seeking admission to baccalaureate nursing programs in an effort to ensure their professional status. The effort of the American Nurses' Association to define two categories of practice represents a continuing drive on the part of the nursing profession to improve its professional status. Education must take place in an institute of higher education, since preparation for a profession involves mastery of the theory underlying its practice, rather than on-the-job training through apprenticeship. Technical practitioners in nursing are performing a valuable service for the nursing profession by developing a high degree of skill in technical tasks, recognizing problems of a technical nature, and planning, implementing, and evaluating their daily assignments. Their knowledge base has been described as narrow in scope (Kohnke, 1973).

Professional (baccalaureate) nurses are described as having a broad knowledge base, primarily theoretical, dealing with a wide range of nursing problems. They have a strong research orientation, identify problems of a broad nursing scope and do total planning on a long-term basis (Kohnke,

1973). Baccalaureate education also provides the requisite background for graduate education. This differentiation by the ANA Committee on Nursing Education between technical and baccalaureate prepared nurses thus enables the nursing profession to meet technological society's needs for skilled workers while providing for nursing's movement along the professionalization continuum toward the ideal.

Educational preparation for faculty was initiated in the early 1900's at Teachers College, Columbia University, where postgraduate courses in teaching and administration were first offered for graduate nurses. Since the early baccalaureate programs were specialized in nature, there was great variability in content among programs, and finding a common base to build graduate education for nurse faculty posed a difficult problem. In the 1950's, the National League for Nursing (NLN) recommended that baccalaureate programs prepare nurses for general professional nursing, and master's programs, building on previously developed competencies, should prepare for both clinical and functional specialization (NLN, 1952). These developments facilitated the establishment of graduate programs for the preparation of nursing leaders, including faculty and administrators.

At the present time, graduate preparation is predominantly at the master's level. A wide variety of programs exist which prepare nurses for clinical specialization, teaching, or supervision in various clinical areas. A recent development is the emergence of doctoral programs with a major in nursing leading

to the doctoral degree in nursing. Opportunities also exist for nurses to obtain the professional doctorate in different fields, such as education, sociology, psychology, or business, with a minor in nursing.

While graduate programs currently offer a diversity in clinical practice specialties, limited opportunity has been available in the functional teaching major appropriate for the various types of basic educational programs. Although master's level preparation in nursing is recommended by the NLN for teaching in all types of nursing programs, the scarcity of appropriately prepared faculty has inhibited the attainment of this criterion by current educational programs.

Significance of the Problem

The nursing profession today is struggling for recognition from society as an autonomous profession. Traditionally, a minimum of a baccalaureate degree has been essential to ensure a liberally educated professional, whatever the field. Defining two types of nursing practice, one as technical and one as professional, will allow nursing to enhance its credibility as a true profession through the continued efforts of the more theoretically prepared practitioner to add to nursing theory through research and advanced levels of practice. Clear distinctions between the two types of nursing practice must be made, not only in the cognitive domain, but also in role conceptions and professional values and orientations.

As a basis for future curriculum decision, knowing what the role conceptions are for the two types of practitioners is important. Attitudes and values deemed appropriate by the profession for each type of practice need to be communicated to students through curriculum planning and faculty role modeling. Faculty values and attitudes should be considered individually and as a group if faculty are to be an effective instrument of professionalization for students. Other variables influencing student socialization need to be investigated to achieve optimum role socialization.

At the 1978 ANA Convention in Hawaii, resolutions were passed in the House of Delegates which affirmed the ANA position on nursing education of 1965. Several states are considering legislation which will require a minimum of a baccalaureate degree for entrance into the professional practice of nursing. The lines between technical and professional education are being drawn even tighter as the nursing profession attempts to reduce role fragmentation in its ranks and achieve over-due licensing reforms.

The responsibility of implementing two categories for nursing practice is a challenging task for nursing educators. Faculty and students must be knowledgeable of the differences in philosophy, goals, and objectives of educational programs preparing for different categories of practice. Nursing curricula of these programs must be congruent with their distinctive philosophies and goals, not only concerning the cognitive and psychomotor components, but also those in the affective domain.

Attitudes, values, and professional orientations appropriate for each educational program must be understood, subscribed to, and communicated to students through the process of professional socialization.

Students learn, not only from lecture and demonstration, they also learn, perhaps even more fundamentally, from sustained involvement in that society--nursing staff, fellow students, medical staff and students, and patients--which constitutes life in a nursing school. . . . The ways by which those students develop within the school environment, both by intent and ordinary circumstance, constitute the first and basic phase of the process of professionalization. (McKinney & Ingles, 1959)

Understanding professional socialization processes is of primary importance to nursing educators to facilitate the differential socialization of nursing students for technical and professional practice of nursing.

Purpose of the Study and Research Questions

The purpose of this study was to ascertain differences and similarities in professional orientation and role conceptions of fulltime faculty and graduating seniors from four types of nursing programs, associate degree (ADN), diploma, generic (basic) baccalaureate (BSN), and baccalaureate for Registered Nurses (RNBSN), as measured by the nurses' professional orientation scale.

A second purpose was to identify experiential characteristics of faculty and students which might affect professional orientation and role conception.

The research questions were as follows:

1. Do significant differences exist in professional orientation between nursing students enrolled in programs preparing for different categories of practice?

2. Do role conceptions of faculty and students on a traditional/nontraditional dimension vary according to type of nursing program?

3. Will professional orientations and role conceptions held by graduating RNBSN students be similar to those held by graduating BSN students, or will they resemble orientations and role conceptions of associate degree and diploma students?

4. Do graduating seniors and faculty from each program hold similar professional orientations and role conceptions?

5. Are there significant differences in professional orientation among faculty teaching in the various programs?

6. Do experiential characteristics of faculty and students vary according to program?

Definition of Terms

For this study, the following definitions and abbreviations were used:

Associate degree in nursing program (ADN): A program established in a junior or community college which is approximately two years in length. The graduate is eligible for licensure as a registered nurse (RN).

Baccalaureate degree in nursing program (BSN): A bachelor's degree program established by a college or university

which is approximately four years in length. Two years of liberal arts and support courses and two years in the upper division nursing major is the typical curriculum pattern.

Congruence: The quality or state of agreeing or corresponding (Stein, J., ed., 1967).

Consensus: Agreement among students either with respect to their characterizations of nursing or in the personal importance that they assign to those characteristics (Davis & Olesen, 1964).

Diploma program: A hospital-based nursing program which varies from two to three years in length. The graduate receives a diploma in nursing without a college degree, and is eligible for licensure as a registered nurse.

Images: Composites of a person's concepts, judgments, preferences, or attitudes toward some comprehensive object or cause (English & English, 1958, p. 378).

Professionalization; Professional Socialization: A form of adult socialization in which the attitudes and values, skills and behaviors of a subcultural group are acquired by means of both direct and indirect learning (McKinney & Ingles, 1959).

Registered Nurse (RN): The legal designation for graduates of State Board-approved nursing programs who pass the State Board licensing examinations.

Registered Nurse Baccalaureate in Nursing Program (RNBSN): A program established in the upper division of a college or university which admits registered nurses who have completed basic

nursing education in either the diploma or associate degree program. Graduates receive a bachelor in nursing degree.

Role: A cluster of related meanings and values that guide and direct an individual's behavior in a given social setting (Rose, 1962, p. 10).

Role Conceptions: Images of the rights and obligations which a person perceives to be associated with his position (Corwin & Taves, 1962).

Role Conflict: Incompatibility of professional values system with that of the employing system (Kramer, 1970).

Role Deprivation: The extent an ideal role conception is perceived to be nonoperative in practice (Corwin & Taves, 1962).

Delimitations and Limitations

There are many aspects of the professional socialization process which require further study, such as personality characteristics, demographic variables, life styles, and value systems of students and faculty, influences of peer groups and learning environments; teaching and learning styles and teacher-student interaction; curriculum patterns and clinical experience. The focus of this study was on professional values and role conceptions of students and faculty with different educational experiences in nursing. Demographic variables surveyed concerned only faculty and student background experiences in nursing and education.

Student and faculty population samples were obtained from the South Florida area. Role conceptions and professional

orientation may vary according to educational programs and established nursing practice in various geographical areas of the country, so findings may not be generalizable to other populations.

The number of different programs sampled (six) represents a very small fraction of the total number of nursing programs in the country. In 1976, there were 642 associate degree programs, 390 diploma programs, 341 baccalaureate programs, and 53 RNBSN programs, a total of 1,426 programs (Johnson, W., 1977, p. 588). It would be hazardous to assume that the population defined for this study was representative of the universe.

Continuing interest in studies of professional socialization has stimulated the search for adequate measurement tools. The Olesen and Davis questionnaire (1964) has been used by several investigators (Siegel, 1968; Brown et al., 1974) to measure congruence of faculty and student attitudes. Crocker and Brodie (1974) devised the nurses' professional orientation scale in response to a need for a standardized instrument to measure changes in students' views of the nursing role. Since reliability and validity data for this scale have proven satisfactory, further experimental use of this tool is indicated.

