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**PROFESSIONAL NURSES AND THE
EXTERNSHIP EXPERIENCE:
A DESCRIPTIVE STUDY**

By

Linda Nicholson Grinstead

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
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1995

ABSTRACT

PROFESSIONAL NURSES AND THE EXTERNSHIP EXPERIENCE: A DESCRIPTIVE STUDY

By

Linda Nicholson Grinstead

During the most recent nursing shortage health care agencies devised a number of strategies to attract nurses. One of the most significant strategies was the offering of summer externships. These programs were designed primarily for nursing students who were between the junior and senior years in a nursing program. The agencies saw the programs as a way of potentially attracting future graduates and the students saw them as a way of gaining valuable work experience while getting paid for their services. An additional goal of the externship experience was to help bridge the gap between the idealism of nursing school and the reality of the workplace.

In 1986, the American Association of Colleges of Nursing published Essentials of College and University Education for Professional Nursing outlining professional socialization outcomes deemed necessary for the baccalaureate prepared nurse. This study describes the externship experience and the professional socialization that occurs within it.

Several previous studies had examined internships or preceptorships for which students received academic credit. There was a lack of empirical evidence demonstrating whether students in non-credit externships were

becoming socialized to the professional role in part as a result of the experience.

The purpose of this study was to examine the perceptions of new graduate nurses regarding their socialization to the professional role. Comparisons were made between those nurses who participated in a summer externship program as students and those who did not.

Data were collected through a mailed survey sent to Spring, 1991, graduates of baccalaureate nursing programs in Michigan. Of the 225 respondents, 63 percent had participated in an externship program. Data analysis indicated that externs engaged in activities that were directly related to published professional socialization outcomes and, as newly registered nurses, scored significantly higher on a professional attitude inventory.

These findings support the value of an externship for nursing students. Evaluation of nursing curricula and modification of existing programs is needed in order that every student is assured of an experience that will assist in meeting the professional socialization outcomes.

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Dedicated to
my husband Bill
and children Paul and Nathan

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Chapter One

Introduction

In 1987, with enrollments in schools of nursing decreasing and the demand for registered nurses increasing, the Secretary's Commission on Nursing was formed by Health and Human Services' Secretary, Otis R. Bowen. During the following year, this 25 member panel made a thorough assessment of the shortage of nurses. These findings led to the development of 16 recommendations and 81 strategies designed to alleviate present and future shortages which were issued in the Commission's Final Report.

The Commission's determination that the shortage was primarily a result of increased demand as opposed to a contraction of supply served as a justification for intense recruitment efforts being expended by employers. Nursing recruiters were sent farther afield with promises of sign-on bonuses, free tuition assistance and free courses to help new graduates prepare for the licensing examination.

The majority of these efforts were short-term solutions to meet the immediate staffing needs of agencies. They did not directly address the long-term issues brought forth in the Commission's recommendations.

The Commission believed that failure on the part of health care agencies to fully recognize the professionalism of nurses had contributed to problems in recruiting and retaining nurses. Therefore, at least a third of the recommendations found in the Final Report addressed issues of professionalism: decision making, impact on self regulation, professional image and career development. In 1983, the first reports of an innovative strategy which would address the twin concerns of recruitment and professionalism began to surface in the literature. Harkins, Schambach, & Brodie (1983) and Hartin (1983) reported on summer nurse extern programs in two Georgia medical centers. This was followed the next year by Fire, Bozett, & Dearer (1984) and Allison et al. (1984) who described their programs in Oklahoma and Mississippi, respectively.

These programs were designed primarily for the participation of nursing students during the summer preceding their last year in nursing school. The agencies saw the programs as a way of potentially attracting promising future graduates and the students saw them as a way of gaining valuable experience in their chosen profession while getting paid for their services.

An additional goal of the externship experience was to help bridge the gap between the idealism of nursing school and the reality of the workplace. This

was addressed by providing seminars where students could openly express their concerns and plan appropriate actions to deal with the disparity experienced.

Kramer (1974) described this difficult transition from student to graduate as "reality shock." She found that, because of reality shock, new graduates frequently became disillusioned and left the profession. Two studies (Corwin, Taves, & Haas, 1961; Kramer, McDonnell, & Reed, 1972) attributed the attrition from nursing practice to inadequate socialization. Socialization is the process by which members of the profession acquire the knowledge, skills and values necessary for group membership. When nurses are not recognized for the abilities and contributions that they bring to the profession, or if they do not feel a part of the profession, they tend to leave.

Problem Statement

Nursing education literature reveals very little about the professional socialization process that occurs in externship programs which take place outside the nursing curricula. A number of studies have reported on the socialization of students in preceptorships or internships for which they received academic credit (Itano, 1987; Dobbs, 1988; Olson, 1984). Others have evaluated the impact of externships on clinical competence (Scheetz, 1989; Myrick and Awery, 1988).

With the increasing popularity of summer externships among nursing students it is imperative that nursing educators gain an understanding of how the experience affects the student for several reasons. There may be a need to modify the nursing school curriculum, the teaching methods, or both based on the students' experiences. Educators need to know how externships are affecting the professional socialization of their students so that they can continue and build on the process when the student returns for the final year of schooling. If students are appropriately socialized into the profession, it seems clear that the rate of attrition as professionals will diminish.

As more health care agencies offer externships, often with little or no input from schools of nursing, the composition of the experience can vary widely. How nursing schools adapt to the wealth of experiences brought back by students may be crucial to the school's existence.

While most agencies report that externships have proven to be an effective recruitment strategy, no empirical data exists to demonstrate whether students are in fact becoming increasingly socialized to the professional role by the experience. This, then, is the focus of the study.

Significance of the Study

A two-year study conducted by the American Nurses Association (ANA) clearly demonstrated that "a significant, serious, and sustained shortage of nursing personnel continues to threaten our nation's health care delivery

system" (McKibbon, 1990). It pinpoints the year 1986 as the starting point of the most recent shortage and seeks to answer the question as to why it continues into the 1990s.

The ANA report dismisses enrollment declines and exodus from the profession as major causes of the current shortage. It reinforces the Commission's findings of increased demand. It calls for "targeted, focused remedies . . . in order to alleviate the nursing shortage in the 1990s and help prepare the nation for the far greater demands predicted for nursing care in the 21st century" (p. xi).

Recommendation 15 found in the Final Report of the Secretary's Commission on Nursing calls for the need to support research concerning "the effects of nurse compensation, staffing patterns, decision making authority, and career development on nurse supply and demand" (p. 48). Clearly, there is a need for a careful examination of how nurses are not only educated but socialized into the profession.

Purpose of the Study

A variety of summer nurse externships have been described in the nursing literature. Conclusions reached regarding the benefits of such programs are primarily based on information gathered from students who received academic credit for their work.

This study has a dual purpose. The first is to examine the externship experiences of recent nursing graduates and compare those experiences to the outcomes of professional socialization.

The second purpose is to compare demographic data and the perceived socialization of recent nursing graduates who completed a non-credit summer externship with those who did not. The socialization of both groups is measured by scores on a professional attitude inventory.

Assumptions

This study is based on the following assumptions:

1. Nurses who elect to participate, as students, in a summer externship program are not significantly different from those who do not.
2. The responses of the respondents to the research instruments will accurately reflect the activities of the summer externship programs.
3. The goal of socialization to the professional role is common to all summer externship programs.
4. Professional attitudes measured in graduate nurses are measurably influenced by summer work experiences while nursing students.

Research Questions

In the population of registered nurses who graduated from baccalaureate nursing programs in Michigan in the Spring of 1991 and who are licensed in Michigan:

1. Do nurses who participated in summer student externship programs hold different attitudes regarding professionalism than nurses who did not have externships?
2. What demographic differences are there between nurses who participated in a summer student externship program and those who did not?
3. How do recent graduates perceive their summer externship experience as contributing to their professional socialization?
4. What aspects of the externship experience relate to professionalism?

Limitations of the Study

This is a study of nurses' perceptions and is limited to:

1. The degree to which the survey instrument accurately reflects the experiences of the participants.
2. The frankness and honesty of the participants responding to the questions.

Definition of Terms

1. Summer nurse externship program - a non-credit work-study experience offered to students during the summer between the junior and senior years of a nursing program and under the direction of a health care agency.
2. Non-externship experience - employment within the health care field which has no structured learning opportunities or any employment outside the health care field.

3. Professional socialization - the interactive process by which an individual integrates a professional role into the self concept through the acquisition and internalization of the requisite knowledge, skills, values, attitudes and norms of the profession (Jacox, 1978; McCain, 1985; Moore, 1970).

