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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

TRANSFER OF EDUCATIONAL CONCEPTS OF AN ASSOCIATE DEGREE NURSING PROGRAM TO THE WORKPLACE

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the degree of

Doctor of Education

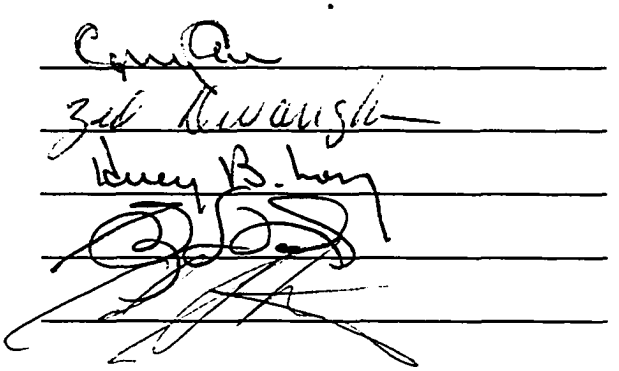
By

Lynn Barnhart, M.S.N., R.N.
Norman, Oklahoma
1998

TRANSFER OF EDUCATIONAL CONCEPTS OF
AN ASSOCIATE DEGREE NURSING PROGRAM TO THE WORKPLACE

A Dissertation APPROVED FOR THE
THE DEPARTMENT OF EDUCATIONAL LEADERSHIP AND POLICY STUDIES

BY



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My journey down the `yellow brick road' has been adventuresome. Like Dorothy, three constant companions accompanied me on the winding road.

God the Father - my creator

God the Son - my constant companion

God the Holy Spirit - my breath of Life

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AN ASSOCIATE DEGREE NURSING PROGRAM TO THE WORKPLACE

ABSTRACT

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1998

The purpose of the study was to determine if the educational outcomes of the associate degree nursing program at a university in a southwestern state facilitated entry level competencies which are anticipated following three months of practice as a registered nurse.

Procedure: The criterion based sample consisted of 21 students who graduated from a National league of Nursing accreditated Associate Degree nursing program in a southwestern state between the years of 1990-1996. All participants were gainfully employed in a health care facility within a thirty mile radius of the university. A one-hour open-ended interview that addressed entry level competencies was conducted by the interviewer with each participant.

Data Analysis: Five categories emerged by employing the process of theoretical sampling in this descriptive, inductive study.

Findings: Analyses revealed that the internalization of the cognitive skills and the psychomotor skills taught in the

nursing curriculum provided entry level competencies which enabled the neophyte nurse to practice competently the first three months of employment in a health care facility. A disparity existed in the leadership role expectation of the new graduate nurse by the health care employee and the educational outcome for leadership in the nursing curriculum. This disparity is compounded by the shortening of leadership orientation programs in the workplace due to the implementation of computerized licensure.

Conclusion: The entry level competencies learned in an associate degree curriculum supported the transition from the academic environment to the workplace. However, neophyte nurses were expected to function in a leadership role with minimal academic preparation.

CHAPTER I

Introduction

American health care is being transformed by the merger of primary, specialty, and hospital services into systems of integrated care. Through these systems, health care will be managed and delivered to enrolled populations. Because health care is a labor-intensive business, the educational programs which prepare occupational and professional employees must respond to the forces of change.

Educational systems need to anticipate the dramatic changes in the health care work place that will affect their mode of operation. The emerging health care system will support those educational institutions that prepare professional and occupational employees in a timely, cost efficient manner that meets the demands of the system. Educational programs will be held "accountable for cost, consumer satisfaction and overall quality" (Pew Health Professions Commission, Third Report, 1995 p. 32). Education needs to be committed to providing students with knowledge, skills, and competencies to effectively practice in the "demand" oriented health care system that is emerging. (Pew Health Professions Commission, Third Report, 1995).

Various sectors of the health care system; acute hospital-based care, long-term care for the growing number

of chronically ill people, home health care, and preventive care; are placing an increasing demand for nursing services. A proportionate shift from hospital based employment to community/ambulatory care employment has developed. The demand for delivery of nursing service to a multitude of health care settings is occurring at an unparalleled pace. Neophyte nurses with entry level competencies are challenged to work with the accelerating changes as they enter the workforce (Brewer, 1997 & Williams & Torrens, 1993).

Economic forces, shaping health care, have affected the nursing profession . Fixed rates for reimbursement of medical care have forced consumers to share the cost of health services. The development of prepaid systems of care was a major shift in health delivery systems and encouraged the use of ambulatory services rather than traditional inpatient services. Even though the growth in managed care will eventually level, the demand for nursing services in the aging population, in the chronically ill population, and in the acutely ill hospitalized client will continue (Brewer, 1997). Given current changes, clinical experiences within the nursing curriculum need to include an exposure to a variety of acute care and community-based services that will provide an orientation to the employment opportunities awaiting the graduate nurse (Brewer, 1997; & Williams & Torrens, 1993).

The expansion and accessibility to technological

advances such as computerized tomography and intensive care units has placed a demand on nursing services. Initially, technology served as a "catalyst for centralizing medical care in the hospital" (Williams & Torrens, p.246). Today, a health care organization is emerging that is based on innovations in the field of technology. Clients will be treated in alternative sites such as ambulatory facilities, day surgery centers, and hospice settings by registered nurses who are technically skilled critical thinkers. Consequently, academic preparation needs to prepare the beginning practitioners with technical and humanistic knowledge that recognizes the effect of technology on health care (Simpson, 1996; and Williams & Torrens, 1993).

The forces of change are placing demands on the educational system that prepares nurses. Clinical experiences need to be realigned to focus on ambulatory and community based health care delivery systems. Educational articulation is a necessary change that accepts commonalities in educational preparation and will place a myriad of demands on the nursing curriculum (Young, 1996).

Statement of the Problem

Due to this flux, nursing practice is shifting to occupational settings different from those of yesterday and today. Uncertainty characterizes the role of the associate degree graduate in the evolving health care system. New graduates must be able to think critically; demonstrate

proficiency in clinical nursing skills; while continuing the caring tradition of nursing in a plethora of employment opportunities. To better understand the tenets of professional education, research is needed which focuses on the relevance of curriculum patterns of campus teaching and hospital experience as it pertains to the clinical practice of a graduate associate degree nurse and if the learning experience of the educational agency facilitated the transition to rewarding employment in a health care institution.

Statement of Purpose

The purposes of this study were to:

- Describe the relevancy of knowledge and skills learned in an academic environment.
- Determine if the curriculum supported the transition of an entry-level graduate nurse to the clinical environment.
- Provide information which nurse educators may utilize in developing entry-level competencies in neophyte nurses.

Research Question

The study was guided by the research question:

Did the educational outcomes of the associate degree nursing program encompass the knowledge, skills, and competencies that were relevant to clinical practice and support the transition to a health care institution?

Entry-level components of the practice role of the AD nurse are: provision of direct care, communication with clients and other members of the health team, and management of the care of the client. Direct care is based on the nursing process and is centered on clients who have common nursing diagnoses. Basic communication skills are used to provide information to the client. Established lines of communication with health care disciplines provide the means for the coordination of health care to clients. The delivery of nursing care is managed through the effective and efficient utilization of resources and personnel.

Significance of the Study

The profile of a typical nursing student is shifting from traditional to non-traditional as greater numbers of returning adult students re-enter college. Adult students are moving into the mainstream of student bodies on the campus of institutions of higher learning. Personal and economic changes are the catalysts for seeking an education that facilitates intellectual advancement or financial security. The growth of adult students seeking education can be attributed to three influences. Demographics, the first consideration, suggest that by the year 2000, the baby boom cohort born between 1946 and 1958 will be the largest age group and will profoundly effect educational activities. Societal forces, the second element, such as job obsolescence and professional continuing education, are

encouraging the participation of adults in learning activities. Technological advances, the third factor, have created or erased occupations and forced individuals to cope with change. (Cross,1981).

Adult students returning to the college population differ from traditional-aged college students. The non-traditional student returns to academia coping with rusty study skills; questioning personal cognitive abilities; and maintaining family and work responsibilities while attending classes(Jacobs,1989). Flexibility in instructional design will enhance learning experiences that students will internalize and transfer to the work site.

Voss (1987) argued that learning should be based upon a problem-solving model in which information is an input that is interpreted, shared, and eventually used. Two assumptions about information processing are fundamental to the problem solving model (Voss,1987) First, the interaction between an individual and the environment cannot be separated. The second assumption is that the individual interacts with the environment by interpreting information and responding correctly.

According to Jackson (1985), the curricula facilitates the progress of each student toward internalizing and practicing behaviors that transfer to the work place. The learned behaviors and skills learned enhance the growth of the person and the effectiveness of the institution

(Jackson, 1985). Fox (1994) identified processes that can either facilitate or hinder learning: assessing the willingness of the learner to change; involving learners in developing educational activities; simulating new skills in a safe setting; receiving peer support when new skills and responsibilities are performed; and integrating new competencies internally.

Successful educational programs design interventions and learning outcomes that promote change in a student's knowledge and skills. Knowledge outcomes include: building content information specific to an occupation; planning contingencies for a specific occurrence; and knowing when and why to use specific concepts when working (Ford, 1994). Three development stages for skill acquisition identified by Ford (1994) are: performing rudimentary skills slowly and with errors; implementing more advance skills with more speed and precision; and performing skills automatically and without error.

Opportunities for internalization of learning are negated in a learning environment that is not supportive (Reilly & Oermann, 1992). An environment that encourages the integration of knowledge helps students recognize relationships between developing behaviors and clinical practice. (Johnson, 1995; Kemerer, 1991; Reilly & Oermann, 1992). The interlinked activities of theory and practice in a nursing curricula form the learning cycle for occupational

preparation for the nursing student (Hindmarsh, 1993).

Salomen & Globerson (1987) identified two routes of acquiring knowledge in the learning cycle. One route is mentally demanding and involves the utilization of non-automatic processes in the acquisition of knowledge and skill. The strategies of problem-solving and critical thinking are examples of this learning technique. The second route to learning is an undemanding, practice-intensive path to acquiring skills. Learning is realized when problem-solving leads to automatically implementing skills (Salomen and Globerson, 1987).

Pre-service academic and clinical preparation for nurses encompasses three program emphases: general education, specialty education, and clinical experiences. General education is that segment of academic endeavor in an institution of higher learning that includes course work from the arts, humanities, mathematics, sciences, and social studies. The specialty education provides the material for understanding the concepts unique to a health career. The clinical experiences afford the students the opportunity to practice entry level competencies in the health care environment while under supervision (Houle, et al, 1987).

This study may make significant contribution to existing limited research. Specifically, the study provides information about the transfer to the work environment of entry level competencies learned in either the classroom or

the clinical components of the curriculum. This study will generate information which will enable nursing educators to strengthen program content so that a seamless transition to the workplace will be experienced by graduates. Findings of this study can be generalized to programs in which the acquisition and the transfer of entry level competencies is essential in procuring gainful employment.

Assumptions

Assumptions of this study were:

1. Participants graduated between 1990 and 1996 from an Associate Degree Nursing program in a four year located in a Southwestern state.
2. Participants were currently employed in a health care facility as a registered nurse within a thirty-mile radius of the university.
3. Participants truthfully answered the questions in an interview conducted by the researcher.

Limitations

Limitations identified for this study were:

1. The sample was confined to one geographic area which decreased the generalization of the data to other areas of the country.
2. The participants were limited to one program, a convenience sample, and the results were not generalizable to other Associate Degree programs.
3. The sample was small and generalization to other

populations is cautioned.

4. The sample was small and generalization to similar schools of nursing is limited.
5. Employment expectations were unique to the geographic area and cannot readily be generalized to other employing agencies in other areas of the country.
6. Lack of precise educational plan for the preparation of a technical (ADN) and professional (BSN) nurse.

Program Definitions

Associate Degree Nurse: The educational design for an Associate Degree Nurse is offered as a two-year program in a community college or senior (four-year) university. Graduates are prepared to provide direct care to individual clients who have well-defined nursing problems. The ADN functions in a structured health care setting where there is recourse to assistance and support from nursing expertise. Upon successful completion of an Associate Degree curriculum, graduates are granted either an Associate of Science in Nursing (A.S.N.) Associate Degree in Nursing (A.D.N.), or an Associate of Applied Science (A.A.S.) and are prepared to write the National Council Licensing

Examination for a registered nurse (NCLEX-RN) (Delougher, 1995; Montag, 1951).