Cross-validation testing demonstrated that the scale measures a fairly unitary trait among nursing students, which is evidence for the existence of a construct which was called "professional orientation" by the authors.

Although the scale was devised to measure congruence of faculty and student values, in this study, the scale was used to compare faculty and student values from four different types of nursing education programs.

A second scoring device was used which labels the unitary construct measured by the scale, "traditional/nontraditional" role conception. The items on the scale were weighted on the traditional/nontraditional continuum according to the judgment of one faculty group from one baccalaureate program. Results of this scoring method may not be reflective of the traditional views associated with an individual program.

Because of the anonymity of questionnaire respondents, it was not possible to conduct a follow-up survey of nonrespondents. The data-producing sample obtained represented 55% of the defined population. If nonrespondents differed from respondents for faculty and students alike, there would be no effect on the results of the survey, which measured faculty-student differences. If nonrespondents were different for some programs and not others, or for faculty but not students, or vice-versa, study results would not provide accurate information concerning the variables under study.

Assumptions

The first three assumptions for this study were based on symbolic interaction theory which offers an explanation of the dynamics underlying the socialization process as it applies to professionalization in nursing.

1. Faculty, as significant others, affect the attitude formation of the nursing students with whom they interact.
2. Students in a nursing program will "take on" the role of the faculty of that program.
3. Attitudes of newly graduated students, or students in the last nursing courses will demonstrate more congruence with faculty attitudes than at any other time in their nursing program.

The last three assumptions were related to the data gathering tool, a nurses' professional orientation scale (NPOS) which was constructed on the basis of responses from baccalaureate nursing program faculty.

4. Collegiate nursing programs in this country subscribe to similar philosophies and value-systems.
5. Answers on the NPOS will be representative of the professional orientation values and role conceptions of faculty and students.
6. Professional orientations and role conceptions of nonrespondents to the survey will not vary according to program or faculty-student status.

CHAPTER II
REVIEW OF LITERATURE

The literature reviewed included studies concerning the socialization process itself in which student role conceptions gradually changed to more nearly resemble the ideal professional image as expressed by faculty within the professional school; studies classifying predominant types of role conceptions held by nurses with implications for role conflict; and explorations of the various factors which might affect role conceptions and the socialization process.

Professional Socialization

The continued growth of professions in American society has stimulated interest in the examination of professional schools where skills and knowledge, as well as attitudes and values, are transmitted to would-be practitioners. Professional schools embrace a social environment which facilitates student acquisition of the professional identities he is to assume on graduation. This professional socialization process has been extensively studied as it applies to nursing and other professions, and particularly as it applies to medical education. Medical school has been described as one of the longest rites of passage in our part of the world (Becker, Geer, Hughes,

& Strauss, 1961, p. 4). In this study, the authors focused on the medical school as an organization in which students acquired some basic perspectives on their later activity as doctors. The purpose of the study was to analyze the experience and actions of medical students in interaction with their teachers and their tasks so that their findings could be compared with other similar situations (Becker et al., 1961, p. 16). Findings of this study were that the transition from young layman to a skilled and confident physician is a slow, laborious one. Students must learn to be medical students first and deal with their immediate situation; the end result of the socialization process is too remote to be considered in the day-to-day realities of medical school.

Fredericks and Mundy (1976) conducted a ten year longitudinal study of one class of 81 students who attended Loyola School of Medicine, became interns, and eventually engaged in the practice of medicine. Among their findings was that socio-economic class had no relation to a student's ability to adjust to stress and anxiety, scores on National Board examinations correlated with academic achievement, and the judgment of medical students that the most important feature to identify good medical students was their ability to establish rapport with their patients.

Huntington (1969, p. 186) found that as students move through medical school their self-images varied as they interacted with faculty members, classmates, nurses, and patients,

but that they came to think of themselves more as doctors than students in the clinical years when they had substantial contact with patients. Earlier development of this professional self-image occurred in students who felt they had handled their patients' problems effectively while acting in the role of quasi-physician early in their educational program.

Martin (1969, p. 205) stated that medical educators have long known that the physician must develop attitudes and values appropriate to his calling if he is to provide optimum care of the patient. He reported a study in which it was concluded that students who felt best equipped to meet the technical demands of the role were also those who found it least difficult to meet its requirements.

Another report reviewed some experiences which acquainted medical students with the different types of uncertainty they would encounter later as practicing physicians, and some of the ways in which they learned to deal with those uncertainties (Fox, 1969).

Hammond and Kern (1959) described a project at the University of Colorado whose objectives were to create an environment that would foster deliberate teaching-learning techniques and also involve students, faculty, and patients in a clinic committed to the continuing, comprehensive care of the individual.

Several investigators studied factors influencing the professionalization of students. Individual differences in students were found to have varying sensitizing effects on

students in respect to ability to learn, motivation, and receptivity to components of the professional role (Reissman & Platou, 1960). Hall (1948) reported that the established core of professional physicians served as the major influence on socialization of the new recruit to medicine. In the training of psychiatric residents, Khleif (1974, pp. 302, 303) stated that professionalization, as adult socialization, depends upon structure and culture, that is, authority and belief systems. The trainer has higher status and presumably superior values, and thus defines for the trainee what is desirable or undesirable. In these training situations, the trainee's peer group is of crucial importance in stress reduction, morale building, and identity transformation (Evan, 1963; Geer et al., 1968).

The influence of teachers as role models for the professionalization of the student was reported on by Reissman and Platou (1960) and Bucher (1965). Bucher also claimed that professions differ in the commitment they exact from members; that nursing commands less involvement than some other professions due to lack of intensive conversion experiences, or identification with role models such that other feminine roles of wife and mother would become subordinate to the professional role.

The process of socialization into the nursing profession has also been studied and documented. In The Silent Dialogue, Olesen and Whittaker (1968) recorded the progress of young, American, middle class women through a baccalaureate degree

in nursing program. They concluded that professional socialization is comprised of the "frequently banal, sometimes dreary, often uninteresting world of everyday living. . . .These matters constitute the silent dialogue wherein are fused person, situation, and institution. Therein lies the heart of professional socialization" (Olesen & Whittaker, 1968, p. 297). The authors, however, emphasized the importance of student-peer relationships on professional socialization.

Davis and Olesen (1964) surveyed changes in student imagery, consensus, and consonance after one year's experience in a baccalaureate nursing program. They found that most changes in student imagery occurred mainly during the first year, the period of greatest stress, anxiety, and uncertainty. A trend toward individualistic and innovative images of nursing and away from bureaucratic images was found, but not a significant increase in consensus among nursing students in respect to their images of nursing. A follow-up report two years later of these same students confirmed the original findings (Olesen & Davis, 1966).

A variant of the Davis-Olesen study was reported by Siegel (1968). Seniors' perceptions of nursing corresponded closely with those of faculty members, and students did not reach greater consensus among themselves in their characterizations of nursing; these findings were similar to those of Davis and Olesen.

In 1974, the Davis-Olesen study was replicated in a different setting (Brown, Swift, & Oberman) and findings

also closely paralleled those in the original study. The authors noted, however, that the process of professional socialization in nursing is not easy, painless, or automatic, and much role conflict and ambivalence persist in students and graduates alike.

The nurses' professional orientation scale devised by Crocker and Brodie (1974) was used to measure faculty-student congruence of professional values. They reported a definite trend for students to endorse the faculty view of the profession as graduation neared, implicating either the influence of actual clinical experiences or faculty influence as instrumental in bringing student and faculty value systems closer as students progressed through the program.

Coe (1965) attempted to assess changes in self-conception of nursing students from the beginning to the end of the freshman year. He found some significant shifts in the self-conceptions as demonstrated through increased identification with nursing situations. Psathas (1968) interpreted responses to a role projection test by freshman and senior nursing students as reflecting the extent of their socialization into the nursing role.

To summarize findings on socialization studies, these researchers reported that the process is composed of day to day events; there are many factors which influence this process, including individual differences in students, peer groups, faculty and other role models, as well as patients. In nursing schools, socialization occurs after the first year;

there is congruence between faculty and students in collegiate schools concerning perceptions of nursing, but consensus among students on characterization of nursing does not increase in the socialization process.

Role Conceptions

Many researchers identified particular image clusters of the nursing role, or role conceptions, as outcomes of the professional socialization process. These orientations were seen as potential sources of role conflict for the neophyte nurse in certain job settings, and one of the prime suspects in attrition of new graduates from their first jobs. Corwin (1961) and Corwin and Taves (1962) stated that there are three conflicting orientations in role conceptions in nursing: the service, bureaucratic, and professional. Haberstein and Christ (1955) described these same orientations as "Professionalizer," "Traditionalizer," and "Utilizer." The three different emphases are on nursing as a calling, nursing as an office, and nursing as a profession. The investigators attempted to show how role conceptions are formed, and how they affect career goals and work performance of nurses. It was concluded that degree students tend to develop a stronger professional orientation and less loyalty to the hospital, so that a sense of deprivation of the professional role due to the hospital bureaucracy develops in the neophyte staff nurse. This was less true of diploma nurses. Other investigators studying role conflict include Benne and Bennis (1959),

Davis (1972), and Schein (1968).

