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A COMPARISON OF THE PERCEPTIONS OF NURSING DIPLOMA STUDENTS AND PRECEPTORS WITH RESPECT TO LEVELS OF STUDENTS' SELF-ESTEEM DURING THE PRE-GRADUATE CONSOLIDATION SEMESTER AT HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY

by

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ABSTRACT

A COMPARISON OF THE PERCEPTIONS OF NURSING DIPLOMA STUDENTS AND PRECEPTORS WITH RESPECT TO LEVELS OF STUDENTS' SELF-ESTEEM DURING THE PRE-GRADUATE CONSOLIDATION SEMESTER

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The primary purpose of this study was to determine whether there were any perceptual changes in students' awareness of their self-esteem level as they experienced the pre-graduate work opportunity within the four month consolidation semester. The investigator focused on total self-esteem and its subcomponents of general self-esteem, social self-esteem, school-academic self-esteem and home, parents-family self-esteem.

The population was composed of volunteers from pre-graduate students of the nursing diploma program at Humber College of Applied Arts and Technology and nurse preceptors working with these students. The survey instruments were the Coopersmith Self-Esteem Inventory: Adult Form and a Variables form, identifying demographic and socio-psychological constituents. Preceptor interviews were focused to address subcomponent areas. The Kuder-Richardson formula 21 was used to determine test-retest reliability and the t Test for Nonindependent Samples was employed as the appropriate test of significance.

Data analysis produced the following findings. Upon completion of the four month semester the majority of students experienced significant positive change in their perceived total self-esteem level and in each of the four self-esteem subcomponents. Age groupings showed the largest positive growth being

experienced by the twenty-one to twenty-five year old group. Those who are parents, presented a slight decrease, and those living with a spouse or significant other, displayed an overall growth in perceived levels of self-esteem. The variables of previous full-time employment, present part-time employment, extra curricular course participation, previous semester repeats or supplemental exams, were linked with clear growth in perceived self-esteem on the final inventories. Interviews with preceptors provided a melange of perspectives, not necessarily congruent with students' inventoried perceptions of their self-esteem.

Further research studies would provide for support and diversification of the findings of this work. Studies conducted in the same format which drew their population from other college and university programs would address the potential of data reliability. Cross-references with further variables would provide stratification and detail establishing definitive criteria for the effects of identified variables. Alterations in length of time covered by the study and/or placements of inventory completions, would also increase the data related to fluctuating of perceived self-esteem levels throughout the educational process.

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CHAPTER I
INTRODUCTION

BACKGROUND

An overview of the process which formulated the components for this study is presented to provide perspective.

In 1967, the province of Ontario established a community college system for post-secondary or adult student education. Programs in this system operate under the aegis of the Provincial Ministry of Colleges and Universities. [In 1993 this Ministry was restructured as the Ministry of Education and Training]. Program standards for implementation and reference are the product of recommendations of the Committees of the Minister of Colleges and Universities, and the Council of Regents for Colleges of Applied Arts and Technology. At this time (1967), diploma nursing programs were established within, or transferred to, the community colleges.

The program standards for diploma nursing programs were reviewed by the Provincial Advisory Committee on Nursing Education in relation to the "Standards of Nursing Practice for Registered Nurses and Registered Nursing Assistants", as revised by the College of Nurses of Ontario, May 1, 1979.

On January 9, 1980, the revised program standards were released from the Office of the Chairman, Council of Regents for Colleges of Applied Arts and Technology, Province of Ontario, Appendix A. These standards must be met to ensure that graduates are eligible for admission to the examination conducted by the Ontario College of Nurses, for registration and certification of nurses in Ontario.

The following provision is delineated within this document.

"4. The total nursing experience shall include a continuous pre-graduate experience of 525 hours (14 weeks) in the final semester which will provide for synthesis and consolidation of previous learning and opportunities for increasing judgement, skill and independence in a work experience similar to that of the beginning staff nurse.

1. The specific objectives shall include:

- setting priorities based on individual patient needs,
- planning and organizing nursing care for an increasing number of patients and complexity of care,
- adjusting activities to cope with unanticipated events,
- implementing planned nursing care in a reasonable length of time with due attention to conservation of energy and supplies,
- developing an understanding of the interaction of the health care team,
- developing the ability to provide direction and supervision of the registered nursing assistant and others to whom the registered nurse delegates activities,
- providing an opportunity to function independently of the teacher.

2. The experience shall take place in hospitals and of the 14 continuous weeks no fewer than 6 consecutive weeks shall be on one medical-surgical unit (any age group) in a general hospital. The placement of the student for the remainder of the pre-graduate experience will take into consideration student learning needs and the availability of clinical resources. The student hours shall coincide with the regular shift of service personnel. The student experience shall include all tours of duty.

3. The experience shall be planned, supervised and evaluated jointly by service and educational personnel. The day to day supervision of the student shall be carried out by nursing service personnel and college clinical teachers shall be available or on call for consultation."

Standards, Appendix A, p. 4

SELF-CONCEPT AND THE ROLE OF EDUCATION

The goals of fostering judgement, skill and independence, and the specific objectives as delineated by the Standards document are demonstrations of positive self-concept and socio-psychological growth. The setting of priorities, planning, adapting, efficient use of time and providing leadership are examples of self-actualizing behaviors. The pregraduate semester provides the opportunities to promote this growth. Working effectively within a constantly changing profession demands this change.

Technologic, socio-economic and political change, are fundamental facets of the current North American life-style. It is the moral imperative of education and educators, to prepare graduates for a world where knowledge and practice are no longer a product of evolution alone, but rather, the output of explosive technologies.

> "...one recurrent educational goal with some consistency is that of equipping the student with the necessary skills to live effectively and productively in the world of tomorrow..."
>
> (Harvey 1970, p. 67)

Abraham Maslow has defined a hierarchy of the evolution of human needs. The base is composed of the physical and life-sustaining requisites such as air, warmth, water and food. Once these needs are met, or satisfactorily partially met, mankind progresses to the pursuit of security, love and belonging, self-esteem and ultimately, self-actualization. The adult student can enter or re-enter the school world while at any of several points on this continuum. Likewise, graduation from a course or completion of a program also will occur for the insecure, the alienated, or those with low self-esteem. When these needs are recognized by education then they are more likely to be nurtured. "Increasingly, nursing education is advocating

goals of self-actualization as appropriate for the nurse", (Watson 1978, p. 151). Obviously, one cannot place self-actualization within the nursing theory curriculum and evaluate the results through the traditional examination methods. If self-actualization is indeed to be a realistic goal for nursing education then previous needs must be attended to and progress up the hierarchy must be nurtured. The placement of the pre-graduate consolidation experience in the final semester lends itself to supporting this progression. Self-actualization, according to Maslow, "is to become more and more what one is to become, everything one is capable of becoming, requiring the individual to make full use of unique talents and potentials by going beyond the immediate primitive needs of hunger, thirst, and so on and realizing fully the higher needs for love, esteem, cognition, recognition, aesthetic beauty", (Maslow 1970, p. 92).

If, for educators, it is important to promote the individual's growth of self, as well as theoretical knowledge and technical skills then environments must be structured and experiences sought which will promote positive perceptions of self-concept. Hamachek describes self-concept and school achievement as "interrelated and interactive", (Hamachek 1992, p. 310). He explains that nourishing or rewarding either self-concept or achievement, will provide a positive reinforcement for the other.

From the times of Descartes, Spinoza and Leibnitz, philosophers have pondered the mysteries of the non-physical aspects of functioning man. At the turn of the nineteenth century, William James authored his Principles of Psychology, a two volume treatise, the longest chapter of which was entitled, "The Consciousness of Self." In the early 1900's, Freud placed 'self' under his concept of 'ego'. His daughter Anna, entrenched this within her own approach to therapy.

As interest in self-concept developed, so did theories which had a strong influence on teachers' approach to education. Purkey (1970), in his introduction to

"Self Concept and School Achievement", notes that during the lull of interest in self which occurred during the 1920's and lasted until the 1940's, education also neglected to nurture or even pay lip-service to student self-concept.

By the 1960s, many excellent writings and theories emerged by eloquent and significant authors such as Coopersmith (1967), whose research studies have provided a comprehension of the "dynamics of the self in determining behavior." Carl Rogers theory (1969), impacted greatly on the assumptions of self. His linkages of earlier notions and his presentations resulted in the "self-theory."

Rogers stated that:

> ...the self is the central aspect of personality. He viewed the self as a phenomenological concept (a pattern of conscious perceptions experienced by the individual) which is of central importance to that individual's behavior and adjustment.
>
> (Purkey 1970, p. 6)

From Roger's basic assumptions one can realistically support Watson's (1978), observations that, "nursing education is advocating goals of self-actualization as appropriate for the nurse", because Rogers believed that in every human being there is a tendency toward self-actualization and growth so long as this is permitted by [encouraged, promoted and structured into...] the environment.

The building blocks which support the behaviors of self-actualization include self concept, role function and interdependence. Each of these building blocks contains within its components the positive valuing of one's self, also known as self-esteem.

SELF-ESTEEM

The standards of nursing practice for registered nurses set specific objectives for the pre-graduate experience, which include leadership, independence and adaptability. To increase one's level of functioning and competence during this experience involves an increase in self-esteem, (Coopersmith 1967, p. 20). This section will explain in more detail the role of self-esteem.

As an assessment tool to organize the planning and implementation of comprehensive patient care, Sister Callista Roy (Perley 1976), views humanity as integrated physiological/psychosocial beings. Her assessment package consists of the following adaptive modes:

1. Basic Physiological Needs; exercise and rest, nutrition, elimination, fluids and electrolytes, oxygen and circulation, regulation: temperature, regulation: the senses, and regulation: endocrine system.
2. Self Concept; physical self, moral-ethical self, self-consistency, self-ideal and expectancy, self-esteem.
3. Role Function; perception of self and role behaviors, performance and consistency social-integrity, self-concept, congruency of self-concept and roles, statements and acknowledgements related to current and former roles.
4. Interdependence; defense mechanisms, problem-solving level, seeking and getting behaviors, need-meeting and self-esteem, coping styles, self-concept, perception.

The second of these sections represents the self-concept mode. Roy (Perley 1976, p. 174), defines self-concept as the "composite of beliefs and feelings that one holds about oneself at a given time, formed from perceptions particularly of

others' reactions, and directing the person's behavior." Hamachek (1992, p. 27), describes the self-concept as four areas of separate but interrelated components which possess influence upon one another; a physical self-concept, a social self-concept, an emotional self-concept and an intellectual self-concept. Driever (Perley 1976, Chapter 11), in the 'Theory of Self-concept', defines two basic components of self-concept, the physical self and the personal self. The personal self is then divided into the moral-ethical self, self-consistency and self-ideal/self-expectancy. Driever believes that the individual's perception of his worth is an integral element of each component of the self-concept. This individualized perception of worth is Driever's definition of self-esteem.

Maslow (1954), felt it self-evident that all people have a need to esteem or value themselves. Self-esteem accompanies values and security, which diminishes anxiety and promotes environmental interaction.

The concept of self-esteem is described by Coopersmith (1967, p. 20), as "an abstraction that is formed and elaborated in social intercourse, private reactions to himself, mastery in solving developmental tasks and competence in dealing with life situations." He utilized the term when referring to self-evaluation.

Coopersmith's definition of self-esteem incorporates the approving or disapproving judgement of an individual as each self-evaluates his/her capability, significance, successfulness and worthiness (Coopersmith 1990, p. 5). Hamachek echoes this when he addresses, "Self-Esteem: How We Feel About Ourselves" (Hamachek 1992, p. 31), where self-concept relates to the cognitive aspect of self-perception and self-esteem is the affective dimension of self-perception. Roy states that self-esteem is an integral aspect of each component of the self concept (Perley 1976, p. 176). Rosenberg supports the self-evaluative nature of this concept with the addendum of, "it expresses an attitude of approval or disapproval" (Rosenberg 1965, p. 5). Rosenberg addresses his low-self-esteem population as 'ego phobes'

and states that their personalities incorporate neurotic tendencies, experience difficulties in socialization and that these people tend to have lower aspirations for success than do those with high self-esteem, (Rosenberg's egophiles). One of Rosenberg's studies (1979), found that marks or grades confer status as a student but that most people feel that grades are not necessarily related to being, "clear-thinking and clever" or "imaginative and original." He found in fact, that even fully acknowledging good or poor grades, nearly three-quarters of the students surveyed went on to indicate a good level of self-esteem through other mechanisms. This then, is the counterpart or obverse of Bachman, O'Malley and Johnson's (1978), findings as quoted by Hamachek (1992 p. 27). In that nine year study of a population of over 1,600 males in grade 10 and above, the "average level of self-esteem of those who eventually dropped out was consistently lower than that of all other students."

Gruber in 'Self In Transition', talks about change and continuity in self-esteem after high school. He feels that an individual's level of self-esteem is developed from achievement levels and satisfaction within a particular role, very much affected by prior background, previous and present expectations and feelings of value.

"... a sense of control originates either from a person's past experiences or from his (or her) satisfaction and achievement within a particular setting. An important determinant of self-esteem is the sense of control persons derive from their experiences."

(Gruber 1979, p. 94)

Gruber types the four major determinants of self-esteem as:

- background or input variables such as race, sex, class and ability, those which one arrives with,

- environmental variables such as activity state, curriculum placement, extra-curricular activity and number of hours worked,
- performance, grades, income and/or past grades,
- socio-psychological status as in expectations for the future, educational/occupational satisfaction and locus of control.

(Gruber 1979, p. 13)

"The research literature shows that locus of control has generally, a positive correlation to self-esteem."

(Gruber 1979, p. 25)

Low status and performance are co-related with low external locus of control. This in turn results in low self-esteem. Often, holding on to a situation where the locus of control is external may be a defense mechanism, a face-saving device. When one does not feel the need to accept responsibility for one's situation or low status one doesn't feel as unworthy. Fate or the power of others, is often more acceptable than the concept of personal responsibility.

While popular literature pays lip-service to phrases such as 'self-esteem theory' and 'self-esteem hypothesis' (Wells 1976, footnote #13, p. 36), these phrases have not emerged from rigorous or systematic research projects or findings. Self-esteem is characterized as a sense or awareness, a perception of personal competence or efficacy. Relevant foundations or constructs to these senses or perceptions are:

Self-esteem is reflected in the level of task difficulty that the person will attempt or in the person's projected probability of success (Wells 1976, p. 34).

People behave in a manner which is consistent with their level of self-esteem (ibid, p. 36).

Low self-esteem is emerging in the forefront of causative or catalyst mechanisms for failure in any and every aspect of life. Magazines, journal articles

and contemporary books both fiction and non-fiction are utilizing the concept of low self-esteem interchangeably with lack of success, security and even finances. Nevertheless, self-esteem as a trait to be nourished should not be undervalued because of its current contemporary trendiness.

Self-esteem seems to be emerging as one of the key, "social indicators" in current analyses of social growth and progress (Wells 1976, p. 250). Conferences, seminars and focus groups consistently find that self-esteem is one of the key facets in discussing society and the issues of racism, sexism, unemployment and school dropouts. How persons feel about themselves and their personal worthiness is not entirely determined by how good they think they are in a utilitarian sense. How people think of and evaluate themselves, both as a consequence of basic social conditions and as a predisposition for subsequent behaviors, is an essential behavioral construct for interpreting human conduct (ibid).

STATEMENT OF THE PROBLEM AND PURPOSE

There have been many research projects in which the persistent and significant relationships between self-esteem, self-concept and academic achievement have been identified. The majority of studies on self-esteem inventory children and classroom, primary and secondary school students, i.e.: K. to 12. Most post-secondary studies have employed self-concept scales. Statements by the investigators of these studies have addressed self-esteem without having carried out specific assessment of self-esteem traits.

With an ever increasing portion of the adult population continuing or returning to school (Vision 2000, 1989, p. 28), the adult student is becoming a substantive portion of the community college population (ACAATO, 1993). This adult student is entering a world quite different from his/her previous workplace and often is self-conscious and unsure of his/her ability to perform as a successful student. This student will benefit from reassurances about capabilities as provided by objective testing and attaining delineated performance levels. This adult student will also benefit from experiences which positively impact upon self-esteem and this benefit is a plus upon graduating and once again beginning a new-role-experience.

Writings by Nutter et al (1991), Mezei (1988), and Terenzini and Wright (1987), have addressed the adult student's behavior as also being linked to and influenced by that student's 'perceptions of self.'

The problem is that the majority of studies of self-esteem have been conducted with primary and secondary students. Data is not available for the adult, post-secondary school students' perceptions of self-esteem levels. The purpose of this study is to determine whether there are any perceptual changes in students'

awareness of their level of self-esteem, as they experience the pre-graduate work opportunity within the time-frame of the consolidation semester.

Coopersmith addresses the nature of self-esteem as that of a personal and private concept which consists of, "the individual's observations of his own behavior and the way other individuals respond to his attitudes, appearance and performance" (Coopersmith 1967, p. 20).

The final semester of the three year nursing diploma program is designated as the pre-graduate semester and finds the senior nursing student working along with a specific registered nurse (preceptor) or staff nurses, in a designated medical-surgical area of a general hospital. The student is expected to show a consistency in improving both problem-solving skills and general level of performance throughout this semester. An assessment of the student's perception of their level of self-esteem upon entering and completing this semester would provide a vehicle for extrapolation of their skills development and change in work environment as it may impact on their perceptions of the aspects and components which comprise one's self-esteem level. Coopersmith (ibid), believes that self-esteem level is an abstraction that is formed and elaborated in social intercourse, private reactions to himself (or herself), mastery in solving developmental tasks and competence in dealing with life situations. The pre-graduate experience should provide the above components in an atmosphere where the community college teacher will be on call but not in constant attendance as is common in previous segments of the nursing diploma program.

The pre-graduate semester provides a change of framework, where the student moves out of the classroom setting to experience the full impact of working in the culture of the hospital. This unique demanding experience is a major change from previous semesters. This constructs a setting for investigation of how clinical experiences can impact on self-esteem, for development of different social,

peer group relationships and which impinges on the student's home, parent, family role.

The self-esteem inventory used as a pre and post-treatment survey will assist the researcher in determining if there is any change in the evaluation that the students make of themselves and their worthiness, (Coopersmith 1990, p. 1).

RESEARCH QUESTIONS

The following research questions will be addressed in this study:

1. Do students perceive any changes in their level of self-esteem as they experience the continuity of the pre-graduate consolidation semester?

2. Do the students' perceptions of self-esteem show consistency in their positive feelings about themselves in relation to general self-esteem, social self-esteem, school-academic self-esteem and home-parents, family self-esteem, before and after this consolidation assignment?

3. Is there a variation in the means of scores of perceived levels of self-esteem, when students are grouped by age range, parenthood, living with a spouse or significant other?

4. Are perceived levels of self-esteem reflective of demographic variables such as previous full-time employment, present part-time employment and whether the student is taking part-time or sessional courses as well as the required assignment, or whether the student has written a supplemental exam or repeated a semester, during the program?

5. Does the preceptor's perception of the student's self-esteem throughout the pre-graduate consolidation semester reflect the student's self-esteem inventory?

LIMITATIONS

This study will be limited by:

1. The sample subjects all being students in the same college, course and year.

2. The selection of pre-graduate placement sites will be limited to those under contract with Humber College of Applied Arts and Technology.

3. The inability of any on-paper-questionnaire to define, survey and otherwise tabulate, all of the effect of life-style items that will be a part of each student's environment over the course of the pre and post-consolidation surveys.

4. The inability to control for past experiences of each individual student and the uniqueness of the impact of those events.

5. Participation by students and their R.N. preceptors will be on a volunteer basis with the knowledge that participation may be retracted, refusal to answer any question or questions will be respected, and that interviews may be discontinued at any time.

6. Of the students who filled out the pre and post survey and the variables forms, only twenty-five students fully completed every survey item and every area of the variables form. These twenty-five students formed the identified student grouping of the non-independent sample.

7. The investigator endeavored to arrange interviews with the preceptors of the twenty-five identified students. However, work schedules, preceptor illness, hesitancy to comment and staff downsizing resulted in a profile group of eight student/preceptor matchings.

8. The survey instrument is limited at a ceiling level of one hundred percent. Therefore, a student scoring one hundred percent on the first survey cannot be measured for growth.