Baccalaureate Degree Nurse: The curriculum of a basic baccalaureate nursing program combines general education courses with nursing courses in a four-or-five year senior college or university. Graduates are prepared for acute care settings, community-based practice, and beginning leadership/management positions. Baccalaureate degree nurses recognize problems that are "abstract as well as concrete, uncommon as well as common, complex as well as more specific, and psychosocial as well as physiological in nature" (Watson, 1990 p. 44). Upon successful completion of a baccalaureate program of study, graduates are granted a Bachelor of Science in Nursing (B.S.N.) and are eligible to write the National Council Licensing Examination for a registered nurse (NCLEX-RN) Cresia & Parker, 1996; Chitty, 1993).

Chapter Summary

Social changes are launching learners into a dynamic environment of change. The exodus of adults from obsolete occupations is increasing. The challenge facing institutions of higher learning is providing a learning experience that will transfer to an enriching career.

Associate degree nursing is an occupation in which adult learners are finding employment in clinical practice following completion of an academic program of study.

The study is designed to provide insight into the process of the transfer of learning from an academic program to gainful employment. The nursing program was tailored to meet the needs of adult students. The interlinked activities of theory and practice in the nursing curriculum were based on adult learning principles and facilitated the transfer of educational concepts to the work site. Even though the study was limited to a specific program, the experiences that facilitated the transition from the academic environment to the world of work could be incorporated in other courses of instruction.

CHAPTER II

REVIEW OF LITERATURE

The transfer of learning from the educational environment to the work setting is dependent upon the ability of nursing students to organize the interlinked activities of theoretical presentations and clinical expectations in a meaningful manner. (Hindmarsh, 1993; Hallinger and Greenblatt, 1990). In a supportive environment, individual abilities and limitations are identified as nursing students "explore, question, dissent, and experiment in applying concepts and theories to nursing practice" (Reilly and Oermann, 1992, p. 117). Transfer of learning is realized when problem solving leads to the automatic implementation of technical skills (Salomen & Globerson, 1987).

Congruent with the emergent, interactive design of this qualitative research study, a review of the literature was concurrent with data gathering and analysis. The literature was reviewed and revisited throughout the process. The categories-critical thinking, modeling, and psychomotor skills-were concepts found in Social Learning Theory developed by Albert Bandura. The process of acclimatization to the role of a registered nurse will be discussed under Socialization Theory.

SOCIAL LEARNING THEORY

Critical Thinking

Events and cognitive operations are instruments of thought. The process of thinking depends upon symbols which provide the cognitive presentation of experiences. The symbolic interaction process of Bandura's theory enables individuals to "conduct most problem solving in thought rather than action" (Bandura, 1986, p. 463). Alternative methods of action are tested by symbolic exploration and are either rejected or maintained on the basis of calculated consequences. By symbolically visualizing outcomes of performance, individuals can transform future consequences into current motivators of behaviors (Saucier, 1995; Bandura, 1986).

Critical thinking, (Catalano, 1996), is a process in which reason, knowledge, experience are employed to solve problems. According to Social Learning Theory, an individual must have a knowledge of inferences, abstractions, and generalizations to distinguish between accurate and faculty thinking. After acquiring the knowledge and cognitive skills, people can think creatively and problem solve the tasks at hand (Saucier, 1995; Bandura, 1986).

Thus, the symbolic interaction process of the Social Learning Theory relates to the definition of critical thinking. The intellectually disciplined process of

critical thinking is defined by Scriven & Paul (1993) as "actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gather from or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action" (Scriven & Paul, 1993, p.4). Through the exercise of disciplined thinking, information is analyzed and problems solved (White, et al, 1990). It has been recognized that critical thinking is a necessary problem solving skill of nursing practice. Research data addressing critical thinking skills in nursing is limited.

Richards 1977

Richards (1977) studied the performance of generic baccalaureate students on the Watson-Glaser Critical Thinking Appraisal (WGCTA) instrument upon entrance and exit of a nursing program with two different curricula: a new integrated curriculum and the older block curriculum being phased out. The lower mean critical thinking score of students graduating from the integrated curriculum was attributed to teaching problem solving in a manner that minimized the ability to conceptualize problems from diversified points of view.

Berger (1984):

Berger (1984) studied one hundred thirty-seven students in a generic baccalaureate nursing program in the sophomore year and again in the senior year. The WCGTA was selected

to measure critical thinking ability. The scores reflected a significant increase in problem solving skills for the group of students. The researcher also sought to determine a relationship between critical thinking ability and grade point average. Results of Pearson correlation coefficient indicated no significant relationship.

Sullivan (1987):

Subjects in Sullivan's (1987) study were a cohort of registered nurses enrolled in a bachelor of science in nursing (BSN) degree completion program. The WGCTA was used to measure critical thinking ability. The instrument was administered in the first semester in the BSN program and in the final semester in the program. Critical thinking scores showed no significant difference between entry and exit levels.

Pardue (1987):

The population for the study by Pardue (1987) consisted of associate degree, diploma, baccalaureate, and master's prepared nurses. Critical thinking was operationally measured by the WGCTA. The significant difference in critical thinking ability found among the associate degree, diploma, baccalaureate, and master's prepared nurses provided tentative support for the point of view that graduates from different educational programs have different cognitive abilities. The researcher found no significant difference among the four groups in relation to decision-

making skills.

Brooks & Shepherd (1990):

Brooks & Shepherd (1990) investigated the relationship between clinical decision-making skills in nursing and critical thinking abilities. A convenience sample of fifty students in four nursing education programs were selected: generic baccalaureate, associate degree, diploma, and upper division registered nurse completion program. THE WGCTA was administered to determine general critical thinking abilities. Senior students in the registered nurse completion program showed a higher mean score of clinical decision making in nursing. The research study found the critical thinking scores of the generic students were higher than the associate degree and diploma students; however, the clinical decision skills in nursing were identical for three groups. The results indicated that a higher level of critical thinking ability did not transfer to decision-making skills in nursing.

Critical thinking is an activity that is not limited to the academic environment. The ability to think critically permeates personal relationships, the workplace, and political arenas. Critical thinking is a process whose manifestations vary according to the positive and negative events and emotions that trigger the responses (Brookfield, 1987). Development of critical thinking skills is a lifelong process. The preparation of a registered nurse

with problem solving skills begins in a nursing curriculum that combines an attitude of inquiry, a knowledge base, and skill in application of the process (Conger & Mezza, 1996; Miller & Malcomb, 1990; Schank, 1990; and Klassen, 1988).

Modeling & Psychomotor Skills

Cognitive interaction, a foundational concept of Bandura's social-cognitive learning theory is the "interaction of individuals with their perceived meaningful environment" (Bigge and Shermis, 1992, p. 148). Individuals are regarded by Bandura (1974) as information-processing-interpreting beings. Learning occurs when a person perceives and processes information and the resulting behaviors occur in a sequential manner.

Social cognitive theory recognizes that individuals profit from their own experiences as well as the actions of others. People change their behavior based on mimicking individuals who model the behavior in similar situations. Modeling influences vicarious learning by exposing human beings to observations of role modelers engaged in behaviors that will be reenforced through imitation (Bandura, 1977).

Bandura (1977) describes the interrelated components of observational learning: attention to modeled behaviors, retention of observed outputs, production of motor responses, and motivational processes. For learning to occur, a person should recognize and differentiate the

important features of the modeled behavior through discriminative observation. Models displaying strong interpersonal skills and engaging qualities are pursued for observation.

Individuals are inclined to recode, classify, and reorganize elements during imaginal and verbal coding. After repeated exposure, symbolic stimuli produce images of modeled behavior. The highest level of observational learning is achieved when individuals duplicate the modeled behavior overtly or covertly (Bandura, 1977).

The kinesthetic mechanism of performance is an integral component of observational learning. When deficits exist, basic skills must be developed by modeling and practice. Acts are organized and integrated into a response pattern, thereby an individual performs complex skills similarly to modeled patterns. (Bandura, 1977).

Motivational processes determine which responses will be performed in the observational learning process. Individuals tend to perform a vicariously learned response if they find the behaviors self-satisfying and have received positive reinforcement. Humans will adopt modeled behaviors if they result in valued outcomes that are rewarding (Bandura, 1977; Bigge & Shermis, 1992).

Social learning theory provided the theoretical framework in the preparation of the associate degree nursing graduate for occupational performance. Motor skills,

interaction skills, norms, and values were transmitted through modeling by nursing faculty. The basic learning process involved imagery formation and verbal coding. Modeled actions were acquired through observation of nursing faculty before being performed by the learner (Bandura and Jeffrey, 1973).

The cognitive abilities and transfer of knowledge and skills to a work environment of associate degree nursing graduates has been studied from a multitude of perspectives. The review of the literature related to the variables of modeling and technical performance follows.

Bellinger:

Social Learning Theory provided the theoretical framework for the Bellinger et al (1985) study of associate degree nursing students perceptions' of role models in nursing. Twenty associate degree nursing programs in one southern state participated in the research study. Eighty seven percent of the 2,154 questionnaires were completed by first and second year students in the nursing program. Data were reported by frequency and percentages.

The researchers concluded that the learning process was facilitated by the modeled behaviors of nursing faculty and clinical staff that enhanced the self efficacy of nursing students in clinical practice (Bellinger, 1985).

Brown (1981)

Brown (1981) studied the congruency of characteristics

of clinical instructors as identified by nursing students and nursing faculty at a southeastern school of nursing. Eighty-two senior nursing and forty-five faculty members completed a rating research questionnaire that included twenty characteristics of effective clinical teachers. Statistical methods used in the descriptive study were simple frequency, percentages, and chi square.

Analysis of the data indicated an incongruence between nursing students and nursing faculty in the description of an effective clinical instructor. Nursing students regarded the relationship of the clinical instructor with students more important than professional competence. The nursing faculty indicated an inverse relationship for the two characteristics.

Nursing students and nursing faculty acknowledge the importance of modeling by the clinical instructor in the clinical setting. The needs of the consumer of nursing education were met by the clinical instructor that was clinically competent and was abreast of innovative teaching methodologies.

Brown, Swift, and Oberman (1974)

Brown et al (1974) conducted a replication of the study by David & Oleson on the baccalaureate student's perception of the role of nurses. The 19 item instrument from the original study was used at a northwestern university. Due to limited time and resources, the investigators implemented

two modifications in the replication study administering the questionnaire from a randomly drawn sample of sophomores entering the program (N=53) and juniors completing the first year of the nursing curriculum (N=21) and distributing faculty questionnaires to all 21 sophomore and junior instructors. Twelve instructors completed the questionnaire and participated in the study.

The investigators found: entering students at the original school and the current participating school had similar perceptions of the role of nurses and personal occupational values; identifying similar characteristics in the faculties at the two schools; and being similarities in the student bodies following the first year of study. The data supported the assumptions of the original researchers that all collegiate nursing students shared commonalities of being recruited from a common pool of applicants with similar beliefs, social backgrounds, philosophies, and value systems. Nursing faculty universally model the role of nurses.

Cooper (1982):

Cooper (1982) studied senior level students (N=75) in a southern medical center to assess the behaviors of faculty role models. The data for the descriptive nonexperimental design were collected in the classroom environment through questionnaires. The questionnaire that was completed consisted of an explanatory cover letter; a one-page request

for demographics; and the one-page clinical Instructor Characteristics Ranking Scale (CICRS) developed by Raven. Scores were analyzed using the t-test and chi-square at a level of significance of 0.05.

The findings suggest that students expect the nursing faculty to function as a role model in the clinical setting. Citing clinical examples to reenforce didactic presentation provides the nursing student the opportunity to observe the nurse faculty as teacher and a nurse. The modeling of both roles promotes the transfer of learning from the classroom to the clinical setting.

Davis and Oleson (1964):

Davis & Oleson (1964) administered a 19-item dual-focused checklist questionnaire to incoming students (N=75) in a baccalaureate program located in a metropolitan university on the west coast. The questionnaire was administered to nursing students at the completion of the first year of the nursing curriculum. The student participates were to identify to identify characteristics which corresponded to their personal representation of the role of a nurse. A similar instrument was administered to faculty members (N=17) responsible for instruction in the first-year of the nursing program.