Kramer is well known for her studies of role conceptions and role deprivation in neophyte nurses (1968, 1970, 1974). She studied collegiate nurses from three nursing programs in their initial employment settings and found that bureaucratic orientation of neophyte nurses increased with length of employment, as they shifted from the professionally-centered model to the work-centered model. Role deprivation was greater for subjects retaining instructor role models than for those who shifted to work-centered models.

Role conceptions held by nurses at the end of the first year of employment were identified and correlated with participation in continuing education learning activities. Bevis (1973) found the service component of role conception to be the primary influence on such participation.

Another view of role conceptions in nursing is termed the "care versus cure" dichotomy. This classifies role conceptions into two dimensions, an expressive mode (care) and an instrumental mode (cure). Johnson and Martin (1965) contrasted the expressive function of the nurse with the instrumental function of the doctor. Linn found that medical faculty are most cure-oriented, nursing faculty most care-oriented; nursing students and their teachers expressed very similar attitudes towards patient care (1974). Bullough and Sparks (1975) found that senior students from associate degree and baccalaureate programs differ in care-cure orientation, and faculty attitudes towards technical and

professional nursing philosophies may be related to this perceived difference.

Student Characteristics

Student attitudes, values, needs, and characteristics have been reported in the literature, as investigators seek to describe and compare students from different types of nursing programs in an attempt to shed light on the socialization process in nursing. Stein (1969) compared nursing student needs as entering sophomores to their needs as seniors to identify sources of stress in the socialization process, and Gunter (1969) compared values of female college freshmen with those of sophomore nursing students, to measure progress towards self-actualization and emotional maturity. Tetrault (1976) examined the association between professional attitude and selected situational and demographic factors of 157 female nursing students in a baccalaureate program. She found that professional attitudes were highest in students aged 24 to 26. They had had the most formal and informal nursing experience, and perceived their teachers as taking strong positions on their beliefs. Professional attitude of students was not related to future nursing career choice, parents' level of education, or their placement in the sibling group. Bayer and Schoenfeldt (1970) found that socioeconomic factors, college plans of students, and parental encouragement during the high school years were the differentiating variables between nursing students in a three year diploma program and

those in a four year collegiate program. Aptitude, achievement, interests, and personality traits were found to be similar. Gortner (1968) found professional attitudes of registered nurse students to be greater than that of basic senior students in 12 western universities. Data reinforced the impression of registered nurse students as an upwardly mobile and highly motivated group from lower socioeconomic and educational backgrounds than that of basic students.

Determination of student characteristics which led students to select certain types of programs included studies by Alutto, Hrebiniak, & Alonso (1971), Jones (1976), and Wren (1971). Associate degree students chose that program because of location, length of program, and cost. The diploma student was concerned with the reputation of their school, clinical experiences available, and location. The baccalaureate student chose on the basis of reputation, curriculum, and location (Wren, 1971). Alutto et al. found that personality characteristics such as interpersonal trust and authoritarianism may be reflections of student selection to programs, rather than socialization outcomes (1971). Jones found that demographic variables influence role conception only indirectly, by influencing the choice of nursing program (1976). Dustan's study of student characteristics in three different types of nursing programs also indicated the impact of selection factors, but similarities were noted in student motivation for a nursing careers (1964). A study of psychological characteristics of students graduating from three types of

basic nursing programs reported no significant statistical differences in intelligence, leadership potential, responsibility, emotional stability or sociability. All three groups held similar perceptions of the real situation in nursing, but baccalaureate students held significantly more professional ideals for nursing than did the other two groups (Richards, 1972). Another study comparing students in the three basic nursing education programs reported differences in social behavior factors among the three groups (Ventura, 1976). Hover (1975) found that diploma graduates working toward degrees in nursing held opinions and goals approaching those of degree graduates. Meleis and Farrell studied senior nursing students in three types of nursing programs and found them to be essentially alike in intellectual characteristics, self-esteem, and the consideration aspect of leadership (1974). Other differences were reported in communication, structure and autonomy factors of leadership, and interest in research. Inguire (1952) described negative and positive attitudes held by entering nursing students and their effect on student progress.

In summary, studies of student characteristics correlated selected demographic factors with professional attitude, found no relationship with other demographic factors, identified variables which differentiated students from different programs, identified some characteristics as program selection factors, reported greater professional role conceptions for baccalaureate and registered nurse students, found similarities

as well as differences in psychosocial variables among students from the three types of programs, and found that student attitudes were related to student progress in nursing school.

Many investigators compared student attitudes and values with those of the faculty to identify the role-modeling effect of faculty in the socialization process (Baker, 1964; Feldman & Newcomb, 1969; Gliebe, 1977; Ondrack, 1975; Schein, 1967; Schultz, 1965; Stein, 1969; and Williams, Bloch, & Blair, 1978). These studies related the impact of the faculty on student socialization variously to the degree of faculty commitment, consensus and consistency of faculty values, meaningfulness of faculty-student contact, and selected educational factors.

Williams and Williams (1959), in a six year study, noted that the authoritarian control established by faculty at four hospital schools and one university school was an effective technique for socializing 524 students. Johnson (1971) compared nursing school environments and found baccalaureate schools to be more like medical schools in their emphasis on medical education and research, while diploma schools had the least favorable environment as perceived by faculty and students.

This study was concerned with comparing the socialization process in four different modes of nursing education, diploma, associate degree, baccalaureate, and baccalaureate for registered nurses. Congruence of graduating seniors and program faculty as to professional orientation was part of the study, as well as congruence of role conceptions on a

traditional/nontraditional continuum. Characteristics of faculty and students of an experiential nature (nursing experiences, type and length of education programs, teaching experiences, membership in professional organizations) were examined to determine the influence of these factors on professional orientations and role conceptions.

CHAPTER III

METHODOLOGY

Population and Sampling

The population defined for the study was all nursing programs in Dade and Broward counties, in the South Florida area. Dade and Broward counties are populous multi-ethnic counties located on the Florida "Gold Coast." They are currently experiencing pangs of rapid growth with increasing problems such as a rising crime rate, inadequate housing, a large population of elderly and retired people, illegal immigrations from Caribbean countries, and increasing numbers of welfare recipients. The winter season brings an extra influx of visitors, tourists, and migrant workers. Health care needs of this population have stimulated hospital construction, but many hospital wings remain unopened due to lack of nursing personnel, especially during the winter months. Graduates from nursing programs in this area are readily absorbed in area agencies, and hospital recruiters fan out to the North, Canada, and the Phillipines for additional nursing personnel. There are no clear-cut trends by employing hospitals to differentiate among the graduates of the various programs in terms of salary or job placement, except for the Veteran's

Administration Hospital which starts the RN with a baccalaureate degree at a higher rank than diploma or associate degree nurses.

There are six programs in this geographical area: two generic baccalaureate programs, one in a private university and the other in a private religious college; two associate degree programs in large, public-supported community colleges; one diploma program affiliated with a large county hospital, and one baccalaureate program for registered nurses only, located in a state-supported upper division university. Students from all six programs were invited to participate in the study if they were enrolled in their last nursing course, or had graduated during the previous month. All full-time undergraduate faculty currently teaching in each program were also invited to participate.

Procedure

Permission to distribute questionnaires was sought from the directors of each of the nursing programs, and in two instances, committees which review research proposals were also contacted for such permission. Permission was received from each program (Appendix A).

The investigator visited each program to speak to students at a convenient time during their scheduled nursing classes. Ten minutes were sufficient to explain the purpose of the study, answer questions, and distribute cover letters, questionnaires, and stamped, self-addressed return envelopes to

those who wished to accept them. Students were asked to take questionnaires to classmates who were absent on that day, and to return the data in two weeks. It was explained that individuals and programs would remain anonymous, and results of the study would be sent to all participating programs, as well as to individuals who included their names and return addresses with their questionnaires. In one instance, graduating seniors were not scheduled to meet again as a group before graduation, so thirteen questionnaires were mailed to that group with the cover letter (Appendix B).

The investigator also visited faculty of all except one program, following the same procedure used with the student groups. In the case of the program where the faculty were not invited to participate personally by the investigator, faculty were not scheduled to meet again as a group until the following quarter, so the program director distributed the materials individually.

Questionnaires were distributed between December, 1977 and March, 1978. For the student group, 357 questionnaires were distributed, and 178 returned, for a 50% return rate. Faculty received 131 questionnaires, and 92 were returned, for a return rate of 70%. Overall, 270 questionnaires were returned out of 488 distributed, for a combined return rate of 55%.