9. The sample population consisted of those students who had met the admission and passing grades criteria of the Nursing Diploma Program of Humber College.

SIGNIFICANCE OF THE RESEARCH

A study finding that indicates changes in the students' perceived level of self-esteem could be helpful in raising awareness of the significance of the continuous pre-graduate work experience. An awareness of areas in which self-esteem change occurs and its relationship to student age groups, life style commitments and other variables, will assist the co-ordinating professor to optimize placement and structure of future experiences. The Standards for Diploma Nursing Programs within Colleges of Applied Arts and Technology, describe the pre-graduate experience as an opportunity to, "provide for synthesis and consolidation of previous learning and opportunities for increasing judgement, skill and independence in a work experience similar to that of the beginning staff nurse" (Standards, Appendix A, p. 4). This study will highlight the perceived self-esteem changes which occur during the pre-graduate consolidation semester.

"Structural changes in the economy arising from the increased pace of technological change and increased competition in the global economy, when combined with large numbers of baby-boomers reaching a plateau in their careers, will spark this age group's interest in additional training/education" (Vision 2000, 1989, p. 28).

Formal education is indeed a part of lifelong learning. New employment arenas are constantly emerging and very few people will invest in a one-time formalized education which will carry them through to retirement. The impact of a positive or negative perception of self-esteem upon the optimal functioning of the learner is a factor which must be taken into consideration when structuring program format.

"Between 1987 and 2000, the population aged 25-54 is projected to increase by almost 1,000,000 or 25%." (ibid.)

The relationship of age groups and life style commitments to self-esteem will be of increasing consequence as the population curve moves into the middle age bracket. The downsizing of middle management positions is providing impetus for many people in this age range to return to school. Study findings which increase awareness of the interplay of factors which affect self-esteem will increase ability to modify the environment and increase support for students.

HYPOTHESES

The following hypotheses will be tested in this study:

1. Hypothesis

The pregraduate students' perceptions of their self-esteem will show an increase in percentage level when a post-semester survey is compared to a pre-semester survey.

The subscale components of self-esteem will show a comparable increase.

The demographic variables of students will show as event factors which impact on students' perceptions.

The preceptors' perceptions often are similar to their assigned students' self-esteem inventory.

2. NULL-HYPOTHESIS

There are no perceived changes in level of self-esteem in the pre-graduate students as they experience the consolidation semester.

DEFINITIONS OF TERMINOLOGY

academic achievement: a level of performance in an educational setting or endeavor which is positively related to self-concept.
(Hamachek, 1992, p. 268)

awareness: marked by realization, perception of knowledge, often of something not generally realized, perceived or known.
(Merriam-Webster Thesaurus, Massachusetts, 1989)

components of self-esteem:
in the connotation of senses of self-esteem;
(1) self-love, (2) self-acceptance, and (3) a sense of competence.
(Wells, 1976, p. 61)

in the connotation of packages of perspective;
general self, social self-peers, home-parents, and school-academic.
(Coopersmith, 1990, p. 8)

consolidation: a semester where the student experiences the opportunity to unite and apply their total program learnings.

experience: experience selected in any nursing laboratory in the educational institution, the home, the community or the institutional setting which provides learning opportunities specifically related to the practice of nursing.
(Standards, Appendix A, p. 6)

input variables: distinguishing features which the student possessed before the semester commenced.

knowledge: recall of specifics and universals. The fact of knowing a thing. Information acquired by study and/or experience.
(Standards, Appendix A, p. 6)

on call: to maintain availability by means of a pre-arranged form of contact.

perceptions: subjective awareness, comprehension and/or discernment.

preceptor: a graduate who accepts the responsibility for being a role model, tutor and mentor.

pre-graduate semester: that semester which precedes the granting of an academic diploma.

rotation: as a noun, areas of practice or experience assigned to each student.

self-concept: ...that particular cluster of ideas and attitudes we have about ourselves at any given moment.
...the organized cognitive structure of ourselves as individuals derived from the sum of all our experiences.
...our own private mental image of ourselves, a collection of beliefs about the kind of person we are.

(Hamachek, 1992, p. 26)

self-esteem: the evaluation a person makes and customarily maintains with regard to him or herself. It expresses an attitude of approval or disapproval and indicates the extent to which a person believes him or herself capable, significant, successful, and worthy.

(Coopersmith, 1990, p. 5)

semester: a timetabled division of the academic year.

skill: practical knowledge in combination with ability. Ability to use one's knowledge effectively in doing something. Developed or acquired ability.

(Standards, Appendix A, p. 6)

understanding: the knowledge and ability to apply judgement. Implies ability to judge and comprehend.

(Standards, Appendix A, p. 6)

ORGANIZATION OF THE STUDY

For the purpose of convenience and systematic consideration, this study is structured in five chapters.

Chapter I contains an introduction to the study and background, a statement of the problem and purpose of the study, the significance of the research and the limitations of the project. It addresses the research questions and hypothesis and provides definitions of the specific terminology.

Chapter II contains a review of the literature, focussing on research involving college students, nursing students and pre-graduate, consolidation semesters.

Chapter III contains an introduction and description of the process of survey instrument choice, the survey instrument and method, method of implementation of the study and analysis of data, with a note addressing the functions of the supplementary interviews.

Chapter IV contains a discussion of the findings.

Chapter V contains the summary, conclusions, implications for further study and recommendations.

CHAPTER II
REVIEW OF RELATED LITERATURE

INTRODUCTION

This chapter introduces nursing specific research studies which include self-esteem components in their reports. The following areas will be addressed; Students and the Role of Self-Esteem, Self-Esteem and Nursing Education Students, Self-Esteem and Pre-Graduate Clinical Experience, Self-Esteem and Nursing Graduates, and a Summary of the conclusions of some of these studies.

It is increasingly apparent to anyone who ventures through the halls of a community college today, (or tonight, or this weekend), that the median age of the post-secondary student is advancing. In fact, between the years 1987 and 2000, the population of Ontario in the age range between twenty-five and fifty-four, is projected to increase by almost one million people or twenty-five percent. (Vision 2000, p. 28) During this period the recessive economy, free trade agreements and political upheavals, are all contributing to the 'right-sizing' phenomenon, company closures and plant location transfers. More than ever before liberated-employees are seeking further education, skills and new professions.

Basic education objectives have tended to rely on measurable applied actions and activities. Learning theories have developed around these objectives to promote cognitive content and competency guidelines, with stimulators and rewards built in as motivators. The adult students returning to the educational setting arrive with their motivators in place. They have made the difficult decision to continue their formal education and they bring their past experiences in life with

them. These mature students will benefit more from academic approaches which nourish self-esteem, than from policies which threaten through fear of failure.

A look at nursing specific research studies indicates that a low self-concept may actually be fostered during the educational process and also that self-concept and self-confidence may even be destroyed by certain teaching methods (Ellis 1988; Windsor 1987; Woolf 1984). Self-esteem studies have tended to focus on primary and secondary students, giving rise to the belief that self-esteem develops within childhood and locks into place in adolescence. Whether this is so or not, self-esteem is vulnerable to life's interjections and can dip and dive in response to traumatic experiences (Coopersmith 1981).

STUDENTS AND THE ROLE OF SELF-ESTEEM

Higher education with its diversified goals and outcomes must learn to assess the level of self-esteem of its incoming students and to nourish and foster self-esteem throughout its programs, to graduate people who are not hesitant to continue development towards areas of self-actualization.

"The two major factors which influence locus of control and self-esteem after high school are the social setting or environment that persons enter, and the rewards and satisfaction gained from participation in the setting" (Gruber 1979, p. 20).

The building blocks for a successful professional seem to have a large measure of self-esteem in their recipe. Coopersmith has defined self-esteem many times and with many elaborations. Simply put, Coopersmith addresses self-esteem as "the extent to which the person believes himself [or herself], to be capable, significant, successful and worthy" (Coopersmith 1967, p. 5). There will always be people who feel that the world is their oyster, while others question the worth of their existence and of course most people vacillate betwixt and between. Any discussion of the role of self-esteem as it affects a person's functioning or of the value of self-esteem in contributing to effective functioning, is constantly in danger of evolving into a polarized dialogue with educators strongly and passionately defending their individual pre-conceptions.

The literature abounds with empirical statements, with global perceptions of the status, value and role of a positive self-concept. The nursing specific literature tends to link self-esteem and empowerment. If nursing is to be in a key position in the restructuring of the health industry then nurses must possess and effectively utilize their potentials for assertive input and participation. In 'The Politics of Self-

Esteem', Greenleaf addresses the cyclical nature of energy as vigor or power in action and understanding of self-esteem as a power base.

> "We know from experience that when we feel good about ourselves we have energy or enabling power to accomplish our tasks
>
> Self Esteem -> Energy
>
> And we know that when we are skilled at doing something, we experience self-confidence and pride.
>
> Competence -> Confidence -> Self-Esteem"
>
> (Greenleaf 1978, p. 6)

People can meet the expectations of others, fulfill their job or role descriptions and still feel inadequate if they do not internalize their successes. Seeking out new learning experiences, decision making and instituting change, are not typically exemplified behaviors of the employee who is working at a job mainly for a salary.

SELF-ESTEEM AND NURSING EDUCATION STUDENTS

Ellis (1980, p. 389), found that: "Nursing service administrators and head nurses have a preconceived set of standards which they expect new graduates to attain", and that new graduates are not making the impact expected of them, on the health care system. Other nursing educators echo this sentiment. Kramer (1974), feels that it is undisputed that there is an evident lack of self-confidence in new graduates. A study conducted by Meleis and Farrell (1974), reported that all senior students in three nursing programs valued themselves strikingly low in self-esteem.

Ellis (1988), administered questionnaires to 177 four year baccalaureate program nursing education students, during the third week of the fall semester of their final year. This study investigated whether student self-concept levels during the baccalaureate program in nursing, altered during the four years and/or showed differences between freshman, sophomore, junior and senior self-concept levels. The chosen study format employed the Tennessee Self-Concept Scale (TSCS). The Tennessee Self-Concept Scale (Fitts, 1965), is a designed and standardized measurement of self-concept and the valuation placed upon one's self-concept. The overall level of self-esteem is measured by the total positive score which is the most important single score (Ellis 1988). A high score on this scale correlates with self-confidence, self-worth or value and generalized comfort with 'self'. Low scores have linkages with individuals who express doubt about their worth and/or their desirableness as acquaintances, have low self-confidence and exhibit anxiety and depression. Ellis found that, "from an empirical and observational point of view, it appeared that self-concept levels did vary, being highest at the beginning of the sophomore year and lowest at the beginning of the senior year. Statistically these variances, with the exception of self-criticism, could not be proven" (Ellis 1988, p. 389).

Peggy Woolf has several proposals for curriculum change and student empowerment. She clearly and definitively believes; "Nurses lack self-esteem" (Woolf 1984, p. 78). She references sources such as Fitzsimons (1977) and Maslow (1943), that inadequate self-esteem is in truth a very real problem because low self-esteem or a lack of feelings of self-worth, interfere with the positive self-image necessary for the freedom to take charge of one's future. All three of these authors accept that self-esteem or self-respect is very closely tied to achievement and that nurses will never achieve their potential in contributions to health care unless their self-esteem needs are met.

A number of authors have approached self-esteem in nursing students from the standpoint of what nursing educators do or should do to enhance positive self-image among students. Hammer and Tufts (1985), discuss how educators can foster student feelings of inadequacy, lack of confidence and the fear of initiative in students. Certain faculty utilize authoritarianism, intellectual elitism and a general lack of respect for and belief in student competence and potential, establishing through this atmosphere an academic environment which promulgates low student self-esteem and self-image. The faculty members' open acceptance, approval and respectful collaboration with nursing staff, fosters role modelling and sets value to the students' goals. Hammer and Tufts, "truly believe that the shaping of a self-image of a confident professional is a significant and profound undertaking" (ibid, p. 283).

To this end, Burns has organized the following guidelines:

1. Show unconditional acceptance for each student and believe in his abilities and potential, (foster initiative).
2. Provide opportunities for success as well as some challenges. Experiences must be geared toward or suitable to the student's potential, (facilitate success).

3. Accentuate the positive without denying failings or shortcomings, (foster self-worth in proper perspective).
4. Don't be overly critical. Make the criticism equal to the gravity of the problem, (provide positive feedback).
5. Don't stifle a desire to try, by a constant threat of failure, (foster initiative through potential for success).
6. Give credit for trying and encourage such attempts, even if success is not always achieved, (foster confidence).
7. Keep criticism centered where it belongs, on the inappropriate behavior, so that the student doesn't feel a failure or rejected as a whole, (reduce humiliation).

(Burns 1980)

This self-concept, self-esteem basis of empowerment and self-actualization in the nursing graduate has been explored by a variety of studies and tackled from a host of differing and varied perspectives. Burgess noted that while nursing has historically displayed an interest in the self-concept of patients, the profession, "has not manifested an equal interest in the development of nursing practitioners as persons, a seeming paradox" (Burgess 1980, p. 38). Utilizing the Tennessee Self-Concept Scale (TSCS), the following findings emerged from this study ... a significant positive correlation between marital status and self-esteem among the students tested and higher scores for those students having children; however, this finding is close to the normative values reported in the general standardization of the TSCS as an instrument. Burgess refers to an unpublished paper by Frerichs, 1971, which also describes a significant positive relationship between age, marital status and self-esteem (ibid.). Frerichs utilized the Coopersmith Self-Esteem Inventory. Frerichs, "attributed the difference to married students having fulfilled an important developmental task, thereby increasing their self-esteem" (Burgess

1980, p. 43). In the discussion of the Burgess study, the statistical findings indicated that the overall level of self-esteem displayed by the sample group was almost identical to group norms used in standardizing the TSCS test. Burgess suggests that additional samples might focus on whether the difficulty of program content in the School of Nursing might explain in part, over all high levels of self-esteem in nursing students. Burgess feels that experiences of the nursing student provide potential for personal growth which enhances professional effectiveness and is in turn reciprocal, taking on, "immense importance when viewed in the light of the quality of care that the individual is capable of delivering" (Burgess 1980, p. 44).

These findings appear to indicate an opposing polarity to those of Kramer (1974), which related that new baccalaureate nursing graduates lack self-esteem and that this lack contributes to their feelings of inadequacy in meeting employers' expectations. Ellis (1988), also reported that in the population under study, self-esteem and self-confidence was higher at the beginning of the nursing education program and decreased with each subsequent year.

SELF-ESTEEM AND PRE-GRADUATE CLINICAL EXPERIENCE

Undergraduate clinical experience has been highlighted by a number of studies as the most stressful aspect of the educational process. To this end, various findings have presented a strong case for an undergraduate clinical internship where students have the opportunity to form positive colleague relationships with staff as well as faculty (Ellis 1988; Garrett, Manuel and Vincent 1976; Kramer 1974; Pascarella, Terenzini and Hibel 1978; Sobol 1978; Armstrong 1974).

Three of the assumptions studied by Olsen et al (1984), are as follows;

1. Self-confidence and self-esteem decrease with each year in the nursing curriculum.
2. New baccalaureate nursing graduates lack self-esteem and feel inadequate in meeting employers' expectations.
3. Self-confidence and self-esteem are important predictors of success in the first position assumed after graduation (Olsen et al. 1984, p. 106).

Their findings, extrapolated from measurements of the Tennessee Self-Concept Scale and comparing pre-test to post-test, showed no significant differences in self-concept for the total group of students regardless of participation in a clinical internship or attendance of only the straight didactic components. Olsen et al. did not find that the pre-graduate internship experience had any significant effect on the self-concept of the participating nursing students when compared and contrasted with those students who learned through class and course content exclusively.

Time and again, research studies emerge from the researcher's belief that, "Having a feeling of self-confidence and self-worth is basic to developing leadership skills essential for baccalaureate nursing graduates" (Klug 1989, p. 7).

Klug's hypothesis that there would be an increase in positive self-identified self-concept characteristics as the university program progressed, was not supported through statistical data analysis. "Findings revealed that 44% of the nursing students studied reported more characteristics reflective of a negative self-concept at the completion of their senior year, compared with responses at the beginning of the nursing program. Twenty-eight percent of the participants showed no change from beginning to completion; 28% made more positive statements at the completion;" (Klug 1989, p. 11). The conundrum expressed in these reports is exemplified by comments throughout the articles which tend to downplay the data analysis and emphasize student generated verbal comments, that the clinical experiences increased their self-esteem and by the inclusion of global statements such as this one by Klug, "It was also evident from their responses that increased self-esteem improves the quality of nursing care" (ibid).

In a recent values study, Choudry administered the Jackson Personality Inventory to beginning and senior nursing students. She found that both of these groups scored notably higher than the normative sample, on self-esteem. Actually, the mean for the beginning students (13.01), was higher than that of the graduating students' sample (12.92). Her conclusion was that, "There was no change as a result of nursing education on self-esteem" (Choudry 1993, p. 12).

SELF-ESTEEM AND NURSING GRADUATES

Utilizing pregraduate preceptorship is an increasingly popular approach to the final clinical nursing course. Dobbs administered Corwin's Nursing Role Conception Scale prior to and after this experience, with generic baccalaureate nursing students. Her findings demonstrated an effective and marked change in self-image, an increasing beginning competency prior to graduation which it was felt would, "increase the likelihood of graduates finding their new jobs rewarding, and vehicles that can be used for continual learning" (Dobbs 1988, p. 170). Indeed, studies as documented in nursing literature illustrate and support the value of both the clinical practice component and the role of the preceptor and staff nurses in the clinical environment. Improvement is evidenced in student competence, self-confidence and the positive aspects of interdependence (Dobbs 1988; Windsor 1987; Chickerella et al. 1981).

Effective functioning, positive assertive input and participation in the work force, and ultimately the facets of self-actualization, are intertwined with positive self-esteem. Until our nursing graduates accept and esteem themselves and their abilities they will be ineffectual in capitalizing on their knowledge and talents; they will be content to allow others to make decisions, formulate policy and generate the work environment. Self-esteem is the prime ingredient for graduates to treat themselves with the respect that they deserve and to function with the confidence that their patients and co-workers have a right to expect. Many studies are showing, "a persistent correlation between it [self-esteem], and such school concerns as participation, completion, self-direction and various types of achievement" (Beane 1991, p. 25).

Self-esteem has both philosophical and sociological components in its make-up. It is a product of personal interaction with one's environment and on a

more intellectual level it is a core element of human dignity, of self-respect. It is also a product molded by those one relates to, works with and chooses for friendship. "Assertations of the new graduate nurses' low self-concept and lack of self-confidence in their perceived roles continue to occupy considerable space in the nursing literature" (Hughes 1991, p. 69). Experiences such as field placement, work-shadowing, clinical components, applied assignments and consolidation, when incorporated into program objectives provide opportunities for focussing on ways to build and enhance students' self-esteem.

SUMMARY

Self-esteem is not a necessary component to 'doing a good job'. One can work to a job description or task objectives without feeling good about being successful, capable and significant. The value of self-esteem comes in its support of self-actualization, of feeling good about being a worthy somebody.

Most self-esteem studies have highlighted the process in relationship to growth and development throughout K to 12. Yet, the growth area in education today is adult education and re-entry. Past experiences and current life happenings often combine to cause marked fluctuations in the adult students' self-esteem level.

Educators who wish to provide the best learning environment and the best learning experiences possible, must pay awareness to each individual's perceptions of their self-esteem levels. Self-esteem is indeed a not very visible status and a number of factors must be considered, especially the student's subjective view, before attempting to diagnose a high, medium or low level of self-esteem within a student.

The self-esteem components of studies involving undergraduate nursing students vary markedly in their conclusions and pronouncements.

The 1974 study by Meleis and Farrell, identified all senior students in three nursing programs as rating themselves strikingly low in self-esteem. Ellis (1988), investigated self-concept differences over four year nursing education programs and found the lowest scores at the beginning of the senior year. Self-esteem was measured by the total positive score on the questionnaire.

Burgess (1980), found a significant positive correlation between marital status and self-esteem, with higher scores for those students having children.

Frerichs (1974), describes a significant positive relationship between age, marital status and self-esteem.

Burgess (1980), looked for explanations for sample group norms which indicated generally high levels of self-esteem in nursing students. Choudry (1993), employing the Jackson Personality Inventory with beginning and senior nursing students, found that both of these groups scored notably higher than the normative sample, on self-esteem.