The research project addressed three hypotheses: 1) as students progressed through nursing school are their views of the role of a nurse modified to coincide with the views

of the nursing faculty? 2) as the educational process continues, do nursing students reach a consensus on the role of a nurse? 3) as the student progresses through the nursing program, is a consistency between occupational demands and personal needs and values developed? The investigators reported that the findings were ambiguous. The view points of the nursing faculty were assimilated by the students as long as there was congruence between the student's values, knowledge, and prior experience existed.

Knox and Mogan (1985):

Knox and Mogan (1985) conducted an exploratory study to identify behaviors in clinical instructors that enhanced the learning process of nursing students. Each individual item of the researcher developed survey described a characteristic that could be ascribed to a clinical instructor. The questionnaire was distributed to the entire study body (500 students) and the total faculty membership (66 members) of a nursing program. Simultaneously, the research instrument was mailed to a random sample of 100 graduates from the school practicing in the Canadian province.

Categories of teacher-behaviors that were compared were: teaching ability, evaluation, interpersonal relationship, personality, and nursing competence. An Analysis of Variance of the responses indicated a difference in the ranking of the categories.

"Evaluation" was ranked as the highest category by all groups except first year students who had not experienced summative evaluation. High ratings in "Interpersonal Relationship: may be indicative of anxiety as students wanted an instructor that would provide confidence and reassurance in the clinical setting. the anxiety experienced by faculty might reflect a concern for the safety of clients and account for their high ranking for "Nursing Competence." All respondents ranked "Personality" as the least important characteristic. The nursing faculty, the nursing students, and the nursing graduates supported the five clinical behaviors modeled by the clinical instructor.

Melick and Bellinger (1979):

Melick and Bellinger (1979) studied three schools in northern New York to determine the primary role models of nursing students in the social learning process. Research sites selected were nursing programs located at a public university and two private schools. The research technique of saturation sampling was used with questionnaires being distributed to all students enrolled in nursing courses. The questionnaire was distributed to all faculty at the three schools.

No significant differences were evident in a comparison of students and faculty at the various institutions. For purposes of analysis, students were treated as a group and

faculty were treated as a group. Institutional affiliation was not a variable under consideration.

A significant difference was reported in the perception of students and faculty of personnel functioning as the primary role model. Faculty saw themselves serving as the primary role model for students. Less than half of the students identified faculty as the primary role model. A significant difference was noted between the student sub samples: School C students more likely selected staff nurses as the primary role model while School A students more likely selected the clinical instructor as the primary role model. When the emphasis was shifted from "who does" to "who should" function as the primary role model for students, the response of the faculty shifted from clinical instructors to staff nurses while student responses indicated a preference for the faculty member.

Faculty seemed to have a narrower focus on which person should interact as a role model. Academically advanced students accept individuals from a multitude of positions as role models. However, a larger portion of junior and senior students cited the primary role model to be the clinical instructor.

Odling, Ohlsson, and Danielson (1990):

Odling et al (1990) studied the transmission of the role of a nurse to students in an educational program in Sweden. A sample of staff nurses that had completed

training before 1984 was drawn from hospitals throughout the country. common demographics of the 102 respondents were: engaging in full-time employment; functioning as a staff nurse; and working on a general surgery floor.

The researchers developed a questionnaire with fixed and open answers. The focus of the research tool was on four topics: nursing, the role of nurses; expectations regarding the role of nurses; and transmitting the role of nurses to the students. The first three topics were examined with quantitative methods. The fourth topic of the questionnaire, transmission of the role to nursing students, was answered by the respondents in their own words. A qualitative analysis of the 76 nurses that completed the fourth topic was undertaken by the investigators.

The answers pertaining to role transmission fell into two categories: conscious approach and unconscious approach. In the conscious approach, the participants expressed an explicit attitude toward their role as a nurse and specific ways in which they transmitted the role to nursing students. The respondents that did not have a clear conception of the role of a nurse and the methods of transmitting that role were classified as having an unconscious approach.

The researchers reported that nurses who had a conscious approach to the transmission of the role of a nurse could clearly explain the skills of the role. A

diffuse view of the role of a nurse was evident by the respondents who expressed an unconscious approach to the transmission of the role of a nurse. The answers indicated that this group of participants doubted if a nursing student was being educationally prepared for the complex role of clinical practice.

The results of the research project indicate that the term "role" does not clearly delineate the skills and functions of nurse. The investigators recommend that the role of a nurse be clearly defined so that the technical skills, knowledge, and values can be transmitted to nursing students.

O'Shea and Parsons (1979):

O'Shea and Parsons (1979) used a two-questioned questionnaire to collect data on teacher behaviors that contributed to learning in the clinical setting. Twenty-four nursing faculty and two hundred and five nursing students in a southern private university were asked to write three to five teacher characteristics that facilitated learning in the clinical setting on one side of a card and three to five behaviors that interfered with learning on the opposite side of the card.

Initial analysis of the data entailed underlining and tallying key words and phrases. The responses were then sorted into three broad classifications of teacher behaviors. The first classification, valuative behaviors

were the interactions and feedback that related to the observations conveyed to the student regarding clinical performance. Instructive/assistive behaviors, the second classification, required the clinical instructor to become physically involved in the learning activity. The third category described the personality and teaching strategies of the clinical instructor and was classified as personal characteristics.

The data on valuative behavior was tabulated and reported in percentages. The relationship of feedback to learning was agreed upon by 37 percent of juniors, 79 percent of seniors, and 59 percent of faculty. The percentages were similar when all of the respondents agreed that learning was impeded when the feedback was either non-existent or negative.

Frequency of responses for instructive/assistive behaviors indicated that the availability of faculty was most facilitative of learning. Senior students indicated that the independence extended to them by nursing faculty was detrimental to learning. Direct faculty assistance was seen by the junior students as facilitating learning.

Modeling was the area of disagreement in the study. Nursing faculty ranked modeling as a facilitative behavior five times more often than the nursing students. Modeling behaviors of a clinical instructor that enhanced the learning process of nursing students were supportive,

understanding, friendly, and enthusiastic.

Raven (1974):

The relevancy of modeling by clinical instructors in the learning of students in the clinical area was studied by Raven (1974). Data were collected from a random sample of freshman and seniors in a diploma nursing program in a north central community. Eighty-four students with a homogeneous clinical experience that had been supervised by three or more clinical instructors completed the Clinical Instructor Characteristics Ranking Scale (CICRS) prior to the completion of the academia year.

The data were analyzed with two statistical methods: Analysis of Variance (ANOVA) and Duncan's Multiple Range Test. the conclusions pertaining to the clinical instructor supported by the research study were:

a) meeting the expectations of nursing students through role modeling
b) influencing the social learning of nursing students by modeling nursing responsibilities
c) identifying the importance of teaching role and the values role in the social learning process

Tetraulat (1976):

Tetraulat (1976) studied the interactive process between the nursing faculty and the junior and senior nursing students in one school of nursing. Two hypotheses tested were: "when the teacher's professional attitude is

high, students are likely to have high professional attitude scores: when teacher consideration is high, students are most likely to have professional scores" (Tetraulat, 1976, p. 50).

Three instruments were included in the questionnaire administered to participants: Instructor-Leader Behavior Questionnaire (Dawson, 1972); Hogan's Professionalism Test (1972); and Semantic Differential Test (Osgood et al, 1957). Data were subjected to statistical analysis and Chi-square and Kendall Tau Tests were used to determine significance among the distribution.

Students had significantly higher professional attitude scores when teacher consideration was high. A surprise finding of the study was that junior students were not significantly different from seniors in professional attitude scores.

Wiseman (1994):

The theoretical framework for the Wiseman's (1994) investigation of role modeling behaviors of clinical nursing faculty was Bandura's Social Learning Theory (SCT). Data were collected from junior and senior baccalaureate students (N=208) from three state supported schools in the mid-Atlantic region. A MANOVA and a Spearman Rho, for the rank order of the items, were computed to test whether differences existed between junior and senior level students.

The junior and senior students were able to identify the degree they employed the role model behaviors in the clinical setting. The student's perceived the need for retrieving an observed behavior stored in the brain and practicing the behavior in the clinical environment. The respondents in the study did not perceive being rewarded by the clinical faculty when utilizing the behaviors appropriately in the clinical setting. The investigator concluded that the study supported that the four process' of Bandura's Social Learning Theory are interrelated and determine learning through the observation of modeled behaviors.

Wong (1981):

Wong (1981) studied which behaviors of nursing faculty facilitated or hindered the learning of students in the clinical area. A sample of eight first year students and six second year students at a two year nursing program in Ontario participated in the exploratory study.

The critical incident method was used for data collection. Participants were asked to describe examples of the attitudes and actions of nursing faculty in the clinical area during the past six months that helped or impeded their learning. The findings indicated that students in the first year were sensitive to how the teachers made them feel; whereas second year students were more concerned with the teaching competency of the faculty member.

Summarization

Social Learning Theory recognizes that the nursing student has a dynamic interaction in the classroom and clinical setting. Learning is affected by nursing students observing the modeling of problem solving techniques and technical skills by the nursing faculty and the clinical staff. Concepts become meaningful when the learner has the opportunity to share experiences with nursing faculty, clinical staff, and peers. The transfer of learning is enhanced when appropriate responses are rewarded with positive encouragement in the learning environment. Inadequacies are overcome as the learner begins to develop self efficacy with the integration of the cognitive, social, and behavioral skills of a registered nurse in the clinical environment.

Research studies indicate a close relationship between the modeling of clinical instructors and the learning process of nursing students in the clinical area. Behaviors that enhanced the learning experience were providing positive evaluations, instilling confidence, and portraying clinical competence in the clinical environment. The findings of the nursing literature indicate that the modeling of clinical skills by the nursing faculty was a positive social-learning force.

SOCIALIZATION

A process of learning content and internalizing

knowledge, attitudes, values, and skills are fundamental to the process of socialization (Leddy & Lepper, 1989). Socialization was defined by Hinshaw (1990) as the "process of learning new roles and the adaptation to them (Hinshaw, 1990 p. 18). The process of socialization is interactive and cumulative as roles are built upon, modified, and elaborated.

The process of professional socialization entails the acquisition of technical competency, advanced knowledge, and norms, values, and attitudes unique to the profession (McCain, 1983). The processes by which an individual becomes a professional are similar and require formal and informal educational programs. The socialization procedures results in " new images, expectations, skills, values, and norms related to how the person defines himself or herself and to how others view the person "(Lum, 1988, p. 264).

Formal education is the period in which anticipatory socialization occurs for the individual entering the nursing profession. Learning experiences within the cultural framework strengthen the socialization process (Bevis & Watson, 1989). Simpson (1967) proposed that three distinct phases are inherent in the evolution of socialization: 1) transforming the conceptions of the individual to a technical orientation; 2) developing an emotional attachment to personal values in the work environment; and 3) internalizing the values of the culture during initial

employment. Cohen (1981) addressed the socialization process in nursing as progressing through developmental stages toward the realization of four goals: 1) acquiring the technology of the profession, 2) internalizing the culture of the profession, 3) identifying with a role; and 4) integrating the role of the occupation into all phases of daily interaction.

Cohen and Jordet (1988):

Cohen and Jordet (1988) used the Crocker and Brodie's 59 Item Nurse's Professional Orientation Scale to determine if congruency existed in the identify of nursing responsibilities as students were socialized into a nursing career. The researchers surveyed three hundred nine students and twenty-three full-time faculty of a nursing program at a east coast university. Chi-square computations revealed no significant differences on the variables: age, ethnicity, religion, family income, and parent's education levels. The variable, previous experience as an ancillary worker correlated with higher congruency scores. The data supported the interaction of the nursing student with clients as essential in the learning process and the development of a nursing identity.

Dalme (1983):

The correlation between the perception of nursing students of environmental influences in the socialization of a professional identity was researched by Dalme (1983). A

Likert-type scale of 73 items that was developed by the investigator was administered to two hundred fifty subjects at four baccalaureate programs within a fifty mile geographical radius. The findings affirmed that a correlation existed "between students' perceptions of learning, environmental influences, and the professional identity students develop" (Dalme, 1983, p. 138). Furthermore, the findings support the hypothesis that the socialization process of the nursing student is impacted by the time spent interacting with different groups in the clinical setting.