Summary

This is a descriptive study to examine the professional socialization of baccalaureate nursing students which occurred during summer externship experiences between the junior and senior years of a nursing program. The study compares the professionalism scores (on Stones Health Care Professional Attitude Inventory as adapted by Lawler) of recent graduates who participated in summer externship programs with those who did not. The study describes some of the activities of the externship experience. Lastly, it examines the perceptions of nurses who completed a summer nurse externship program about how and whether that experience met the professional socialization outcomes as outlined in the American Association of Colleges of Nursing document, Essentials of College and University Education for Professional Nursing. It is believed that this information will enhance the nursing faculty's understanding of the process that presently occurs during the externship experience.

Chapter Two

The Nature of Socialization

The study of socialization has arisen from the disciplines of anthropology, psychology and sociology (Hurley-Wilson, 1988). Out of these various traditions have come a number of definitions. The concept as defined by sociologist O. G. Brim (1966), encompasses the basic elements of the process. He states that socialization is "the process by which individuals acquire the knowledge, skills and dispositions that make them more or less able members of their society." This process continues throughout one's life. Socialization has also been defined in terms of learning social roles which prepare individuals for adult occupational, marital and parental roles.

Prior to the mid-1960s, socialization was primarily viewed as a passive process. Since that time, it "has come to be viewed as an interactional and reciprocal process in which the person being socialized and socializer are mutually influenced" (Hurley-Wilson, 1988, p. 75). This process is enhanced by the acquisition of language which in turn affects the learning of role behaviors.

Among sociologists, a common theoretical approach used is that of social learning theory. By the processes of observation and vicarious learning, the individual will identify with a particular group and model that group's behavior if it has been and continues to be appropriately reinforced (Bandura, 1969, 1977). Members of the group are prepared to perform adult social roles that will maintain the group as a whole. The outcomes of the process are dependent upon each individual's ability to learn the behaviors appropriate to the acquisition of a specific role.

Professional Socialization

Professional socialization can be seen as an extension of adult socialization. Although all preprofessional individuals go through a similar process of socialization, they cannot be considered as a homogeneous group. Instead, the socialization process involves taking a heterogeneous group of beginning students and progressively molding them into a more homogeneous group with respect to the knowledge, values, attitudes, behavior, and skills that they will have following socialization (Lum, 1978).

Learning a technical language and developing a professional self-image are two characteristics of professional socialization. Exposure to many agents of socialization such as clients, professional colleagues, other health professionals and fellow students also affects the process (Lum, 1978).

Jacox (1978) discusses the process of professional socialization in terms of three criteria for professionalism: specialized education, service orientation, and

autonomy. She stresses that the process of professional socialization does not begin when the individual enters the professional school but much earlier when the decision is made to join a particular occupational group. She sees the characteristic of autonomy as derived from the other two. Through autonomy, members of a profession have control over their own functions in the work setting.

Cohen (1981) and Lum (1978) examined the goals and characteristics of professional socialization and concluded that developing and integrating a professional self-image into all other life roles is an essential component of professional socialization. The student must learn the technology and language of the field and internalize the culture to which he or she is exposed.

Cohen (1981) proposed a developmental model of professional socialization that parallels the cognitive stages of childhood. It was drawn from studies on the development of cognition in children and is based on the stage theory of child development of Harvey, Hunt, and Schroeder (1961). A developmental approach to the study of professional socialization has also been supported by Leddy and Pepper (1985), Simpson (1967) and Blase and Pajak (1982).

Cohen proposes four stages of the professional socialization process. She titled these stages Unilateral Dependence, Negative/Independence, Dependence/Mutuality and Interdependence. Students progress at their own rate through each stage but "must experience each stage in sequence to feel comfortable in the professional role" (Cohen, 1961, p.16).

In Stage I of Cohen's model, the student accepts concepts from external sources without question. In Stage II the student begins to question concepts presented to him and to free himself from external controls. During Stage III the student begins to think more abstractly and objectively. This stage "marks the beginning of empathy and commitment to others" (Cohen, 1981, p.18). By the end of Stage IV, the individual is able to synthesize abstract concepts, and exercise appropriate judgment in sometimes contradictory situations. These are the hallmarks of a professional.

Professional Socialization of Nurses

The study of socialization of nurses has been approached in a variety of ways. However, Conway (1983) in her review of the literature related to socialization, identified a lack of a consistent conceptual view to guide such research.

The classic professional socialization studies found in the literature are those by Davis and Olesen (1964) and Olesen and Whittaker (1968). They, along with Cohen and Jordet (1988) and Crocker and Brodie (1974), found that nursing students increase their professional role conceptions and reject lay, bureaucratic images of nursing as they progress through their educational experiences. For Oleson and Whittaker, the core of professional socialization was in the fusion of person, situation, and institution.

In a three year longitudinal study of nursing students progressing from the sophomore year through the senior year of their education, Stein (1978) found that students perceived themselves as more autonomous as they neared graduation. She examined how values and attitudes changed with academic and clinical experience. Although their need for nurturing lessened as they progressed through the program, there continued an unresolved conflict between the ideal professional image developed in school and the realistic one encountered in nursing practice.

While these studies offer evidence that professional socialization for nursing is a developmental process, none were found that attempted to measure the professional socialization that took place as part of the student's participation in a non-credit summer nurse externship. Most seemed to assume socialization occurs only in teacher directed academically focused experiences.

The Externship Experience

Although there are no studies describing or evaluating non-credit externships, several have examined preceptorships and internships taken for credit. These terms, preceptorship and internship, are used interchangeably in the literature and the experiences described are similar to the externship experiences explored in this study. The major differences between preceptorships and internships and the externships described here are the allocation of academic credit and remuneration for hours worked.

Another difference among the aforementioned experiences concerns control. Those which provide academic credit are primarily designed by schools of nursing and ultimately under their control although they may or may not have faculty present during the experience itself. The externship experience explored in this study is completely within the control of the health care agency and provides no academic credit. Therefore, the amount and quality of structured learning experiences based on specific behavioral objectives can vary widely.

Hovey (1990) reported on a preceptorship taken as an elective by nursing students who had completed their junior-level clinical nursing courses. From a content analysis of evaluations completed by 35 students and their preceptors, she concluded that the experience had contributed to the professional socialization of those students. "Increased confidence" in the performance of psychomotor skills, physical assessment and recording of data was most often cited as the greatest benefit.

Clayton, Broome, and Ellis (1989) studied the relationship between a preceptorship experience and role socialization as graduate nurses. They compared students who were paired with a preceptor with those who participated in a traditional faculty supervised clinical experience. Their findings supported their hypothesis that working with a preceptor, as opposed to a faculty member, enhances the transition from student to graduate nurse.

Anecdotal evidence of increasing clinical proficiency and confidence through summer experiences was reported by Fire, Bozett, and Dearner (1984), Harkins (1983), Hartin (1983), Suess (1982), and Whelan (1982). Olson, Gresley, and Heater (1984) found no significant differences on the professional development of students who participated in an elective eight week internship when compared to those who did not.

Scales, Alverson, and Harder (1993), in a quasiexperimental study, examined the nursing performance of students before and after a five week preceptorship. Their findings supported the preceptorship experience as a means of developing a more clinically competent graduate nurse.

A number of studies have been conducted to examine the role that preceptorships play in a student's education. As generally defined, preceptorships offer students the opportunity to work under the supervision of staff nurses as part of their educational program. The goals are similar to externships: increased confidence and competence in the delivery of health care. However, Itano, Warren, and Ishida (1987) found no significant difference in role conceptions between participants and non-participants of the program. Dobbs (1988) examined senior preceptorships as a means of promoting anticipatory socialization to the working role. Her study supported the program as an effective strategy to increase the beginning competency of new baccalaureate graduates.

Summary

Professional socialization is viewed as a developmental process. Summer externships are designed to support the professional socialization of nursing students as demonstrated by those studies reviewed here. Therefore, the externship should facilitate the student's movement through that process so that he/she is better prepared to face the realities and responsibilities of his/her first position as a professional nurse.

Chapter Three

Methodology

In this study, the researcher examined the perceptions of new graduate nurses regarding their socialization to the professional role. Comparisons were made between those nurses who participated in a summer nurse externship program as students with those who did not. In order to do this, a survey was sent to a sample of registered nurses who had graduated between January 1 and June 30, 1991. They were asked to share demographic data as well as their perceptions of their summer nurse externship experience and their own professional socialization.

The Population

The population consisted of baccalaureate-prepared nurses licensed in Michigan who were in their first year of employment since graduation.

The Sampling Technique

The sample consisted of a group of Spring, 1991 graduates of eleven generic baccalaureate nursing programs in Michigan (Table 1) who passed the licensing examination in July, 1991 and became licensed in Michigan.

From the cross-referenced lists provided by the schools of nursing and the Michigan Department of Licensing and Regulation, 348 individuals were identified and all were sent the survey instrument.