Kramer (1974), and Olsen et al. (1984), reported that new baccalaureate nursing graduates lack self-esteem. Olsen went further, to conclude that the pre-graduate internship experience had no significant effect on the [total] self-concept, i.e.: self-esteem of the participating nursing students.

The studies reviewed in this chapter employed a variety of instruments which measured self-esteem, or self-esteem as a component of their greater inventory. The populations appear to have usually been from four year baccalaureate programs. The findings point to diversity in total self-esteem levels of student groups, and to correlations to student demographics and statistics. This literature review has proven not only pertinent to this study, but helpful in formulating the research questions and hypothesis.

CHAPTER III
RESEARCH METHODOLOGY

INTRODUCTION

Any study of self-esteem must be a perceptual study or self-appraisal, an evaluation or judgement that a person makes of themselves and their worthiness. The purpose of this study is to determine whether there are any perceptual changes in students' awareness of their level of self-esteem, as they experience the pre-graduate work opportunity within the time-frame of the consolidation semester.

The choice of survey instrument must relate to its function in the study, to measure in a reliable and valid manner the intended focus of the study. The instruments and methods employed in the study should be reliable in subsequent investigations. Relationship with such data as age groups and role considerations should be identified. Personal interviews complement the inventory findings and provide description support of the data.

Positive feelings about oneself and the perceptions of self as being of value in the world, are prime factors in increasing involvement in one's environment and in successful performance. When offered in-service education or professional development, new teachers and caring teachers opt in significant numbers to review techniques for motivating students. Building self-esteem is the basic component in any program geared to foster and motivate learning.

Many inventory scales have been developed to address self-concept. The issue of level of self-esteem has been less well represented, although self-esteem is frequently incorporated into the larger self-concept survey, e.g. W.H. Fitts, The

Tennessee Self-Concept Scale, E.V. Piers and G. Harris, Children's Self-Concept Scale.

Other instruments such as E.L. Shostrom's Personal Orientation Inventory go beyond level of self-esteem to survey potential for Maslow's theory step of 'self-actualization'.

Morris Rosenberg has constructed an instrument which utilizes cross-sectional sample surveys and a Guttman (i.e. unidimensional) scale. His population on which he bases his theories, was a nonrandomly selected grouping of 85 white, middle-class males.

S. Coopersmith and R. Gilberts' Behavior Academic Self-Esteem, and E.L. McDaniels' Inferred Self-Concept Scale, are rated by teachers, parents or professionals, and focus on the primary school level.

SURVEY INSTRUMENT - THE COOPERSMITH SELF-ESTEEM INVENTORIES

A Canadian Self-Esteem Inventory has been constructed to approximate the Coopersmith SEI and both tests may reasonably be considered as alternate forms.

However, well over 100 studies have been conducted on the reliability and validity of the Coopersmith forms and so, this is the form chosen for this study. Developed and designed by the late Stanley Coopersmith subsequent to the publication of The Antecedents of Self-Esteem (1967), these inventories measure attitudes or perceptions of one's self-esteem, in the personal, social, academic and familial contexts.

They have been utilized in research projects on thousands of subjects. They demonstrate significant relationships between academic achievement and personal satisfaction with school and adult life. A Behavioral Academic Self-

Esteem rating scale for teacher utilization, a school form for children and adolescents under sixteen and an adult form, for people over 16 years of age are also available.

The adult form, "consists of twenty-five items adapted from the School Short Form. The correlation of total scores on the School Short Form and the Adult Form, exceeds .80 for three samples of high school and college students, (N = 647)" (Coopersmith 1990, p. 2).

Sample items from this inventory, i.e.: Coopersmith Self-Esteem Inventories Adult Form Test Booklet, may be found in Appendix B.

NORMATIVE DATA

Reliability: In one study of 103 college students, Bedeian, Geagud and Zmud (1977), reported Kuder-Richardson reliability estimates of .74 for males and .71 for females. Computed test-retest reliability estimate coefficients were .80 for males and .82 for females.

Norms: The Adult Form of the SEI was administered to 226 college or university students in Northern California. The mean age of these students was 21.5 years with a standard deviation of 3.5 and a range of 16 to 34 years. The mean difference in scores between those aged 16-19 and those aged 20-34 approached statistical significance ($p = .06$). This trend reflects slightly higher self-esteem for those subjects no longer in their teens. There were no significant gender or school effects. The reliabilities ranged from .78 to .85.

(Coopersmith 1990, p. 19)

POPULATION OF THE STUDY

Each year during the latter half of the consolidation semester the pre-graduate teachers comment on how noticeably some of the students 'blossom'. The students increasingly demonstrate improvement in their appearance of self-confidence, their manner of presentation of self, their approach to conversations with others and the thoughtfulness that they invest in choosing appropriate word choices and articulate wording when they are reporting, discussing or describing their work. These students formed the study participant group for pre and post semester inventories of their perceptions of their self-esteem levels.

This survey received the support and approval of the Chair of the Nursing Diploma Program of Humber College of Applied Arts and Technology, and was conducted through the participation of the students of the 1993 graduating class of the Nursing Diploma Program. The population was because of this, limited to those persons who met the qualifications to enter and successfully travel through this nursing program. Obviously, this constitutes a group with common make-up factors as opposed to absolute random selection.

A sample bias is inherent in any survey where the population consists of the available group and where participation and/or depth of participation in the process is by volunteering.

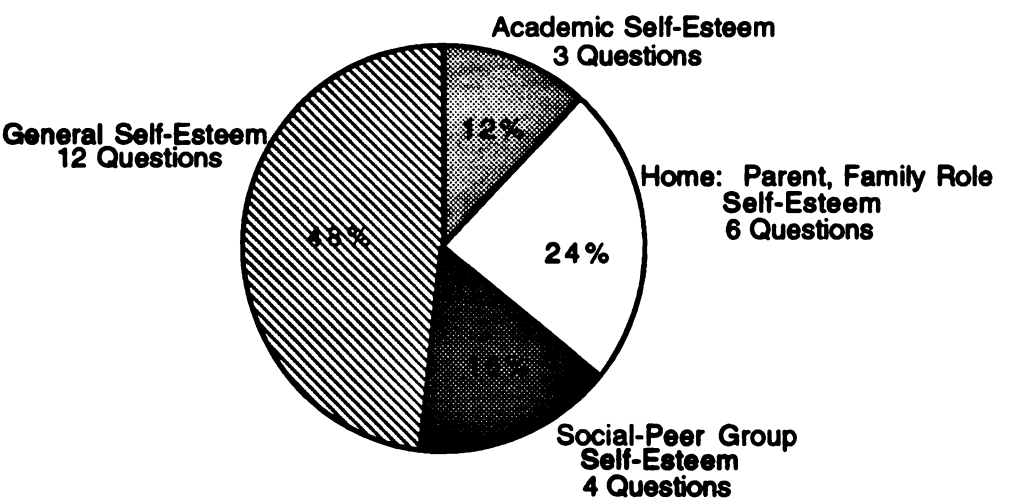
Collated data from the Variables form and the pre and post semester inventories was divided into three operational packages. Section one focussed on data analysis and interpretation drawn from the Variables form and pre and post semester surveys of the total participating student population, (102 students in January, 85 students in April, due to assignment and timetable changes and inevitably, people who misplaced or just forgot to fill out the April form).

The April returns by 85 students represent an 87.55% return rate. This is satisfactory because when the percentage returns are not at least 70% the samaple will not necessarily represent the population (Gay 1987).

Measures of central tendency were calculated in parallel for the January and April inventories, enabling comparison and contrast of Range of Scores, Mean, Mode and Standard Deviation. Rationale equivalence reliability to estimate internal consistency was determined through application of the Kuder-Richardson formula 21, which results in a conservative estimate of reliability when measuring a one trait inventory. Frequency polygons were constructed to provide a graphic depiction of frequency and range of scores.

The Coopersmith Self-Esteem Inventory, Adult Form, is composed of four subscale components. The twelve questions of the general self-esteem group comprise 48% of the inventory. Social or peer group self-esteem is represented through four questions for 16%. There are six questions relating to home life, parent and family role, for a further 24%, and academic self-esteem is the subject area covered by the remaining three questions or 12%.

FIGURE 3: SELF-ESTEEM SUBSCALE COMPONENTS



The means of the January and April surveys were computed for all students for each question, and the total means calculated to enable component area comparison or contrast.

Area two was created by matching the exact pre and post inventories for an identified grouping of twenty-five students. This enabled testing for significance as well as collating the measures of central tendency. In this grouping, a t test was employed to determine whether the two means are significantly different at a selected probability level. The t test for nonindependent samples was chosen as it is specifically focussed for the same sample group when surveyed at two different times. When used with an alpha level of .05 and degrees of freedom of N-1, this test of significance can determine whether to reject or accept the null hypothesis. i.e.: When the calculated t value is equal to or greater than the table value, then the null hypothesis is rejected.

Drawbacks associated with t values for tests of significance include the following:

1. They negate the reality of differing individuals in the survey group experiencing differing opportunities to grow.
2. This calculation doesn't account for the fact that the individual with a very high score on the first survey has only a very small amount of gain available before hitting the ceiling. Nevertheless, the t test has found its ultimate match when the same sample group receives a pretest before a treatment, (pre-grad semester), and then is post-tested. The question of focus is: 'Is there a significant difference, i.e. equal to or larger than, between the means of one sample at two different times?'.

(Gay 1987, Kirk 1990)

This section enables comparison of identified students so that the identical group could be matched on pre and post experience scores. Also comparisons

could be made by age range grouping, parenthood, life with a spouse or significant other, previous full-time employment, present part-time employment, co-curriculum enrollment in extra courses and whether having experienced a supplemental exam or course repeat, showed as an effect on perceptions of self-esteem.

The third operational package was constructed by profiling existing data on a known student and interviews with the student and their preceptor. This brought forth samples of data which were not possible through the questionnaire alone. This also proved to be the smallest of the three sampling sizes employed in this study plan. This section was constructed in profile format, with data from the Variables form, followed by total self-esteem scores and area scores for the pre-experience and post-experience inventories. Excerpts from student comments in January and April are appended and point form précis of preceptor interviews complete each profile.

With these sections in place, it became feasible to categorize the data analysis and interpretation and to address the study hypothesis, null hypothesis and research questions.

It should be noted also at this time, that the selection of preceptor R.N.s to be interviewed was very much affected by limitations imposed through unit closings, staff layoffs, staff transfers, enforced vacation times, enforced leaves of absence and changes in scheduled working rotations.

Throughout this study, the current state of the economy and the health system flux has impinged on the data.

DATA COLLECTION

The study consent form, the variables form and the pre-experience survey, (Coopersmith Self-Esteem Inventory, Adult Form), were introduced during the January semester orientation meeting. Students who were not present during this first class time, the first day of the semester, were thusly the first of the potential population to be omitted from the study. Also at this time, the right of any student who chose to abstain was respected.

Before the survey inventory was administered, prior to the pre-graduates' consolidation semester experience subjects' rights were explained on the consent form, (see Appendix C), confidentiality was assured and participants chose their own coding designation. Participation in the study was emphasized as being a voluntary endeavor. In the same manner, only those R.N. preceptors who volunteered to comment were considered for an interview.

Four months later, at the completion of the pregraduate consolidation semester, the Coopersmith Self-Esteem Inventories, Adult Forms, were again distributed. This time, because the students involved were not meeting as a group, the surveys were packaged and distributed individually throughout the contracted hospital areas. The completed forms were collected by the individual professors assigned as liaison to each hospital. Due to changed assignments, early or extended completion dates, and community experience opportunities, there was an attrition in the number of post-experience inventories collected.

The SEI has been used on a pre-post test basis to judge the effectiveness of self-esteem programs. The researcher employed it on this basis to evaluate changes in perceived levels of self-esteem at the commencement and conclusion of a clinical semester which does not have formalized self-esteem promotion in its written objectives.

Each student also filled out a Pregraduate Consolidation Student Variables form, (see Appendix D). This form assisted in identifying some of the distinctive characteristics of each student. The form was constructed in four sections to address socio-psychological variables, performance variables, environmental variables and input variables. Student originated code numbers linked the pre and post semester surveys and the variables form.

THE INTERVIEW

A survey form or inventory, is by virtue of its answer choice scale an objective data collection. Unless the participant reverts to detailed essay-type response, in-depth data are not assured by this type of questionnaire. However, mass in-depth interviews are subject to the vagaries of extraneous variables, are expensive and are very time consuming.

A compromise to the extremes of exclusively utilizing one or the other form of data collection is to interview a selection of the inventoried population and use the information collected as an adjunct to the inventory. Completely objective and standardized measurement is structured and inflexible. The individual meaning of responses, the respondent's motivation, the 'way the day is coming down', and other happenings, are not taken into account. The use of a loosely structured technique such as an interview enables access to personal meanings and interpretations. An interview can uncover values, emotions, and other variables which might not have been foreseen or correctly interpreted.

The preceptors of those students who were interviewed were also provided with the opportunity to share their perceptions about their assigned students. The background of the study was explained to these R.N.s and an interview guide was constructed, (see Appendix E), which consisted of seven broad questions. These questions were formulated to address those areas collated from the student responses of their perceived levels of self-esteem, i.e.: general self-esteem, social-peer group self-esteem, home: parents, family self-esteem and school: academic self-esteem. Additional prompting was provided to elicit observations about changes which might have taken place throughout the student's four month rotation.

CHAPTER IV
DATA ANALYSIS AND FINDINGS

INTRODUCTION

Responses to the hypotheses of this investigation can be interpreted from the answers to the five research questions. To facilitate this process this chapter is divided into three sections or operational packages. The first section will focus on data analysis and interpretation from the pre and post semester surveys of the total participating student population. Calculations of measures of central tendency and rationale equivalence reliability will provide the findings necessary to formulate answers to research questions one and two.

i.e.: 1. Do students perceive any changes in their level of self-esteem as they experience the continuity of the pre-graduate consolidation semester?

2. Do the students' perceptions of self-esteem show consistency in their positive feelings about themselves in relation to general self-esteem, social self-esteem, school-academic self-esteem and home-parents, family self-esteem, before and after this consolidation assignment?

Section two was created by matching the exact pre and post inventories and the variables forms for an identified group of twenty-five students. This produced a same sample group for the two surveys, enabling a test for significance and the comparisons necessary to respond to questions three and four.

i.e.: 3. Is there a variation in the means of scores of perceived levels of self-esteem, when students are grouped by age range, parenthood, living with a spouse or significant other?

4. Are perceived levels of self-esteem reflective of demographic variables such as previous full-time employment, present part-time employment and whether the student is taking part-time or sessional courses as well as the required assignment, or whether the student has written a supplemental exam or repeated a semester, during the program?

The third section compiled the existing profile on an identified student, with student and registered nurse preceptor interviews. This provided a base for comments in response to question five.

5. Does the preceptor's perception of the student's self-esteem throughout the pre-graduate consolidation semester reflect the student's self-esteem inventory?

INFLUENCING FACTORS AND EVENTS

The following are the important influencing factors and events that affect this study. When approaching data analysis it is wise to commence with a refresher on the foregoing variables because they are both in occurrence and in effect throughout the collations, calculations and interpretations.

The Independent Variable is that activity or characteristic believed to make a difference. In this study the independent variable was the clinical experience of the pregraduate consolidation semester.

Threats to Internal Validity; changes other than or as well as the manipulation of the independent variable include the following...

Maturation: the physical and mental changes that may occur within these students over this four month period.

Mortality: attrition, most likely to occur in longer studies but present to an extent in a four month period. This refers to the fact that those students who drop out of the study may share a characteristic such that their absence has a significant effect on the results of the study.

Dependent Variable: the criterion variable or post-experience inventory, the outcome of the study, the change or difference that occurs as a result of the happenings of the independent variable.

Threats to External Validity: The specificity of variables refers to the fact that a given study is conducted with a specific kind of subject, (Humber College pre-graduate nursing diploma students), based on a particular operational definition of the independent variable, (consolidation semester), using specific measuring instruments, (SEI, Adult form), at specific times and under a specific set of circumstances.

This study is influenced by those short and/or long term events which occur while the study is taking place ... interactions of history and treatment effects. With these students, family, health and money problems, are very real examples. Study results will be altered by the interaction of time of measurement and treatment effects. The second inventory was conducted after graduation was assured and much closer to the challenge of the registration/certification exams.

Reactive Arrangements are factors associated with the way in which a study is conducted and the feelings and attitudes of the students involved. Two examples of reactive arrangements are the Hawthorne effect and the Novelty effect. The Hawthorne effect, the feeling on the students' part that they are special because of participating and receiving special attention is, in the researcher's belief, minimized with this subject group. Studies, surveys and questionnaires are an endemic component of being a Humber College student. The special effects of being involved in this specific pre and post semester experience inventory would be minimized. The Novelty effect of participation in an educational research study would also be decreased by the nature and impact of having attained the pregraduate semester level and the impending process of graduation.

SECTION ONE

GENERAL DATA GROUP INFORMATION

In January, 102 inventories were completed by the pregraduate nursing diploma students prior to embarking upon a four month clinical consolidation experience which would find them working in tandem with the hospital staff and gradually assuming a full assignment. During the last two weeks of April, a second set of inventories was dispatched and 85 inventories were completed and returned. This second number of 85 inventories is 87.55% of the January number and is within range for conclusions to be considered representative. The following data is found in Figure 1 (self-esteem pre-treatment inventory) and Figure 2 (self-esteem post-treatment inventory).

Range of scores: The January range of scores stretches over 80 units which decreases noticeably in spread by April to 64 units. It is interesting to note the growth in the number of students who have increased their self-esteem to the 100% ceiling. This provides an approximate measure of variability and hopefully points towards an increase in self-esteem and an increase in population in the upper percentiles.

The mean, definitely affected by extreme scores, is a more frequently used measure of central tendency. The January mean of 72.6 reflects the wide range of scores, which clusters as it rises to the April mean of 78.6.

When one has a variance in population over two surveys, frequently the mode more clearly represents the typical score pattern. The modes in these two inventories exemplify that tendency, with January showing a single mode at 80 and April demonstrating a bimodal, 84 and 100.

In most studies SEI scores have been negatively skewed, that is, they cluster in the direction of high self-esteem. This happening is illustrated in the frequency polygons, Figure 1 and Figure 2.

The standard deviation is the most stable measure of variability and it takes into account every score. Calculations produced a January S.D. of 17.5 and for April a S.D. of 15.6. This finding is compatible with the SD norms of college and university students for the adult form of the Coopersmith Self-Esteem Inventory. The smaller S.D. for April indicates that the scores are starting to cluster.

Rationale equivalence reliability estimates internal consistency or how well the items on a survey relate to each other. The KR - 21 formula provides a conservative estimate of reliability which considers the sub-components of self-esteem. Both the January and April KR - 21 coefficients calculated out at .94, indicating that this survey is highly reliable (1.0 = 100%) and consistent over time, an excellent test-retest reliability.

Answer to research question #1: Yes, students do appear to perceive changes in their level of self-esteem as they experience the continuity of the pre-graduate consolidation semester.