Davis (1990):

Students bring a unique view of the world of people and a personal way of learning. The research indicates that no single learning style encompasses all nursing students. To maximize the learning experience, it is important the teaching styles of nursing faculty match the learning styles of nursing students (Davis, 1990).

A multitude of influences are involved in the learning process of nursing students. The modeling of the faculty and the clinical staff contribute to learning about nursing. A positive, supportive clinical setting strengthens the transfer of learning. The social and physical structures existing between the classroom and clinical setting influence the socialization of a student to the occupation of nursing.

Glieke (1977):

The effectiveness of socialization was studied by Glieke 91977) in a diploma school of nursing in a midwestern city. A cross sectional sample of 129 respondents was drawn from the student and faculty population. The results of the study suggested that the degree of faculty consensus was important in determining the effectiveness of the socialization process of nursing students.

Ondrack (1975):

Ondrack (1975) compared the socialization process in nursing students in three nursing schools based in teaching hospitals. The researcher conceptualized a process model of socialization in which students were the inputs; the process consisted of cues modeled by faculty and staff nurses in the clinical environment; and the output was the position as a graduate nurse.

Schools that participated were located in a teaching hospital in a metropolitan center. In a lagged, cross sectional sampling procedure, the Nurse Attitude Questionnaire (NAQ) consisting of seven scales was administered to a sample of students, teachers, head nurses and staff nurses in the three hospitals.

In phase one of the study, internal consistency was assessed for each school and hospital. In school A, teachers and staff nurses differed on two subscales of the NAQ and faculty and staff nurses differed on six of seven

subscales in school C. Thus school A was judged to have high consistency, while school C was judged to have low consistency. The total scores of School B feel between school A and C.

To establish differences, the NAQ was administered to each entering class and participating faculty members in September. At the time of graduation, students from the high consistency school A scored close to the faculty on five of seven scales of the NAQ. Students in the low consistency school C differed significantly from the faculty on the scales of the NAQ. Moderate consistency, no significant trend between students and faculty, were found in school B. The inference made from this study was that the closer the attitudes of the students match the faculty or clinical staff, occupational socialization has been more successful.

Siegel (1968):

Siegel (1968) examined the degree to which socialization occurred in undergraduate nursing students at two midwestern universities located in metropolitan areas of comparable size. The nursing program at the first college was more experimental, whereas the nursing program at the second university was conventional. Both colleges began the nursing major in the sophomore year. A total of 297 students and 49 faculty members participated in the study.

The hypotheses of the study were tested by

administering the Davis-Oleson characteristics of Nursing questionnaire to sophomores before and after the first nursing course, to seniors prior to graduation, and to members of the undergraduate faculty. A 2x2 chi-square test examined the first and second hypotheses by comparing the responses from each group to the items of the questionnaire. A third hypothesis examined whether there was consistency between the individual views and personal values of advanced nursing students. A t-test was applied to assess the mean differences of data obtained.

The findings of the study did not support that socialization throughout a nursing program was directed toward a nursing career.

Summarization

Socialization is an interactive process that affects an individual throughout the educational, the personal, and the work aspects of the life span. It is a reciprocal process in which influence is experienced mutually by the person being socialized and the socializer (Hurley-Wilson, 1988). The interaction with others enables an individual to become acquainted with the basic values and behaviors of the culture.

Socialization to nursing involves a process of acquiring knowledge and technical skills needed for the occupational role. The initial process of socialization occurs in the educational setting where the nursing student

learns entry-level competencies for clinical practice. The vicarious contact with the nursing faculty facilitates the internalization of the values and norms of the occupation by the learner (Saarman, et al, 1992; Oermann, 1991; Kovacs, 1969; and Lipton, 1968).

Research studies support the interaction of nursing students with nursing faculty, nursing staff, and peers in developing a nursing identity. Investigative conclusions showed that the time spent in the clinical setting by learners with clients was essential in the socialization to the role of a nurse. Occupational socialization was realized when the performance of students matched the behaviors of the nursing faculty and clinical staff.

CHAPTER III

METHODOLOGY

This is a qualitative research study based on grounded theory concepts (Strauss & Corbin, 1994; Glaser & Strauss, 1967) which evaluates entry-level competencies of graduates from a nursing department within an institution of higher learning to decide if the outcomes of the academic program were germane. Students enter an Associate Degree Nursing Program to develop distinctive cognitive and technical skills necessary to become a contributing member of the work-force. At the completion of the course of study, the learning from the classroom, the laboratory, and the clinical experience should be woven into a tapestry that fosters a smooth transition to the workplace.

Problem Statement

To restate, this study is an investigation to determine if knowledge, skills, and competencies learned in an academic environment by an associate degree nursing student were relevant to clinical practice and supported the transition to current health care institutions. The study was guided by the research question: Did the educational outcomes of the associate degree nursing program encompass entry level competencies required of a registered nurse?

Methodology

Qualitative research was used to investigate this

problem of understanding the phenomenon of graduate nurses entering the world of work. Features of qualitative research are: using the context of the natural setting as the source of data; coding and categorizing data; disseminating results that are rich in the description of a situation; examining the process of an activity under study; capturing and reporting the meaning of a situation accurately; and developing formal theory (Langenbach, Vaugh, Aagaard, 1994; Strauss & Corbin, 1990; Bogdam and Biklen, 1982; and Maagen, Dabbs, Jr., and Faulkner, 1982).

Grounded theory is classified as an applied qualitative research method that is built on discovery. The experiences being studied are seen through the eyes of the participant and the social structures of the environment. In this "general methodology", theory is developed "that is grounded in data systematically gathered and analyzed" (Strauss & Corbin, 1994, p. 273). The central feature of this approach is the evolvement of theory through the "constant comparative analysis" (Strauss & Corbin, 1994; Glaser & Strauss, 1967). Therefore, a reciprocal relation exists between the data collection, analysis, and theory (Strauss & Corbin, 1990).

General procedures that have enhanced the effectiveness of this methodology are: asking of concept related questions, theoretical sampling, systematic coding procedure of the data, and conceptual integration (Strauss & Corbin,

1994). Sources of data for grounded theory studies are interviews, field observations, and artifacts. Interpretations of the data include the voices of the individuals being studied (Strauss & Corbin, 1994).

The primary instrument of data collection is the investigator (Langenback, Vaughn, Aagaard, 1994). Researchers carry into the research the ability to give meaning to pertinent data. The interplay between the researcher and the data results in "reciprocal shaping" (Strauss & Corbin, 1994, p. 280).

Through the "continuing conversation with the data," (Strauss & Corbin, 1994, p. 280), the researcher searches technical literature for relationship from recognized theories that are pertinent to the data. Elements of previous theories can be incorporated if they are pertinent to the data (Strauss & Corbin, 1994; Laney, 1993; Corbin & Strauss, 1990).

Protection of Human Subjects

The protection of the rights of the participants was ensured through observation of the protocols maintained by the University of Oklahoma. A copy of the study was submitted by the researcher to the University of Oklahoma Institutional Review board (IRB) of the Norman Campus for review. Following approval (Appendix A) by the IRB, the researcher contacted by telephone three representatives from each graduating class from the years 1990 - 1996 to

participate in the study. Upon receiving an affirmative response, an hour interview was scheduled with each subject.

The interviews began with a brief description of the study. Also, permission was obtained from each participant to audio-tape the interviews. Audio tapes and transcription of the interviews were coded by year graduated and a numerical number (example: 1990 - #1; 1990 - #2; 1990 - #3). Confidentially of the material was verbally assured to each subject by the researcher. A copy of the consent form was given to each subject (Appendix B). Tapes and transcriptions were destroyed after the writing of this document.

Population and Sample

The target population of the study consists of graduates from an accredited National League of Nursing Associate Degree nursing program located in a four year regional university in a southwestern state. The study sample was twenty one graduates of the nursing program who volunteered to participate in the study. The criteria for selection of the participants were:

- The participant graduated between 1990 - 1996.
- The participant was currently employed as a registered nurse in a health care facility within thirty-miles of the university.

The age of the sample ranged from twenty-seven to forty-six. The ethnic origin of the participants were:

eighteen Caucasians, two African-Americans; one Hispanic; and one Asian. The ethnicity balance of this study was representative of the ethnicity of the students in the nursing program. The participates in the study, twenty were female and one was male.

The sample was not random as there was equal representation for each year 1990 - 1996. The researcher contacted former faculty members, advisory committee members, and directors of nursing to locate graduates gainfully employed within the designated geographical area. Three representatives from each graduating class were asked to participate in the study.

Between 1990 and 1996, 210 students completed the nursing program during the years 1990 - 1996. Of these graduates, 24.3% had prior experiences in the health field either as a Licensed Practical Nurse (LPN) or as an aide. Of the twenty-one participants selected for the study, forty-nine percent had prior experience in the health field.

The sample used in this study was affected by societal forces. Approximately twenty-nine percent of students attending the nursing program have a spouse serving in the military. Routine tour of duty assignments for military personnel at a permanent station is three or four years. Therefore, the dependents of service personnel are afforded limited opportunities for employment following graduation. Nineteen percent of the sample were spouses of active duty

military.

Licensed Practical Nurses that have returned to further their education tend to be permanent residents of the university's service area. The articulation process from an LPN to a registered nurse was facilitated by an exception to the state's Advanced Standing Credit Policy in 1992. LPNs have returned for further education when financial and personal commitments permitted. Upon successful completion of degree requirements and licensure, they remain in the area and return to their previous health care employers as registered nurses. Forty three percent of the sample were Licensed Practical Nurses.

The purpose of licensure is to protect the public from unsafe practitioners. Graduates that pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) have demonstrated a minimal level of competency.

Interview Design

An interview designed for open ended responses was developed. The design was guided by the entry level competencies developed by the ADN project sponsored by the Midwest Alliance in Nursing.

In 1980, the Midwest Alliance in Nursing (MAIN) conducted a regional survey of ADN program and service agencies to assess the education and practice of Associate Degree Nurses. Respondents to the questionnaire identified the following problems:

- lack of agreement on the practice parameters for the ADN nurse.
- lack of agreement on entry-level competencies of ADN graduates.

The results of the regional survey indicated a need for collaboration between nursing education and nursing service to plan the curriculum-to-service transition of AD graduates (MAIN Report 1987).

An advisory committee composed of AD educators and nursing service representatives provided guidance for the project: Associate Degree Nursing: Facilitating Competency Development (ADN project). The conceptual model for the identification of entry-level ADN competencies was competency based education (CBE). The role of the ADN graduate was defined through behaviorally-based statements which were referred to as competencies. Expert practitioners validated the competencies by analyzing the entry level practice of ADN graduates (MAIN Report, 1987).

ADN competencies for three practice roles-Communicator, Manager of Care, and Provider of Direct Care-were identified by advisory team members. The role of communicator encouraged interactions that supported the coping behaviors of clients and implemented a teaching plan to restore, maintain, and promote health. Direct care competencies included using assessment skills to collect health data to develop and implement a plan of care that restored,

maintained, and promoted health in a client. The competencies for management of care involved using time and resources effectively and efficiently; delegating care of clients to nursing personnel; and promoting the continuity of care of clients (MAIN Report, 1987).

The interview design for the research study covers the competencies and enabling behaviors of a graduate of an associate degree program. The competency questions included actions and outcomes and were addressed by statements of "What the nurse does." Enabling behaviors answered the question "How" the action or outcome was accomplished. A combination of competencies and enabling behaviors represented competent entry-level practice (Appendix C).

Pilot Study

To minimize ambiguity in the questions, three graduates from the classes of 91, 93, and 95 were asked to participate in a pilot study. Subject's ages ranged between thirty-three through forty. The three pilot subjects were all female and one individual had prior experience as an Licensed Practical Nurse. The responses from audio-taped interviews led to the inclusion of several items into the instrument that addressed previous health care experience and management competencies. (Appendix D).

Data Collection

Data were collected in the summer of 1997. All participants were contacted by telephone. The one hour

open-ended interview was scheduled at the convenience of the participants. The interviews were conducted in the nursing department of the university; in health care facilities; and a post secondary school thirty miles from the campus of the university.

An explanation of the time frame of initial employment was given in the explanation of the study by the researcher. Permission to audio-tape the interview was obtained. To minimize the misunderstanding of the questions when verbalized by the researcher, a copy of the interview design was provided to the participant at the beginning of the interview.