Table 1

Generic Baccalaureate Nursing Programs in Michigan Included in Study

School	Location
Grand Valley State University	Allendale
Hope-Calvin Colleges	Grand Rapids
Lake Superior State University	Sault Ste. Marie
Madonna University	Livonia
Michigan State University	Lansing
Northern Michigan University	Marquette
Oakland University	Rochester
Saginaw Valley University	University Ctr.
University of Detroit - Mercy	Detroit
University of Michigan	Ann Arbor
Wayne State University	Detroit

Data Collection Procedures

A pilot study was conducted using ten December, 1991, BSN graduates who were not members of the study sample. A cover letter explained the study and the pilot procedure. All ten surveys were returned by the date requested. Therefore, no follow-up letters were necessary. Comments were requested but none were received. No revisions were made to the cover letter or to the survey instrument. The pilot sample may have been favorably biased toward the researcher as all of the members of the sample were known to the researcher. This may account for the lack of comments received.

The survey instrument sent to the subjects of this study consisted of three parts. Part I, Demographic Data, was concerned with information such as the gender, age, ethnic background and marital status of the respondents. In Part II, Summer Nurse Externships, the respondent who participated in a summer externship experience was asked to indicate the degree to which he/she agrees or disagrees with 13 statements describing his/her externship experience. Five of these statements included outcomes of professional socialization as defined by the American Association of Colleges of Nursing in its 1986 report, Essentials of College and University Education for Professional Nursing (see Appendix B) as well as other statements describing various externship and preceptorship experiences as found in the literature. It was followed by two open ended questions requesting their perception of the most and least beneficial aspects of the experience.

Finally, in Part III, Professional Attitudes, the respondents were asked to express their attitudes toward three aspects of professionalism: a superordinate purpose, critical attitudes/thinking, and compassion for the needs of the client/public. This was achieved through the use of a portion of Stone's Health Care Professional Attitude Inventory as modified for nursing by Lawler (Lawler, 1988; Ward and Fetler, 1979). It was based on work by Dumont (1970) who saw the "new face of professionalism" as responding to constantly changing environments and social change. The original inventory incorporated the additional aspects of consumer control, indifference to credentialism and impatience with rate of social change. The questions in these areas were considered to have minimal relationship with the professional socialization goal of externships and therefore, were not included.

The Professional Attitudes section consisted of 20 five-point items in a Likert scale format (strongly agree--strongly disagree) pertaining to health care professionals and delivery systems. The instrument was self-administered and took approximately 10 minutes to complete.

Other instruments were considered before Lawler's version of Stone's Health Care Professional Attitude Inventory was selected. One instrument seriously considered was the Professional subscale from Corwin's (1961) Nursing Role Conception Scale. However, Corwin's instrument appeared to be more useful in measuring professional role dissonance which was not the focus of this study. Stone's instrument was determined to be a better choice and had

a better level of reliability. The alpha for the total Stone inventory was reported to be .73 (Lawler, 1988).

A list of the Spring, 1991 graduates was obtained from the eleven schools. These names were matched with a list of nurses newly registered in Michigan during the summer months of 1991 as provided by the Michigan Department of Licensing and Regulation. A three part survey packet (see Appendix A) was mailed to each individual in the population.

Each packet mailed to the respondents included 1) a cover letter explaining the study and assuring confidentiality by the researcher 2) the three part survey instrument 3) a stamped return envelope and 4) a stamped return postcard so respondent could request survey results under separate cover.

Follow-up letters were sent at the end of two weeks to those individuals whose response was absent or incomplete. Additional packets were sent two weeks after the follow-up letter as needed.

Data Analysis

Descriptive statistics were used to analyze the data gathered by the survey instrument comparing participants and nonparticipants in nurse externship programs. Demographic data were used to determine the similarity of the groups. Data were crosstabulated using the program, SPSS (Norusis, 1990). Standard procedures for testing were used in the analysis of data.

The data gathered in Part II rating the externship experience (by those who participated in one) were analyzed to determine means and frequencies.

The scores on the professional attitude inventory (Part III) were compared between participants and nonparticipants. Ratings on the three subscales of the inventory were examined for significant differences between the groups. T-tests were calculated. Depending on the F-value and its associated two-tailed probability, the pooled variance estimate was utilized when the variances were similar and the separate variance estimate was utilized when the variances were significantly different. Alpha level for all testing was .05.

The responses to the open-ended questions regarding the most and least beneficial aspects of the externship experience of the respondent were sorted and categorized by frequency of the type of response.

Chapter Four

Analysis of Data

Introduction

The purpose of this study was to examine the externship experience of recent nursing graduates and to compare the perceived socialization of those graduates who completed a non-credit summer externship as students with those who did not. Spring, 1991, nursing school graduates of Michigan colleges and universities were surveyed one year after graduation.

The content of this chapter will be organized in two ways. The data will be reviewed in the order that they appeared on the survey. Demographic data are described first, and a description of the externship experience follows. Finally, a summary of the responses received on the Professional Attitude Inventory (Part III) is included. In the second half of the chapter, each research question will be addressed individually.

The Mailed Survey

Part I: Demographic Data

Respondents were asked their gender, age, ethnic background, marital status and type of employment position held during the summer between their junior and senior years in nursing school. Two questions, type of nursing education completed and date of graduation from nursing school, were asked as a means of assuring that the responses were from the target population.

Of the 348 surveys mailed, 225 completed surveys were returned for a return rate of 64.7 %. Nine surveys were returned unanswered by the Post Office due to insufficient or inaccurate addresses.

Ninety-three percent of the respondents were female ($n = 209$). This sample is typical of the graduating classes at that time nationwide (Bednash, Berlin, & Haux, 1991). More than half of the respondents were between the ages of 20 and 27 years (see Table 2.)

Table 2
Gender and Age of Respondents

Gender	N	%	Age in Years	N	%
Male	16	7.1	20-23	89	39.6
Female	209	92.9	24-27	71	31.6
			28-35	36	16.0
			36-45	26	11.6
			46 & over	3	1.3

Ninety-three percent listed their ethnic background as white. The remainder listed their background as one of the minority groups or as "other". This last category included subjects by country of origin (Ethiopia, Pakistan) or those who checked more than one category (Black/Asian, Asian/ Indian). Forty-four percent of the respondents were married at the time they completed the survey (see Table 3.)

Table 3

Ethnic Background and Marital Status of Respondents

Ethnic Background	N	%	Marital Status	N	%
White	209	92.9	Married	99	44.0
Black	6	2.7	Single	117	52.0
American Indian	1	0.4	Divorced	6	2.7
Asian	3	1.3	Separated	1	0.4
Hispanic	1	0.4	Widowed	2	0.9
Other	5	2.2			

Of the total 225 respondents, 63 % (n = 141) had participated in an externship program between the junior and senior year of their nursing school program. Of these, 66 participated in an externship at the agency where they were eventually hired after graduation. One subject participated in two externships and later accepted employment at one of the agencies (see Table 4).

Table 4
Pregraduation Summer Employment of Respondents

Variable	N	%
Externship at employing agency	66	29.3
Externship at non-employing agency	76	33.8
Work study with academic credit	7	3.1
Health care employ. w/o learning opportunity	51	22.7
Employment outside health care field	17	7.6
Other	<u>21</u>	<u>9.3</u>
Totals	238*	105.8*

* *Totals equal more than the number of respondents and more than 100% due to holding of more than one position by some subjects.*

Part II: Summer Nurse Externships

Eighteen activities associated with externships were listed and respondents who had participated in an externship were asked to indicate the degree to which they agreed or disagreed with a statement about each activity in respect to how it described their particular externship. All 141 subjects who had indicated they had had an externship completed this section. Their responses ranged from a high of 93.6% (n = 132) to a low of 23.4% (n = 33) who either agreed or highly agreed with the statement as it described their experience.

As indicated in Table 5, the opportunities most frequently provided by the externship experience included mastery of assessment skills, an identification with the nursing profession and mastery of technical procedures. Those activities provided for less than half of the respondents included seminars to discuss problems in role transition, medication administration and class instruction of 10 hours or more. Several respondents noted that medication administration was one activity that externs were not allowed to perform.

Table 5
Opportunities Provided During Externships

	N	%
Assessment	132	93.6
Identification with nursing profession	129	91.5
Technical procedures	128	90.8
Recording	126	89.4
Time management	126	89.4
Link bet. motivation & dev. of prof. behavior	120	85.7
Meeting psychosocial needs of families	118	83.7
Speciality area of interest	108	76.6
Mentor/Preceptor	107	75.9
Internalize values of professional nurse	106	75.2
Experience on more than one shift	102	72.3
Critical thinking	98	69.5
Syllabus/Orientation manual	96	68.1
Appropriate postgraduation employment	87	62.1
Experience on more than one unit	74	52.5
Class instruction of 10 hours or more	69	48.9
Medication administration	62	44.9
Seminars on role transition	33	23.4

Note *n* = 141

In this section of the survey instrument respondents were also asked two open-ended questions. They were asked to name the most beneficial and least beneficial aspects of the externship experience. In reviewing the responses received, several themes emerged.