FIGURE 1: JANUARY DATA 102 STUDENTS

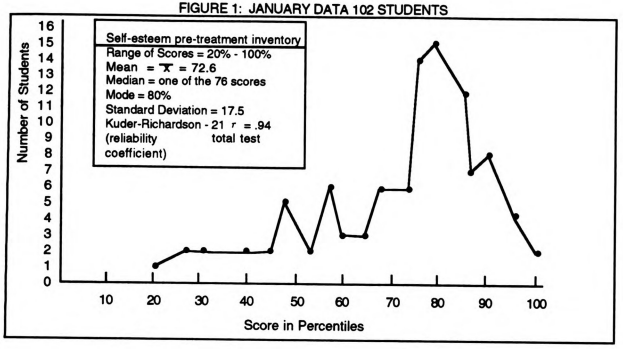
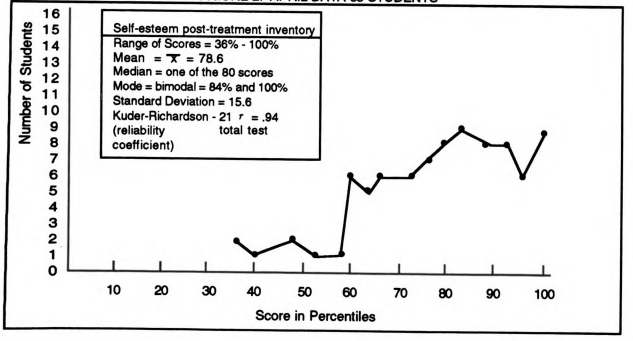


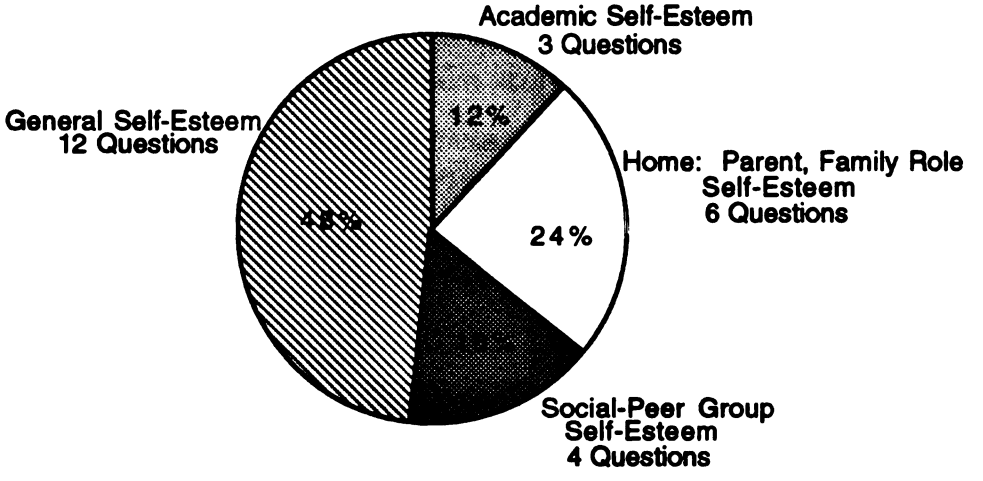
FIGURE 2: APRIL DATA 85 STUDENTS



SELF-ESTEEM SUBSCALE COMPONENTS

Self-esteem is composed of self-attitude and can be affected by or can affect many areas in life. The Coopersmith Self-Esteem Inventory: Adult Form, contains four areas of self-esteem subscale components. Forty-eight percent of the statements reflect total or general self-esteem, sixteen percent address social and peer group relations, twenty-four percent assess home factors, parent and family role and relationships. The remaining twelve percent of the inventory statements report comfort and esteem in the academic, school role.

FIGURE 3: SELF-ESTEEM SUBSCALE COMPONENTS



Within the general data group, of 102 and 85 students respectively, the subscale components evidenced the following self-esteem rating percentages, ranges and means.

TABLE 1: GENERAL SELF-ESTEEM AREA

Self-esteem % Rating			
Questions	January	Questions	April
1	52	1	67.1
2	52	2	69.4
3	72.5	3	83.5
4	77.5	4	85.9
5	59.8	5	63.5
6	64.7	6	82.4
7	74.5	7	67.1
8	77.5	8	82.4
9	77.5	9	82.4
10	70.6	10	75.3
11	81.4	11	85.9
12	88.2	12	87.1
Score range = 52 - 88.2		Score range = 63.5 - 87.1	
$\bar{X}$ = 70.7		$\bar{X}$ = 77.7	

In Table 1, the general self-esteem score range narrowed from 36.2 units to 23.6 units and the arithmetic average increased by 7%, indicating a growth pattern in this area.

TABLE 2: SOCIAL PEER GROUP AREA

Self-esteem % Rating			
Questions	January	Questions	April
1	88.2	1	85.9
2	77.5	2	82.4
3	73.5	3	85.9
4	79.4	4	82.4
Score range = 73.5 - 88.2		Score range = 82.4 - 85.9	
$\bar{X}$ = 79.7		$\bar{X}$ = 84.2	

In Table 2, a narrowing in the score range, accompanied by a growth in the mean, indicates that the students are expressing a more positive feeling of self-esteem in their interactions of a social or peer group nature.

TABLE 3: HOME - PARENTS AND FAMILY AREA

Self-esteem % Rating			
Questions	January	Questions	April
1	60.8	1	65.9
2	71.6	2	82.4
3	60.8	3	69.4
4	61.8	4	74.1
5	67.6	5	76.5
6	67.6	6	76.5
Score range = 60.8 - 71.6		Score range = 65.9 - 82.4	
$\bar{X}$ = 65		$\bar{X}$ = 74	

In this section, the score range increased from 10.8 units in January to 16.5 units in April, indicating an increase in self-esteem and home-life but also possibly some inconsistency in response to areas covered by the differing 'questions'. When the inventories were collated they indicated that this finding might occur, in as much as a number of the over 21 year olds, living at home, indicated parental pressure, that their parents didn't understand them and that they frequently felt like moving out. The April inventory was filled out at the completion of the semester and of the program, so that it is difficult to say with any certainty that the self-esteem growth in this area is due to happenings throughout the four month experience, possibly it is a celebration of survival. Nonetheless this area retains a lower April mean than social-peer or general self-esteem.

TABLE 4: SCHOOL-ACADEMIC AREA

Self-esteem % Rating			
Questions	January	Questions	April
1	44.1	1	52.9
2	84.3	2	87.1
3	79.4	3	80
Score range = 44.1 - 84.3		Score range = 52.9 - 87.1	
$\bar{X}$ = 69.3		$\bar{X}$ = 73.3	

The one area which was not resolved by completing the semester and the college academic program was this area. Upon becoming eligible to graduate, the student must write the registration/certification exams. Possibly, this impending challenge is reflected in the April academic area mean of 73.3, the lowest mean of the four self-esteem components. There is growth here, which may reflect some increase in self-esteem possibly related to having successfully emerged from the college exams.

Answer to research question #2: Yes, the students do appear to show consistency in their positive feelings about themselves in relation to general self-esteem, social self-esteem, school-academic self-esteem and home-parents, family self-esteem, before and after this consolidation assignment.

SECTION TWO

IDENTIFIED STUDENT GROUPING

The variables form and the pre and post experience inventories for twenty-five students were pulled and packaged so that the exact variables and fluctuations for each individual student could be assessed. This also enabled the calculation of a test of significance, i.e.: the t test for nonindependent samples, which led to acceptance or rejection of the null hypothesis.

The t test for nonindependent samples is used to determine whether there is probably a significant difference between the means of one sample at two different times, e.g. one group which is pretested before a treatment and then is post tested.

NULL-HYPOTHESIS

In this study, the null-hypothesis was: There are no perceived changes in level of self-esteem in the pregraduate students as they experience the consolidation semester.

Calculations for $t = 2.1$

assuming $\alpha = .05$

degrees of freedom for the t test for nonindependent samples = N - 1 = 24

the t table value for t required for rejection of the null hypothesis is 2.06

The t table value $2.06 \leq$ the calculated t value 2.1

Therefore consequently the null hypothesis was rejected.

Pregraduate Consolidation Student Variables Form

The following pages present the results of the pregraduate consolidation students' variables forms for the 102 students that were surveyed in January. The data totals may add to more or less than the 102 students if the answers applied to more than one area or the student chose not to respond to a question.

Socio-Psychological Variables:

1. After graduation, my goals for the future will include :
   (may have chosen more than one area)
   full or part-time employment: 72
   full or part-time degree or post-graduate education: 67

2. At this time, I feel that the Humber College Nursing Diploma Program will have adequately prepared me for my desired future occupation(s).

   Agree: 98 Disagree: 3

3. At this time, I feel that I have adequate control over my present and my future.

   Agree: 87 Disagree: 16

   Comments ? Worries about the present absence of a job-market in Canada and the economic recession throughout North America.

Performance Variables: (may have been doing more than one choice).

4. Before joining the nursing diploma program, I was:
   a) a hospital or health care agency: 22
   b) industry/business: 38
   c) secondary school: 23
   d) post secondary: 18
   e) did not attend school or work for a salary: 6

5. During this program I have written a supplemental exam or repeated a semester.

   Yes: 24 No: 77

6. I expect to have worries about finances between now and graduation.

Yes: 52 No: 50

Comments ? Many who were working regular part-time feel that the rotating shifts of the pregraduate semester will interfere with opportunities for employment. Also graduation and R.N. exams costs were mentioned as added burdens.

Environmental Variables:

7. I live with:

a) a spouse or significant other:	30
b) a child or children:	26
c) a room-mate:) some of each i.e.: school vs days off	10
d) parents:)	41
e) other: (family, siblings, on own, boarding)	15

8. I intend to take a part-time, evening or sessional course, this semester.

Yes: 15 No: 86

(one of the part-time courses available was the pre-R.N.-nursing-review).

9. I will be working for salary, part-time during this semester.

Yes: 48 No: 49

I estimate that I will be employed up to:	8 hours per week:	13
	8 > 16 hours:	27
	> 16:	10

Comments ? A couple of students expected to maintain a 35 - 40 hour work week as well as the 35 - 40 hour student assignment week.

Input Variables:

10. I obtained my previous education at:

an Ontario school:	83
an out of province school:	4
an out of the country school:	6

11. I am:	Male	6	Female	89

12. My age is:	19 or 20:	4
	21 - 25:	52
	26 - 30:	14
	31- 40:	19
	> 41:	8

13. My ethnic background is:

Canadian-Afro	2
Asian	1
Black	2
Chinese-Jamaican	1
Muslim	1
Native North American	1
Uruguay	1
European	13
Filipino	7
Ghana	1
Indian	2
Jamaican	8
South American, Guyana	4

The socio-psychological variables, were responded to by positive answer choices, with the area of control over present and future reflecting the present decrease in health dollar allotment. In the section on performance variables, more students entered the program from the workforce (60), than from school or unemployment (47). One quarter of the students had experienced previous academic failure and one-half of the students anticipated financial worries.

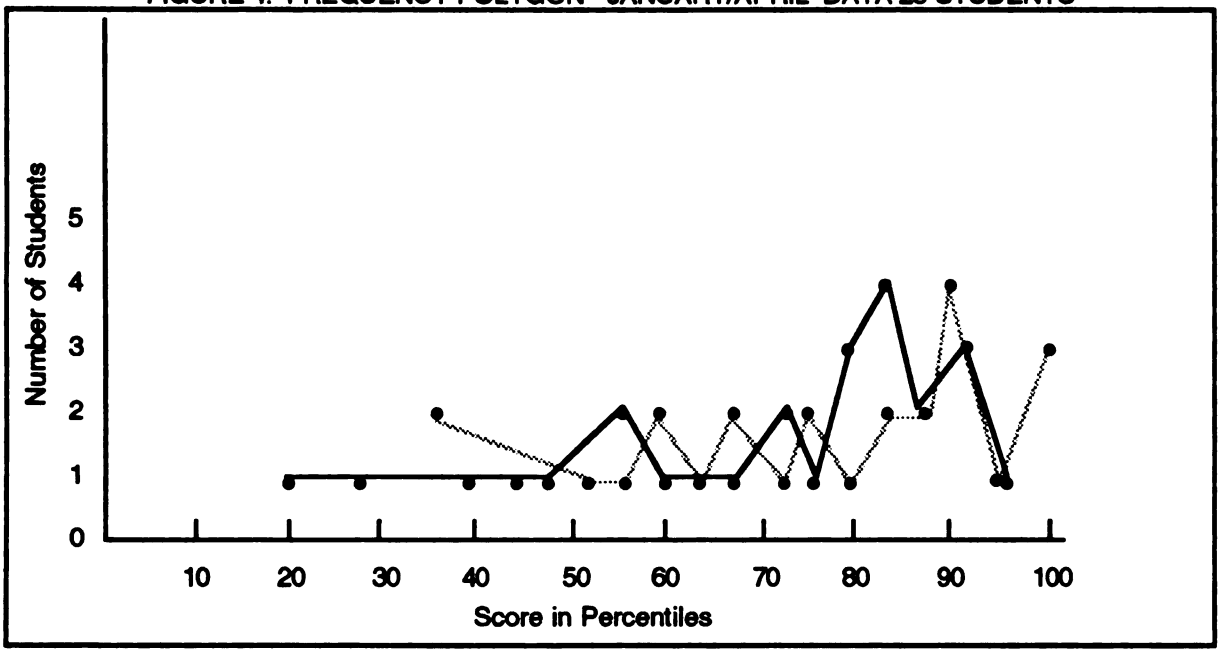
When addressing environmental variables, almost one-half of the students (56), lived with a spouse and/or children. Most students were not enrolled in extra-curricular courses and one-half of the students maintained part-time employment.

The input variables section showed that most students were educated in Ontario and the majority of the students were between 21 and 25 years of age.

This data will be further utilized when responding to research questions three and four in this section.

The following frequency polygons; Figure 4, January data 25 students and Figure 5, April data 25 students, and Summary Chart #3, will provide the measures of central tendency for the identified student grouping.

FIGURE 4: FREQUENCY POLYGON - JANUARY/APRIL DATA 25 STUDENTS



SUMMARY CHART 1: IDENTIFIED STUDENT GROUPING

	January	April
Range of Scores	20%- 96%	36% -100%
Mean	70.6%	76.5%
Median one of the	80's	80
Mode	84%	92%
S.D.	21.1	18.9

A comparison of the score ranges and means of the identified twenty-five students with the larger population of 102 students from January and 85 students from April is presented to confirm that the identified twenty-five students group is representative of the total group.

SUMMARY CHART 2: COMPARISON OF GROUP RANGE OF SCORES AND MEANS

Large Group January	**Sub-group** January
Range of scores = 20% - 100%	Range of scores = 20% - 96%
Mean = 72.6%	Mean = 70.6%
Large Group April	**Sub-group** April
Range of scores = 36% - 100%	Range of scores = 36% - 100%
Mean = 78.6%	Mean = 76.5%

Range fluctuation and growth in means is comparable between groups over time.

* * *

TABLE 5: SELF-ESTEEM CHANGE BY AGE GROUPING

Perceived levels of self-esteem when identified students are grouped by ages.

No. Of Students	Age Range	Range of Scores	$\bar{X}$
2 students	19 +/or 20	Jan. 68 - 92 Apr. 84 - 88	Jan. 80 Apr. 86
11 students	21 - 25	Jan. 20 - 92 Apr. 36 - 100	Jan. 63.6 Apr. 74.5
5 students	26 - 30	Jan. 56 - 96 Apr. 60 - 100	Jan. 80 Apr. 83.2
6 students	31 - 40	Jan. 44 - 84 Apr. 36 - 100	Jan. 69.3 Apr. 73.3
1 student	> 41	Jan. 88 Apr. 64	Jan. Apr.

A variation of range of scores does occur in this compilation, but also a marked variation in the number of students in each age-grouping could be affecting the range.

An interesting happening here is the large increase in the self-esteem mean for those students between 21 and 25 years of age. They also have the consistently largest range of scores.

Therefore, the students between the ages of 21 and 25 years of age showed the largest post-experience inventory self-esteem gain.

* * *

SELF-ESTEEM CHANGE BY PARENTHOOD

The following information is based on the responses of the eight students who identified themselves as parents, from the 25 students.

Their January self-esteem scores ranged from 44 - 96 and their April self-esteem scores ranged from 36 - 92.

The January mean of 75 dropped to 71.5 in April.

Based on this small sampling of eight parents, it appears that combining parenthood with a four month clinical work semester does not increase one's self-esteem.

* * *

SELF-ESTEEM CHANGE WHEN LIVING WITH A SPOUSE OR SIGNIFICANT OTHER

The following information is based on the responses of the nine students (in the 25 group), who indicated that they were living with a spouse or significant other. Their January score ranges of 28 - 96 moved upward in April to 36 - 100. The mean fell slightly from January at 72.4 to April at 71.1.

When the range improves but the mean declines then the assumed happening is that some mid-range participants must have fallen in self-esteem to a degree that lowered the overall average.

The conclusion here is that living with a spouse or significant other may correlate positively or negatively with perceived self-esteem status.

* * *

Answer to research question #3: Yes, there is a variation in the means of scores of perceived levels of self-esteem, when students are grouped by age range, parenthood, living with a spouse or significant other.

SELF-ESTEEM CHANGE WHEN PREVIOUSLY EMPLOYED

The following information is based upon the responses of the eleven students in this group who came into the nursing diploma from areas of previous full-time employment. Their January score ranges were 28 - 92 with a mean of 66.5. In April these score ranges raised to 36 - 100 with a mean of 71.3.

These eleven students from previous full-time employment areas, all perceived themselves as having a marked increase in self-esteem level after the four month pregraduate semester.

* * *

SELF-ESTEEM CHANGE AND PART-TIME EMPLOYMENT

Presently maintaining part-time employment are 14 of these 25 students. In January their self-esteem scores ranged from 28 - 92 with a mean of 69.7. Four months of school and part-time employment showed an April self-esteem score range of 36 - 100 with a mean of 77.1. As with those students who worked full-time before returning to school, it appears that working part-time during this semester at least, does not have any adverse effects on one's perceived self-esteem level.

* * *

SELF-ESTEEM CHANGE AND EXTRACURRICULAR COURSES

Only two of these identified students took extra courses while in the pregraduate semester. Their scores of 28 and 80 in January, moved to 36 and 100 in April. Obviously their perceived self-esteem levels grew even with this extra activity.

* * *

SELF-ESTEEM CHANGE AND PREVIOUS ACADEMIC FAILURE

The following information is based upon the responses of six of the twenty-five students in the total data group who had during the nursing diploma program, written a supplemental exam or repeated a course. Their January range of scores, 20 - 80 and their mean of 55.3 raised markedly to an April range of 56 - 92 with a mean of 77.3. Here again, completing their program successfully and arriving at the end of the last semester was obviously a very positive influence on their perceived levels of self-esteem.

* * *

Answer to research question #4: Yes, perceived levels of self-esteem are reflective of the following demographic variables; previous full-time employment, present part-time employment, whether the student is taking part-time or sessional courses as well as the required assignment, whether the student has written a supplemental exam or repeated a semester during the program.

SECTION THREE

PROFILES

Eight students and their preceptors, were matched to create profiles. Details from the variables sheet provided a snapshot of the students' goals, feelings, background and extra-curricular obligations. Each student's total self-esteem scores and the sub-scale component scores were listed as well as one or two relevant points from student comments. Précis of R.N. preceptor interviews followed to complete each profile.

The variables sheet was filled out the first day of school in January, pre-experience, and the R.N. preceptor's comments were collated from a post-experience interview. The January sub-scale component scores were inventoried at the same time as the variables sheet was completed and may differ markedly from the post-experience subscores and the R.N. preceptor commentary.

STUDENT A: FEMALE - 24 YEARS OLD

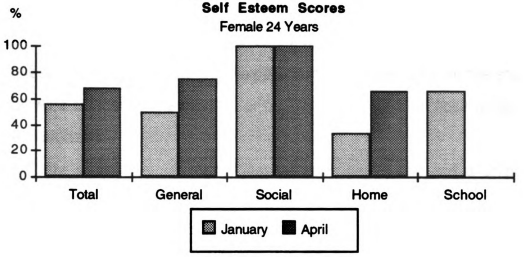
The profile for Student A is as follows:

- Attained previous community college diploma.
- Previous full-time employment in the business world.
- Future goals: to be a general medical-surgical staff nurse in a hospital.
- Feels that her present education will provide adequate preparation for this role.
- Realizes the dearth of generalist nursing jobs in Ontario, at the present time.
- Has taken out student loans and borrowed monies from relatives.
- Living with her parents at this time.

TABLE 6: STUDENT A - Total Self-Esteem Scores

Pre-experience		Post-experience
January 56%		April 68%
general self-esteem 50%	.....	75%
social self-esteem 100%	.....	100%
home: parents-family 33%	.....	66%
school: academic 66%	.....	rated zero

FIGURE 5: STUDENT A - Self Esteem Scores
Female 24 Years



Relevant January student comments are as follows: feels that she is not, "happy with herself", has no 'real' immediate future plans, feels all mixed up about careers and futures, finding it hard to live with her parents and with their expectations.

Relevant April student comments are as follows: still wishes she was someone else, expressing low self-opinions and "life is tough", continues to feel pressure from the family, discouraged with her work performance.

Preceptor interview:

This student demonstrated an ever increasing comfort with the workload and with staff and patient relationships throughout the four months. Her self-confidence and professionalism appeared to develop during the latter half of the experience. Her self-esteem and nursing self-concept 'seemed to blossom', with staff reinforcement and praise. She appeared knowledgeable, with a good deal of common sense and was comfortable in social situations.