Treatment of Data

To identify and delineate themes in the interviews, data collection and analysis were conducted sequentially in this descriptive study. (Knapl and Webster, 1988). A verbatim transcription of each audio-tape was typed after an interview. The verbatim transcripts were analyzed by applying the constant comparison method (Strauss & Corbin, 1990; Corbin & Strauss, 1990; Glaser & Strauss, 1967).

After all interviews were completed, the transcriptions were analyzed to obtain an overview of the responses. The transcriptions were read using a question-by-question approach to identify meaningful statements that were marked with a highlighting pen. These statements were pasted on 5 x 8 file cards and "open coded" to match the

transcriptions(Strauss & Corbin, 1990, p.61).

The data file cards were read repeatedly and a suggested theme was written on the back of the card. The data cards were then sorted into stacks with similar themes "by making connections between categories" (Strauss & Corbin, 1990, p. 96). The interview transcriptions were re-read to insure that the themes assigned to the extracted data were appropriate.

Through the "coding paradigm," (Corbin & Strauss, 1990, p. 96), the subcategories within a theme were named and defined as they emerged from the data. The data file cards were repeatedly read until all the cards had been categorized. Through the "interplay between the data collection and analysis" (Strauss & Corbin, 1990, p. 273), the following themes emerged as salient to these participants (Corbin & Strauss, 1990, Strauss & Corbin, 1990). Two faculty members from the nursing department at the university were asked to read the coded interviews. Each reader was asked to determine themes that developed from their readings. The list of the identified themes were written on 5 x 8 file cards and compared. By sorting the cards were sorted into areas of similarity, the researcher and the two nursing faculty read the extracted data and agreed that the material in each grouping was homogenous. The categories were collapsed to permit a succinct description of the findings. After several readings of the

file cards, five categories emerged from the analysis of the data.

Chapter Summary

This was a qualitative, descriptive, inductive study conducted to investigate the transfer of entry-level competencies and professional values learned in the academic environment to the occupational positions in a health care facility. A sample of twenty-one graduates from an associate degree nursing program were interviewed. Data was coded an analyzed sequentially using the constant comparative method (Glaser & Strauss, 1967).

CHAPTER IV

Results of Investigation

The verbatim transcripts were analyzed by applying the constant comparison method (Strauss & Corbin, 1990; Corbin & Strauss 1990; Glaser & Strauss, 1967). Through the "interplay between the data collection and analysis " (Strauss & Corbin, p. 273), the following themes emerged as salient to these participants. The conceptualizations of the themes developed were influenced by the professional knowledge and the personal experiences of the researcher. The explanation of a theme is followed by the voices of the participants.

Critical Thinking through the Nursing Process

All participants in the study agreed that the *nursing process* exercises promoted critical thinking. The nursing process is a problem-solving technique in which the graduate nurse uses inductive and deductive reasoning to collect data, make nursing diagnoses (hypotheses) and plan, implement, and evaluate the care of a client. Critical thinking, as conceptualized by Bandura, examines the premise that people employ higher mental capacities and use cognitive skills in solving problems.

Six subcategories relating to critical thinking were identified: assimilate, comprehension, automaticity, learn, priority setting, and problem solving. The meaning

statements and data examples for the subcategories of critical thinking are presented in Table 4.1.

TABLE 4.1 CRITICAL THINKING

Subcategory	Meaning Statement	Data Examples
Assimilate	**Modifying one's perception of the environment to fit a pattern or framework**	"Helped me put everything together. Pull everything together. "You would think now. Let's see, did I have a patient like this before and what did I, What was the first thing I did? What was their major thing? If I could relate it to one, that was better for me." "It (nursing process) helped me do the complete look at the patient from the physiology standpoint and I could do what I could see. Helped me put everything together."
Comprehension	**Predicting responses, weigh risks and benefits, and determining interventions**	"It helped with the acute care. If I hadn't worked in long term care before, I would have had problems with understanding the nursing process." "It (nursing process) did assist in the understanding of what was going on in the care. We had to understand and had the skills and knowledge to understand why that certain aspects of care was prioritized in a certain way."

Subcategory	Meaning Statement	Data Examples
Automaticity	Processing that occurs with little or no conscious attention or effort	"It became a habit to know what your goal was automatically. This is like a built in thing in your brain -- ok, potential for infection -- da-da-da-da. This is what you can do. It was automatic." "I think the nursing process is a good idea itself, you know, the four or five steps that are, are good; but the actual going through it - Uh Uh. I don't have time to do it and maybe it is just that I do it and I'm not aware of it -- and that's a good possibility. Yeah, that is probably it. It is just so ingrained in school that when you get out on the floor, you automatically go through those steps." "It (nursing process) had stuck so much in my head, I was thinking the other day it had started coming more easy what this person needs to be done first."

Subcategory	Meaning Statement	Data Examples
Learn	Means through which we acquire skills and knowledge	"Helped me? It (nursing process) helped me but I still had to really think, you know, and learn as I went. I mean it wasn't all there." "I was familiar with it (nursing process) and I learned what needed to be done first. You know, do we need to get an IV in this patient first; do I need to do this first before I went ahead and did something else." "Yes, you learn, definitely learn, what is the most important thing." "The nursing process - I don't know if it was just the nursing process that helped to prioritize, I just, it just wasn't one thing that you learn from experience. You just learn to know which one is more important than the other."

Subcategory	Meaning Statement	Data Examples
Problem solving	Deliberate actions directed toward resolution of problem.	"We had a lot of problem solving (in school) and we had our cases where we studied a patient for the entire course and then provided a case study and that helped a lot with problem solving when I started on the floor." "Yeah. Pretty much. You know, I was able to, I was able to figure out what was going on. I just didn't know the in-depth of the things you need to really look for." "Maybe to a degree, it (nursing process) helped. Because it is making you think in a less stressful way."
Priority setting	Differentiating between problems needing immediate attention	"It (nursing process) not only assisted with just prioritizing, but I can remember pulling that information for my state board. "I think that was the key to prioritizing your care, because everything was based on the nursing process."

Learning through Modeling

The nursing student observes the actions of nursing faculty and clinical staff in response to clinical circumstances. The neophyte nurse mimics behaviors of the role models in similar situations (Carroll, 1993; Bigge and Sherman, 1992; Mann, 1990; and Griffith & Bakanauskas, 1983). Self efficacy is a variable that may interfere with implementing behaviors that have positive consequences. Practice under the auspices of nursing faculty and clinical staff address deficits and facilitates organizing and integrating cognitive, behavioral, and psychomotor skills into appropriate courses of action (Bandura, 1977; Bandura, 1977; Mann, 1990; and Carroll, 1993)

As role models the nursing faculty and clinical staff form unique relationships with students and enhance the self-efficacy of a student in an interdependent learning relationship in the clinical environment. Under the theme of modeling, five subcategories were identified: equality of interaction; ethical responsibility as a teacher; professional credibility; and prosocial orientation. The meaning statements and data examples for the subcategories of modeling are presented in Table 4.2.

TABLE 4.2 MODELING

Subcategory	Meaning Statement	Data Examples
Equality of interaction	Behaviors that convey communicating rather than at another	". . . very good. sit down and go over care plans. Very, very helpful. "And . . . was very calming. Did not make you feel like 'breathing down your neck.'" "Oh! I help deliver a baby. "Precip" in the baby. The instructor was beside me." "I didn't feel a lot of negativisim from any of them." "She helped me with a lot of procedures and let me watch everything available." "I would point something out to the clinical staff, and she would come and we would do whatever together. And I learned a lot from her." "I think everything kind of tracked back on what we learned and saw in the classroom and clinical."

Subcategory	Meaning Statement	Data Examples
Ethical Responsibility	Behaviors that are perceived to be fair and impartial and honestly communicated academic and clinical expectations	"I didn't feel a lot of negativisim from any of them, which to me was a big help. I mean they were very constructive in what you need to do to improve but it was never said in such a way that made you feel that you were a failure." "I had an excellent med-surg teacher. If it wasn't for her, I would not have passed NCLEX." "She gave me (instructor) confidence. Because, you know, I wasn't sure of myself in a lot of things." "She really made me think. She would really ask a lot of questions. She really made you think about what was going on, why it was going on, and what the outcome would be." "I had every opportunity to observe and participate in what the role would be and I could expect to perform when I was licensed." "The preceptor was so encouraging and so willing."

Subcategory	Meaning Statement	Data Examples
Professional credibility	Behaviors that are perceived to be demonstrative of the mastery of nursing skills and in-depth knowledge of nursing practice.	"Their love for nursing and just the way they talked. They just were like role models for me." "Saw . . . and told him that it was only six months after graduation, I fully realized what a role model he had been." "My clinical instructor was very thorough with his documentation." "We saw how the real professionals did it. And we had an idea on how to be, how to act, how to do, how to carry on." "Saw role of RN being played out in clinicals." "My OB instructor pushed me in that direction. She loved working public health." "By the way they talked, their pride in their nursing, the sharing of their experiences."

Subcategory	Meaning Statement	Data Examples
		"Their love for nursing and just the way they talked. They just were like role models for me. "Because the ones (instructors) that were there (university) all loved their careers; all worked in their careers."
Prosocial Orientation	Behaviors that convey awareness, acceptance, and respect for the human worth of another	"They were all willing to help me with any problems I had, including math." "The instructors - - very enthusiastic in their learning, in their teaching." "I still think it has to do a little bit with the personality of the instructor in general. How they relate to people and the caring of the individual itself." "She (the instructor) was very thorough, very positive, very enthusiastic about sharing her knowledge."

Nursing through Technical Performance

The technical nurse proposed by Montag (1951) would transfer learning that provided skills for the direct care of clients in acute care hospitals, long-term care facilities, and ambulatory care settings (Bensman, 1977). The ADN graduate would be prepared "to identify specific, concrete, frequently occurring problems that are physiological in nature" (Watson, 1986, p. 44). Under the theme of technical performance, four categories were identified: assessment, communication, nursing actions, and teacher. The meaning statements and data examples for the subcategories of technical performance are found in Table 4.3.

TABLE 4.3 TECH PERFORMANCE

Subcategory	Meaning Statement	Data Examples
Assessment	Organized, purposeful collection and validation of data bout the health status of a human being	"To do a good assessment and start transitioning into the workplace, you have to have assessment skills." "But I can remember saying that was the one thing I could fall back on was my assessment skills. Head-to-toe physical assessment drilled over and over again in the clinical experience." "It (assessment) helped me do the complete look at the patient from the physiology standpoint and I could do what I could see. Helped me put everything together." "The instructor would come through the ICU unit and ask for assessment related signs and symptoms of someone going into heart failure." "Because I went to work for the state of . . . and there focus is on prevention that my skills as far as assessment were utilized at length."

Subcategory	Meaning Statement	Data Examples
		"I went straight into Labor & Delivery. So you had to be up on your physical assessment to find out what was going on with moms and babies both."
		"When you are not really geared into thinking as far as doing a head-to-toe assessment. When you are not geared to thinking to that prior before school and afterwards to start thinking that way."
		"You have to know the physical assessment skills or you couldn't get through the door."
		"Felt comfortable doing head-to-toe assessment. Build on other knowledge. New assessment skills: as far as knowing what I was listening to - heart sounds, "

Subcategory	Meaning Statement	Data Examples
Communication a. Verbal	Process in which information exchanged between individuals Communication depends on speech	"They taught you how to communicate; when you should use "how" instead of "why"." "With the communication skills you can go in, find out exactly what is going on with them; without 'dancing' around them." "Practicing at school helped you to be more comfortable with patients and asking intimate questions, especially in Labor & Delivery when you had to ask about sexually transmitted diseases." "And without the training that we received in school, we would not have been able to behave in a therapeutic manner, to interact with those folks." "I feel like the program that I was in promoted communication skills and it actually didn't give us all the answers, but it started us on the right road of communicating."

Subcategory	Meaning Statement	Data Examples
		"Yes, clients - family members - I did not realize how much communication we do with family members, but we quite a bit."
Communication b. Non-verbal	Includes study of body language	"Mom is say, 'Oh, I love' but she is not looking at the baby, not touching the baby, -- yeah, helped a lot."
		"I had to learn to listen. It was up to me to learn to listen. Not just to listen to what they were saying, but the facial expressions and the movements. I just learned to look at the complete picture."
		"When people come and express their hostilities, it is not always what they are wanting to really say -- say things but their bodies are saying something else."