Eight respondents left the question regarding the most beneficial aspect of the externship experience blank. As indicated in Table 6, the most frequently cited benefit, by far, was the opportunity to improve skills through "hands on experience." Forty-four percent ($n = 63$) referred directly to this one aspect of the experience. The five specific skills areas noted most often were: organization/time management ($n = 20$), technical skills ($n = 12$), communication/nurse client interaction ($n = 11$), assessment ($n = 5$), and documentation/charting ($n = 2$).

The next most frequently cited benefit of the externship ($n = 63$) relates to the improved skill attainment assumed to be inherent in the experience. Nineteen respondents stated that their particular externship experience helped prepare them for the "real" or "actual" world of the registered nurse. An additional fifteen respondents stated that it eased the transition from the role of student to registered nurse. Another thirteen respondents spoke directly to their socialization to the professional role. Through increased interaction with professional nurses, one respondent stated, the most beneficial aspect was "being able to assimilate the professional nurse role-being a part of the health care setting and functioning as a nurse."

Other benefits listed by the respondents were the opportunity to apply theory to practice, the opportunity to explore an area of interest, the opportunity to work closely with one mentor, increased self-confidence and improved performance in school (see Table 6).

Table 6
Most Beneficial Aspects of Externship Experience

	N	%
Improved skills/hands on experience	63	44.7
Preparation for "real" world	19	13.5
Eased transition from student to RN	15	10.6
Socialization to professional role	13	9.2
Application of theory to practice	7	5.0
Exploration of area of interest	6	4.3
Opportunity to work with one mentor	5	3.5
Increased confidence and responsibility	5	3.5
Improved school performance	4	2.8
Opportunity to work on more than one unit	4	2.8
Classroom activities	2	1.4
Other*	10	7.1

Note *n* = 141

- * *Included benefits of: experience without pressure of grading, money, development of employment opportunity, eased transition to specific agency or shift, provided view of "how nursing should not be".*

In response to the question of what was the least beneficial aspect of the externship experience, 36 % (n=51) of the subjects either left it blank or responded "none" or "nothing."

In regard to the least beneficial aspect of the externship experience, the major theme to emerge from the responses related to role expectations and/or restrictions. Eighteen respondents cited limitations placed on opportunities to perform such skills as administering medications, hanging intravenous fluids, caring for critically ill clients and taking physician's orders as the least beneficial aspect of their experience. Some respondents added that they recognized there had to be some limitations placed on them as they were, as yet, unlicensed personnel.

Twenty-one respondents related, occasionally in pointed comments, that they were frequently utilized in other ways than expected in the extern role. Terms used to describe their unanticipated functions were aide, orderly, unit assistant, nurse extender, and helper. Also mentioned was their use as "cheap labor" when they were "dumped on" by registered nurses. Six specifically disliked being "counted as staff." They saw the role of the extern as being an educational one where they would not be considered in the staffing needs of the unit. Other aspects listed as least beneficial were lack of one specific preceptor assigned to them alone (n = 11), lack of classroom/seminar activities (n = 8), negative attitudes of staff (n = 6), lack of variety/work on one unit only

(n=6), lack of structure to the program (n=5), and interference with school/lack of time to study (n=4). A summary is presented in Table 7.

Table 7

Least Beneficial Aspects of Externship Experience

	N	%
Utilization in role other than extern	21	14.9
Limitations placed on role	18	12.8
Lack of one assigned preceptor	11	7.8
Lack of classroom activities	8	5.7
Negative attitudes of staff	6	4.3
Experience on only one unit/lack of variety	6	4.3
Lack of structure to program	5	3.5
Interference with schoolwork	4	2.8
Insufficient salary	3	2.1
Other*	16	11.3

Note n = 141

- * *Included aspects of: stress of unit, conflict between real and ideal, not placed in area of interest, midnight shift assignment, rotation to more than one unit, lack of professionalism of staff, length of program.*

Part III: Professional Attitudes

In this section of the survey all subjects were asked to respond to twenty statements about today's health care professions and health care delivery systems. They were asked to indicate the degree to which they agreed or disagreed with each statement.

Questions relating to the three subscales covered by the instrument were intermingled throughout the survey. Questions 1, 5, 8, 11, 13, and 16 compose the subscale "superordinate purpose." Dumont (1970) defines this as the "principles that order and direct (sic) professional lives." Questions 2, 3, 7, 10, 12, 15 and 18 compose the subscale "critical attitude/thinking" which refers to the professional's willingness to search or question the evidence and possible alternatives in any situation. Questions 4, 6, 9, 14, 17, 19 and 20 compose the subscale "compassion." It assesses the level of dedication and sensitivity toward the care of others which is such an integral part of the professionalism of nurses.

Scores were computed on each subscale as well as a total professional attitude score for each respondent. The means from those who had participated in an externship were then compared with the means of those who had not.

The six questions from the subscale "superordinate purpose" had a possible range of scores from 6 to 30. The actual scores of all subjects on that subscale

ranged from 14 to 27 with a mean score of 20.92 and a mode of 22.0. As expected, the scores followed a relatively normal distribution (see Figure 1).

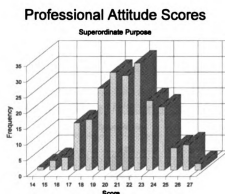


Figure 1 Professional Attitude Scores - Superordinate Purpose

For the seven questions from the subscale critical attitude/thinking, the possible range of scores was from 7 to 35. The actual scores of all subjects on that subscale ranged from 16 to 31 with a mean score of 22.87 and a mode of 24.0. Again, they followed a fairly normal distribution (see Figure 2).



Figure 2 Professional Attitude Scores - Critical Attitude/Thinking

The compassion subscale score was derived from seven questions and, therefore, had a possible range of 7 to 35. The actual range was from 17 to 33 with a mean score of 23.49 and a mode of 24 (see Figure 3).

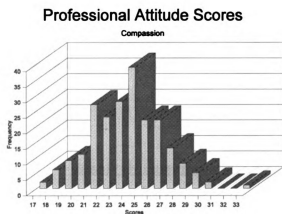


Figure 3 Professional Attitude Scores - Compassion

The total professional attitudes score, derived from all 20 questions and encompassing all 3 subscales had a possible range of 20 to 100. The actual scores for all subjects ranged from 55 to 79 with a mean of 67.29 and a mode of 65 (see Figure 4).

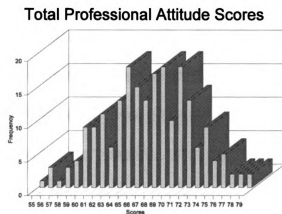


Figure 4 Professional Attitude Scores - Total

Research Questions

Research Question One

Do nurses who participated in summer student externship programs hold different attitudes regarding professionalism than nurses who did not have externships? In order to answer this question t-tests were used to compare the mean scores of the two groups.

First the mean scores on the subscales were compared. Scores for the two groups were quite similar but subjects who had participated in a summer externship did score slightly higher on all three subscales.

With the desired alpha level set at .05, the separate-variances formula was utilized to compare the two groups. Table 8 presents the means and standard deviations for the two groups on the three subscales and the total score. Mean

scores were significantly higher in the externship group on only the superordinate purpose subscale.

The total professional attitudes score of the two groups were compared. A qualified significant difference was found between the scores of the two groups since the resulting probability was .049. This cautiously but affirmatively answers the first research question.

Table 8
Comparison of Mean Scores of Respondents
on Professional Attitude Inventory

Subscale	Group	N	M	SD	t	p
Superordinate Purpose	Externship	141	21.31	2.50	2.99	.003
	Non-externship	84	20.22	2.62		
Critical Attitude/ Thinking	Externship	141	22.90	2.78	.20	.845
	Non-externship	84	22.82	2.72		
Compassion	Externship	141	23.53	2.81	.30	.767
	Non-externship	84	23.42	2.70		
Total Score	Externship	141	67.80	5.10	1.99	.049
	Non-externship	84	66.42	4.71		

Research Question Two

What demographic differences are there between nurses who participated in a summer student externship program and those who did not? Characteristics of the two groups can be found in Table 9.