The Instrument

A scale developed by Crocker and Brodie (1974) was designed to measure congruence between student nurses' perceptions and faculty views of the professional nursing role. This scale was referred to by the authors as the nurses' professional orientation scale. For convenience the investigator assigned to this scale the title "Nurses' Professional Orientation Scale," or NPOS. The NPOS consists of 59 items which were selected from an original pool of 112 items following item analysis and cross-validation studies. Each item describes a behavior frequently displayed by nurses in their work roles. Respondents were asked to rate each behavior on its importance for the practicing professional nurse, using a five-point scale ranging from extremely important (5) to undesirable (1) (Crocker & Brodie, 1974, p. 233). Sample items include "Has a deep concern for the welfare of humanity," and "Has a strong loyalty to the hospital in which she works" (Appendix C).

Validity of the scale was tested by comparing class means (freshmen, sophomores, juniors, and seniors). Each class mean was progressively higher than the class below, indicating increasing congruence with faculty values.

Reliability of the scale was also computed. "The internal consistency coefficient of the nurses' professional orientation scale, computed with the generalized coefficient alpha

formula, was $r = .89$, indicating that the attitude measured by the nurses' professional orientation scale was a fairly unitary trait among student nurses" (Crocker & Brodie, 1974, p. 234). Scores on the NPOS measure the degree of the student's conformity to the faculty's professional standards. High scores indicate increased congruence with the faculty group norm. Faculty and students involved in the development of this scale were from three baccalaureate university programs, so responses of students and faculty from other types of programs would be measured against the generic baccalaureate, or professional, nursing program orientation.

In addition to professional orientation, the NPOS has been used to ascertain differences in role conceptions on a traditional/nontraditional continuum. A graduate student in nursing at the University of Florida devised a weighting system based on ratings of 32 University of Florida nursing program faculty members to determine whether each item on the NPOS was traditionally or nontraditionally oriented. A high total score represents the traditionally oriented person, and a low score the nontraditionally oriented person. This scoring system was used to determine role conceptions of nursing faculty and students.¹

The NPOS was originally devised to measure faculty-student congruence of role perception. Scores comparing programs and faculty are based on congruence with the responses of 94 nursing faculty members from four-year undergraduate,

baccalaureate nursing programs in three midwestern universities. Comparing scores of students from associate degree, diploma, RNBSN and generic BSN programs will in effect be comparing them with the professional values espoused by this baccalaureate faculty group. Thus, these comparisons will be valid only to the extent that this faculty group can be said to have the typical values of professional nursing.

In addition to the NPOS, students and faculty were asked to fill out separate questionnaires reporting sex, age, and collegiate and professional backgrounds (Appendix D).

Statistical Hypotheses

The following null hypotheses were formulated for statistical analysis:

1. There will be no differences between students and faculty on either the NPOS or the traditional/nontraditional scale.
2. There will be no difference between nursing programs on either the NPOS or the traditional/nontraditional scale.
3. There will be no interaction between nursing programs and students and faculty on either the NPOS or the traditional/nontraditional scale.

Note

¹Explanation of the traditional/nontraditional scoring method was provided through personal communication with Ms. Mary Lynn, graduate student in the College of Nursing, University of Florida, Gainesville, Florida 32610.

CHAPTER IV
ANALYSIS OF DATA

Professional Orientation and Role Conception

Multivariate analysis of variance was employed for data analysis. Because of unequal cell sizes a nonorthogonal, step down design (Applebaum & Cramer, 1974) was the decision-making model used. These authors describe a model for hypothesis testing in which bias can be minimized in estimating treatment effects (p. 338-340). In a two-way factorial design where A and B are factors, this decision-making model allows for both A and B effects; the quality of this model is compared to that of a model omitting one or more of the effects. The judgment as to which model is most appropriate is based on the relative magnitudes of the sum of squared errors produced by each model, and the F test provides an additional basis for comparison (Applebaum & Cramer, 1974, p. 339).

In this study, the two factors being tested were Program (with four levels, community college, diploma, baccalaureate, and RNBSN) and Status (with two levels, faculty and students). The two criterion measures were scores on the traditional/nontraditional role concept (Role) and scores on the Nurses' Professional Orientation Scale (NPOS). The MANOVA computer

program was the multivariate analysis of variance program used with the UNIVAC 1100 multiprocessor system.¹ With the level of alpha set at .05, a test of interaction between Status and Program was performed.

Since .068 and .936 exceed alpha (.05), Status/Program interaction was judged nonsignificant, null hypothesis number three (there will be no interaction between nursing program, and students and faculty, on either the NPOS, or the traditional/nontraditional scale) was accepted. Differences between faculty and students did not vary according to type of nursing program (Table 1).

Table 1

Multivariate Tests for Differences on Criterion Measures due to Interaction of Faculty and Students in Each Nursing Program

Tests of Roots	F	df Hypothesis	df Error	P Less Than	R
1 through 2	1.970	6	512	.068	.210
2 through 2	.066	2	513	.936	.023

Note: Wilks' Lambda Criterion was the multivariate test of significance used.

Testing next for Program effects, the effect of Status was ignored by collapsing the 2 levels of status and, in effect, performing a one way Analysis of Variance. This test showed that a significant difference existed on the NPOS and/or the traditional/nontraditional role scores between the various programs (Table 2).

Table 2
 Multivariate Tests for Differences Between
 Programs on Criterion Measures

Test of Roots	F	df Hypoth- esis	df Error	P Less Than	R
1 through 2	2.241	6	512	.038*	.188
2 through 2	2.067	2	513	.128	.126

Note: Wilks' Lambda Criterion was the multivariate test of significance used.

* $p < .05$

Univariate testing further provided the information that it was only on the traditional/nontraditional (Role) criterion measure that the various programs differed significantly from each other (Table 3).

Table 3
 Differences Between Programs on
 Each Criterion Measure
 Univariate F Tests

Variable	F (3,257)	Mean Squares	P Less Than
Role	4.343	733.473	.005*
NPOS	1.262	656.867	.288

* $p < .05$

Null hypothesis number two, that there will be no differences between nursing programs either on the NPOS or the traditional/nontraditional scale, was therefore rejected.

In order to determine which programs were significantly different from each other on the traditional/nontraditional

role scores, a post hoc test was performed according to the method of Scheffé (Klugh, 1970, p. 265).² This test is used when means of groups of unequal size are to be compared for significant differences. Because the Scheffé procedure is more rigorous than other procedures and will lead to fewer significant results, it is recommended that the .10 level of significance be employed to compensate for the increased possibility of making type I errors (Ferguson, 1976). Tables showing the .10 critical values were found in Winer (1971). In Table 4 it can be seen that the community college program and the diploma program contrasted significantly with the RNBSN program on traditional/nontraditional role scores. Differences between the other programs were not significant.

Table 4

Differences Between Programs on
Traditional/Nontraditional Role Scores

Means	Programs	Diploma	Baccalaureate	RNBSN
117.50	Community Colleges	.74	3.48	12.14**
115.685	Diploma		1.47	7.23*
113.029	Baccalaureate			2.475
109.149	RNBSN			

Note: High means reflect more traditional role conceptions, low means more nontraditional role conceptions.

* $p < .10$, F critical, 3,257 df = 2.08 x 3 = 6.24

** $p < .05$, F critical, 3,257 df = 2.64 x 3 = 7.92

Since hypothesis number two stated that there would be no difference between nursing programs on either the NPOS or

the traditional/nontraditional scale, this hypothesis was rejected.

The second factor, Status, was tested to examine its effect on the criterion measures. The multivariate test showed that the Status factor (faculty and students) made a significant difference on one or both of the scores (NPOS and traditional/nontraditional). The univariate test confirmed that scoring differences between faculty and students existed on both the NPOS and the traditional/nontraditional scales (Tables 5, 6).

Table 5

Multivariate Test for Differences Between
Faculty and Students on Criterion Measures

Test of Roots	F	df Hypoth- esis	df Error	P Less Than	R
1 through 1	14.594	2.000	256	.001*	.320

Note: Wilks' Lambda Criterion was the multivariate test of significance used.

* $p < .05$

Table 6

Differences Between Faculty and
Students on Criterion Measures
Univariate F Tests

Variable	F (1,257)	Mean Squares	P Less Than
Role	28.237	4769.045	.001*
NPOS	14.279	7435.010	.001*

* $p < .05$

Since significance was shown, the first null hypothesis, that there will be no differences between students and faculty on either the NPOS or the traditional/nontraditional scale, was rejected.

Since it was found that status had a significant effect on scores, it was necessary to examine faculty and student means to determine the differences between faculty and students (Table 7).

Table 7
Means of Criterion Measures According to Status

Status	NPOS	Role
Faculty	202.942	108.747
Students	180.925	117.781
Differences	22.017*	9.03*

* $p < .05$

Faculty professional orientation values as measured by the NPOS were more congruent with the normative baccalaureate faculty group values as compared to the student sample, and significantly different from student values. In the case of Role, students demonstrated a significantly higher mean than faculty. This implies that students held a significantly more traditional role conception of nursing than faculty.