Subcategory	Meaning Statement	Data Examples
Nursing Actions	Nursing interventions that ensure the maintenance of normal physiological functions of a human being	"The other thing is that he (instructor) found skills for me to do that most other people hadn't even done -- such as accessing a med-a-port." "With putting PCA pumps, you know, the little vials in. I can figure out, if they, you know, 10 milligrams over two hours. I can do that and feel comfortable." "It was ingrained that you have your equipment; you know what you are going to do; you know what you are going to do for your patient." "I found out that there's certain things you got to do first before you can do the other things. Like, if you went to give wound care. Don't give a bath after you give wound care."

Subcategory	Meaning Statement	Data Examples
Teaching	Process in which information and instruction is imparted to persons and family in aspects of self care ranging from health maintenance activities to the care of acute and chronic conditions	"I use my teaching a lot." "We do a lot of teaching diet problems. Or treatments to explain to them why they have certain treatments or medications." "What do I need to teach this client in order for him to be able to take care of themself when they go home. I did receive that kind of background, foundation in school." "I did have to teach sex; sex education to fifth and six graders. And this was an experience."

Functioning in a Leadership Role

In most health care facilities, all registered nurses perform the same functions. The associate degree registered nurse is a nurse "for all seasons" because he/she may be found executing all nursing tasks, practicing in all areas of the health care agency, and functioning in a leadership. Herein lies a problem (Davison, S. (1983) Use of the Associate Degree Nurse Graduate in Prescription for Growth: Achievement and Challenges in Associate Degree Nursing).

The educational philosophy of the associate degree nursing program is the preparation of a graduate with predominantly technical skills. The practice philosophy of nurses as defined by employing agencies does not recognize the different educational preparation of registered nurses. The new associate degree graduate is pushed into a leadership role for which he/she has not received adequate educational preparation (Davison,S. (1983) Use of the Associate Degree Nurse Graduate in Prescription for Growth: Achievement and Challenges in Associate Degree Nursing). The resultant confusion of the disparity between the academic environment and the work setting is enormous to the associate degree nurse (Grant, 1994).

A necessary step in the process of gainful employment is taking the National Council Licensure Examination (NCLEX). The uniform examination was developed by the

National League of Nursing Testing Division and was implemented in 1950. The test was originally called the State Board Examination and was given bi-annually for two days on the same dates in each state. Results of the examination were forwarded to graduates six to eight weeks after the examination (Catalano, 1996).

In 1994, "the computerized version of the examination was implemented - the National Council Licensure Examination - Computerized Adaptive Testing for Registered Nurses (NCLEX-CAT,RN)" (Catalano, 1996, p. 173). The multiple-choice test is given at a test center on a personal computer. The graduate has a maximum of five hours to complete the examination. The range of questions that a graduate may take is between 75 and 265 questions. The responses of each graduate are graded on a statistical model that compares the answers to a pre-established criterion. The student will pass the examination if he/she can demonstrate to the computer a knowledge level above the standard. Results are forwarded to the graduates within 5 to 7 days after completion of the examination (Catalano, 1996).

Prior to NCLEX-CAT, graduates were afforded the opportunity to be employed as graduate nurses for a period of three to four months. Under the auspices of a preceptor, the neophyte nurse oriented to the nursing tasks and

leadership role of a registered nurse. The graduate nurse experienced a smooth transition to the role of a registered nurse upon passing the licensure examination.

A minimal orientation period awaited graduates taking the NCLEX-CAT licensing examination. Graduate nurses are not employed by health care agencies until the results of the examination have been received by the graduate nurse. Neophyte associate degree nurses are expected to function in a leadership role and perform complex nursing tasks with a minimum orientation to a health care agency. Under the theme of leadership, three subcategories were identified: charging, delegating, and management. The meaning statements and data examples for the subcategories of leadership are presented in Table 4.4. The self description of leadership expectations before and after the implementation of computerized testing are reflected in

TABLE 4.4 LEADERSHIP

Subcategory	Meaning Statement	Data Examples
Charging	Being responsible for delegating and coordinating patient care and staff on a specific unit.	**Expectations 1990 - 1993** "Worked as a graduate nurse four months before 'charging." "I was employed seven months after graduation before I became a 'charge nurse.'" "I probably charged six months after I graduated. About a month after I got the results (NCLEX)." "It was probably about five months after I graduated and the unit was fairly empty, I recall." "I became 'charge' probably in the fourth month (after graduation). Had orientation under preceptor three months." "Four months, after we found that I passed my boards. Approximately seven months after graduation." **Expectations 1994 - 1996** "I was charging right away as an RN because I was known at the hospital." "When I first came out of school, I was the staff."

Subcategory	Meaning Statement	Data Examples
		"Received score (licensing examination) quickly and facility hires you as RN with only two weeks orientation. Started charging as an RN as soon as I got back on the floor." "I was placed in a charge role almost immediately because I was used to doing all those years of work in a long-term care setting on a skilled unit."
Delegation	Empowering someone to perform a task or assume an entire role on one's behalf, and to be accountable for the outcome.	**Expectations 1990 - 1993** "Did I feel comfortable delegating? It's how you delegate. I would say, 'Would you please' or 'We need to get this done. I'd always use the 'we.'" "I worked in a supervisory position in a long term facility and didn't have any problems with delegating." "Well, I'd hand out assignment. 'This is what we need to do.' ' This is yours.' 'This is yours.' And I'd write the assignments. If you write the assignments, put name on it. I think it explains itself."

Subcategory	Meaning Statement	Data Examples
		Expectations 1994 - 1996 The role in which I delegated responsibilities was speeded up because of previous experience. "Delegation is not my style. I like to let my staff work it out between themselves. Now if I have to, I can." "I had an opportunity to observe the delegation process and was then given the opportunity to do some of that myself even before I was licensed to practice." "But I think only because I was an LPN before and I worked in that setting where I had to take responsibility and delegate to staff. If I had come fresh out of school and not had any knowledge in delegation, I probably would have been scared or wouldn't have felt very good about that."

Subcategory	Meaning Statement	Data Examples
Management	The activities need to plan and organize personal resources needed to achieve outcomes	**Expectations 1990 - 1993** "There again, I had a weakness in management." "When I graduated nothing helped me manage my time." "I was able to manage my time and be able to pull a 'med cart' or charge. I always got out on time and things were done." **Expectations 1994 - 1996** "I have found that different facilities obviously look at time management and prioritization somewhat differently depending on what unit you're on." "Get out on the floor, and you have 20 - 25 patients and it is just crazy. You learn time management every time." "Not efficiently. Not that I didn't know what needed to be done, but it lies within myself that my management skills are . . . I have to work on those."

Socializing to an Occupation

Socialization to the profession of nursing represents the process of acquiring the knowledge and skills needed to practice nursing and internalizing the attitudes, beliefs, norms, values, and ethical standards of the profession (Creasia & Parker, 1996; Leddy & Lepper, 1989; and McCain, 1983). The development of an occupational identity occurs initially through education is subsequently transferred to the practice setting. The nursing role learned in the academic setting needs to be transferred and modified to the workplace. Under the theme of occupational socialization, two subcategories were identified: social integration and reality shock. The meaning statements and data examples for the subcategory of occupational socialization are presented in Table 4.5.

TABLE 4.5 SOCIALIZATION

Subcategory	Meaning Statement	Data Examples
Reality Shock	Feelings of powerlessness and ineffectiveness	"Cause as a new nurse a lot of it is fear. Before you are going to school and somebody's always double checking you. And then all of a sudden her you are, your on your own." "Now that we have combined everything, I could have had backup there to help me and I would not feel near as stressed as I did." "You were responsible for being able to make the right decision and knowing that if you did anything wrong, it was all because of what you felt would probably be wrong." "Dealing with the number of patients that were to care for and the number of staff. As a student had two to four patients, as a graduate forty patients." "When we were in clinical at the hospital, you only have two patients. Get out on the floor, and you got 20 - 25 patients."

Subcategory	Meaning Statement	Data Examples
		"And there were only a few special nurses out there that you were put with on the clinical floor that did work as a team."
		"When you first graduate, and you go into a room and you're scared to touch the patient and they have no clue what you are thinking, so you have to come off as a professional. And it works!"
		"I mean in nursing school we only had the two patients. And whenever you get out to the real world, you have five, six, seven, occasionally eight patients."
Social Integration	Getting along with co-workers and fitting into group	"To go in and work on the team and be able to feel comfortable working with your peers and co-workers."
		"Learned how , talk to, work with the aides; how to work with the LPNs, put laundry in the proper places, and had to talk to doctors."
		" I was able to talk with the others (team members) and they accepted you more readily if you were able to communicate with them."

Subcategory	Meaning Statement	Data Examples
		"The only problem was the different type of northeastern part of the country. That was a little strange for me because I lived down South." "But I think you still have to have your autonomy about you, and not to be co-dependent on another nurse." "I think that clinicals really made me comfortable cause we, you know, worked in the hospital and got to know the staff at . . . and I really felt comfortable there." "I could talk with them and they didn't talk down to me because I was a new grad. It was like, 'okay' here is what we need to do, now let's do it. And we got along well on nights."

Chapter Summary

In this chapter, data were reported from a study conducted to describe the transfer of educational concepts from an academic environment to the workplace as perceived by twenty-one graduates. By applying the constant comparison method of data analysis, five themes -- critical thinking, modeling, technical performance, leadership and occupational socialization -- were discovered: The analysis of the data on critical thinking indicate that graduates were able to problem solve and critically think through the use of the nursing process. The analysis of the data on modeling implies that vicarious learning was the mechanism through which nursing students implemented behaviors observed in the clinical environment. The analysis of the data on technical performance indicate that neophyte nurses have entry level competencies at the time of graduation. The analysis of the data on leadership suggest that graduates prior to the implementation of Computer Adaptive Testing had a minimum of a four month period of orientation and experienced a smooth transition to a leadership role in the workplace. The analysis of the data on socialization suggests that the initial socialization in the academic setting extended to the work setting.

CHAPTER V

DISCUSSION OF FINDINGS

The goal of this perspective seeking study was to examine the transition of graduates from an educational program to the world of work. Using narrative analysis, findings of the study suggest that the interlinked activities of theoretical presentations and clinical expectations supported the transition to gainful employment (Hindmarsh, 1993; and Hallinger and Greenbelt, 1990). Findings of the study indicate that learning occurred within a social context and was a blend of observation, modeling, and cognitive processes.

The nursing process, utilized in the clinical segment of a nursing curriculum, is similar to the process of critical thinking. Judgements in the nursing process are based on a cycle of gathering information through assessment, planning interventions based on the analysis; evaluating the process; and planning new interventions based on up-dated assessments. The critical thinking process progresses through comprehending concepts; applying interventions to the facts; analyzing information; synthesizing a plan; and evaluating solutions (Kuwitzky and Skill, 1995).

Findings of the study indicate that the neophyte nursed continued to develop problem solving skills the first three

months of employment. The participants suggested that clinical judgement that involved decisions related to client care continued to evolve and mature in a caring and nonthreatening work environment. Interestingly, nursing research has not found a correlation between critical thinking and clinical judgement (Brooks & Shepherd, 1990; and Pardue, 1987).

Role modeling is a process of teaching attitudes and behaviors of professional practice. Nursing faculty oversee a curriculum in which nursing students acquire a scientific knowledge base and entry level technical competencies. The student-instructor relationship based on honest communication and trust enhances the personal and professional growth of each individual (Jeffreys, 1998; Griffith & Bakanauskas, 1983; and Tetraulat, 1976).

Lopez (1983) suggest that modeling becomes a dynamic process when nursing students are encouraged to discuss their observations of the clinical practice of faculty. The principle of *praxis* ensures the opportunity for positive dialogue between the student and the faculty about the actions observed. Reflection on insights from the classroom and experiences in the clinical environment strengthened the self efficacy of the student (Wiseman, 1994; Knox & Mogan, 1985; Cooper, 1982; and Wong, 1981).