Table 9
Characteristics of Respondents

Variable	Externship Participants		Non- Externship Participants		Total		χ^2	p
	N	%	N	%	N	%		
Gender							1.18	.28
◊ Male	8	5.7	8	9.5	16	7.1		
◊ Female	133	94	76	91	209	93		
Age							11.55	.02
◊ 20-23	63	45	26	31	89	40		
◊ 24-27	48	34	23	27	71	32		
◊ 28-35	17	12	19	23	36	16		
◊ 36-45	11	7.8	15	18	26	12		
◊ 46 +	2	1.4	1	1.2	3	1.3		
Ethnicity							8.45	.13
◊ White	133	94	76	91	209	93		
◊ Black	3	2.1	3	3.6	6	2.7		
◊ Am.Indian	0	0	1	1.2	1	0.4		
◊ Asian	3	2.1	0	0	3	1.3		
◊ Hispanic	1	0.7	0	0	1	0.4		
◊ Other	1	0.7	4	4.8	5	2.2		
Marital Status							7.80	.10
◊ Married	57	41	42	50	99	44		
◊ Single	80	57	37	44	117	52		
◊ Divorced	4	2.8	2	2.4	6	2.7		
◊ Separated	0	0	1	1.2	1	0.4		
◊ Widowed	0	0	2	2.4	2	0.9		

While there was a greater percentage of females in the externship group (94.3%) than in the non-externship group (90.5%) no significant difference was found in regards to gender.

Subjects who participated in a summer externship experience tended to be younger than those who did not. There was a significant difference found between the two groups.

No significant differences were found in regards to ethnicity or marital status. All values were calculated using the Pearson chi-square statistic.

Research Question Three

How do recent graduates perceive their summer externship experience as contributing to their professional socialization? Five questions (1, 2, 6, 9 & 13) in Part II of the survey instrument (see Appendix A) related directly to the outcomes of professional socialization as outlined by the American Association of Colleges of Nursing in its 1986 report, Essentials of College and University Education for Professional Nursing (see Appendix B). Responses to these five questions will be examined in order to answer this research question.

When asked whether their externship experience provided them with a linkage between their motivation for entering nursing and the development of professional behavior, 85.7 % answered affirmatively. Just four subjects (2.8 %) disagreed with the statement (see Appendix C).

A majority of the subjects agreed that the externship experience provided them the opportunity to master the skills of the nursing profession. However, there was some variation among their perception of the six skills specifically listed.

Mastery of the skill of assessment was given the highest ranking of all the skills. One hundred thirty-two (93.6 %) agreed that they had gained this skill while four (2.8 %) disagreed. Mastery of technical procedures (90.8 %) was the next most common accomplishment followed by recording (89.4 %), time management (89.4 %), working with families' psychological needs (83.7 %) and medication administration (44.9 %).

The respondents were provided with somewhat less opportunity to develop critical thinking skills. Ninety-eight respondents (69.5 %) responded positively to that measure of professional socialization. Nineteen respondents (13.4 %) expressed a lack of opportunity in this area. Interestingly, all of those who stated that their externship failed to provide a linkage between their motivation for entering nursing and the development of professional behavior also stated that they were not provided opportunities to develop critical thinking skills.

Three-fourths (75.2 %) of the respondents believed they were able to internalize the values of the professional nurse during their externship experience. Nine (6.4 %) believed they were not able to do this. These were evenly distributed between three age groups: 20-23, 24-27, and 36-45.

An identification with the nursing profession was a part of the externship experience for 91.5 % of the respondents. Just three persons (2.1 %) did not find this to be true. Two were in the age group 36-45 and one was in the 24-27 age group.

Of the 28 respondents who stated that their externship did not provide opportunity in one or more of the areas identified as outcomes of professional socialization, all but one were female. All but two listed their ethnic background as white. Approximately half were presently employed in the agency where they had their externship. Most of these respondents were between the ages of 20 and 27 although nearly half of the externs in the 36-45 year old category rated their externship as not providing opportunities in at least one of the areas identified as professional socialization outcomes. Proportionally, the number of younger nurses who responded negatively was much less.

In summary, the nurses who participated in a summer externship experience found it to contribute positively to their professional socialization.

Research Question Four

What aspects of the externship experience relate to professionalism? To determine what relationships, if any, exist, the frequency of some of the activities of the externship (Appendix A, Part II) was correlated with the subscale and total scores received on the professional attitude inventory (Appendix A, Part III). More specifically, questions 1,2,6,9 and 13 in Part II listed activities which were outcomes of professional socialization as stated in Essentials of College and University Education for Professional Nursing (see Appendix B). It is the correlation of these activities with the scores on each of

the three subscales as well as the total professional attitude score that will address this final research question.

The relationships between the five outcomes of professional socialization and the subscale and total scores on the professional attitude inventory were examined using Pearson's correlation coefficients. Table 10 summarizes the results.

Table 10
Relationship Between Outcomes of Professional Socialization
and Scores of Respondents on Professional Attitude Inventory

	Superordinate Purpose		Critical Attitude / Thinking		Compassion		Total Score	
	r	p	r	p	r	p	r	p
Linkage between motivation for entering nursing and development of professional behavior	-.10	.24	.16	.06	.15	.08	.11	.17
Mastery of skills of the nursing profession								
assessment	-.06	.48	.06	.52	-.01	.90	-.02	.85
recording	-.10	.24	.09	.28	-.04	.66	.01	.92
working with families' needs	-.11	.20	.02	.86	-.01	.88	-.06	.51
technical procedures	-.08	.35	.01	.94	.15	.07	.04	.62
medication admin.	-.07	.45	.04	.65	.08	.36	.03	.74
time management	-.15	.07	-.05	.58	.07	.38	-.07	.43
Opportunities to develop critical thinking skills	-.12	.16	-.04	.66	.08	.35	-.04	.63
Internalization of the values of the professional nurse	-.08	.36	.00	.97	.02	.79	-.04	.65
Identification with the nursing profession	-.22	.01	-.06	.47	.11	.20	-.08	.33

The frequency with which the externship experience provided a linkage between the respondent's motivation for entering nursing was not significantly related to any of the scores on the professional attitude inventory. When the six skills which had the potential for mastery within the externship were correlated with the three subscales and the total professional attitude score no significant relationship was found.

The correlation of the frequency with which respondents were allowed opportunities to develop critical thinking skills with the scores on the professional attitude inventory also demonstrated no significant relationship.

Correlation of the frequency with which the respondents were able to internalize the values of the professional nurse during the externship with the professional attitude scores demonstrated no significant relationship.

The only significant relationship demonstrated was the correlation between the respondent's identification with the nursing profession and the score on the subscale of superordinate purpose. A significance of .01 was noted. When correlating this same outcome of professional socialization with the remaining two subscales, critical attitudes/thinking and compassion, or with the total professional attitude score, no significant relationship was demonstrated.

The lack of any demonstrated significant relationships can be accounted for in a number of ways. The subjects in this study were quite similar and therefore the strength of the correlations would decrease. When the instrument

was tested for reliability unacceptable levels were obtained (see Appendix D). Therefore, the one significant finding was most likely due to chance.

To summarize the findings related to research question four, it appears that very little of the externship experience related to professionalism as measured by the professional attitude inventory. It was possible to demonstrate a link between just one aspect of the experience, identification with the nursing profession, and one measure of professionalism, the holding of a superordinate purpose. With all other activities there was no clearly demonstrated relationship to professionalism. the lack of demonstrated reliability of the instrument played a major role in the lack of significant findings.

Chapter Five

Summary, Findings and Recommendations

Summary

Professional socialization involves a wide range of formal and informal processes. From their formal educational program, students begin to acquire the knowledge and skills necessary for their chosen profession. Informally students begin to overcome their prior stereotypes and accept new beliefs, values and attitudes as they come in contact with other professionals. This exposure assists the novice with the development of his/her own professional self-image (Cohen, 1981; Lum, 1978).

Upon examining the professional socialization of nursing students one is struck by the incongruence in the socialization processes between those occurring in the university setting and those occurring in the practice settings which students choose upon graduation. Kramer (1972, 1974) has written extensively about this phenomenon and utilized the term "reality shock" to describe the new graduate's reaction to the experience of this incongruence.

Inadequate professional socialization has been found to be a factor in nurses abandoning the profession (Corwin, Taves, & Haas, 1961).

In an attempt to gain an understanding of the "essential knowledge, practice, and values for the education of the professional nurse", the American Association of Colleges of Nursing established an Essentials Panel to explore those issues (AACN, 1986). Among the findings released in their final report were five outcomes of the socialization process.

In response to the growing body of data acknowledging the incongruence between the socialization of school and work, hospitals and universities set up a variety of programs designed to ease the transition and accommodate the growing need for nurses as well. These are described in the literature as internships, preceptorships or externships with each having both unique and overlapping characteristics with the other.