Because there were no significant differences between faculty and students depending on the type of program involved (interaction effect) no further testing was indicated. Faculty

were not significantly different from program to program on either the NPOS or Role scores. Students also held similar professional orientations and role conceptions no matter what the program. Faculty as a whole, however, held significantly different professional orientations and role conceptions from the student group.

A table displaying mean scores of both criterion measures for faculty, students, and program (combined faculty and student means) can be found in Appendix E.

Student Characteristics

Percentages and frequencies with chi-square probability were done on all student demographic variables according to nursing programs. There were 175 student responses to the demographic data questionnaire: 52 from the community college programs, 40 from the diploma program, 42 from the baccalaureate, and 41 from the RNBSN program.

There were only nine males represented in the sample (5%), seven in the diploma program, and two in the baccalaureate programs.

Students from the community colleges and the RNBSN program ranged in age across all five age groupings, from 18 to over 42 years, while 95% of the diploma students and 88% of the baccalaureate students were in the 18-29 year age group, with no students reported over 36 years of age. Two-thirds of the community college group were between 18 and 29 years

of age; approximately one-third of the RNBSN students were 36-41 years, and 20% were 42 or over (Table 8). Diploma and baccalaureate students were younger on the average than students from the other two programs. A wider range of age groups was represented in the community college and RNBSN programs, with the older students particularly well represented in the RNBSN program.

Table 8
Distribution of Students by Age and Program

Program		Years					Totals
		18-23	24-29	30-35	36-41	42 +	
Community College	f ^a	17	17	4	7	7	52
	%	32.69	32.69	7.69	13.46	13.46	100
Diploma	f	27	11	2	0	0	40
	%	67.50	27.50	5.00	.00	.00	100
Baccalaureate	f	33	4	5	0	0	42
	%	78.57	9.52	11.90	.00	.00	100
RNBSN	f	3	12	6	12	8	41
	%	7.32	29.27	14.63	29.27	19.51	100
Totals	f	80	44	17	19	15	175
	%	45.71	25.14	9.71	10.86	8.57	100

^af = frequency

Note: chi-square = 61.60 with 12 df; probability = .0000

Seventeen percent (9) of the community college students were currently licensed as practical nurses (LPNs); 15% (6) of the diploma students and 60% (25) of the baccalaureate students were also LPNs. All of the RNBSN students were licensed as registered nurses, with 13% (5) holding dual

licenses, RN plus LPN. Three of the baccalaureate students were RNs. The percent of students currently or previously licensed as LPNs thus ranged from 13% to 17% for all programs except the baccalaureate where 60% held this license. A possible explanation for the high percentage of licensed baccalaureate students is that students enrolled in these two baccalaureate programs which are located in private institutions, may have taken the LPN licensing examination at some point in their baccalaureate program so that they could work part-time to help defray tuition costs and other necessary expenditures (Table 9).

Table 9
Students Licensed as LPNs or RNs by Program

Program	Yes	No	Totals
Community College	f 9 % 17.31	43 82.69	52 100
Diploma	f 6 % 15.00	34 85.00	40 100
Baccalaureate	f 28 % 66.67	14 33.33	42 100
RNBSN	f 41 % 100	0 .00	41 100

Note: chi-square = 87.36 with 3 df; probability = .0000

Of those students who had previous nursing experience, 57% of community college students (8) reported from 4 to 12 or more years; all 14 (100%) of the diploma students had 0-3 years, 83% (25) of the baccalaureate students had 0-3 years,

and all 41 of the RNBSN students had experiences ranging from 0-3 years up to 12 years or more (Table 10). These findings appeared to be related to age of the various student bodies, the programs with a higher percentage of older students (community college and RNBSN) reporting more years of nursing experience, while the programs with the youngest age ranges (diploma and baccalaureate) had less nursing experience. Even though the baccalaureate programs had so many previously licensed students (28), or 67%, over three-fourths of those individuals reported 0-3 years of experience, indicating that their licensure was recently acquired.

Table 10

Years of Nursing Experience by Previously
Licensed Students by Program

Program	Years					Totals	
	0	Up to 3	4-7	8-11	12 +		
Community College	f	3	3	2	5	1	14
	%	21.43	21.43	14.29	35.71	7.14	100
Diploma	f	7	7	0	0	0	14
	%	50.00	50.00	.00	.00	.00	100
Baccalaureate	f	8	17	3	2	0	30
	%	26.67	56.67	10.00	6.67	.00	100
RNBSN	f	0	7	13	10	11	41
	%	.00	17.07	31.71	24.39	26.83	100
Totals	f	18	34	18	17	12	99
	%	18.15	34.34	18.18	17.17	12.12	100

Note: chi-square = 42.20 with 12 df; probability = .0000

Eighty-seven out of one hundred students from all the programs reported that the hospital was the major site of

their nursing experiences. The chi-square probability of .0904 indicates there were no significant differences shown on this variable between the four programs.

Thirty-three percent (55) of 167 students were members of the Student Nurses' Association. It is seen from Table 11 that the RNBSN students reported 66% membership in their organization. A possible explanation is that in this particular school, unusual political activity was being conducted by students in response to an administrative decision to phase out their program.

Table 11
Membership in Student Nurses' Association

Program		Yes	No	Totals
Community College	f	9	39	48
	%	18.75	81.25	100
Diploma	f	8	31	39
	%	20.51	79.49	100
Baccalaureate	f	13	29	42
	%	30.95	69.05	100
RNBSN	f	25	13	38
	%	65.79	34.21	100
Totals	f	55	112	167
	%	32.93	67.07	100

Note: chi-square probability = 25.74 with 3 df; probability = .0000

In relation to total years of college attendance, 85% (145) of 170 students answering this item indicated they had

attended three or more years of college (Table 12). Seventy-three percent (36) community college students, 72% (28) diploma students, 100% (42) of the baccalaureate students, and 97% (39) of the RNBSN students had 3 or more years of college studies (Table 12). Although the associate degree programs are traditionally two year programs, it appeared that three-fourths of those students spent three years at the lower division level of collegiate education. The diploma program includes community college support courses as part of its nursing curriculum, so that students may obtain the associate degree from the community college by taking several additional courses which are not part of the nursing curriculum. This diploma program, the only one in the states, may also favor selection of students with college backgrounds.

Table 12

Total Years of College Attendance of Students by Program

Program		Years					Total
		0	1	2	3	4 +	
Community College	f	0	1	12	21	15	15
	%	.00	2.04	24.49	42.86	30.61	100
Diploma	f	1	1	9	16	12	39
	%	2.56	2.56	23.08	41.03	30.77	100
Baccalaureate	f	0	0	0	9	33	42
	%	.00	.00	.00	21.43	78.57	100
RNBSN	f	0	0	1	8	31	40
	%	.00	.00	2.50	20.00	77.50	100
Totals	f	1	2	22	54	91	170
	%	.59	1.18	12.94	31.76	53.53	100

Note: chi-square = 34.89 with 12 df; probability = .0005

Faculty Characteristics

Frequencies and percentages with chi-square probabilities were obtained for the faculty demographic variables according to program.

There were 87 females and two males represented in the faculty sample of 89. There were 26 faculty respondents from the community college programs, 32 from the diploma program, 26 from the baccalaureate program, and five from the RNBSN program. Because the RNBSN sample was so much smaller than the other faculty samples, percentages for demographic variables may be misleading.

Approximately two-thirds (63%) of all faculty were between the ages of 20 to 40 years of age, with 19% between 41-50 years, and 18% over 50 years. With chi-square probability at .6039 there were no significant differences between faculty ages according to type of nursing program (Table 13).

There was no significant difference between programs as to type of basic nursing preparation of the faculty (chi-square probability = .9988). Forty-three percent had a basic diploma program background, four percent the associate degree, and 53% the baccalaureate degree.

Faculty teaching in the various programs reported a variety of teaching backgrounds (Table 14).

Table 13
Age Categories of Faculty by Program

Program		Years					Total
		20-30 years	31-40 years	41-50 years	51-60 years	61 or over	
Community College	f	4	10	4	8	0	26
	%	15.38	38.46	15.35	30.77	.00	100
Diploma	f	13	13	3	2	1	32
	%	40.63	40.63	9.38	6.25	3.13	100
Baccalaureate	f	6	8	8	4	0	26
	%	23.08	30.77	30.77	15.38	.00	100
RNBSN	f	0	2	2	1	0	5
	%	.00	40.00	40.00	20.00	.00	100
Totals	f	23	33	17	15	1	89
	%	25.84	37.08	19.10	16.85	1.12	100

Note: chi-square = 10.15 with 12 df; probability = .6030

Table 14
Faculty Teaching Experience by Program

Faculty by Program	Teaching Experience			
	Diploma Program	ADN Program	BSN	RNBSN
Community College	44%	96%	8%	12%
Diploma	94%	7%	27%	10%
Baccalaureate	44%	28%	92%	20%
RNBSN	0	80%	50%	100%

Note: Percentages total more than 100% because faculty could select several responses when applicable. This table is a composite of four tables, all reporting less than .0237 chi-square probability.