Findings of the study suggested that the nursing instructor who supported a collegial relationship with

students assisted in the development of professional competence. Nursing students perceived that the behaviors of clinical instructor that instilled confidence and acceptance of the individual facilitated the learning experience. By observing the professional credibility of the faculty, nursing students incorporated appropriate responses to clinical situations.

The Associate Degree (AD) graduate is prepared for the role of a registered nurse. The goal of associate degree educational programs is to prepare a graduate with an entry - level knowledge base in nursing concepts and skills who can practice competently. The nursing problems encountered by the graduate have predicatable outcomes for nursing actions. Neophyte nurses are prepared to assist clients across the life span in maintaining an optimum state of health.

Findings of the study indicate that the educational program enabled the nursing student to develop cognitive and psychomotor skills appropriate to the content learned. At the time of graduation, the entry-level competencies of the graduates were consistent with technical nursing practice. The neophyte nurses provided competent nursing care to a diversifed population in a variety of health care settings (Bensman, 1977).

In order to become a health professional, nursing students actively participate in the process of occupational

socialization. Initial socialization occurs in the educational institution where the skills, roles, and values are instilled in the learners. The nursing faculty and clinical staff serve as socializing agents by modeling the role of a registered nurse.

Findings of the study suggest that the continuum of socialization from the educational setting extends to the resocialization in the workplace. Socialization to the role of a nurse was realized when the graduate envisioned his/her self as part of the profession (Hess, 1996). Neophyte nurses experienced a conflict between competencies acquired in the academic program and the reality of behaviors required in the work setting.

The original intent of Montag (1951) for ADN education has not been realized because of the differences in the designed role and the present day utilization of the ADN graduate in health care agencies. Employment pressures have blurred the entry level competency of leadership for the AD neophyte nurse. A study by Schank & Stollenwort (1988) showed that experience, not education, was a criterion for employing ADN graduates in leadership positions. Findings in research studies of various nurse educators and administrators indicate that actual differences in leadership competency in graduates from the associate degree, the baccalaureate, and the diploma programs were not detected (Chamings & Tervon, 1979; Hogstel, 1977; Meleis 7

Farrell, 1974).

The implementation of the computerized version of the NCLEX-RN impacted the orientation of the AD graduate to a health care facility. The time frame for orientation to a unit under the auspices of a preceptor had been compressed from three months to one month. Neophyte AD nurses were expected to assume leadership roles without having either the experience or the theoretical background for the role.

Findings of the study indicate that participants experienced a disparity between the leadership preparation in the educational program and the leadership expectations of the health care employee. Prior to the implementation of NCLEX-RN, graduates had a minimum of four months under the auspices of a preceptor gaining experience and confidence before being assigned to the role of "charge nurse." Graduates taking the computerized testing for licensure had a minimal orientation periods were minimal and were expected to function as a "charge nurse" within two weeks of employment. Participants suggested that the impact of the NCLEX-RN examination was minimal on the management of time. Development of proficiency in management skills evolved with experience.

Implications

Nursing Education once again stands at a crossroad of deciding upon concepts to include in a nursing curriculum. The process of education should provide the intellectual

tools for nursing students to gain insight into the interrelationship of theory and practice (Hess, 1996). The rapidly changing challenges of the health care system requires the development of critical thinking skills in graduate nurses to meet the diverse requirements of the clients and the employers (Jones & Brown, 1991 and Clarke, 1986).

To learn the thought processes involved in critical thinking, the novice nurse must see and hear the concepts used by nursing faculty and clinical staff. It is not possible to teach the process through didactic presentations, the novice nurse "must watch expert nurses in practice" (Kuwitzky and Still, 1995, p. 26). Critical thinking requires viewing the process as ongoing in which nurses implement critical reflection in their practice.

To think reflectively is to reveal the underlying options of the situation (Ford and Profetto-McGrath, 1994). Schon (1987, p. 22) suggests learning from the "professional artistry" of practitioners in unique situations. The pattern of inquiry for reflective practice permits understanding the options of the situation as well as examining the concepts that guide professional practice (Schon, 1987, p.28).

Social learning theory proposes that learning occurs through the observation of models (Ormand, 1995). Nursing students imitate the patterns of behavior of competent

nursing faculty they have observed in the classroom and clinical areas. Clinical instructors, demonstrating critical thinking skills, explain the process of identifying a dilemma, considering alternatives, and implementing the clinical decision. Nursing students receive positive reinforcement from nursing faculty and clinical staff for modeling the critical thinking and psychomotor skills observed in the clinical area (Ormand, 1995).

Nursing students are socialized to the health care profession of nursing through a formal education program and an internalized system of norms and values that guide the practice of nursing. The socialization process of the neophyte nurse may be facilitated or hindered through the encounters of clients, employers and employees of health care facilities, and peers (Lum, 1988). The neophyte nurse utilizes the entry level competencies learned in the academic setting in the practice of nursing in the workplace.

Transfer of knowledge from the educational setting to the work environment presupposes that content is organized and convertible to meet the needs of an evolving health care system. Cost containment measures and technological advances have blurred the entry level practice role of the AD nurse. Employers expect the AD nurse to function in a leadership role and manage care of clients with complex, interacting problems. A disparity exists in the entry level

competency expectations of employers and the entry level competency preparation of educational institutions (Michelmore, 1977 & Hess, 1996).

Nursing faculty should oversee curricula changes that prepare graduates to be gainfully employed in the evolving health care system. The entry-level competencies of critical thinking, the nursing process, and psychomotor skills should be expanded to include leadership concepts and community experiences. Learning activities in which students are afforded the opportunity of applying principles of conflict resolution and delegation need to be included as education outcomes of the curriculum (Cummings & Nugent, 1997; Sears & Wilson, 1996; Mueller, et al 1995; & Booth, 1994). Other elements that need to be included in an AD curriculum are becoming competent in caring for the aging population, teaching health care economics, and growing professionally through lifelong learning (Mueller, et al 1995).

Successful completion of an AD curriculum that is reflective of current health trends will enable the neophyte nurse to enter an exciting and challenging career in health care. Graduates will be able to transfer their learning to the workplace and experience a rewarding practice in the field of nursing. As register nurses continue on their employment journey, a commitment to lifelong learning will facilitate their functioning competently in a dynamic

changing health care system.

Conclusion

In conclusion, analysis of the themes indicated that the graduates of the associate degree nursing program had internalized the entry level competencies that enabled them to experience a smooth transition to the workplace. Knowledge to practice competently was based on nursing concepts that were supported by an understanding of health; communication; teaching-learning principles; and biological sciences. The practice of the neophyte nurse was characterized by collaboration with members of the health care team. The entry-level graduate possessed the knowledge and skills to delegate and direct ancillary staff and to prioritize the nursing care for a group of clients. A commitment to professional growth and continuous learning was evident in the responses of the participants.

In nursing, critical thinking is portrayed as a process synonymous with problem solving. A model for critical thinking based on the nursing process promotes nursing actions based on predetermined standards and restricts the problem solving ability of neophyte nurses. To promote the development of critical thinking beyond problem solving, nursing educators need to shift to a model of reflection which mediates the relationship of knowledge and action. A collaborative student-teacher relationship is essential in developing critical thinking skills that are based on

insights, interpretations, and reflection. Further research is needed to determine the factors which influence critical thinking in registered nurses after a year of experience in a health care facility.

Role modeling by faculty members and clinical staff in a practice environment facilitated the translation of nursing content into nursing action. The demands of the evolving health care system deem it essential that the vicarious learning of nursing students encompass the nursing faculty engaged in competent clinical behaviors in diverse health care units. Of interest would be to determine if the behaviors and skills of the nursing instructors are evident in the practice of the graduates one year after graduation.

The increasing demands of an evolving health care system have blurred the roles of the graduates from the two educational programs. Employers continue to utilize the AD and BS graduates interchangeably. Entry-level graduates from an AD program are expected to possess management and leadership competencies, which were previously identified in the domain of the BS nurse. Employment opportunities for the AD graduate have extended from an acute and long-term settings to community-based environments. Nursing educators are faced with the challenge of including within the educational program nursing content to adequately meet the needs of clients, employers, and the health care system. Further investigation could lend insight into the societal

forces that are driving the utilizing of the AD nurse in a leadership role in a community based practice.

The development of educational mobility opportunities for LPNs seeking the ADN level of nursing practice is a timely change. Mechanisms for recognizing commonalities of nursing content and learning experiences would improve articulation and provide relief from the high costs of education by decreasing repetition of nursing concepts. Research could be conducted to determine if career mobility provides a cost-effective means for adult learners to access higher education and further their career goals.

Recommendations for Further Study

Based upon findings of the study there are several recommendations for study:

1) Conduct a one-year and five year study of graduates to determine their adequacy to function in a diverse health care delivery system.
2) Determine if utilization of the nursing process strengthens problem solving abilities of graduates in the clinical environment.
3) Investigate if the student articulating into the associate degree program receives just credit for previous knowledge.
4) Determine teaching strategies to incorporate and develop leadership skills in the nursing curricula.

5) Investigate if practice competency is correlated with the academic capabilities of a heterogenous group of learners.

6) Define the practice competencies and role performance expectations of graduates from a technical program and a professional program.

7) Explore the role of continuing education in maintaining professional competency.

Chapter Summary

The purpose of this study was to investigate if the educational outcomes of the associate degree nursing program provided expected entry-level competencies of a registered nurse. Findings of the study inidcate that entry level competencies of critical thinking, problem solving, and psychomotor skills were learned through the interlinked activities of theoretical presentations and clinical experiences. Findings of the study suggest that a collegial relationship between an instructor and student assisted in the development of professional competence. Findings of the study suggest that leadership expectations of employers is not congruent with the leadership preparation of the AD nurse in an educational program.

The transition from the academic environment to the world of work is supported by a nursing curriculum in which content is designed to meet the needs of an evolving health care system. To understand professional practice, it is

essential for nursing students to view the modeling of clinical competencies and crtical reflection by nursing faculty and clinical staff. To address the expectations of employers, leadership concepts and community experiences should be included in the nursing curriculum.

Based upon findings of the study, several recommendations for further study were made.

CHAPTER VI

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APPENDICES

APPENDIX A

Institutional Board Permission to Conduct Study

The University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION

July 24, 1997

Ms. Lynn C. Barnhart
3310 Baltimore
Lawton, Oklahoma 73505

Dear Ms. Barnhart:

Your research proposal, "Transfer of Educational Concepts of an Associate Degree Nursing Program to the Workplace," has been reviewed by Dr. E. Laurette Taylor, Chair of the Institutional Review Board, and found to be exempt from the requirements for full board review and approval under the regulations of the University of Oklahoma-Norman Campus Policies and Procedures for the Protection of Human Subjects in Research Activities.

Should you wish to deviate from the described protocol, you must notify me and obtain prior approval from the Board for the changes. If the research is to extend beyond twelve months, you must contact this office, in writing, noting any changes or revisions in the protocol and/or informed consent form, and request an extension of this ruling.

If you have any questions, please contact me.

Sincerely yours,

Karen M. Petry
Administrative Officer
Institutional Review Board

KMP:pw
98-011

cc: Dr. E. Laurette Taylor, Chair, IRB
Dr. Gary Green, Educational Leadership

1000 Asp Avenue, Suite 314, Norman, Oklahoma 73019-0430 PHONE: (405) 325-4757 FAX: (405) 325-6029

INSTITUTIONAL REVIEW BOARD APPLICATION FOR APPROVAL OF THE USE OF HUMAN SUBJECTS IN AN INVESTIGATION CONDUCTED ON THE NORMAN CAMPUS AND/OR BY UNIVERSITY OF OKLAHOMA FACULTY, STAFF OR STUDENTS

Your application for approval of the use of human subjects should consist of eleven (11) copies* of three parts:

PART I - A COMPLETED APPLICATION FORM
PART II - A DESCRIPTION OF YOUR RESEARCH STUDY
PART III - SUBJECT'S INFORMED CONSENT FORM FOR PARTICIPATION IN YOUR STUDY

Attach supplementary information pertinent to this study that will help the board members in their review of your application, i.e., questionnaires, test instruments, letters of approval from cooperating institutions/organizations.