Observations:

This is one of a number of students who mentioned being previously employed full-time, then returning to school and moving back in with the parents. The questions addressing parents' expectations and pressures on the students to do well were frequently answered at or below the 66% level of positive self-esteem by these students.

There are of course, many possible reasons for this and a prime one is whether these expectations are truly on the parents' part or are they projections from the student?

Academic self-esteem nose-dived, (this area only had three questions to begin with). When one has taken out student loans and borrowed monies from relatives, there is again an implicit pressure on the student to achieve. This in itself could cause stress enough to lower perceived self-esteem in this area.

A high rating for this student, was social skills and the R.N. preceptor noticed and seconded this perception.

STUDENT B: FEMALE - 22 YEARS OLD

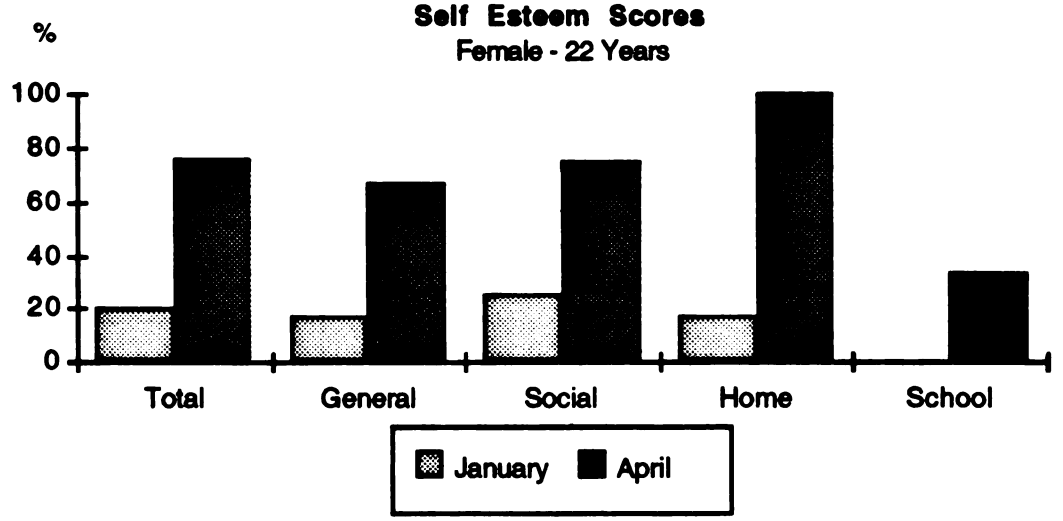
The profile for Student B is as follows:

- Came into the nursing program directly from secondary school.
- Has experienced some academic failure as well as success.
- Future goals: to work full-time for a while, and then to get a degree.
- Does not feel at this time, that this program has prepared her adequately for the work place.
- Lives with her parents - has no financial worries and does not have a part-time job.

TABLE 7: STUDENT B - Total Self-Esteem Scores

Pre-experience			Post-experience
January 20%			April 76%
general self-esteem	17%	.....	67%
social self-esteem	25%	.....	75%
home: parents-family	17%	.....	100%
school: academic rated zero		.....	33%

FIGURE 6: STUDENT B - Self Esteem Scores
Female - 22 Years



Relevant January student comments are as follows: things are all mixed up and I'm not much good at changing, I feel that my family is pushing me, I'm discouraged and I wouldn't mind just getting away from everything.

Relevant April student comments are as follows: I have trouble adjusting to new assignments and I worry about things, I don't do as well as I would like to and, I don't feel like I'm much fun when I am with others.

Preceptor interview:

This student is a hard worker. She was very accepting of challenging assignments and she was always pleasant to work with. Her decision making ability improved markedly with experience. She always sounded positive and projected a positive attitude. She did express her concerns about the impending exams and about going on with future schooling.

Observations:

When scores alter this dramatically, the first thing that comes to mind is, was this first inventory filled out on a 'blue' day or a 'downer' week? Certainly an academic self-esteem rating of zero could follow program failures and the student's perception that she isn't ready for employment, (remember this was the first class morning in January).

Here again is a student direct from secondary school, although a year or two older than her peers, who is expressing some parental pressures while still living at home.

The preceptor's view of this student and her comments were positive throughout. Did this contribute in a significant way to this marked rise in total and sub-component self-esteem?

STUDENT C: FEMALE - 22 YEARS OLD

The profile for Student C is as follows:

- Entered the nursing course directly from secondary school.
- Looking forward to graduating and to the future.
- Has experienced academic failure in the nursing diploma program, as well as success.
- Living with her parents.
- Working part-time, (12 hours a week).
- States she has no financial worries.

TABLE 8: STUDENT C - Total Self-Esteem Scores

Pre-experience		Post-experience
January 80%		April 92%
general self-esteem	83%	92%
social self-esteem	100%	100%
home: parents-family	67%	100%
school: academic	67%	67%

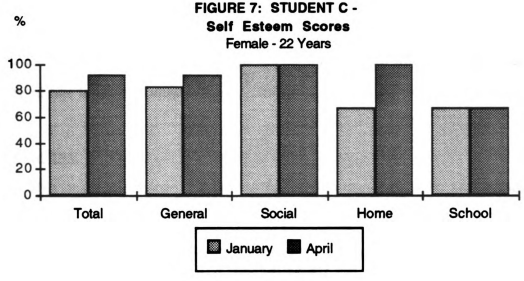


FIGURE 7: STUDENT C - Self Esteem Scores
Female - 22 Years

Relevant January student comments are as follows: I find changes difficult but I like to improve myself, I find family pressure on me is upsetting, I have high standards for myself.

Relevant April student comments are as follows: I'm really not doing as well as I should, I really find giving report, speaking out, talking in class, or asking questions, is difficult.

Preceptor interview:

She is always bright and willing to take on a workload but is not always able to complete her full assignment. Towards the end of the semester this student expressed the feeling that it would have been easier to have taken the nursing assistant, [or practical nurse], program. She never became independent but she showed some slight improvement in decision making. Towards the end of the semester she appeared more confident, yet I don't believe she ever had a 'good feeling' about herself and her performance. She made attempts to fit in with staff

and other students, but in the end "clung to her preceptor". Toward the end of the semester the student stated that she did not want to be an R.N. and was looking at a mortician course. She was always very very nervous about her exams and the quality of her legal documentation.

Observations:

This student entered the semester with an upper quartile self-esteem rating and it grew during the four month semester. She is in her twenties, living at home, and does mention perceived family pressures. Finances do not appear to be a problem and possibly this helps to keep other stressors in perspective.

Her academic self-esteem seems to be a vulnerable area possibly related to that past academic failure.

Her preceptor saw a likeable person who couldn't always complete the entire obligation and who tended to cling to the known and familiar. Is she rationalizing for possible future academic failure, the R.N.'s for example, when she states that she thinks she should be in a different occupation?

STUDENT D: FEMALE - 20 YEARS OLD

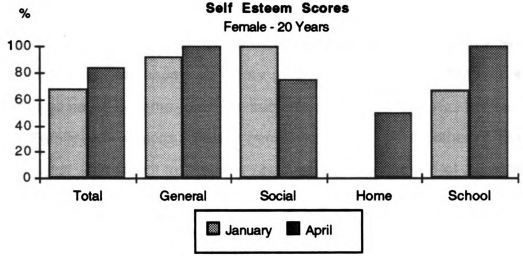
The profile for Student D is as follows:

- Entered the nursing diploma course direct from secondary school graduation.
- Feels that the nursing program met her expectations, but ...
- Is very aware that there is no job market at the present time.
- She has experienced academic failure as well as success during this three-year program.
- Works part-time and lives with her parents.
- Took a part-time course during the pre-graduate semester.

TABLE 9: STUDENT D - Total Self-Esteem Scores

Pre-experience		Post-experience
January 68%		April 84%
general self-esteem	92%	100%
social self-esteem	100%	75%
home: parents-family	zero rating	50%
school: academic	67%	100%

FIGURE 8: STUDENT D - Self Esteem Scores
Female - 20 Years



Relevant January student comments are as follows: I really feel family pressure and I think that they have unrealistic expectations, my family doesn't seem to understand me, I find it really hard to live at home.

Relevant April student comments are as follows: my family still can't see my perspective, I won't mind moving on, I find it real hard to work shifts and weekends and still go out with friends, I haven't been anywhere...

Preceptor interview:

This student was always willing to try new assignments. She had a co-operative attitude which showed a bit of 'burn out' toward the semester end. She did improve in her ability to adjust to change and she always projected comfort with her role. She was friendly to others. She did express concerns about her upcoming exams and about the stress of always being aware of legalities, [as a nurse-practitioner].

Observations:

This student grew in general self-esteem, home relationships and perceived academic self-esteem. She also mentioned past academic failure, which may have influenced her January inventory perceptions, (the April inventory was filled out after all college exams had been successfully completed).

Family expectations whether perceived or real, were bothering this student to a considerable extent in January, (zero rating). By the end of April the student was looking forward to a lifestyle which would possibly liberate her from the parental home ... but not in Ontario.

The preceptor mentioned 'burn out', and possibly this stress-reaction was a by-product of the same circumstances that she felt made her family life so implicit a part of a perceived low-self-esteem level. The preceptor was the recipient of verbalized concerns about the student's perceived stressors. Could the effort necessary for improved self-esteem about academic entities have contributed to the drop in social self-esteem?

STUDENT E: FEMALE - 27 YEARS OLD

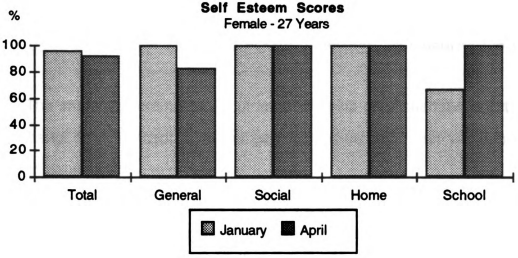
The profile for Student E is as follows:

- Future goals: "getting my degree, any degree".
- This program has met my expectations, and I feel prepared to move on.
- Was previously employed full-time in business.
- Married, with children.
- No financial worries, no academic worries.

TABLE 10: STUDENT E - Total Self-Esteem Scores

Pre-experience		Post-experience
January 96%		April 92%
general self-esteem	100%	83%
social self-esteem	100%	100%
home: parents-family	100%	100%
school: academic	67%	100%

FIGURE 9: STUDENT E - Self Esteem Scores
Female - 27 Years



Relevant January student comments are as follows: I'm most uncomfortable when I have to talk in front of a group, give report, conduct a conference or speak out in class.

Relevant April student comments are as follows: I'm pregnant and we're in the middle of moving to a new place to live, I'm really uncertain of what to try to plan for the future.

Preceptor interview:

She was sometimes hesitant to accept the workload as assigned, still she was always a good team player and showed early indications of team leader qualities. She appeared confident right from the beginning. She did share her personal life and worries toward the end of the rotation. She was always friendly and a pleasure to work with.

Observations:

The change in this student's rating from 96% to 92% could be a reflection of a change in perspective in looking at one or two (at the most), of the inventory items.

The student's comments about impending life-style changes might very well have changed her perception of her general self-esteem. Her world is changing from her planned future to a new one.

The preceptor comments dwell on social skills and mention an occasional hesitancy to accept the assignment ... this area might possibly be interpreted by the student concerned with a totally different perspective. The preceptors were the last to be interviewed, after the students had graduated, so an added student interview was not possible.

The ceiling effect, illustrated in the 100% January and April scores, minimizes any conclusions about self-esteem change for social or home: parents-family.

STUDENT F: MALE - 44 YEARS OLD

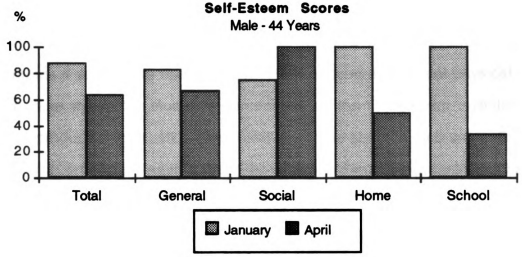
The profile for Student F is as follows:

- Has had a variety of educational experiences at the college and university level.
- Came into nursing from the corporate business world.
- Feels that the nursing program has met his expectations and that life is progressing according to his aspirations and expectations.
- He is married, with children.
- Part-time employment of sixteen hours each week.

TABLE 11: STUDENT F - Total Self-Esteem Scores

Pre-experience		Post-experience
January 88%		April 64%
general self-esteem	83%	67%
social self-esteem	75%	100%
home: parents-family	100%	50%
school: academic	100%	33%

FIGURE 10: STUDENT F - Self-Esteem Scores
Male - 44 Years



Relevant January student comments are as follows: things are 'going okay'.

Relevant April student comments are as follows: really starting to feel the pressures of the registration/certification exams coming up, I'm really tired, it seems like I've been working alot of shift work and I'm trying to search for a job.

Preceptor interview:

He progressed noticeably throughout the semester. He was confident and unafraid of assignment challenges by the end. He was a team player throughout and demonstrated consistent improvement in decision making ability. He always got along well with staff and with other students. He discussed private matters with the appropriate staff members. There was a noticeable improvement in his confidence toward the end of the semester. He really did share his worries about those registration exams.

Observations:

While perceived social-skills have grown over this four month period, all of the other self-esteem components seem to have dropped. From the student comments it seems like this workload has produced a very real physical drain. Is this a case where the student's perceptions on the self-esteem inventory in April were a product of exhaustion and possibly worries about the job search?

His preceptor saw a hard-working student, progressing consistently. Sixteen hours part-time per week sound like both of his days off school were spent working. Is this a major contributor to the drop in family self-esteem ratings?

STUDENT G: FEMALE - 25 YEARS OLD

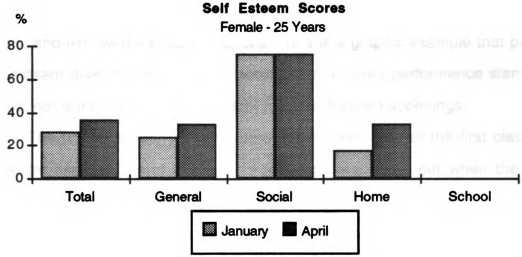
The profile for Student G is as follows:

- Future goals: to work in community nursing and starting on obtaining a degree.
- Feels adequately prepared for the work-world but quite unsure "of my overall abilities".
- Feels that her self-confidence and self-esteem are lower than they should be ... has always successfully passed all subjects each semester.
- Previous community college education was followed by a career in retail business management.
- Happily married, no children, no financial worries.
- Intended to take an evening course during the pregraduate semester.

TABLE 12: STUDENT G - Total Self-Esteem Scores

Pre-experience		Post-experience
January 28%		April 36%
general self-esteem	25%	33%
social self-esteem	75%	75%
home: parents-family	17%	33%
school: academic	rated zero	rated zero

FIGURE 11: STUDENT G - Self Esteem Scores
Female - 25 Years



Relevant January student comments are as follows: I get along well with other students but I feel alot of pressure and stress comes from my family's expectations and meeting the school standards.

Relevant April student comments are as follows: I'm really very unsure about the immediate future, about these exams, about finding employment, I don't feel very positive about any of it.

Preceptor interview:

She always has a positive attitude and is an excellent team member. From the outset she has shown improvement on an ongoing basis, in decision making ability. She projected a positive outlook and maintained good relationships with others throughout the semester. She really appeared worried about school and about exams.

Observations:

This student has never had an academic failure, states that her marriage is happy, and isn't worried about finances. This is a graphic example that perceived self-esteem does not equate with meeting the imposed performance standards of others, nor is it linked to a set recipe of life and lifestyle happenings.

The first inventory was completed as the first task of the first class of the semester (January), and the second inventory was filled out when the student although assured of graduating, still had the challenge of major R.N. exams and a job search. In this profile one wonders whether an added inventory for example, half-way through the semester, would have confirmed a perennial low self-esteem rating or might have indicated some lability.

Other than an awareness of the impact of exams upon the student, the preceptor saw a positive co-worker. However, the preceptor's comments do tend to focus on social skills and relations to the detriment of competency and knowledge application.

STUDENT H: FEMALE - 21 YEARS OLD

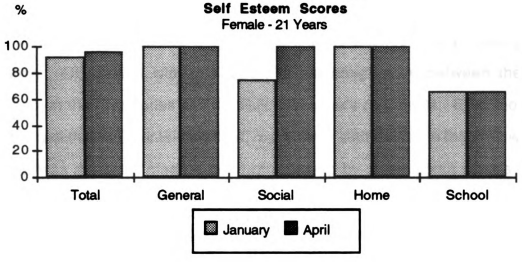
The profile for Student H is as follows:

- Future goals: to find employment and to start a part-time university degree.
- Feels positive about her preparedness for the work-world.
- Entered the nursing diploma program directly from secondary school.
- Worries about the expense-drain on her parents, lives at home.

TABLE 13: STUDENT H - Total Self-Esteem Scores

Pre-experience		Post-experience
January 92%		April 96%
general self-esteem	100%	100%
social self-esteem	75%	100%
home: parents-family	100%	100%
school: academic	66%	66%

FIGURE 12: STUDENT H -
Self Esteem Scores
Female - 21 Years



Relevant January student comments are as follows: a bit unsure about the demands of this "different kind of semester".

Relevant April student comments are as follows: I think that I did okay, it sure is wonderful to have made it through.

Preceptor interview:

This student has been excellent from the beginning. She has a positive attitude and really seemed to enjoy working with others. She always welcomed increased responsibilities. How to describe her? Motivated, confident, competent, self directed and fits in well with others. Sure, she is nervous about her impending R.N. exams. She really has been above average throughout.

Observations:

The school-academic portion of the SEI is only three questions, therefore a 66% in this area, indicates that the student did not respond positively to one question. Of interest with this précis is the congruence between the scores obtained on the inventories and the R.N. preceptor's comments. Even more telling was the fact that at the interview time, many other staff nurses in the area where the student was assigned made a point of dropping by to tell about what a positive, refreshing, student this girl had been.

Here again, the ceiling effect precludes commentary on possible growth of general or home: parents-family self-esteem.

* * *

Answer to research question #5: The preceptors' perceptions of the students with which they worked vary amongst individuals. Relationship to the students perceptions from their self-esteem inventories also show distinct variations.

CHAPTER V
OBSERVATIONS, RECOMMENDATIONS

INTRODUCTION

The primary focus of this study was to determine whether there were any perceptual changes in diploma nursing students' responses to inventories which assess levels of self-esteem and to conduct those inventories prior to and at the completion of the pre-graduate consolidation semester. A sampling of student and registered nurse-preceptor interviews has been included to complement the objectivity of the inventory analysis.

Additional areas were identified, such as self-esteem subscale components, and relationship of scores to age groupings, students who are parents, students who live with a spouse or significant other, previous full-time employment, present part-time employment, students taking extra courses and students who have experienced academic failure during the program.

This study was conducted during the first four months of 1993, with students from one specific diploma nursing course. One hundred and two self-esteem inventories and demographic variables sheets were completed at the commencing of the semester and eighty-five self-esteem inventories were submitted at the completion of the students' experience. Eight registered nurses who had been student preceptors, contributed their perspectives on the students with whom they had been working.

In this chapter each of the research questions will be addressed, and further observations and recommendations will be offered. Comments will be included along with purely objective data. These comments are based upon the

investigator's integrated review of the data, variables sheets and in some specified instances, interviews.

THE RESEARCH QUESTIONS

1. Do students perceive any changes in their level of self-esteem as they experience the continuity of the pre-graduate consolidation semester?
2. Do the students' perceptions of self-esteem show consistency in their positive feelings about themselves in relation to general self-esteem levels, social self-esteem levels, school-academic self-esteem levels, and home, parent, family self-esteem levels, before and after this consolidation assignment?
3. Is there a variation in the means of scores of perceived levels of self-esteem when students are grouped by age range, parenthood, or living with a spouse or significant other?
4. Are perceived levels of self-esteem reflective of demographic variables such as previous full-time employment, present part-time employment, whether the student is taking part-time or sessional courses as well as the required assignment, and/or whether the student has written a supplemental exam or repeated a semester, during their program?
5. Does the preceptor's perception of the student's self-esteem throughout the pregraduate consolidation semester reflect the student's self-esteem inventory?