Forty-four percent of community college faculty and 44% of baccalaureate faculty had teaching experiences in diploma programs. Twenty-seven percent of diploma faculty and 50% of RNBSN faculty reported teaching experience in baccalaureate programs. Eighty percent of RNBSN faculty taught in associate degree programs. This indicated that many faculty had taught in more than one type of program. Only 96% of community college faculty reported experience in teaching in the ADN program, 94% of diploma faculty had experience in diploma program teaching, 92% of baccalaureate faculty had taught in baccalaureate programs, and 100% of RNBSN faculty had experience in the RNBSN program. These figures could reflect the numbers of experienced faculty teaching in the various programs. These percents did not reach 100% for three of the programs; the difference may represent the percent of new faculty in each program who were unable to report teaching experience in their programs.

Nursing faculty in all programs had a wide range of years of experience in nursing not including teaching. Three percent had no experience, 20% up to 3 years, 30% 4-7 years, 19% 8-12 years, and 27% over 12 years of nursing experience. There were no significant differences in years of nursing experiences between faculty from the four types of programs (chi-square probability = .9660). These nursing experiences took place in the following settings (Table 15).

Table 15

Settings for Major Nursing Experiences of All Faculty

	Hospital	Community Agency	Industrial Nursing	Other
Frequencies	72	8	2	2
Percentages	86%	10%	2%	2%

Note: chi-square = 1.94 with 9 df; probability = .9924.

With chi-square probability .9924, there was no significant difference in settings for major nursing experiences between program faculty.

Program faculty varied significantly on the highest degree held (chi-square probability .0002). Table 16 shows that 48% of community college faculty and 28% of baccalaureate faculty held master's degrees in fields other than nursing; 71% of diploma faculty and 16% of the baccalaureate faculty held the BSN as the highest degree; 52% of baccalaureate faculty held the master's in nursing, and 80% of RNBSN faculty also held the master's in nursing. Seventeen percent of the community college faculty (4) had earned the doctorate, and one person (20%) of the RNBSN faculty reported an earned doctorate. These differences in highest degree held would be expected, since they reflect the faculty requirements of each type of program. The diploma school requires faculty to have a minimum of a baccalaureate degree; the community college requires a minimum of a master's degree in any field; in

baccalaureate programs, including the RNBSN program, a master's in nursing is the desired minimum degree.

Table 16
Highest Degree Held by Faculty of Each Program

Program	BSN	BS- Other	MN	Master's- Other	Earned Doctorate
Community College	9%	9%	17%	48%	17%
Diploma	71%	0	19%	10%	0
Baccalau- reate	16%	4%	52%	28%	0
RN	0	0	80%	0	20%
Totals	33%	4%	32%	25%	6%

Note: chi-square = 37.87 with 12 df; probability = .0002

Thirty-seven percent of all faculty held the baccalaureate degree, and 57% the master's as the highest degree. Doctoral degrees had been earned by 6% of all faculty.

Faculty from all programs belonged to the American Nurses Association (ANA) at a rate of 65%. There was no significant difference in ANA membership between the program faculty (chi-square = .9186).

Only 33% of the faculty belonged to specialty groups within the nursing profession, a nonsignificant interprogram difference with chi-square = .9134.

Interpretation of Data

Through statistical procedures it was determined that no differences existed between the various nursing programs on the professional orientation scale. This means that when faculty and student scores on the NPOS for each program were combined, views of the nursing profession were similar for all four modes of nursing education. Some differences were found to be significant among programs on the traditional/nontraditional scale, however. The diploma program and the community college program (faculty and students) held different role conceptions from those of the RNBSN program, with both ADN and diploma programs demonstrating a more traditional view of the nurse's role than the RNBSN program. No significant differences in role conception were demonstrated among the community college program, the diploma program, and the baccalaureate program, or between the baccalaureate program and the RNBSN program.

Community college programs had the most traditional view of the nursing role, followed by the diploma program, the baccalaureate program, and the RNBSN program. From this data, answers were provided for several of the research questions:

1. Do significant differences exist in professional orientation between nursing students enrolled in programs preparing for different categories of practice?

The answer was no, there were no differences in orientation towards the nursing profession between technical and baccalaureate prepared nurses.

2. Do role conceptions of faculty and students on a traditional/nontraditional dimension vary according to type of educational program?

Yes, faculty and students in the technical programs held a significantly more traditional view of the profession than faculty and students from the RNBSN program.

3. Will professional orientations and role conceptions held by graduating RNBSN students be similar to those held by graduating BSN students, or will they resemble the orientations and role conceptions of the associate degree and diploma students?

Professional orientations of RNBSN students were similar to those of the generic BSN students as well as to those of the associate degree and diploma students. Role conceptions of RNBSN students were similar to the BSN students, but were significantly different from those held by the associate degree and diploma students. The RNBSN role conceptions were more nontraditional than those of the other programs, and the community college role conceptions were the most traditional. In all programs, students held more traditional role conceptions than faculty. Diploma program faculty held the most traditional role conceptions, RNBSN faculty the least traditional. Community college students held the most traditional role conceptions, RNBSN the most nontraditional. Because there was a nonsignificant interaction effect, differences

between faculty and students were not affected by the programs. Professional orientation scores were not statistically different between faculty from the various programs, or between students from the various programs.

The following research questions were answered:

4. Do graduating seniors and faculty from each program hold similar professional orientations and role conceptions?

No, role conceptions were significantly different for several programs, but professional orientations were similar in all programs.

5. Are there significant differences in professional attitudes among faculty teaching in the various programs?

Again, the answer is no, there was no interaction effect. Faculty orientation scores from one program were not significantly different from faculty scores from another program.

There were many similarities and differences among students from the various programs. A composite picture of a typical student from each type of program will highlight the most important characteristics of each group.

The community college nursing student was female, was not currently licensed in nursing, did not belong to the student nurses' association, and had had three or more years of college. She was likely to be anywhere from 18 to over 42 years of age.

The diploma student was female, not licensed in nursing, did not belong to the student nurses association, and had had three or more years of college. Her age was in the category 18-23 years.

The baccalaureate student was female, 18-23 years of age, did not belong to the student nurses association, and had had four or more years of college. She was licensed as an LPN, with up to three years of experience in a hospital setting.

The RNBSN student was female, was a member of the student nurses' association, and had had four or more years of college. Her age ranged anywhere from 24 to over 42 years. She was currently licensed as an RN with 4 to 12 or more years of nursing experience in a hospital setting. Many RN students attended college on a parttime basis while working.

The community college students and the diploma students were similar except for age. The diploma and baccalaureate students were similar except that the baccalaureate students were likely to be licensed, with some nursing experience. The RNBSN students were different from each of the other three types of students on several variables: age, previous licensure, years of nursing experience, membership in the student nurse association, and length of college attendance.

Faculty members from the various programs were more alike than the students. A typical faculty member was female, originally prepared in nursing at either the diploma or the

baccalaureate level, had taught in at least two types of nursing programs and belonged to the ANA, but not to other specialty groups in nursing. Her age ranged anywhere from 20 to 40 years, which accounted for the variation in the number of years of nursing experience in a hospital setting she reported. The only variables which differed significantly from program to program were the number of years experience faculty had had teaching in various types of programs, and the type of academic degrees held by faculty in the different programs.

Research question number six asked, "Do experiential characteristics of faculty and students vary according to program?" The answer was affirmative, although this was not true for all the demographic variables.

Notes

¹The MANOVA program is distributed by Clyde Computing Service, Box 166, Coconut Grove Station, Miami, Florida 33133.

²The Scheffé method involves a comparison of each mean with every other mean to form \bar{F} ratios. The following formula was used (Klugh, 1974, p. 265).

$$F = \frac{(\bar{X}_1 - \bar{X}_2)^2}{\text{Sw}^2 \times \frac{n_1 + n_2}{n_1 n_2}}$$

\bar{X}_1 and \bar{X}_2 are the sample means, Sw^2 is the within samples estimate of variance, and n_1 and n_2 are the sample sizes. \bar{F} values are obtained from the \bar{F} table for $k-1$ and $N-k$ df. The \bar{F} required for significance is found by multiplying this \bar{F} by $k-1$.

CHAPTER V

SUMMARY

Professional socialization, the process of acquiring knowledges, attitudes, and behaviors appropriate to a professional role, formed the framework for an examination of professional orientations of students and faculty in programs preparing technical and professional practitioners of nursing. The problem area considered by this study concerned role confusion in nursing as a result of the diversity of educational programs preparing students to practice nursing. Consumers, employers, and graduating nurses themselves are not able to distinguish graduates of the various educational programs existing in nursing education in terms of role expectations. The nursing profession is seeking to clarify this situation by proposing that there be two educational models, one preparing nurses for the technical and one for the professional practice of nursing. The specific problem delimited for this study was to examine the impress of the professional socialization process as measured by professional orientation and role conception on students and faculty from different types of nursing programs. The purpose of the study was to determine whether students from four different types of nursing programs held different professional orientations and role conceptions as a reflection of values and attitudes

transmitted to them by significant others during the professional socialization process. Concepts and assumptions underlying the socialization process were derived from symbolic interactionist theory.