APPLICATIONS ARE DUE NOT LATER THAN THE 5TH DAY OF THE MONTH IN WHICH YOU WISH THE PROPOSED PROJECT REVIEWED

PLEASE TYPE YOUR RESPONSES

PART I - APPLICATION FORM

1. Principal Investigator:
Name Lynn C. Barnhart
Department Educational Leadership
Campus Phone No. N/A

If you are a student, provide the following information:
Daytime Phone No. (if different from above) (405) 248-3762 or (405) 581-2310
Mailing Address 3310 Baltimore
Lawton, Oklahoma 73505
Faculty Sponsor Dr. Gary Green Dept. Educational Leadership
Sponsor's Phone No. (405) 325-1520

Co-Principal Investigator(s) (Please include name, department, and campus phone number)

Signatures:
Principal Investigator
Co-Principal Investigator(s)
Faculty Sponsor (if student research project)

* If you believe your use of human subjects would be considered exempt from review or qualifies for expedited review as defined in Sections 4 and 12 of the University of Oklahoma Norman Campus Policy and Procedures for the Protection of Human Subjects in Research Activities, you may submit two (2) copies of this application for initial review. If full Board review is required, you will be required to submit nine (9) additional copies.

2. Project Title Transfer of Educational Concepts of an Associate Degree Nursing Program to the Workplace

3. Project Time Period: From Sept 1, 1997 to March 1, 1998

4. Previous Institutional Review Board-Norman Campus Approval for this project?
Yes_____ No_X_
If yes, please give date of the action_____

5. Are you requesting funding support for this project?
Yes_____ No_X_
If yes, please give sponsor's name_____

6. Description of Human Subjects
Age Range 25 - 58
Gender (please check one): ___Males; ___Females; _X_Both
Number of Subjects 21
Special Qualifications Graduate from a regional university between 1990 - 1996

Source of Subjects and Selection Criteria Currently employed as a registered nurse in a health care facility within a thirty-mile radius of the university
Please check any protected groups included in this study.
_____Pregnant Women
_____Fetuses
_____Mentally Disabled
_____Mentally Retarded
_____Elderly
_____Prisoners
_____Children

APPENDIX B

Individual's Consent to Participate

UNIVERSITY OF OKLAHOMA - Norman Campus

Individual's Consent to Voluntarily Participate in a Research Project

I, _____, understand that this study, entitled Transfer of Educational Concepts of an Associate Degree Nursing Program to the Workplace is being directed by Lynn Barnhart under the guidance of Dr. Gary Green.

I understand the following:

1. The purpose of this study is to examine how well an academic program of study prepared graduates of an Associate Degree Nursing Program for employment. I will be asked to answer questions about my first three months employment in a health care institution after graduating from the nursing program. I have been asked to participate in this study because I graduated from the Associate Degree Nursing Program at an university in a southwestern state between the years of 1990 - 1996.

2. Description of the study: After agreeing to participate in this study, I will be interviewed by Ms. Barnhart. The questions will be directed toward entry level competencies that have been developed by the National League for Nursing. The interview will be taped and will take approximately forty-five minutes to an hour to complete.

3. I understand that all data from the study will be kept confidential. The key to the numerical coding will be kept with transcriptions, unavailable to public perusal, and destroyed at the completion of the project.

4. There are no risks for participating in this study.

5. There are no direct benefits from participating in this study.

6. My participation in this study is voluntary and will not affect my relations with the university in the southwestern state.

7. Participant's Assurance: by signing this consent form, I have not waived any of my legal rights. I may revoke my consent and withdraw from this study at any time. If I have any questions about this study, I may contact Lynn Barnhart at (405) 581-2310 during the day or (405) 248-3762 in the evening or on weekends.

8. I have read and understand this document. I freely consent to participate in this study. I will receive a copy of this consent form.

Research Participant _____

Date _____

Researcher _____

Date _____

APPENDIX C

INTERVIEW DESIGN - FORM I

INTERVIEW DESIGN

CATEGORY: Technical Skills

Properties: At the time of **initial** employment:

- What skills did you learn in school that enabled you to collect health data from a client during the first three months of employment?
  a. Interviewing skills
  b. Physical assessment skills
- Were you able to perform complex nursing skills competently?
- How did clinical experiences during school assist in prioritizing care for a client?
- What knowledge from the biology, psychology, and sociology courses assisted in formulating and implementing a plan of care for a client?

CATEGORY: Communication

Properties: At the time of **initial** employment:

- Did the therapeutic communication skills learned in the nursing curriculum enable you to assist clients and family members?

- What skills in prioritization were needed to design a plan of care to maintain or restore a client to an optimum level of health?
- What principles of learning were incorporated in a teaching plan that was designed to maintain and promote the health of a client?
- What documentation skills learned in the clinical experience enhanced documentation and discharge planning of a client during initial employment?
- Were adequate opportunities available to enable personal participation in nursing care conferences?

CATEGORY: Management/Leadership

Properties: At the time of **initial** employment:

- Did the clinical experiences as a student enable you to prioritize nursing care and manage time appropriately for an assigned number of clients?

- What delegation principles were incorporated in assigning care of clients to ancillary staff?
- Were the assignments to the ancillary staff consistent with their level of educational preparation and the acuity of the clients?
- What problem solving and critical thinking opportunities in the classroom and clinical experiences provided foundational knowledge for entry level transition to the health care work place?

CATEGORY: Accountability

Properties: At the time of **initial** employment:

- Were you knowledgeable of your scope of practice as a registered nurse? Where was that knowledge gained?
- Were you knowledgeable of the ethical standards and legal framework for nursing practice?

- Were you afforded opportunities to gain insight into ethical dilemmas during your educational experience?
- Was the importance of continuing education in maintaining clinical competence addressed in the nursing curriculum?

CATEGORY: Organizational Structure

Properties: At the time of **initial** employment:

- Were you acquainted as how to locate the policies and the organizational structure of the health care institution?

CATEGORY: Educational Preparation

Properties: At the time of **initial** employment:

- Recall specific examples from the educational program that enhanced the entry level competencies of your **initial** employment as a registered nurse.

APPENDIX D

INTERVIEW DESIGN - FORM II

INTERVIEW DESIGN

CATEGORY: Technical Skills

Properties: At the time of **initial** employment:

- Did the physical assessment skills learned in school enable you to collect data from a client?
- Could you perform nursing skills competently to meet the needs of the client?
- Were you able to implement a plan of care according to the needs of.the client?
- Did the knowledge from the general education courses enable the incorporation of data to meet the physiological, psychosocial, and developmental needs of the client?

CATEGORY: Communication

Properties: At the time of **initial** employment:

- Did the communication skills learned in the nursing curriculum enable you to assist clients and family members in resolving problems?
- Were you able to design a plan of care to maintain or restore a client to an

optimum level of health?

- Were principles of learning incorporated in a teaching plan that was specifically designed to the knowledge level of a client?
- Did the interaction with the members of the health as a nursing student provide the foundation for a collaborative model of nursing practice as a graduate?
- Were your nursing decisions based on assessment skills and pathophysiology knowledge gained in the classroom/ clinical aspects of the nursing curriculum?
- Was there adequate opportunities to discuss nursing decisions made during the clinical experience in post clinical conferences?

CATEGORY: Management/Leadership

Properties: At the time of **initial** employment:

- Did the clinical experiences as a nursing student enable you to manage time appropriately when assigned a number of clients as a graduate?

- Were you able to delegate nursing assignments to ancillary staff consistent with their level of educational preparation and experience?
- Did the critical thinking opportunities in the classroom and clinical experiences provide foundational knowledge for problem solving in the work place?

CATEGORY: Accountability

Properties: At the time of **initial** employment:

- Were you knowledgeable your scope of practice as a registered nurse?
- Was the importance of maintaining confidentiality stressed in the nursing curriculum?
- Were you afforded the opportunity to gain insight into ethical dilemmas that could occur in clinical practice?
- Was the importance of continuing education in maintaining clinical competence addressed in the nursing curriculum?

CATEGORY: Health Care Experience

Properties: At the time of entering the associate degree

curriculum:

- Had you been previously employed in health care as an ancillary worker or a Licensed Practical Nurse?.
- How long were you employed in that capacity in a health care agency?
- Did the previous experience in the health care field facilitate the transition to the role of a registered nurse?
- Was the credit for previous knowledge adequate?

CATEGORY: Licensure Examination

Properties: At the time of **initial** licensure:

- Did you write the licensure examination over a two day time frame or did you write the computerized adaptive examination?
- Did the receiving of the examination results impact the orientation period to the health care agency? .
- When were you assigned to the role of charge nurse during your **initial** employment?

CATEGORY: Organizational structure

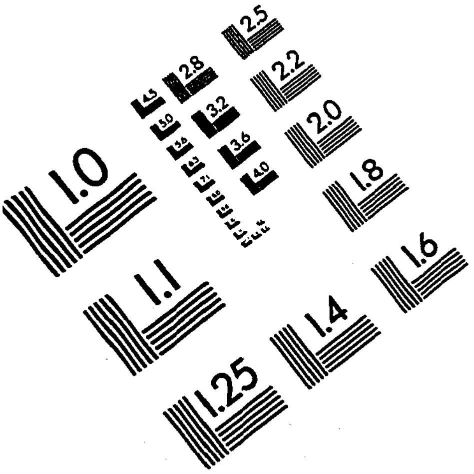
Properties: At the time of **initial** employment:

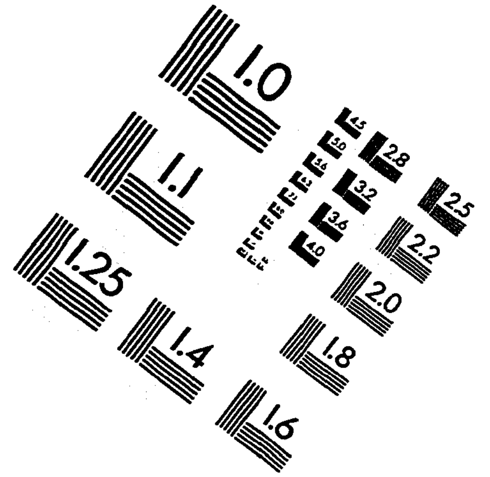
- Were you acquainted as to how to locate the policies and procedures manual of the health care institution?
- Were you aware of the organizational structure and the communication channels of the employing institution?

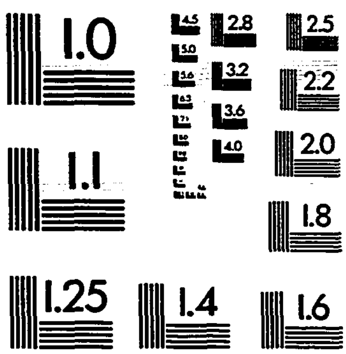
CATEGORY: Educational program preparation for **initial** employment:

- Recall specific examples from the educational program that enhanced the entry level competencies of your **initial** employment as a registered nurse.

IMAGE EVALUATION TEST TARGET (QA-3)







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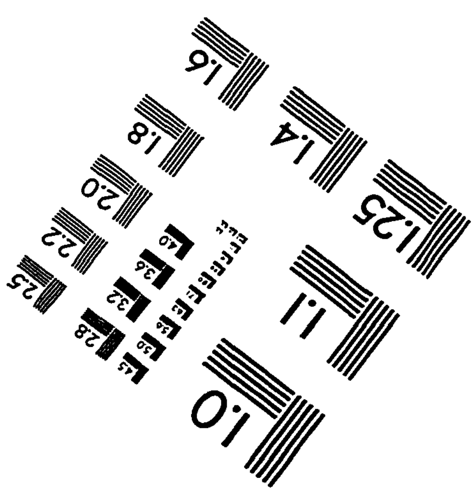

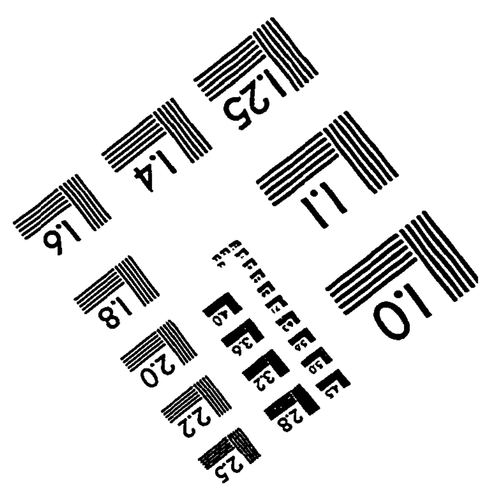

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