THE DESIGN AND PROCEDURE OF THE STUDY

The pre and post experience self-esteem rating was administered to the population of the first class period during the winter semester, pregraduate nursing course. The survey instrument consisted of a twenty-five item inventory addressing attitudes and beliefs of a self-esteem nature. Self-esteem items focussed on subscales of general self; social self, peer relationships; home, parents, family relationships; and school, academic relationships. The students responded to the statements on the form by indicating either, "like me" or "unlike me".

Previous college student studies utilizing the Coopersmith Self-Esteem Inventory have indicated internal consistency and test-retest reliability through calculation of the Kuder-Richardson reliability estimates. The investigator employed this formula for pretest-posttest comparison.

A grouping of twenty-five identified students were isolated to form a nonindependent sample. This facilitated the use of the t test for nonindependent samples to determine whether there was a significant difference between the means of one sample at two different times. This was calculated with $\alpha = .05$ and the formula for degrees of freedom as N-1.

Also completed during the first class, was an informed consent form and a variables form. The variables form addressed issues of the following nature: Socio-Psychological; goals, feelings of competency, feelings of control over the future... Performance; occupation pre-program, past academic failures, status of finances... Environment; living arrangements, part-time or additional courses, part-time employment and demographic input such as location of previous education, sex, age and ethnicity.

Completion of this form provided a basis for comparison of self-esteem scores by relationship to variables.

A further eight students and their registered nurse preceptors were identified to focus on personal non-objective perceptions. These interviews followed the areas covered by the self-esteem subscale components.

SUMMARY OF THE STUDY

The conclusion obtained from the inventories, comparisons by variables and interviews, will be addressed through responses to the research questions.

Research Question 1: Do students perceive any changes in their level of self-esteem as they experience the continuity of the pre-graduate consolidation semester?

The range of inventory scores altered from between 20% and 100% in the pre-experience survey, to 36% and 100% in the post-experience survey. The mean of the scores also rose from 72.6 on the first inventory, to 78.6 on the post-semester inventory. It is also apparent that there was an increase in the percentage of students who moved into the upper quartile of the scale, a fact further demonstrated by the bimodal (84% and 100%) polygon, representing the post-experience data. The measures of Central Tendency, support the increase in inventoried perceived levels of self-esteem for this group of students over the four month semester. The K-R 21 results of .94 indicates a high coefficient of stability for this test-retest process.

Descriptive statistics derived from the major pre and post inventory groups, provide generalized population data. Therefore, further refinement of the inventories data was employed with a view to demonstrating links between fluctuations and variables and to enable a test of significance to be conducted.

When the scores of each of twenty-five individual students were compared, for pre and post inventory change, a t test for nonindependent samples produced a calculated t value equal to or greater than the table value, for a rejection of the null hypothesis.

Null-Hypothesis:

There are no perceived changes in level of self-esteem in the pre-graduate students as they experience the consolidation semester.

$t = 2.1 \geq 2.0$, therefore the null hypothesis was rejected.

Further selectivity resulted in samplings which demonstrated self-esteem fluctuation by sub-component grouping, by variables and in the profiles section by individual student.

In generalized data analysis, self-esteem increased on the average and the range climbed in score, with a narrowing in parameter. The computation of the K-R 21 r and the t test for nonindependent samples support the reliability and validity of the measuring instrument.

The reports on the remaining questions will provide a focus for the nature of some of the self-esteem change identified by the students' perceptions on their inventory responses.

The inventory pre and post experience, has indicated that students do perceive changes in their self-esteem levels and that the majority of the students perceive this change in a positive manner. It is difficult to relate this finding to previous studies such as those mentioned in the literature search because the qualifiers do not equate.

Kramer 1974, felt that new baccalaureate nursing graduates lack self-esteem. His finding is not consistent with this diploma group's general scale mean of 78.6.

Olsen et al 1984, and Ellis 1988, stated that self-esteem (and self-confidence) decreased with each subsequent year. This present study met the students only four months before their graduation. However, the results in this last

four month period indicate a rise in perceived self-esteem levels of these participants.

Choudry 1993, found that there was no change as a result of nursing education on self-esteem. This study has not attempted to isolate the causes of fluctuation on self-esteem inventory reports but rather to at best, link some of the student demographics and lifestyle variables to perceived self-esteem as rated. This makes it very difficult to attempt to correlate any of the present findings with the Choudry study.

In a broad sense and in a statistical sense, the self-esteem inventory did indicate perceived changes in self-esteem level when surveyed at the commencement and the completion of the pre-graduate consolidation semester.

Research Question 2: Do the students' perceptions of self-esteem show consistency in their positive feelings about themselves in relation to general self-esteem, social self-esteem, school-academic self-esteem, home-parents, family self-esteem, before and after this consolidation assignment?

The inventories as completed for the pre and post experience procedures, have proven internally consistent in reliability analysis, in data analysis and interpretation. When directing attention to consistency of positive feelings, consistency is defined in the sense of its coherence and congruity. The scoring of the SEI: Adult Form, reflects the positive results attained by the respondent.

The January data has a range of scores between 20% and 100%, with a mean of 72.6. The April data describes a range of scores of 36% to 100% with a rise in mean to 78.6. The S.D. narrows from 17.5 to 15.6 post-experience, which supports the rise in scores and means. Further indication of clustering occuring in the upper quartile is presented by the change in the pre-experience mode of 80%

to the post-experience bi-modal 84% and 100%. The SEI manual indicates in the section on interpretation, that positions in the upper quartile can be (generally) considered as indicative of high self-esteem.

It is congruent with previous SEI studies to observe a negatively skewed range of scores. These scores demonstrate a logical consistency, i.e.: a coherence, in their growth pattern. In the setting of total self-esteem, the students' perceptions appear to show consistency in their positive feelings.

TABLE 14:

Data For Self-Esteem Subscale Components

January Range	$\bar{x}$	April Range	$\bar{x}$
general 52 - 88.2	70.7	63.5 - 87.1	77.7
social 73.5 - 88.2	79.7	82.4 - 85.9	84.2
school-academic 44.1 - 84.3	69.3	52.9 - 87.1	73.3
home-parents-family 60.8 - 71.6	65	65.9 - 82.4	74

While the means display a recurring progression when comparing the pre and post experience subcomponent scales, the narrowing in the range of scores did not extend to home, parents and family. This result will be further discussed in the analysis of the identified twenty-five students where they are parents or living with others. It is also alluded to in the interview section when adult students found that living with parents was stressful.

For the average student in this section, the means indicate a regular growth pattern in level of perceived self-esteem related to all four subcomponent areas. The range of scores and the top score for home-parents and family are indicative of

an individualized perceptual happening peculiar to this area. This does not appear to affect the growth pattern as both the lowest and highest scores improved, but it does point to this area which maintains these low means.

Research Question 3. Is there a variation in the means of the scores of perceived levels of self-esteem when students are grouped by age range, parenthood, living with a spouse or significant other?

TABLE 15:

Age Range Groupings	January $\bar{X}$	April $\bar{X}$
19 + 20 years	80	86
21 to 25 years	63	74
26 to 30 years	80	83
31 to 40 years	69	73
* over 41 years	88	64

* This area was analyzed from the identified twenty-five student grouping. In that grouping there was only one student in the over 41 years age range.

The largest variation in perceived self-esteem scores is found in the pre and post experience means of the 21 years to 25 years age group and the single example of the over 41 years of age. For this student then, it would be totally inappropriate to comment other than to note a marked score decrease. It does offer an opening however, for a new research study which focuses on self-esteem change and subcomponents in the over forty age grouping of students.

In the remaining age groups, the eleven point gain amongst the twenty-one to twenty-five year olds stands out from the other score means. This too helps to center out these students for further investigative study. Possibly, through ungrouping and adding variables such as entry into the nursing diploma program from secondary school, compared to entry from university or from previous full-time employment.

There is definitely a variation in the means of scores of perceived levels of self-esteem when students are grouped by age range.

There were eight students among the identified twenty-five group, who are parents. The means for these students was 75 in January, and dropped to 71.5 in April. This April mean is lower than any of those calculated for the age groupings for April, except for the lone over forty-one year old.

To turn to the range of scores for these students who are parents, will identify a marked divergence of range such that it will definitely account for the decreasing mean. In January the perceived self-esteem scores for this group ranged from 44% to 96%. In April the range spread to 36% and 92%, lowering four percentage points at the top and by eight percentage points on the low score.

Whereas the average student or the overall student body, rose in perceived self-esteem over the four month pre-graduate experience, the self-esteem ratings for the parents appears to have decreased. A closer look at these respondents might provide some answers. Possible areas to be looked at are; the effect of the recently past Christmas and New year holiday period upon their answer choices in January, and/or the effect of shift-work and weekend work upon their perceived self-esteem as parents, after a four month period. Self-esteem is a qualitative trait alluding to respect of oneself. Further investigation could pursue the effects of shift work and weekend work on one's perceptions about the quality of their parenting.

In the category indicating that students were living with a spouse or significant other, nine students were identified. In this grouping the January mean of 72.4 fell slightly in April to 71.1. Accompanying this calculation was an upward movement in score range from 28 - 96 in January, to 36 - 100 in April. Both the low and high ends of the range improved but the mean still dropped, indicating that within this group, a couple of respondents may have fallen in perceived self-esteem to such a degree that it affected the overall average. It appears that living with a spouse or significant other does indeed have a relationship to variations in the means of scores of perceived levels of self-esteem. With this nature of finding, supportive measures such as interviews and more detailed analyses becomes meaningful before formulating an interpretation.

Burgess 1980, found a significant positive correlation between marital status and self-esteem among the students tested. Burgess also noted higher scores for those students having children. Burgess' survey consisted of a single study, in contrast to the present pre and post treatment inventories. Burgess does not identify the nature of the programs in which his adult students were enrolled and he did specify marital status as opposed to living with ... With these things and the possibility of other intervening variables kept in mind, it is still relevant to return to the means and score ranges of the "married" and "with children", subjects of the present study.

The living with a spouse or significant other students, revealed pre and post experience means of 72.4 and 71.1. These means are in the interquartile range of the SEI scoring which generally is indicative of medium self-esteem. The actual score ranges of 28 to 96 and 36 to 100, does of course point to some students in the upper quartile, who would be considered to feel high self-esteem. For students having children, much the same results were calculated. Pre and post experience means of 75 and 71.5 accompanied score ranges of 44 to 96 and 36 to 92.

Frerichs 1971, concluded that married students have fulfilled an important developmental task thereby increasing their self-esteem. This is in contrast to this present study which evidenced self-esteem means in the eighties for 19 and 20 year olds and 26 to 30 year olds, when grouped by age range, and means in the lower seventies when calculated by "marital status" or "having children".

This study did not duplicate Frerichs' findings of significant positive relationship between age, marital status and self-esteem.

Research Question 4: Are perceived levels of self-esteem reflective of demographic variables such as: previous full time employment, present part-time employment, whether the student is taking part-time or sessional courses as well as the required assignment, whether the student has written a supplemental exam or repeated a semester during the program?

The eleven students who indicated that they entered the nursing diploma course from previous full-time employment showed a noticeable increase in perceived self-esteem level at the completion of the pregraduate semester. Score ranges raised from 28 and 92, to 36 and 100. The mean climbed from 66.5 to 71.3. This growth sets the stage for questions which could be pursued in interviews or further surveys...

e.g.
- Did these students voluntarily leave their previous employment to enter the nursing diploma course?
- Is successful completion of the final semester of greater importance to the self-esteem of these students who have experienced the work force, than it is important to students who entered the nursing diploma course directly from secondary school?

- Do enough of the students who were previously employed full-time, fall within the twenty-six to thirty year old age group, to prove a significance between these two sets of variables scores?

As a variable, previous full-time employment does have a relationship to growth of perceived self-esteem level as indicated by the inventories, before and after the pregraduate semester.

Fourteen of the identified group of twenty-five pregraduate nursing diploma students were employed part-time during this semester. Their score range improved from 28 and 92 to between 36 and 100. The growth in means, brought the pre-experience mean of sixty-nine, up to a post-experience mean of seventy-seven point one. Clearly for these students, the co-existence of part-time employment and a full forty-hour student work week, contained no negative repercussions on perceived self-esteem levels. The growth in the mean of eight points during this four month period moved this student group from the medium self-esteem level of the interquartile to the high self-esteem level of the upper quartile.

Many areas can be looked at in relation to this finding:

e.g.
- Is it a sign of impending growth of self-esteem level to be able to handle a part-time job and full-time student status?
- Is there some factor in a part-time job such as decrease in money worries, need to keep an organized, timetabled life, etc. that is a catalyst for a rise in perceived self-esteem?

This growth in self-esteem does not show routinely with all variables, a finding that would be supportive of the tenet that self-esteem levels would improve by so much. Therefore, it would appear that the variable of part-time employment, is reflective of or of pertinence in, the growth of perceptions of self-esteem in this group.

Only two of these students completed part-time or sessional courses while they were enrolled in the pregraduate semester. One student had a low self-esteem rating of twenty-eight, which moved to the more moderate rating of thirty-six, by the end of the semester. The second student scored eighty in January and met the ceiling score of one hundred at the end of April.

As was found with part-time employment, the commitment of added time-consuming obligations does not seem to be a threat to self-esteem level growth in the surveyed students who chose extra courses.

If in addition to isolating a larger number of students enrolled in part-time courses, the questioning was directed to the nature and functions of the courses, this data would become much more meaningful. Was the part-time course content in synchronization with the semester content? If so, then this experience would provide a reinforcement and catalyst action toward perceived level of self-esteem. Did the part-time course provide relaxation and stress relief, thereby promoting chances of success in the school's assigned work place and thus increasing self-esteem levels?

The remaining variable identified in this section, refers to students who have written supplemental exams or repeated a course during their nursing diploma program. Six members of this student group responded to this category and again, their statistics indicate a decisive increment in self-esteem score range and mean. The January range of scores spread between 20 and 80. This range of scores narrowed and grew to 56 and 92 by the end of April. The pre-experience mean of 55.3 topped out at a healthy high level of self-esteem post-experience of 77.3.

Remember that these students who have previously experienced academic failure in their lives, had successfully completed the nursing diploma program requirements at the time they responded to the post-experience inventory. This

would of course, be a major catalyst, an important boost to perceived self-esteem levels.

The pressure of the lower scores, which rose but did not leave the interquartile range, reinforces the reality of self-esteem levels as not being totally linked to one's success at output or performance in life. The values or valuing of self may usually relate to effective functioning but many people manage to experience failures without a resultant effect on their perceived self-esteem level. Conversely, for some people who for example, have achieved the nursing diploma program objectives, they can oppress any tendency to noticeable growth of self-esteem by looking toward the next challenge, in this instance the registration exams and letting that happening reinforce their denial of positive self-worth.

For question four, the identified variables of employment and academia did reflect and in most instances reflect entirely positively, on growth of perceptions of self-esteem level, over the four month period.

Research Question 5: Does the preceptor's perception of the student's self-esteem throughout the pre-graduate consolidation semester reflect the student's self-esteem inventory?

In chapter one a clarification is presented to differentiate between self-concept and self-esteem. Roy (Perley 1976), delineates self-concept as physical self, moral-ethical self, self-consistency, self-ideal and expectancy, and self-esteem. Hamachek 1992, states that self-concept relates to the cognitive aspect of self-perception and self-esteem is the affective dimension of self-perception. What is being addressed by this question is, whether the registered nurse preceptor could discern in his/her student the behaviors and attitudes reflective of self-esteem

level and are this preceptor's views congruent with the compilations from the student's self-esteem inventory.

In focussing the interviews with the preceptors, the investigator created seven open-ended questions which embraced the four subcomponent areas of the self-esteem inventory. General self-esteem was addressed through questions on ability to adjust to new assignments and to adjust to changes in plans, and whether the student appeared to feel capable and of value when working with others in a team setting. Did the student's appearance, actions and general comfort with self, show for example, through a positive attitude? Social self-esteem assessment was the basis for the question about 'fit' with staff and other students. The preceptor was asked whether the student shared home, family and future plans, during light conversation, formally if appropriate, or over coffee during break periods. Academic self-esteem was the reason for questioning whether the student shared his/her feelings about the in-semester exams and registration exams and his/her reactions and behaviors when coping with the legalities of nursing practice and nursing documentation.

Three-quarters of the students in this grouping had a growth in the mean of their total self-esteem levels during this four month assignment. Two of the students who had a noticeable rise in inventoried self-esteem level, (20 - 76 and 80 - 92), had preceptors who thoroughly enjoyed being preceptors and who established excellent relationships with their students. The preceptor for the first student saw the student as a hard worker, willing to accept challenging tasks with a positive attitude that was reflected in continuing ongoing improvement on the part of the student. This preceptor was aware of the student's academic concerns. This preceptor's perceptions certainly reflected the post-experience inventory. The second example shows the variance between self-esteem and self-concept. Except for academic self-esteem, this student placed herself in the top quartile or

high self-esteem portion of the inventory. She talked of high standards and family expectations. The preceptor described someone who was not always able to complete the undertaken tasks. This student mentioned being in the wrong program and mentioned a program which is equally as difficult, as a possible future. The preceptor felt that this student lacked the ability to be independent, "clung to the preceptor" when socializing and never seemed to act as if she "felt good" about herself. It appears that this student's self-concept of her capabilities, her social skills and her ability to work effectively in this role, was really in a state of flux. The inventoried self-esteem levels showed general self-esteem of ninety-two and social skills of one hundred percent, at the end of the semester. This positive set of feelings about herself was not exhibited in her behaviors. The preceptor's perceptions were quite at odds with the student's self-esteem inventory.

Two of the students dropped in reported self-esteem levels over the four month experience. The first student registered a total self-esteem of ninety-six and a general self-esteem of one hundred, as she entered the semester in January. Toward the semester's end the student became unexpectedly pregnant, found that she and her husband had to move to a new town and that she would be job-searching in an area that was strange to her. Her total self-esteem dropped four points and her general self-esteem dropped seventeen points. This happening is congruent with observations made by the preceptor, that this student was always hesitant when accepting a new assignment and frequently unsure when adjusting to change. This preceptor's perceptions were indeed congruent with the student's self-esteem inventory. The second student, who experienced a twenty-four point drop in total self-esteem was married, the supporter of a family, non-employed wife and children, working sixteen hours a week and carrying the thirty-five to forty hour student workload. This student's preceptor commented on consistent improvement in capability, noticeable progress in all areas and that the student was a valued

team player. During this time, the student's general self-esteem fell by sixteen percent, his family role self-esteem dropped to one-half of what it had been and his academic self-esteem fell to one-third of the inventoried January level.

It appears that the factors behind the self-esteem drop were not apparent to the preceptor. This preceptor's perceptions of the student's self-esteem levels reflected the initial inventory but were quite discrepant when compared to the post-experience inventory.

Of two other students who received positive to excellent commentary from their preceptors, it is interesting to note that one student posted self-esteem inventory levels of twenty-eight and thirty-six, the other student had a pre experience total self-esteem inventory of ninety-two, and a post experience rating of ninety-six. In these instances, the preceptor's comments by behavior and performance, reflected the trend of the self-esteem inventories but did not necessarily relate to the computed scale.

The preceptor group's perceptions of the students' self-esteem throughout the pre-graduate consolidation semester did not show consistency in reflecting the students' self-esteem inventories. What the interviews of students and preceptors did accomplish was to provide some 'food for thought'.

The student with the extremely low total self-esteem inventory level was married, no financial problems, not a parent and had not experienced any academic set-backs. The student whose general self-esteem dropped so markedly when her life-style plans changed had been registering high nineties and one hundred percents. The other student who dropped to markedly over the semester appears to have had an exhausting life-style but the self-esteem inventory rating drop which was very dramatic, was not noticeable to his preceptor and co-workers.

Apparently the self-reporting instrument picks up and reflects students perceptions of self, which may or may not be noticed and reported by co-workers.

CONCLUSIONS

An analysis of these findings indicate that the majority of students experienced significant positive change in their perceived self-esteem level. This analysis demonstrated consistency in total and over all four self-esteem subcomponents, when studied on an individual basis.

When students were grouped by age range there was a marked variation in self-esteem inventory results, with the largest positive growth, being experienced by the twenty-one to twenty-five year old group. This study showed that for this student group in this four month semester, self-esteem in those students who are also parents was perceived to decrease slightly. Living with a spouse or significant other showed a slight overall growth in self-esteem, with some students experiencing marked drops in perceived self-esteem levels.