The Nurses' Professional Orientation Scale (NPOS), with reliability of .89, and construct validity reported, was distributed to a sample of 357 senior nursing students and 131 faculty from six institutions representing four different types of nursing programs (associate degree, diploma, generic baccalaureate, and baccalaureate for Registered Nurses). All of the nursing programs were located in two counties in the populous south Florida area. Fifty-five percent of the questionnaires distributed were completed and returned. The data-producing sample consisted of 178 senior nursing students and 92 faculty.

Two scores were obtained from the NPOS data, a total score measuring congruence with professional values of a normative baccalaureate faculty group, and a reweighted score measuring traditional and nontraditional role conceptions. Multivariate analysis of both scores was performed and Scheffé's method for pairwise comparisons was the post hoc test used for further significance testing. Professional orientation scores did not differ significantly from program to program, and the only significant differences on traditional/nontraditional role conceptions occurred between the traditionally-oriented associate degree and diploma programs, and the baccalaureate program for Registered Nurses, which held the most nontraditional orientation. The faculty group held a

significantly more nontraditional role conception than the student group, and faculty professional orientation was significantly different from that of students.

Frequencies, percentages, and chi square tests of significance were used to analyze demographic variables related to sex, age, previous nursing experiences, previous licensure, education, teaching experience and professional membership. Faculty from the various programs differed significantly on only two variables, length of time spent teaching in various programs, and the type of academic degree they held. Students varied from program to program on all variables except the setting of previous nursing experience (hospital). Although at the time of graduation from a basic nursing program, students differed in nursing and collegiate experiences, they held similar views of the nursing profession and the role of the nurse, no matter what type of nursing education they had received. This failure to differentiate different types of nursing practice through socialization processes was seen as detrimental to efforts to establish two different categories for nursing education. Faculty, as important instruments of the socialization process, hold the major responsibility for communicating attitudes and values to students which are appropriate to the goals and objectives of each problem. Homogeneity of program faculties on experiential variables and professional orientation appeared to have influenced the homogeneity of professional orientation and role conception which was found to exist for all programs.

Conclusions drawn from the study stated that if the recommendations of the ANA Committee on Nursing Education are to be implemented to establish technical and professional categories for nursing practice, educators will have to examine closely what is being transmitted to students through formal and informal processes of professional socialization. Graduates of each type of nursing program should demonstrate orientations to nursing which are reflective of the different philosophies, objectives, curricula, and roles defined by the profession for each category of nursing practice.

Recommendations were that nursing educators recognize the importance of socialization processes in the transmittal of attitudes and values to nursing students. Provision for value clarification should be provided in the curriculum for students as well as faculty to ensure the appropriateness of the developing value system for the educational goals and objectives of the different nursing programs.

Faculty need to be more cognizant of the role they play in professional socialization of students. There should be consensus of faculty values, and appropriateness of their values for the curriculum objectives. Educational programs preparing nursing faculty should teach concepts of professional socialization processes in the curriculum as a vehicle of communication with students.

Other recommendations were made to seek other data gathering tools which might prove more sensitive indicators of professional orientation differences between individuals and programs.

CHAPTER VI
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Nursing education programs preparing students for different categories of practice demonstrated similar orientations to the nursing profession. Associate degree, diploma, and baccalaureate programs also demonstrated similar conceptions of the nursing role. Although the nursing profession is striving for professional status by establishing minimum requirements for its professional practitioners and making clear distinctions between programs which prepare nurses for professional practice and those preparing nurses for technical practice, existing programs appeared to be more alike than different in regard to professional attitudes and values. If the recommendations of the ANA Committee on Nursing Education are to be implemented to establish technical and professional categories for nursing practice, educators will have to examine closely what is being transmitted to students through formal and informal processes of professional socialization. Graduates of each type of nursing program should demonstrate orientations to nursing which are reflective of the different philosophies, objectives, curricula, and roles defined by the profession for each category of nursing practice.

Although there were significant differences on experiential and educational background characteristics among students attending the four types of nursing education programs, some typical patterns could be discerned. Students from all programs reported three to four years of college attendance. Most diploma and baccalaureate students were younger than those in the other two types of program. Associate degree and RNBSN students were all ages. The majority of baccalaureate and RNBSN students had been previously licensed, either as LPNs or RNs. RNBSN students, however, were different from students in basic nursing programs. It is remarkable that, despite interprogram differences on variables which might have affected students' images of nursing, that students from all basic nursing programs held similar professional orientations and role conceptions. This supported one of Davis' findings that there were no correlations between students' work experience in nursing and their role conceptions (1972). Davis also found that differences between students within a program was as great or greater than differences between students from baccalaureate and associate degree programs. Another researcher noted that demographic factors did not directly influence role conceptions, but might influence role conception indirectly by influencing the choice of nursing program attended (Jones, 1976). She concluded that students with different demographic profiles within the same type of nursing program had similar role conceptions of nursing. Findings from the present study

indicated that students with different demographic profiles from all four types of nursing programs had similar role conceptions.

According to symbolic interaction theory, faculty, as role models, are important instruments of the socialization process. In forming perceptions of their profession, students are strongly influenced by faculty values, attitudes and behavior. Faculty participating in this study did not differ significantly from program to program in the characteristics under consideration. Over half of the faculty had been prepared for the practice of professional nursing, and the remainder had been educated for technical practice. Many faculty had taught in more than one type of nursing program. The similarity of professional orientation and role conception of all faculty as indicated by data derived from this survey could well be a function of the homogeneity of background characteristics and the movement of faculty between types of nursing programs which was reported in the study. This similarity of professional orientation for program faculty correlates with the similarity of professional orientation found in the student group. Faculty influence on student values has been substantiated in the literature by several investigators: Crocker and Brodie (1974), Davis and Olesen (1964), Olesen and Davis (1966), and Siegel (1968). Findings of homogeneity of student professional orientations can be explained by the similarity of faculty characteristics and professional orientations.

Data from this study suggested that modifications can occur in role conceptions of students preparing to change from one category of nursing practice to another through the educational process. Nursing students in diploma and associate degree programs varied significantly from students in the RNBSN program in role conception. Students from diploma and associate degree programs held the most traditional concepts of the nursing role, while the RNBSN students held the most nontraditional views. Since RNBSN students are all diploma or associate degree graduates, it is assumed that they, too, held the same traditional views when they graduated from their basic diploma and associate degree programs, but had learned to espouse nontraditional views at the time of completion of the postbasic baccalaureate program. Evidence from this study supports the supposition that students can thus be resocialized during the process of education for different categories of nursing practice.

Recommendations

If differentiation in nursing practice is to be an attainable objective for the nursing profession, nursing educators should recognize the importance of socialization processes in the transmittal of attitudes and values to nursing students. Clarification of professional values appropriate for each category of nursing practice should be emphasized in the nursing curriculum, and students should be provided opportunities to articulate, explore, compare, and

clarify their professional views. Faculty should serve as role models to demonstrate their professional values and attitudes and to reinforce student attitudes and values which are appropriate for their educational program objectives. Consensus of faculty orientations should be obtained within each program. Faculty espousing philosophies and values which conflict with curriculum objectives reduce the effectiveness of the professional socialization process and contribute to lack of differentiation between categories of nursing practice. Continuing education programs may be required to assist faculty who are currently teaching to identify professional values and role expectations which are consistent with those delineated for the various educational programs.

Educational programs preparing nursing faculty for various types of nursing programs should focus on the process of socialization as part of the teaching strategy. Faculty need to be more cognizant of the role they play in the professional socialization of students, both overtly and covertly. Their own attitudes and value systems should be explored and clarified to enable them to perceive congruencies and disparities between their own professional values and those which have been articulated for each type of nursing program.

The National League for Nursing (NLN), which is the accrediting body for nursing education programs, has specified that nursing faculty have graduate preparation in nursing, and experience appropriate to their areas of responsibility and to the goals of the program (National League for Nursing,

1977, 1978). Data from this study on faculty preparation revealed that a significant number of faculty teaching in the various programs did not possess the recommended preparation for their teaching responsibilities. Although appropriate graduate preparation does not necessarily guarantee that students will receive appropriate socialization for their intended types of practice, adherence to educational criteria should help to achieve uniform standards for faculty in the various educational programs. The educational programs themselves should articulate and differentiate their goals clearly, both for the benefit of faculty who must adopt and subscribe to these goals and for prospective students. Applicants to nursing programs should be aware of the differences in role expectations, curriculum, and professional identity which characterize each of the different types of educational programs preparing nurses for practice in order to make an informed choice for their desired career pattern.