The focus of this study is the summer externship program defined as a non-credit work study experience offered to students during the summer between the junior and senior years of the nursing program and under the direction of the health care agency. Specifically, the study examined the professional socialization of new graduates by use of an adapted version of Stone's Health Care Professional Attitude Inventory. A comparison of professional attitude scores was made between those graduates who had completed a summer externship program and those who did not.

Spring, 1991, graduates of baccalaureate programs in Michigan were surveyed. Two hundred twenty-five or 64.7 % surveys were returned. In addition to demographic data, respondents were asked to provide information regarding the activities of their particular externship experience. The frequency of these activities was correlated with the specific outcomes of professional socialization as outlined in the AACN document, Essentials of College and University Education for Professional Nursing.

As was expected, the majority of the respondents were Caucasian, female and in their twenties. Approximately, half were single. Sixty-three percent (n = 141) had participated in an externship program. Overwhelmingly, their experiences in the externship were described in positive terms. Benefits of getting "hands on experience" and preparation for the "real" world were frequently cited. Criticisms were primarily related to their use in functions other than anticipated in the extern role.

Summary of Findings and Conclusions

Research question one: Do nurses who participated in summer student externship programs hold different attitudes regarding professionalism than nurses who did not have externships?

Nurses who participated in a summer externship program as a group scored higher in all three attitudes surveyed: superordinate purpose, critical attitudes/thinking, and compassion. However, a significant difference was found only in the area of superordinate purpose. When the total scores on the

attitude inventory were compared, a significantly higher mean was found by those who had an externship experience.

While a difference in the area of critical attitudes/thinking was expected, the fact that there was none may mean that those respondents who participated in an externship actually developed opposing attitudes. That is, they began to model their behavior after their preceptor and carry out nursing activities simply because that is how it was always done and not because they had considered all possible alternatives in any given situation. With repeated exposure to some situations, the respondent may have begun to rely more on past experiences and less on the need to think critically.

Compassion is one attitude which does not appear as developmental in nature as some of the others. Compassion for others is often what draws students to the nursing profession initially. It would be understood that externs would come to the experience with a sensitivity for the needs of their clients. Therefore, it is not overly surprising that no difference was seen between the two groups.

Since a superordinate purpose forms the foundation of one's professional life, it seems reasonable that experiences that enhance one's professional identity such as an externship would also solidify the base on which that identity rests. The externship is seen as a "real world" experience and it often reinforces the fact that the individual has made the right career choice.

Research question two: What demographic differences are there between nurses who participated in a summer student externship program and those who did not?

No significant differences were found between the groups in regards to gender, ethnicity, or marital status. A significant difference was found in regards to age. The respondents who participated in an externship were younger.

Since the two groups were quite similar in all aspects except for age, it could be postulated that the older student possibly had more family responsibilities and was not able to participate. As some of the written comments indicated, a number of the older students were already employed in the health care field as licensed practical nurses, respiratory therapists, etc. and therefore, they preferred to continue in those roles for the summer.

Research question three: How do recent graduates perceive their summer externship experience as contributing to their professional socialization?

Five statements relating to outcome measures of professional socialization were embedded in a listing of externship activities. An analysis of these statements revealed that a majority of nurses perceived the externship to contribute positively to their professional socialization. The outcome most closely associated with their actual experiences was that of mastery of the skills of the profession.

Much of the literature regarding externships focused on skill acquisition as one of the main goals of the experience (Myrick & Awrey, 1988; Scales, Alverson, & Harder, 1993; Scheetz, 1989; Whelan, 1982). Therefore, this is not a surprising result. Mastery of skills is also a very concrete outcome and probably more easily understood by the respondents. The remaining four outcomes are less easily defined and recognized and their achievement more subtle.

Proportionally, a greater number of older nurses reported that the externship experience did not provide opportunities related to professional socialization outcomes than was expected. While their expectation of skill acquisition seemed to be fulfilled, their internalization of values and professional identification was not. For many in this age group, nursing may have been a career change. It may take longer for someone with a greater range of careers and experiences to accept the values of a new profession than for the individual who is entering into his/her first career.

Research question four: What aspects of the externship experience relate to professionalism?

When the frequency of the professional socialization activities of the externships were correlated with the scores received on the professional attitude inventory, no significant relationships were found except in one instance. Nurses who reported that the externship experience provided them

with an identification with the nursing profession also scored significantly higher on the superordinate purpose subscale.

One would expect to find a relationship between the activity of developing critical thinking skills and the subscale which measured critical attitudes/thinking but this was not found. This may reflect on the way those questions were phrased as they may not have been seen as relating to critical thinking.

With the exception of the relationship noted above, it appears that little of the externship experience relates to professionalism as measured by the tool in this study.

Overall, the major conclusion to be drawn from this study is that those subjects who had an externship experience as students did engage in activities that were directly related to published professional socialization outcomes and they achieved higher professionalism scores as graduates than those who did not have an externship. One variable that could have affected the results is the time lag between the externship experience and the completion of the survey. For most respondents the time span was approximately two years and their perception of the externship experience could have been altered due to the lack of recall of such events. Additionally, their experiences during their last year in their nursing program and their first year of employment could have altered their professional attitudes and the resulting scores. If professional socialization is seen as a developmental process, those two years of time cannot be ignored.

One respondent added a note at the end of the survey stating, "I am currently employed in the military. I got a great deal of experience as a nurse extern, but nothing compares to my military experience. I have grown more as a professional this past year than I ever thought possible."

Recommendations

Since the data from this study were collected, changes have taken place in the health care industry and the nursing profession. In an effort to reduce costs, most health care agencies have either eliminated or sharply limited the number of externship students that they accept each summer. As health care agencies shift to hiring more unlicensed personnel and less registered nurses, the externship experience is no longer viewed as the necessary recruitment tool that it once was. As agencies become more sophisticated in costing out the services provided by these various types of personnel, the staffing mix will continue to fluctuate and change.

Based on the review of the literature and the results of this study, the following recommendations are offered to health care agencies and schools of nursing.

Recommendations for Health Care Agencies

1. Health care agency administrators should consider establishing an externship program at their institutions if they do not have one at this time or if agencies have eliminated the externship program, consideration should be

given to reinstating it. Overwhelmingly, the respondents credited the externship program with easing their transition into the registered nurse role, reducing their stress level and improving their overall skill level. This should have an impact on decisions made by human resource managers. One respondent noted,

The externship program I was involved with allowed me the opportunity to develop and cultivate my nursing skills and style. It provided an arena to practice and apply all the knowledge acquired in the classroom without all the pressures and responsibilities of a professional RN. I cannot imagine making the transition from a student to a professional without first participating in an externship program.

This can be contrasted with a note attached to one survey from a respondent who had not participated in an externship. He stated,

If you are only surveying people who are currently working as nurses, don't include this one. I didn't pass probation on my first nursing job. I've been looking for another nursing job ever since. It's been a year now and I'm almost ready to give up looking.

The cost of orienting a new employee is enormous and the value of the externship especially as a recruitment/retention tool is obvious. Most orientation programs of major employers are tailored to the needs of the new employee and costs increase with the need for longer programs. Laschinger and MacMaster (1992) suggest that externship-like experiences may reduce orientation needs for new graduates because of their increased clinical competence. Presently no empirical data exist that determine the point at which the cost of an extended orientation outweighs the cost of an externship for an individual. Since there are no guarantees that a nurse extern will be

employed after graduation, the externship allows the agency to closely examine a new nurse before offering him/her permanent employment.

Another area of concern and expense for employers is stress and burnout among employees. Several respondents specifically mentioned these two concerns because they were either presently experiencing them in their job or were seeing evidence of them in their colleagues. Several respondents saw the externship experience as a time where "stress was controlled" allowing them to gain experience which helped decrease their stress level later as a new graduate.

2. Coordinators of externship programs at health care agencies should evaluate their present programs.

The following suggestions for change have been derived from the comments received from those who had participated in an externship. It is clear that nurse externs want and need a structured program which allows them to function in the extern role. One respondent who felt she had not been utilized in the intended role of the extern stated, "I was basically an aide who charted."

Each extern should be assigned to one preceptor who has also been prepared for his/her role. The preceptor should have a positive attitude toward the profession and have an understanding of the extern's learning needs. One respondent noted that, "Some preceptors tried to share twenty years of knowledge in a three month externship. Too much, too fast. Better to keep it simple and concentrate on the extern's needs." A study by Pond, McDonough,

and Lambert (1993) supported the premise that the best preceptor is one who has spent two or three years in the work setting as they are most likely to "connect" with students and meet their learning needs. More clinically advanced nurses "perceive situations 'whole' and often find it difficult to communicate the steps that go into their decision making."