Four variables were linked with clear growth in perceived self-esteem on the inventories. These areas are; previous full-time employment, present part-time employment, extracurricular course participation and previous semester repeats or supplemental exams.

Comments obtained through interviews with preceptors proved to be interesting but not necessarily congruent with the students' perceptions of their self-esteem as reflected by the inventories.

The pregraduate consolidation semester is unique in the nursing diploma program in that it is primarily a clinical or hands-on work experience. The students work closely with staff, on staff timetables, including shift work and weekend work. Their in-hospital time duplicates the staff work-week of thirty-five to forty hours. Out of hospital or around this work schedule, students are expected to study for the comprehensive college exams, four examinations over two days and the registration exams, also four sets over two days. Teachers are available to staff or

students, on an on-call basis and student performance evaluation is completed by staff and students.

One of the happenings that appears to occur during this semester each year is a growth in self-confidence and valuing of self on the part of most of the students. Positive perceptions of self, by an individual, is known as self-esteem. This study was constructed to determine whether there are any perceptual changes in students' awareness of their level of self-esteem, as they experience the pre-graduate work opportunity within the time-frame of the consolidation semester. The instrument used to obtain pre and post-experience data was the Coopersmith Self-Esteem Inventory: Adult Form. The resultant data was linked to Gruber's (1979), four major determinants of self-esteem, through a variables form completed by the students. Results of the self-esteem inventory were compared to; background or input variables such as age groupings, socio-psychological variables such as goals and locus of control, performance variables such as previous academic success, finances and employment, and environmental variables which include living arrangements and part-time employment. Interviews were held with a selection of students and staff nurses to allow for descriptive support or contrast to the objective inventoried data.

In this study positive changes in students' perceived levels of self-esteem as they completed the pre-graduate consolidation semester of the nursing diploma program at Humber College of Applied Arts and Technology, were indicated through comparison of pre and post experience self-esteem inventories. Perceived self-esteem changes were also linked to identified variables from the student's life and to interview collated data from the student's preceptors.

REFLECTIONS FROM THE COMPILATION AND INTERPRETATION OF THE SELF-ESTEEM INVENTORIES:

The students received and responded to the January inventories within a single class period. The April inventories were left with the students, who filled them out at their leisure before returning them. It is conceivable that the January responses contain an element of knee-jerk reaction, i.e.: was the student having a particularly good or bad day? Possibly the April inventory was subject to a much more thoughtful response process. Definitely the April responses would be affected through the simple happening of this being the students' second time to respond to the form.

* * *

The interviews with the students upheld the inventory data that indicated lowered self-esteem levels related to parents' perceptions and expectations of the student. It must be remembered that this observation is very much complicated by the fact that this is a self-report inventory. This means that the students are responding to their own (the students') perception that the parents are imposing expectations and standards that are at least stressful and possibly not realistic. The reality may be so, i.e.: the parents may hold these expectations, but the students may be projecting their own expectations onto their parents.

* * *

Many of the interviews with the preceptors reflect a positive outlook and an optimism towards the students' continued growth. It is possible that this inclination to place the best possible construct upon student activities and happenings,

preceded the student's actual performance. This would indicate that instead of the preceptor providing their perceptions of the student's actual self-esteem responses and behaviors, the student was adjusting and growing in performance to meet the implied criteria of the preceptor's expectations.

* * *

Referring once again, to the fact that the April inventory was already familiar to the student and was completed at a more leisurely pace than the January inventory, it is within the possible, that some of the growth on the second compilation was due to the students filling in that which they thought was the desired response. Progress inventories rather than only pre and post experience, might help to indicate if this was happening.

* * *

No effort has been invested to identify possible linkages or relationships between self-esteem subcomponent areas. In this survey the subcomponent areas are not inventoried in equal proportions. This leads to the following questions: Does the degree of effort invested or changes occuring in a situation that result in an increased level of perceived self-esteem in one subcomponent area contribute to or result in, a decrease in perceived self-esteem levels in another subcomponent area(s)? Should varying weightings be assigned to each subcomponent area to equalize emphasis? Should rationale be provided for the variations in proportions?

* * *

The students were interviewed during the calendar boundaries of their pregraduate semester. The nurse preceptor interviews took place after the students had graduated. It must be considered that this variation in time frame may have altered either the students' or the preceptors' perspectives. If the interviews had taken place within the same timelines there is a possibility that some of the comments and observations would differ.

* * *

The April survey was completed after program graduation was assured and this must have contributed a positive effect on the self-esteem inventory ratings. The amount of the contribution would vary of course, with the individuality of each student. As a converse to this observation, the April survey was filled out just as the students were refocussing perspective toward the reality of the impending registration examinations, a formidable set of four examinations to be completed over a two day period. This could very well have had an effect, especially upon the academic self-esteem inventory results.

* * *

The January inventory was completed only by those students who came to the first class, the first day of the winter semester. The April survey was short of the January number by seventeen respondents. The implications of these two happenings could have very real effects on the nature of the responses. Some questions are: Was there a particular trait or happening which would show in inventoried self-esteem levels, that the missing January students and non-compliant April respondents would have contributed to the results? Would the inclusion of inventories completed by these students have altered the findings?

* * *

While a consistent effort has been invested in reporting clearly and objectively throughout this study, the investigator obviously arrived with a set of biases created by experience and the environment of Humber College of Applied Arts and Technology. Those biases despite conscious efforts to minimize their effect, have probably flavored the structure and tone of the interviews, the comments, the précis and word choices.

IMPLICATIONS FOR FURTHER STUDY

Positive self-esteem change emerging from a field-work experience need not be confined to a nursing program. Further studies could track any area of education which incorporates field placement and emerge with some very useful data on the relationship between perceived self-esteem levels and student work-force experience in a variety of areas.

This study concerned itself with pregraduate nursing diploma students in their final semester at a community college. Further studies which were conducted in the same format would increase the population and their reliability. Studies which changed one or more of the above criteria, would broaden the scope of our understanding of change and perceived self-esteem levels of students, e.g. different semesters, university instead of college.

Cross reference with further study would identify the presence of any difference related to the philosophy of the school, the composition of the student body and possibly the size of the class groupings.

The areas linked with identified variables could be stratified and looked at in much more detail to establish definite criteria which connects with the effects of the variables.

Further study could pursue students over a longer period of time, even several semesters and/or several times over one semester which would classify the effect of where each student starts, on the self-esteem scale.

An extraneous finding arose from students who had been previously employed full-time and returned home to live while in school. In-depth interviews with students who identified factors such as pressures of parent expectations would assist with gaining insight into this stressor. Further study could attempt to

determine whether there exists concrete data to support the student reaction or whether this perception is a self-induced inference on the students' behalf.

This study investigated a self-reported process, in a mostly assessment and process format. In most respects, this is an initial research inquiry into an area of behavioral component known as self-esteem, which must be met to a state of self-satisfaction before self-actualization can take place within an individual. Leaders, decision-makers and inquiring minds have all reached some degree of self-actualization. The scope for further research-studies in this area is unlimited.

IMPLICATIONS FOR EDUCATORS

Students' comments about their own perceptions of their self-esteem levels usually paralleled their inventory scores. There is room for error in assuming that a weak student has a low self-esteem or that a competent student has a high self-esteem level. Mentioning an interest in their feelings of self-worth will encourage identification of low levels of self-esteem, so that situations for success can be arranged.

Comparison of inventory scores and variables, identified some risk groups. Parenthood and adult students living with parents or spouses can affect self-esteem levels negatively as well as positively. Once identified, students in these situations can be introduced to others for support. This can be carried out formally or informally.

The responses of teachers, peers and co-workers to each student's attitudes, behaviors and appearance could also have an impact on the student's self-esteem levels. Accept the student as wanting to learn, while remembering that not all students want to work to one hundred percent may also be helpful. Many are satisfied with a passing grade. Find areas to praise and when criticism is called for, focus on criticizing the act, not the person. Offer suggestions for alternative behaviors or refer to counselling.

Structure opportunities for success. Students who have previously experienced failure will respond with a rise in self-esteem levels.

Should appearance become a problem, discussion and student input will often maintain self-esteem. Authoritarianism and intellectual elitism on the part of the educator could decrease the student's level of self-esteem. Identifying and discussing role-models with the student could also be helpful.

A drop in academic self-esteem may accompany financial problems. Often the educator has the experience and the knowledge of the system, to help the students, to help themselves.

The successful graduate is adaptable to change, can cope with unanticipated events, interacts effectively with others, functions independently and provides leadership. The successful educator maintains an awareness of students in risk groups, discusses self-esteem with students and provides an environment which nourishes increased self-esteem levels in the students.

APPENDIX A:

STANDARDS FOR DIPLOMA NURSING PROGRAMS

Ontario

80-F-1

Office of the Chairman

Council of Regents for Colleges of Applied Arts and Technology

416/965-4234

10th Floor
Mowat Block
Queen's Park
Toronto Ontario
M7A 1L2

MEMORANDUM

TO: Presidents
Heads of Health Sciences
Heads of Diploma Nursing and Nursing Assistant Programs

FROM: J.A. Poglitsh

SUBJECT: a) Standards for Diploma Nursing Programs within Colleges of Applied Arts and Technology

b) Standards for Nursing Assistant Programs under the Aegis of the Ministry of Colleges and Universities

DATE: January 9, 1980

At the meeting of December, 1979, the Council of Regents received the Minister's communication of December 3, 1979, containing the announcement of the acceptance of the report and recommendations of the Committee of the Minister of Colleges and Universities on Clinical Experience for Diploma Nursing, dated October 1, 1979. The Council passed a recommendation to modify the program standards for diploma nursing programs as per Minister's Committee recommendations. Enclosed are the revised program standards for implementation and reference.

The new program standards for diploma nursing programs reflect the extension of clinical experience to 1625 hours and a requirement of a continuous pre-graduate experience of 525 hours, along with objectives for this component of the program.

It should be noted that program standards for both diploma nursing and nursing assistant programs were reviewed by the Provincial Advisory Committee on Nursing Education in relation to the "Standards of Nursing Practice for Registered Nurses and Registered Nursing Assistants", revised by the College of Nurses of Ontario, May 1, 1979. It was concluded that the program standards continue to reflect the practice standards.

In view of the above, the program standards for the nursing assistant programs remain unchanged.

The standards for diploma nursing and nursing assistant programs continue to require that length, content, enrolment, location and other significant aspects shall not be changed without the approval of the Council of Regents.

"Criteria for the Evaluation of Diploma Nursing Programs and Nursing Assistant Programs", and the "Guidelines on Selection of Faculty and Administration for Diploma Nursing Programs Conducted by Colleges of Applied Arts and Technology", contained with the previously approved standards, are included to complete the pertinent documentation.

Should clarification be required, please contact Regina Borowska at 965-2450.

Jo Ann Poglitsh
Executive Secretary

4. The total nursing experience shall include a continuous pre-graduate experience of 525 hours (14 weeks) in the final semester which will provide for synthesis and consolidation of previous learning and opportunities for increasing judgment, skill and independence in a work experience similar to that of the beginning staff nurse.

   (1) The specific objectives shall include:

   - setting priorities based on individual patient needs,
   - planning and organizing nursing care for an increasing number of patients and complexity of care,
   - adjusting activities to cope with unanticipated events,
   - implementing planned nursing care in a reasonable length of time with due attention to conservation of energy and supplies,
   - developing an understanding of the interaction of the health care team,
   - developing the ability to provide direction and supervision of the registered nursing assistant and others to whom the registered nurse delegates activities,
   - providing an opportunity to function independently of the teacher.

   (2) The experience shall take place in hospitals and of the 14 continuous weeks no fewer than 6 consecutive weeks shall be on one medical-surgical unit (any age group) in a general hospital. The placement of the student for the remainder of the pre-graduate experience will take into consideration student learning needs and the availability of clinical resources. The student hours shall coincide with the regular shift of service personnel. The student experience shall include all tours of duty.

   (3) The experience shall be planned, supervised and evaluated jointly by service and educational personnel. The day-to-day supervision of the student shall be carried out by nursing service personnel and college clinical teachers shall be available or on call for consultation.

The total student clinical experience is the ultimate responsibility of the colleges and is planned, supervised and evaluated by the faculty of the diploma nursing program with the understanding that for the pre-graduate experience joint planning, supervision and evaluation with nursing service personnel is a pre-requisite.

December, 1979

GLOSSARY OF TERMS

KNOWLEDGE	- Recall of specifics and universals. The fact of knowing a thing. Information acquired by study and/or experience.
UNDERSTANDING	- The knowledge and ability to apply judgement. Implies ability to judge and comprehend.
SKILL	- Practical knowledge in combination with ability. Ability to use one's knowledge effectively in doing something. Developed or acquired ability.
EXPERIENCE	- Experience selected in any nursing laboratory in the educational institution, the home, the community or the institutional setting which provides learning opportunities specifically related to the practice of nursing.

APPENDIX B:

COOPERSMITH SELF-ESTEEM INVENTORY - ADULT FORM

Permission Agreement

Permission Agreement Sample Items

Consulting Psychologists Press, Inc.

SAMPLE ITEMS FOR THE

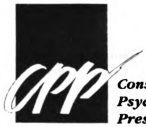
COOPERSMITH SELF-ESTEEM INVENTORY - ADULT FORM

by Stanley Coopersmith, Ph.D.

You will find here a list of statements about feelings. If a statement describes how you usually feel, put an **X** in the column "Like Me." If the statement does not describe how you usually feel, put an **X** in the column "Unlike Me." There are no right or wrong answers.

Like Me	Unlike Me	
		1. It's pretty tough to be me.
		2. I often feel upset with my work.
		3. People usually follow my ideas.
		4. Most people are better liked than I am.

3803 E. Bayshore Road PO. Box 10096 Palo Alto, California 94303 Tel (415) 969-8901 Fax (415) 969-8608



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30 Jopling Avenue North
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APPENDIX C:

INTERVIEW CONSENT

MICHIGAN STATE UNIVERSITY
INTERVIEW CONSENT

Winter Semester 1993
Nursing Diploma Program
Health Sciences Division
Humber College of Applied Arts and Technology

The purpose of this interview is to collate information and insights from the Humber College Nursing Diploma students and their preceptors around their perceptions of self-esteem levels during the pre-graduate consolidation semester of the Nursing Diploma program.

I volunteer to freely participate in this interview. I understand that I may choose to retract my participation, may refuse to respond to any question and may discontinue the interview at any time.

It is understood that all results will be treated with strict confidence, that participants will remain anonymous in any report or research findings, and that upon request, within these restrictions, results may be made available to participants.

I understand that if I have any questions or require further instructions or information that I may contact:

My signature indicates my voluntary agreement to participate in this interview process.

_____ _____

Name Date

_____ _____

Hospital Floor, Level or Unit

APPENDIX D:

PREGRADUATE CONSOLIDATION STUDENT VARIABLES FORM

Pregraduate Consolidation Student Variables Form

* My selected code number is ___ / ___ / ___ / ___ / ___

Socio-Psychological Variables:

1. After graduation, my goals for the future will include : _____
   _____
   _____
   _____

2. At this time, I feel that the Humber College Nursing Diploma Program will have adequately prepared me for my desired future occupation(s).

   Agree: _____ Disagree: _____

3. At this time, I feel that I have adequate control over my present and my future.

   Agree: _____ Disagree: _____

   Comments ? _____
   _____
   _____
   _____

Performance Variables:

4. Before joining the nursing diploma program, I was:
   a) employee full-time at: _____
   b) a full or part-time student at/of: _____
   c) did not attend school or work for a salary: _____

Pregraduate Consolidation Student Variables Form

5. During this program I have written a supplemental exam or repeated a semester.

   Yes: _____ No: _____

6. I expect to have worries about finances between now and graduation.

   Yes: _____ No: _____

   Comments ? _____

_____

_____

_____

Environmental Variables:

7. I live with:
   a) a spouse or significant other: _____
   b) a child or children: _____
   c) a room-mate: _____
   d) parents: _____
   e) other: _____

8. I intend to take a part-time, evening or sessional course, this semester.

   Yes: _____ No: _____

Pregraduate Consolidation Student Variables Form

9. I will be working for salary, part-time during this semester.

   Yes: _____ No: _____

   I estimate that I will be employed _____ hours per week.

   Comments ? _____

Input Variables:

10. I obtained my previous education at: _____

11. I am: Male _____ Female _____

12. My age is: _____

13. My ethnic background is: _____
    (Please note: Canadian is a satisfactory choice if you wish to use that designation)

    Comments ? _____

I think that this should help me to categorize background variables.

Thanks so much. Sandy

APPENDIX E:

PRECEPTOR INTERVIEW

PRECEPTOR INTERVIEW

Background:

During the months of January to April 1993, the Humber College pre-graduate nursing students filled out questionnaires and interview data sheets, providing information and insights related to their perceptions of their self-esteem levels.

This information is the basis of a Ph.D. dissertation that I am producing with the support and approval of Humber College, under the guidance and direction of the Department of Education Administration at Michigan State University. The proposal has been reviewed by and received approval of the University Committee on Research Involving Human Subjects.

The students of each hospital that Humber College has contracts with, signed interview consent forms, (the results will remain anonymous when reported), and they have indicated that preceptor and staff comments could be included.

Thank you,

Sandy Leadbeater

Throughout the January to April 1993 period:

1. Did you notice any changes in the student's reactions to receiving assignments and to staff and/or patient requests? For better or worse?

2. Did the student ever convey the attitude that being a team-player was a "bother"? Early on? Throughout? Toward the rotation's end?

3. Was there any improvement in the student's ability to adjust to changes and to make decisions?

4. Did the student(s) project a "Good feeling" about themselves, their actions, their attitudes, their appearance, their self-esteem? Early on? Throughout? Toward the rotation's end?

5. Did the student(s) "fit-in" well with staff and/or other students? Early on? Throughout? Toward the rotation's end?

6. Did the student(s) seem comfortable when talking about home, family and future plans? Early on? Throughout? Toward the rotation's end?

7. Did the student(s) share their degree of comfort or fears about ongoing school exams? The R.N.'s? Documenting and charting appropriately and legally? Future schooling?

Please, feel free to add your own comments .....

_____

_____

APPENDIX F:

UCRIHS APPROVAL

MICHIGAN STATE UNIVERSITY

OFFICE OF VICE PRESIDENT FOR RESEARCH
AND DEAN OF THE GRADUATE SCHOOL

EAST LANSING • MICHIGAN • 48824-1046

December 30, 1992

TO: Ms. Sandy Leadbeater
30 Jopling Avenue, North
Islington, Ontario M9B 4E7
CANADA

RE: **IRB #:** 92-619
TITLE: A COMPARISON OF THE PERCEPTIONS OF NURSING DIPLOMA STUDENTS AND PRECEPTORS WITH RESPECT TO LEVELS OF STUDENTS' SELF-ESTEEM DURING THE PRE-GRADUATE CONSOLIDATION SEMESTER AT HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY
CATEGORY: 2-I
REVISION REQUESTED: N/A
APPROVAL DATE: December 23, 1992

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project including any revision listed above.

UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must seek updated certification. Request for renewed approval must be accompanied by all four of the following mandatory assurances.

1. The human subjects protocol is the same as in previous studies.
2. There have been no ill effects suffered by the subjects due to their participation in the study.
3. There have been no complaints by the subjects or their representatives related to their participation in the study.
4. There has not been a change in the research environment nor new information which would indicate greater risk to human subjects than that assumed when the protocol was initially reviewed and approved.

There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. Investigators must notify UCRIHS promptly of any problems (unexpected side effects, complaints, etc.) involving human subjects during the course of the work.

If we can be of any future help, please do not hesitate to contact us at (517) 355-2180 or FAX (517) 336-1171.