Program faculties need to find better methods for student selection to achieve better matching of prospective students to fit the goals, philosophies, and objectives of each type of program.

Additional studies of the socialization process are necessary to help nursing educators prepare students to become practitioners of nursing. Role conceptions and orientations appropriate for the two categories of nursing practice must be communicated to students so that consumers and nurses

themselves will have a clear understanding of the role and professional identity of each type of practitioner, and will recognize their complementary roles on the health team as they work together to deliver a high quality of health care.

If additional studies are designed to differentiate the professional orientations of students or nurses prepared for different categories of practice, different data collecting tools may prove more effective. The NPOS, designed to measure congruence between faculty and student values, may not be a sensitive indicator of value differences among programs. On the other hand, if nursing educators can clearly define differences in the practice of nursing and can reinforce these differences through the professional socialization process in nursing education, the graduates of these programs would demonstrate these differences so explicitly that there would be no need to seek a more sensitive measurement tool.

APPENDIX A

Permission Letter

JANICE T. THOMAS, R.N., M.N.
12600 S.W. 80th Avenue
Miami, Florida 33156
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Business: (305) 552-2228

C
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Y

November 8, 1977

Dear Associate Deans:

The days ahead are crucial for the nursing profession. Many states are considering legislation which would establish entry into the profession at the baccalaureate level of education. This issue is forcing nursing leaders to reexamine similarities and differences in practice of nurses who have graduated from several different modes for nursing education. One of the differences which has been identified concerns the graduate's view of the nursing profession as a whole, and her own role within it. Are there, in fact, measurable differences in student attitudes towards the nursing profession according to educational preparation, and if differences are verified, how stable are these attitudes when additional education is obtained?

I am a doctoral student in the College of Education at the University of Florida, and I am planning to conduct a study of professionalism in nursing to find the answers to the following questions:

Do students and faculty from different nursing programs hold different attitudes towards nursing?

How do the students' attitudes compare with the attitudes held by their nursing faculty?

Are the faculty attitudes congruent with the attitudes of other faculty within the same program, or do their attitudes reflect their own educational background?

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I am requesting permission to distribute the Nurses' Professional Orientation Scale to your graduating seniors and your nursing faculty, to be completed voluntarily at their convenience and returned to me by mail. All individuals and institutions will remain anonymous, and I plan to furnish participating programs with a summary of the findings of the study.

I will contact you within ten days to receive your decision concerning this request.

Sincerely,

Janice T. Thomas, R.N., M.N.

JTT/fa

APPENDIX B
Cover Letter

Dear Participant:

Many states are considering legislation to restrict the entry level to the practice of professional nursing. It is important to determine if there are differences in perceptions among faculty and students in different types of programs preparing nurses for practice. With your assistance, I would like to determine how faculty and students in this nursing program perceive the role of the practicing professional nurse. The data collected from your program will be compared with responses from students and faculty in other nursing programs in Florida. A summary of the study will be sent to all participating nursing programs.

Please fill out the answer sheet with a number two pencil according to instructions on the questionnaire.

Thank you for your time and effort in contributing to this research study.

Sincerely,

Janice T. Thomas, R.N., M.N.

P.S. Participation in this study is voluntary, and all participants and programs will remain anonymous.

APPENDIX C

Sample of the Nurses' Professional Orientation Scale

Instructions: This questionnaire is composed of a list of descriptive characteristics and behaviors. You are asked to judge how essential each trait is for the practicing, professional nurse in fulfilling her role.

If you judge this trait to be:

EXTREMELY IMPORTANT	Mark 5
IMPORTANT	Mark 4
SLIGHTLY IMPORTANT	Mark 3
NOT AT ALL IMPORTANT	Mark 2
UNDESIRABLE	Mark 1

There are no right or wrong answers for these items. Judge each one in accordance with your own personal opinion.

Please note that you have been asked to rate these traits for the nurse as a practicing professional only. DO NOT RATE THEIR IMPORTANCE FOR STUDENT NURSES.

1. Quietly and obediently takes doctor's orders.
2. Questions instructions when the reason for them is not clear.
3. Can usually think of several alternative solutions to a problem.
4. Learns to accept the death of a patient with no overt emotional signs.
5. Enjoys working with children.
6. Likes to be kept busy.
7. Always get a doctor's orders before she initiates care for a patient.
8. Is willing to function as a counselor for a patient who wants to discuss his troubles.
9. Enjoys working with patients of all ages.
10. Punctual and prompt in carrying out duties.

Note: This scale is protected by copyrights. Written permission to duplicate and distribute the questionnaire was obtained from Dr. Linda Crocker, College of Education, University of Florida, Gainesville, Florida 32610.

APPENDIX D

Demographic Data, Faculty and Students

Nursing Faculty

Directions: Please circle appropriate choice for each item.

1. Sex:
 - a. Female
 - b. Male

2. Age:
 - a. 20-30
 - b. 31-40
 - c. 41-50
 - d. 51-60
 - e. 61 or over

3. Type of basic nursing preparation (select one):
 - a. Diploma
 - b. Nursing Degree
 - c. Baccalaureate

4. Type of nursing program presently teaching in:
 - a. Diploma
 - b. Associate Degree
 - c. Baccalaureate Degree
 - d. Baccalaureate Degree for RNs only

5. Years of teaching experience in a diploma program:
 - a. None
 - b. Up to 3
 - c. 4-7
 - d. 8-12
 - e. More than 12

6. Years of teaching experience in an Associate Degree program:
 - a. None
 - b. Up to 3
 - c. 4-7
 - d. 8-12
 - e. More than 12

Nursing Faculty

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7. Years of teaching experience in a Baccalaureate program:
 - a. None
 - b. Up to 3
 - c. 4-7
 - d. 8-12
 - e. More than 12

8. Years of teaching experience in a Baccalaureate program for RNs only:
 - a. None
 - b. Up to 3
 - c. 4-7
 - d. 8-12
 - e. More than 12

9. Years of nursing experience (not including teaching):
 - a. None
 - b. Up to 3
 - c. 4-7
 - d. 8-12
 - e. More than 12

10. Major nursing experience (select one):
 - a. Hospital
 - b. Community agency (public health, visiting nurse, home health agency, etc.)
 - c. Industrial nursing
 - d. Doctor's office
 - e. Other (specify)

11. Highest degree held:
 - a. Baccalaureate in nursing
 - b. Baccalaureate in field other than nursing
 - c. Masters in nursing
 - d. Masters in field other than nursing
 - e. Earned doctorate

12. Member of ANA:
 - a. Yes
 - b. No

Nursing Faculty
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13. Member of specialty group within nursing profession (EDNA, AORN, CRNA, ACCN, etc.):
- a. Yes
 - b. No

Nursing Students

Directions: Please circle the appropriate choice for each item.

1. Sex:
 - a. Female
 - b. Male
2. Age:
 - a. 18-23
 - b. 24-29
 - c. 30-35
 - d. 36-41
 - e. 42 or over
3. Are you currently licensed as a nurse (LPN or RN)?
 - a. Yes (If you answer yes, answer all the rest of items)
 - b. No (If you answer no, skip to items 8 and 9)
4. Nursing program currently enrolled in:
 - a. Associate degree
 - b. Baccalaureate
 - c. Diploma
5. Previously licensed as:
 - a. LPN
 - b. RN
 - c. LPN and RN
6. Years of nursing experience:
 - a. None
 - b. Up to 3
 - c. 4-7
 - d. 8-11
 - e. 12 or more
7. Major nursing experience (select one):
 - a. Hospital
 - b. Community agency (public health, visiting nurse, home health agency, etc.)

Nursing Students

Page 2

7. (continued)
 - c. Industrial nursing
 - d. Doctor's office
 - e. Other (specify)

8. Member of Student Nurses Association:
 - a. Yes
 - b. No

9. Total years of college attendance:
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4 or more

APPENDIX E

Means on Two Criterion Measures
by Program, Faculty, and Students

Means on Two Criterion Measures
by Program, Faculty, and Students

Program	Status	Observations	Role Means	NPOS Means
Community College	Student	54	122.370	187.704
	Faculty	24	106.542	200.000
	Program	78	117.500	191.490
Diploma	Student	41	116.976	194.683
	Faculty	32	114.031	204.531
	Program	73	115.685	199.000
Baccalaureate	Student	42	117.095	191.143
	Faculty	26	106.462	202.231
	Program	68	113.029	195.380
RNBSN	Student	41	113.244	194.390
	Faculty	5	97.400	210.600
	Program	46	109.149	196.150

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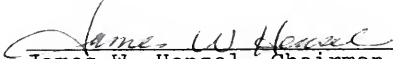
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BIOGRAPHICAL SKETCH

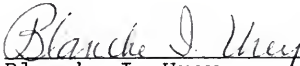
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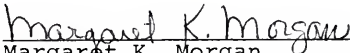
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