The experience that nurse externs most desired but often did not get was the administration of medications. The legal aspect of using unlicensed personnel for that task was the most often cited reason. Since 44.9 % of the participants were allowed to administer medications it seems that the complexities of the procedure could be managed legally and safely so that all externship participants could have that particular experience.

Most externs expressed a need for more structured classes and seminars where they could focus on issues related to professionalism (i.e., role change, accountability, role expectations, legal issues, ethical issues, and stress management).

Recommendations for Schools of Nursing

1. Nurse educators should re-evaluate the curriculum of the undergraduate nursing program at their institution as it addresses a) the AACN outcomes for professional socialization and b) the clinical experience component.

While most educators appear to subscribe to the AACN outcomes, there does not always appear to be a structured plan for seeing that they are being

met. Two educators, Davis and Barham (1989), note that these socialization outcomes are "most likely to be realized" when schools of nursing and health care agencies collaborate in providing appropriate learning opportunities. It is generally assumed that simply by associating with faculty and registered nurse colleagues in clinical agencies for four or more semesters, the student will integrate the values and beliefs of the profession. Specific strategies need to be addressed so that each student will have met the outcomes at graduation.

Respondents in the study frequently noted what they perceived as the inadequate amount of time spent in the clinical area within their undergraduate programs. One called it "grossly inadequate." Another said, "The externship provided the clinical experience needed to survive post-graduation that was not available in school." Still another noted that the clinical assignments given in school were too limited and unrealistic and the externship allowed her to "work with a realistic patient load." Patton and Dowd (1994) suggest that "students should be exposed to a more realistic view of nursing in every clinical course."

The number of clinical hours that students experience have decreased since the days when most students attended a hospital controlled school of nursing (Olesen and Whittaker, 1968). The belief is that a firm theory base along with limited clinical experience is preferable to repetitious clinical experiences and limited theoretical content. The battle over the proper balance between theory and clinical practice and the perceived inadequacy of clinical experience by nursing students continues to rage (Blanchard, 1983; Scheetz,

1989). A curriculum based on measurable outcomes and a framework that allows an integration of activities is a starting point. Faculty will need to continually re-examine the issue in light of their own curricular goals.

2. Nurse educators should actively seek creative, innovative teaching methods to improve the balance between theory and clinical practice while addressing the issue of professional socialization of students.

Time and resources are precious commodities for students and faculty alike and they become the basis for credit allocation, tuition costs, and faculty salaries. Many schools have addressed the dual issues of clinical experience and professional socialization outcomes by incorporating an internship within the course of study for each student (Dobbs, 1988; Itano, Warren, & Ishida, 1987; Myrick & Awrey, 1988; Scheetz, 1989). Within these experiences the student generally works with a preceptor, carries a more realistic assignment, and receives academic credit. It evens out the experiences of each student in the program and prepares them for the "real world" of employment as a registered nurse.

To enhance the clinical experience and give students valuable problem solving opportunities, a number of computer and video programs allowing interactive exchange are currently available and the number is growing rapidly (Bolwell, 1993). These and other simulation activities could prove to be valuable adjuncts in preparing students for post-graduation employment.

Faculty should not underestimate their own value in the educational process. It was interesting to read one respondent's note. It said, "I think it was very helpful to work with an RN and see some of the problem solving that they had to do. It is very beneficial to watch someone troubleshoot." Perhaps faculty need to be more active in verbalizing how they are problem solving situations to students when they are with them during clinical experiences. This would in turn help students in developing their own critical thinking skills and would enhance the quality of the limited time spent in the clinical area.

One respondent noted that in her externship she "learned day to day aspects of nursing not taught in the classroom." This raises the question of why these "day to day aspects" are not being addressed. Is it possible that faculty and health care agency personnel need to better collaborate so that the new graduate is prepared for his/her first job and does not experience the extremes of "reality shock" as described by several of the respondents.

Implications for Further Research

Through the findings of this study information has been added as to the nature of the externship experience and its impact on a select number of participants.

To further study the impact of externships on the post-graduation employment of nurses a serious examination of the effect of externships on the time and cost of orientation programs needs to be undertaken. Until their benefits are proven monetarily it is doubtful that their value will be recognized.

As the supply and demand of nurses fluctuates, so too will the development of such programs without empirical evidence to support them. While no one has proven that externships are the best method of giving students the realistic experiences they need, no one denies the value of hands-on experience.

To study the process of professional socialization in nurses a longitudinal study would be an advantageous design. One could choose subjects as students and continue the study at one, five, and ten year intervals post-graduation. Participation in an externship is but one variable to have an effect on the professional identity of each graduating nurse. The impact of specific role models, academic programs or prior work experience could also be examined within this design.

Revision of the instrument used in this study is necessary in order to improve its reliability. Although it was found to be reliable when used in its form as modified by Lawler (1988) it was not found to be so in this study (see Appendix D). As the health care industry changes, the wording or focus of some of the items may need to be changed in order to improve clarity. For example, item 13 (Appendix A, Part III) relating to primary care would most likely be answered differently today than it would have been in the 1980s. There is a much greater emphasis on educating primary care providers today than in the past.

Reflections

The two open-ended questions and the anecdotal notes added to the survey instrument provided some of the most intriguing data collected. When reviewing the respondent's answers to what was "least beneficial" regarding the externship experience, rather interesting observations were made. Many respondents left that question blank while others were quite outspoken in their remarks. When some of the remarks related specifically to the respondent's age and how they felt they had been treated because of it, a closer inspection was made between age and response.

What seemed to emerge were comments that paralleled the respondent's own adult socialization level. One of the youngest respondents stated,

I worked in a very busy Metro Detroit ER on 3-11 shift. The stress was incredible. I was not twenty-one years old so my preceptors (who reduced their stress at the bar) did not know how to help me. I ended up getting very sick because my resistance to illness was so low. Right now I'm at that same stress level - two years later.

Those in the middle of the age groupings commented frequently on the "lower standard of professionalism" that they saw or the "lack of willingness of staff to help teach and support developing nurses." One stated, "I felt like cheap labor - no one wanted to see me develop as a professional." The nurses who were oldest commented on the "lack of interpersonal relationships" with one stating, "Only two of my instructors seemed to acknowledge that older students might have a different perspective on things."

While each respondent seemed to want his/her own needs recognized, those at either end of the age range seemed to feel their needs were unique. This may say something about how educational programs are aimed toward the "average" student and are not addressing the needs of those who do not fit that profile. On the other hand, it could reflect the personal socialization of adults. Just as their professional socialization was at different levels, so also was their personal socialization. While the younger student focused on the level of confidence and security he/she was experiencing, the older student was expressing more concerns regarding relationships. The former was more centered on the self while the latter was looking to reach out and involve others.

Educators and health care agency administrators need to reflect on these comments and pay greater attention to the personal and professional socialization of their students and employees. Collaboratively, creative strategies can be developed that will decrease the stress and burnout and ultimately enhance the lives of students and employees.

APPENDIX A

PROFESSIONAL NURSE SURVEY

Appendix A

PROFESSIONAL NURSE SURVEY

This survey is designed to determine the attitudes of recent graduate nurses toward their professional role. **Please answer all of the questions.** If you wish to comment on any of the questions, please use the space in the margins or at the end of the survey.

Thank you for your participation.

Part I: Demographic Data

Please check one answer for each question.

1. Gender

- ☐1 Male
- ☐2 Female

2. Age

- ☐1 20-23
- ☐2 24-27
- ☐3 28-35
- ☐4 36-45
- ☐5 46 and older

3. Ethnic Background

- ☐1 White
- ☐2 Black
- ☐3 American Indian
- ☐4 Asian
- ☐5 Hispanic
- ☐6 Other _____

4. Marital Status

- ☐1 Married
- ☐2 Single
- ☐3 Divorced
- ☐4 Separated
- ☐5 Widowed

5. Nursing Education

What is the highest level you have completed?

- ☐1 Associate Degree in Nursing
- ☐2 Diploma in Nursing
- ☐3 Baccalaureate Degree in Nursing

6. Date of Graduation From Nursing School

- ☐1 1990 or earlier
- ☐2 January 1, 1991 - June 30, 1991
- ☐3 July 1, 1991 or later

7. Pregraduation Employment

In which of the following did you participate during the summer between your junior and senior years of nursing school?

- ☐1 Nurse externship program at the agency where you are presently employed. This is defined as a non-credit work study experience which was under the direction of the health care agency.
- ☐2 Nurse externship program at an agency other than the one at which you are presently employed. This is defined as a non-credit work study experience which was under the direction of the health care agency.
- ☐3 A structured work study experience for which you received academic credit.
- ☐4 Employment within the health care field which had no structured learning opportunities.
- ☐5 Employment outside the health care field.
- ☐6 Other (describe) _____

If you participated in a summer nurse externship program, please complete both Part II and Part III.