Sincerely,

David E. Wright, Ph.D.
UCRIHS Chair

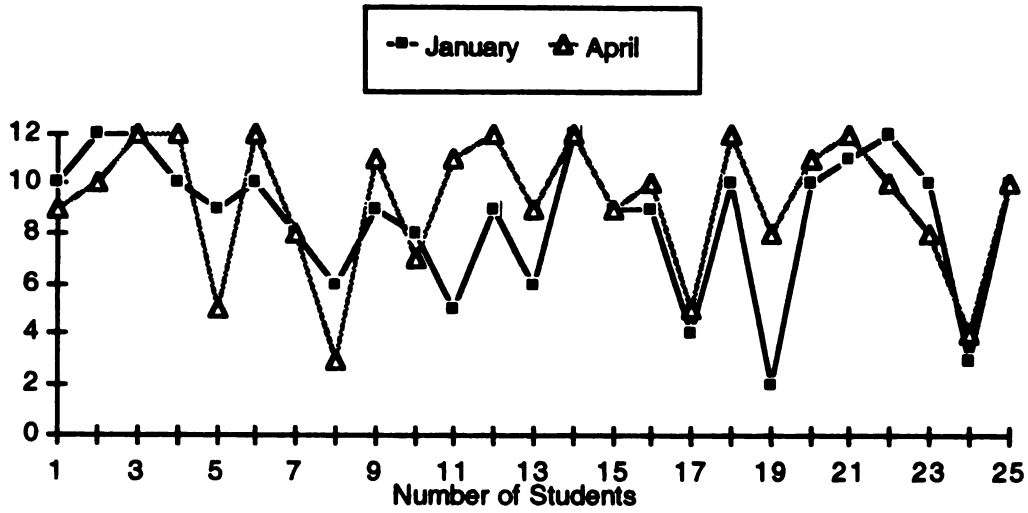
DEW:pjm

cc: Dr. Louis Hekhuis

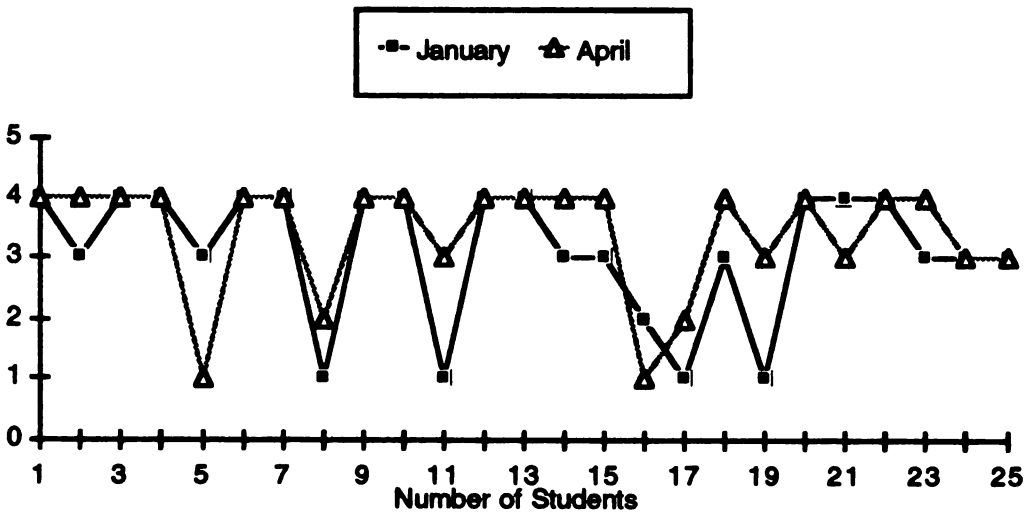
APPENDIX G:

IDENTIFIED STUDENT GROUPING DATA

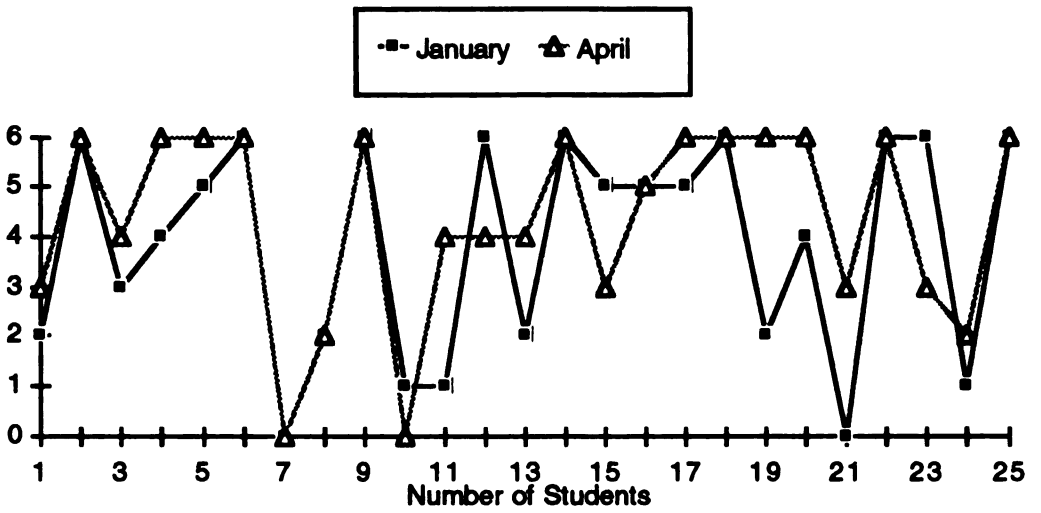
GENERAL SELF-ESTEEM



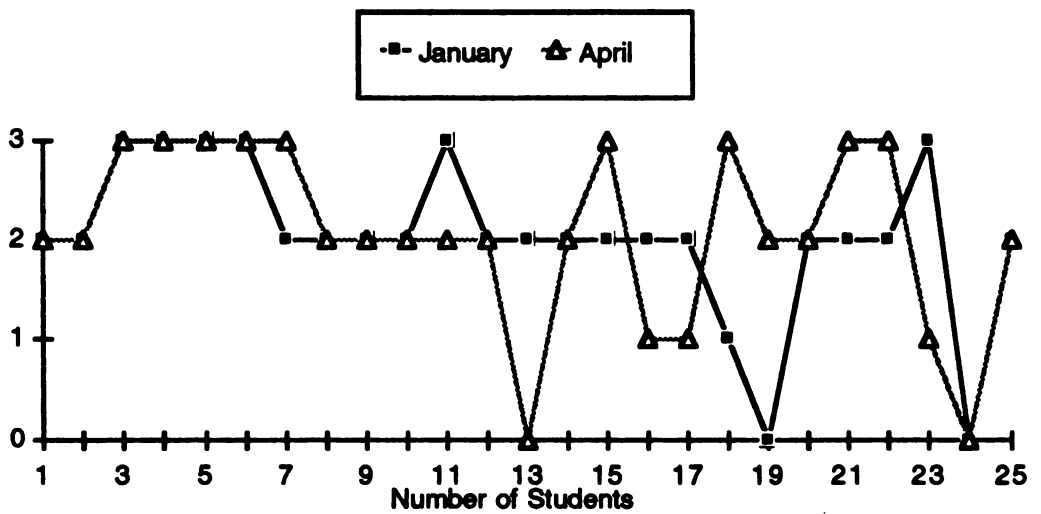
SOCIAL SELF-ESTEEM



HOME-PARENTS-FAMILY SELF-ESTEEM



ACADEMIC SCHOOL SELF-ESTEEM



BIBLIOGRAPHY

ACAATO: Association Colleges of Applied Arts and Technology of Ontario, 1992 College First Year Student Survey, Central Region, Ontario, Summary Report May, 1993.

Armstrong, N.L., Bridging the Gap Between Graduation and Employment, Journal of Nursing Administration,Vol. 4, p.p. 42-48, 1974.

Atwater, Eastwood, Psychology of Adjustment, Second ed., Personal Growth in a Changing World, Prentice Hall, New Jersey, 1983.

Beane, J.A. and Lipka, R.P., Self-Concept Self-Esteem and the Curriculum, Teachers' College Press, New York, 1986.

Beane, James A., Sorting Out the Self-Esteem Controversy, Educational Leadership, Vol. 49, p.p. 25-30, Sept 1991.

Branden, Nathaniel, The Psychology of Self-Esteem, A New Concept of Man's Psychological Nature, Nash Publishing Corporation, Los Angeles, CA, 1969.

Brown, S.T., Faculty and Student Perceptions of Effective Clinical Teachers, Journal of Nursing Education, Vol. 20, No. 9, p.p. 4-14, 1981.

Burgess, Gloria, R.N., Ph.D., The Self-Concept of Undergraduate Nursing Students in Relation to Clinical Performance and Selected Biographical Variables, Journal of Nursing Education, Vol. 19, No. 3, p.p. 37-44, March 1980.

Burns, R.B., Psychology For The Health Professions, London, MTP Press Ltd., p. 195, 1980.

Campbell, Robert N., The New Science, Self-Esteem Psychology, University Press of America, Lanham, MD., 1984.

Canfield, Jack, Improving Students' Self-Esteem, Educational Leadership, p.p. 48-50, Sept. 1990.

Chickerella, B.G. and Lutz, W.J., Professional Nurturance: Preceptorships For Undergraduate Nursing Students, America Journal Of Nursing, Vol. 81, p.p. 107-109, 1981.

Choudry, Ushi, Values Can Differ Greatly With Students, Registered Nurse, The Journal of the Registered Nurses' Association of Ontario, Vol. 5, No. 2, p.p. 11-13, April 1993.

Coopersmith, Stanley, Ph.D., SEI, Self-Esteem Inventories, Consulting Psychologists Press Inc., Palo Alto, CA, 1981.

Coopersmith, Stanley, SEI, Self-Esteem Inventories, Consulting Psychologists Press Inc., Palo Alto, CA, 8th Printing, 1990.

Coopersmith, Stanley, The Antecedents of Self-Esteem, W.H. Freeman and Co., San Francisco, CA, 1967.

Dobbs, Kathleen K., Ph.D., R.N.C., The Senior Preceptorship As A Method For Anticipatory Socialization of Baccalaureate Nursing Students, Journal of Nursing Education, Vol. 27, No. 4, p.p. 167-171, April 1988.

Duval, Shelley and Wicklund, Robert A., A Theory of Objective Self Awareness, Academic Press, New York, 1972.

Ellis, Lois S., An Investigation of Nursing Student Self-Concept Levels: A Pilot Survey, Nursing Research, Vol. 29, No. 6, p.p. 389-390, Nov-Dec 1988.

Fitts W., Tennessee Self-concept Scale Manual, Western Psychological Services, Los Angeles, CA, 1965.

Fitts, W.H., Manual For the Tennessee Self Concept Scale, Nashville, Tennessee, Counselor Recordings and Tests, 1965.

Fitzsimons, V.M., Value of Positive Self-Esteem, NJSNA Perspectives, Vol. 2 (2) p.p. 17-19, 1977.

Freud, Anna, The Ego and the Mechanisms of Defense, International Universities Press, Inc., New York, 1946.

Freud, Sigmund, The Ego and the Id., The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume 19, The Hogarth Press and the Institute of Psychoanalysis, London, p.p. 3-63, 1962.

Garret, A., Manuel, D. and Vincent, C., Stressful Experiences Identified By Student Nurses, Journal of Nursing Education, Vol. 15, p.p. 9-19, 1976.

Gay, L.R., Educational Research: Competencies For Analysis and Application, Merrill Publishing Company, Columbus, Ohio, 1987.

Gergan, Kenneth J., The Concept of Self, Holt, Rinehart and Winston, Inc., New York, 1971.

Goble, Frank, The Third Force, Grossman, New York, 1970.

Greenleaf, Nancy P., The Politics of Self-Esteem, Nursing Digest, Vol. 6, No. 3, Fall 1978.

Gruber, James E., Self in Transition: Change and Continuity in Self-Esteem After High School, R & E Research Associates Inc., Palo Alto, CA, 1979.

Gunter, L.M., The Developing Nursing Student: A Study of Self-Actualization Values, Nursing Research, Vol. 18, p.p. 60-64. 1969.

Hall, Sarah F., Wray, Linda M., Codependency Nurses Who Give Too Much, American Journal of Nursing, p.p. 1456-1460, Nov. 1989.

Hamachek, Don E., Encounters With The Self, Fort Worth, Harcourt Brace Jovanovich College Publishers, Fourth Edition, Holt, Rinehart and Winston, Inc., 1992.

Hamachek, Don E., Evaluating Self-Concept and Ego Development Within Erikson's Psychosocial Framework: A Formulation, Journal of Counselling and Development, Vol. 66, p.p. 354-360, April 1988.

Hamachek, Don E., Evaluating Self-Concept and Ego Status in Erikson's Last Three Psychosocial Stages, Journal of Counselling and Development, Vol. 68, p.p. 677/683, July/August 1990.

Hamachek, Don E., Humanistic-Cognitive Applications to Teaching and Learning: Theoretical-Philosophical Bases, Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27) p. 35, 1985.

Hamachek, Don E., The Self's Development and Ego Growth: Conceptual Analysis and Implications For Counselors, Journal of Counselling and Development, Vol. 64, p.p. 136-142, October 1985.

Hamachek, Don E., When The Self's Development Goes Awry: Diagnosis and Treatment, Paper presented at the Annual Convention of the American Association for Counselling and Development, (Los Angles, CA, April 20-23), p. 27, 1986.

Hammer, Rita M., R.N., MA and Tufts, Margaret A., R.N., M.S., Nursing's Self-Image-Nursing Education's Responsibility, Journal of Nursing Education, Vol. 24, No. 7 , p. 280-283, Sept. 1985.

Haskell, Patricia and Weiner, Nancy, Career Counselling Adults in a Community College Setting, Adult Career Development: Concepts, Issues, and Practices, American Association For Counselling and Development, Virginia, Chapter 18, p.p. 287-293, December 1985.

Hughes, Oneida, Ph.D., R.N.; Wade, Betty, M.S.N., R.N.,;Peters, Margaret, M.S., B.S., P.N., The Effects of a Synthesis of Nursing Practice Course on Senior Nursing Students' Self-Concept and Role Perception, Journal of Nursing Education, Vol. 30, No. 2, p.p. 69-72, Feb. 1991.

"In Training, Only Work Works", The Report of the Sub-Committee on Training and Employment, of the Standing Senate Committee on Social Affairs, Science and Technology, p. 3, December 1987.

Jackson, James M., Demographic Characteristics of College Students Today, Unpublished Data Paper, Humber College of Applied Arts and Technology, Toronto, Ontario, January 1992.

Kirk, Roger E., Statistics, An Introduction, Holt, Rinehart and Winston, Inc., Orlando, Florida, 1990.

Klug, Coletta A., R.N,. Ed.D, Changes in Self-Concept During Baccalaureate Nursing Education, Nurse Educator, Vol. 14, No. 2, p.p. 9-11, March/April 1989.

Kramer, Marlene, Reality Shock, St. Louis, C.V. Mosby Co., 1974.

Leo, John, The Trouble With Self-Esteem, US News and World Report, p. 16, April 9, 1990.

Luhtanen, Riia, and Crocker, Jennifer, A Collective Self-Esteem Scale: Self-Evaluation of One's Social Identity, Personality and Social Psychology Bulletin, Vol. 18, No. 3, p.p. 302-318, June 1992.

Maslow, A.H., A Theory of Human Motivation, Psychological Review, Vol. 50, p.p. 370-396, 1943.

Maslow, Abraham, Motivation and Personality, Harper and Row, New York, 1954.

Meleis, A.I. and Farrell, K.M., Operation Concern: A Study Of Senior Nursing Students In Three Nursing Programs, Nursing Research: Vol 23, p.p. 461-468, Nov/Dec 1974.

Mezei, Katherine E., Locus of Control As A Predictor of Student Success, A Correlational Study, Unpublished Paper, Humber College of Applied Arts and Technology, Toronto, Ontario, June, 1988.

Nutter, Kevin J., Kroeger, SueAnn, and Kinnick, Bernard C., Adult Undergraduates: Involvement With The College Environment, NASPA Journal, Vol 28, No. 4, p.p. 348-354, Summer 1991.

O'Malley, William J., Emergent Adults and Self-Esteem, America, p.p. 29-33, Jan 19, 1991.

Olsen, Roberta K., R.N., M.S.N.; Gresley, Ruth Seris, R.N., Ph.D.; Heater, Barbara Stewart, R.N., M.S.N., The Effects of an Undergraduate Clinical Internship on the Self-Concept and Professional Role Mastery of Baccalaureate Nursing Students, Journal of Nursing Education, Vol. 23, No. 3, p.p. 105-108, March 1984.

Ontario Council of Regents, With The Future In Mind: An Environmental Scan, Vision 2000, A Review of the Mandate of Ontario's System of Colleges of Applied Arts and Technology, March 1989.
p.p. 11-13, April 1993, p.p. 48-50, p. 195, 1980, Sept. 1990.

Pascarella, E., Terenzini, P. and Hibel, J., Student Faculty Interactional Settings and Their Relationship to Predicted Academic Performance, Journal of Higher Education, Vol. 29, p.p. 450-463, 1978.

Perley, Nancy Zewen, Co-ordinator, Part III Self-Concept, Introduction to Nursing: An Adaptation Model, Sister Callista Roy, Prentice-Hall Inc., Englewood Cliffs, New Jersey, p.p. 167-242, 1976.

Purkey, William Watson, Self Concept and School Achievement, Prentice-Hall Inc., New Jersey, 1970.

Rand, Ayn, Atlas Shrugged, Random House, New York, p. 1018, 1957.

Rogers, Carl, Freedom to Learn, Merrill Publishing Company, Columbus, Ohio, 1969.

Rosenberg, Morris, Conceiving The Self, Basic Books, Inc., New York, 1979.

Ross, Kenneth, An Examination of the Internal Structure of the Coopersmith Self-Esteem Inventory For Australian 16 Year Olds, International Association for the Evaluation of Educational Achievement, Victoria, Australia, July 1974.

Schmoker, Mike, What Really Promotes Self-Esteem? Education Leadership, Vol. 50, p. 94, Oct. 1991.

Schunk, Dale H., Self Efficacy and Academic Motivation, Educational Psychologist, Vol. 26, No. 3 & 4, p.p. 207-231, 1991.

Self-Esteem, The Lancet, p.p. 943-944, Oct. 22, 1988.

Shepherd, Jan M. and Brooks, Karen L., Self-Concept Among Senior Students in Four Types of Nursing Eduction Programs, Nurse Educator, Vol 16, No. 4, p.p. 8-9, July/August 1991.

Sobol, E., Self Actualization and Baccalaureate Nursing Students' Response to Stress, Nursing Research, Vol. 27, p.p. 238-244, 1978.

Spiegel, Peggy, Dimensions of Self-Esteem and the Typological Measurement of Sex Role Orientation, Michigan State University Thesis, M.A. Psych, 1982.

Steinem, Gloria, Revolution From Within, A Book of Self-Esteem, Little, Brown and Company, Boston, 1992.

Terenzini, Patrick T. and Wright, Thomas M., Students' Personal Growth During the First Two Years of College, The Review of Higher Education, Vol. 10, No. 3, p.p. 259/271, Spring 1987.

Watson, Jean, Conceptual Systems of Undergraduate Nursing Students as Compared with University Students at Large and Practicing Nurses, Nursing Research, Vol. 27, No. 3, p.p. 151-155, May-June 1978.

Webb, E.J., Campbell, D.T., Schwartz, R.D., Sechrest, L., Unobtrusive Measures: Nonreactive Research In The Social Sciences, Rand McNally and Company, Chicago, Illinois, 1971.

Wells, L. Edward and Marwell, Gerald, Self-Esteem: Its Conceptualization and Measurement, Sage Library of Social Research, Sage Publications, Beverly Hills, CA, Vol. 20, 1976.

Wiest, William M., A Quantitative Extension of Heider's Theory of Cognitive Balance Applied to Interpersonal Perception and Self-Esteem, Psychological Monographs, General and Applied, Vol 79, No. 14, Whoel No. 607, 1965.

Windsor, Ann, D.N.S., R.N., Nursing Students' Perceptions of Clinical Experience, Journal of Nursing Education, Vol. 26, No. 4, p.p. 150-154, April 1987.

With The Future In Mind: An Environmental Scan, Vision 2000, A Review of the Mandate of Ontario's System of Colleges of Applied Arts and Technology, Ontario Council of Regents, March 1989.

Woolf, Peggy J., R.N., M.S.N., Increasing Self-Esteem Through Self-Evaluation, Journal of Nursing Education, Vol. 23, No 2, p.p. 78-80, Feb. 1984.

Youngs, George A Jr., Rathgem, Richard; Mullis, Ron and Ann; Adolescent Stress and Self-Esteem, Adolescence, Libra Publishers, Inc., San Diego, CA, Vol. XXV, No. 98, Summer 1990.