If you did not participate in a summer nurse externship program, please omit Part II and go on to part III.

PART II: Summer Nurse Externships

Please read each statement. Then, utilizing the response scale on the right, indicate the degree to which you agree or disagree with each statement in respect to how it describes the summer nurse externship in which you participated by checking the appropriate box.

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>The summer externship experience provided:</i>						
1.	A linkage between my motivation for entering nursing and the development of professional behavior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.	Mastery of the following skills of the nursing profession:					
	a. assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	b. recording	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	c. working with families' psychosocial needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	d. technical procedures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	e. medication administration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	f. time management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.	A syllabus and/or orientation manual containing specific behavioral objectives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4.	Classroom instruction of ten hours or more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5.	Seminars to discuss problems in role transition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6.	Opportunities to develop critical thinking skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>The summer externship experience provided (continued):</i>						
7.	Experience on more than one unit of the agency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8.	Experience on more than one shift	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9.	Internalization of the values of the professional nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10.	Opportunity to interact with one prearranged mentor/preceptor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11.	Opportunity to work in nursing specialty that was matched with my area of interest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12.	A post graduation employment position that was congruent with my philosophical beliefs about professional nursing . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13.	An identification with the nursing profession	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14.	What do you consider to be the most beneficial aspect of the externship experience?	<hr/> <hr/>				
15.	What do you consider to be the least beneficial aspect of the externship experience?	<hr/> <hr/> <hr/>				

PART III: Professional Attitudes

This inventory contains a series of statements about today's health care professions and health care delivery systems. These statements are not intended to elicit a right or wrong answer but to collect your perceptions of the accuracy and/or validity of each statement.

Please read each statement. Then indicate the degree to which you agree or disagree with each statement by checking the appropriate box at the right.

Health care professionals, for the purpose of this inventory, include all registered nurses who function as a member of the health care team. Health care delivery systems are those mechanisms and strategies designed to facilitate the delivery of health care to the consumer.

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The potential for a financially secure position is a major reason for pursuing a career in the health care professions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Students in the health care disciplines should be expected to emulate or model the role to their instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students in the health disciplines should incorporate the philosophy of their educational program into their practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Policies based solely on scientific methodology are most appropriate for the resolution of society's health care problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Health care professionals such as nurses generally are impersonal and scientifically oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statements (continued):		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6.	Health care professionals generally fail to show adequate interest in the health needs of consumers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7.	Criticism of health care practices and procedures by persons outside the profession is usually acknowledged and acted upon by health care professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8.	Education programs for health care professionals spend more time preparing students for careers in research and/or teaching than for careers as practitioners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9.	Health care teams tend to become so busy coordinating care that they lose sight of patient needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10.	Priorities for the consumer of human and material resources in the health care professions are best achieved through centralized decision-making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11.	The desire for a position of status should be accorded little importance as a reason for pursuing a career in the health care professions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12.	Special economic interests have too often had a negative influence on public health legislation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13.	Training greater numbers of health care professionals to deliver primary care is one alternative that will be beneficial in meeting the long-term health needs of society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14.	Health care is currently available to people at differing income levels on a selective basis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15.	Health care professionals have developed adequate self-evaluation of procedures and techniques in the delivery of health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Statements (continued):						
16.	Societal class and social distinctions should be of no importance in a health care setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17.	The health care professional such as a nurse should be concerned solely with clinical practice and not with social change in his community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18.	Nursing educators are considered alternate rather than ultimate sources of information for their students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19.	The existing forms of health care delivery systems allow professional personnel to efficiently deliver health care services to meet the needs of individual consumers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20.	When cost accounting and systems research techniques are applied to health care, it can be concluded that the health care needs of some citizens have not been adequately served	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Thank you for participating in this study.

Please return this form by July 21, 1992 in the enclosed self-addressed stamped envelope to:

L. Grinstead, RN, MN
3418 Devon Dr. NE
Grand Rapids, MI 49546

APPENDIX B

AACN SOCIALIZATION OUTCOMES

Appendix B

American Association of Colleges of Nursing Socialization Outcomes

1. A linkage between the individual's motivation for entering nursing and the development of professional behavior.
2. A nursing perspective and related critical-thinking and problem-solving skills.
3. Mastery of the knowledge and skills of the profession.
4. Internalization of the values, traditions, and obligations of the professional.
5. Identification with and commitment to the profession.

AACN
Essentials of College and University
Education for Professional Nursing
(1986, p. 3)

APPENDIX C

FREQUENCY TABLES OF THE PROFESSIONAL NURSE SURVEY

Appendix C

Frequency Table of Part II of Professional Nurse Survey

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1.	A linkage between my motivation for entering nursing and the development of professional behavior . . .	52	68	16	3	1
2.	Mastery of the following skills of the nursing profession:					
	a. assessment	76	56	5	4	0
	b. recording	61	65	12	3	0
	c. working with families' psychosocial needs	51	67	21	2	0
	d. technical procedures	70	58	8	4	1
	e. medication administration	24	38	29	28	19
	f. time management	72	54	11	3	1
3.	A syllabus and/or orientation manual containing specific behavioral objectives	45	51	23	15	7
4.	Classroom instruction of ten hours or more	34	35	17	36	19
5.	Seminars to discuss problems in role transition	13	20	25	52	31
6.	Opportunities to develop critical thinking skills	30	68	24	15	4
7.	Experience on more than one unit of the agency	29	45	9	43	15
8.	Experience on more than one shift	38	64	4	25	10
9.	Internalization of the values of the professional nurse	25	81	26	7	2

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
10.	Opportunity to interact with one prearranged mentor/preceptor	57	50	10	21	3
11.	Opportunity to work in nursing specialty that was matched with my area of interest	61	47	19	10	4
12.	A post graduation employment position that was congruent with my philosophical beliefs about professional nursing . .	45	42	25	23	5
13.	An identification with the nursing profession	56	73	9	3	0

Frequency Table of Part III of Professional Nurse Survey

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1.	The potential for a financially secure position is a major reason for pursuing a career in the health care professions .	28	103	41	51	2
2.	Students in the health care disciplines should be expected to emulate or model the role to their instructors	11	79	70	50	14
3.	Students in the health disciplines should incorporate the philosophy of their educational program into their practice . *	32	114	49	27	3
4.	Policies based solely on scientific methodology are most appropriate for the resolution of society's health care problems	3	15	57	127	23
5.	Health care professionals such as nurses generally are impersonal and scientifically oriented	1	7	6	85	126
6.	Health care professionals generally fail to show adequate interest in the health needs of consumers *	1	14	17	144	49
7.	Criticism of health care practices and procedures by persons outside the profession is usually acknowledged and acted upon by health care professionals	6	66	69	77	5
8.	Education programs for health care professionals spend more time preparing students for careers in research and/or teaching than for careers as practitioners	16	56	37	99	17
9.	Health care teams tend to become so busy coordinating care that they lose sight of patient needs *	9	63	40	103	10
10.	Priorities for the consumer of human and material resources in the health care professions are best achieved through centralized decision-making	0	38	81	83	20

		<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
11.	The desire for a position of status should be accorded little importance as a reason for pursuing a career in the health care professions	* 18	92	45	61	9
12.	Special economic interests have too often had a negative influence on public health legislation	* 27	127	58	12	1
13.	Training greater numbers of health care professionals to deliver primary care is one alternative that will be beneficial in meeting the long-term health needs of society	* 20	116	44	40	3
14.	Health care is currently available to people at differing income levels on a selective basis	* 21	105	39	44	15
15.	Health care professionals have developed adequate self-evaluation of procedures and techniques in the delivery of health care	3	102	48	67	2
16.	Societal class and social distinctions should be of no importance in a health care setting	* 88	86	15	23	8
17.	The health care professional such as a nurse should be concerned solely with clinical practice and not with social change in his community	3	4	7	122	84
18.	Nursing educators are considered alternate rather than ultimate sources of information for their students	* 27	90	39	53	11
19.	The existing forms of health care delivery systems allow professional personnel to efficiently deliver health care services to meet the needs of individual consumers	6	57	42	93	21
20.	When cost accounting and systems research techniques are applied to health care, it can be concluded that the health care needs of some citizens have not been adequately served	* 64	121	24	11	5

* reverse scored items

APPENDIX D

STATISTICAL RELIABILITY OF PART III OF THE PROFESSIONAL NURSE SURVEY

Appendix D

Statistical Reliability of Part III of the Professional Nurse Survey

<u>Subscale</u>	<u>Standard Item Alpha</u>
Superordinate Purpose	.16
Critical Attitude / Thinking	.22
Compassion	.31
Total Score	.32

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