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The Impact of Demographic Variables on Views About Nursing as a Profession

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**THE IMPACT OF DEMOGRAPHIC VARIABLES ON VIEWS
ABOUT NURSING AS A PROFESSION**

**By
Sandra Kaye Fatum**

A THESIS

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ABSTRACT

THE IMPACT OF DEMOGRAPHIC VARIABLES ON VIEWS ABOUT NURSING AS A PROFESSION

By

Sandra Kaye Fatum

Understanding the impact of demographic variables on views about nursing will provide essential knowledge for nursing. This study evaluated the possible impact of demographic variables on the individual's view of the nursing profession. The sample was beginning students, senior students, recent graduates, and faculty from traditional and unified bachelor programs utilizing data from Setter-Kline's (1990) study. A significant difference was not found between the demographic variables of marital status ($F = 2.248$, $df = 4, 463$, $p = .0630$), role model ($F = .653$, $df = 2, 37$, $p = .5263$), and basic faculty preparation ($F = .666$, $df = 4, 81$, $p = .6176$) on views about nursing as a profession. A correlation was found between the demographic co-variant of age (.097) and years of education (.218) completed after high school on views about nursing as a profession. A significant difference was found between the demographic variables of gender ($t = 2.033$, $df = 468$, $p = .0426$) and teaching faculty experience ($F = 3.061$, $df = 5, 79$, $p = .0141$) on views about nursing as a profession. Males had scores significantly higher than females ($t = 2.033$, $df = 468$, and $p = .0426$). Faculty with greater than ten years teaching experience had significantly higher scores than those with less than one year experience ($F = 3.061$, $df = 5, 79$ and $p = .0141$).

Acknowledgments

I would like to dedicate my thesis to my family, who have supported and encouraged me throughout my educational and professional growth. My parents, Dennis and Marlene Fatum, and brothers, Russ and Mark and their wives, Gail and Xandria.

Table of Contents

List of Appendices.....v

List of Tables.....vi

CHAPTER

1 INTRODUCTION.....1

Nursing as a Profession.....1

Significance of Study.....2

Problem Statement/Question.....3

Aims and Purpose.....3

2 REVIEW OF LITERATURE.....4

Conceptual Framework.....4

Demographic Variables.....7

Implications for Study.....12

Research Questions.....12

3 METHODOLOGY.....14

Study Sites and Subjects.....14

Procedure.....15

Instrument.....15

4 RESULTS.....23

5 DISCUSSION.....34

Discussion.....34

Limitations.....41

Suggestions for Further Research.....43

Summary.....43

APPENDICES.....45

REFERENCES.....52

List of Appendices

<u>Appendix A.</u>	The Placement of Demographic Variables Within Cohen's Professional Socialization Theory.....	45
<u>Appendix B.</u>	Views about Nursing Instrument.....	46
<u>Appendix C.</u>	Comparison of Cohen's Phases of Professional Development and Views about Nursing Instrument.....	48
<u>Appendix D.</u>	Identification of Demographic Variables Within the Views about Nursing Instrument.....	49
<u>Appendix E.</u>	Setter-Kline's Demographic Questionnaire..	50

List of Tables

<u>Table 1.</u>	Covariance of Age and Level of Education Completed after High School with the Views about Nursing Instrument.....	25
<u>Table 2.</u>	Impact of Gender on the Views about Nursing Instrument Using an Unpaired t-Test.....	26
<u>Table 3.</u>	Impact of Marital Status on the Views about Nursing Instrument using an ANOVA Procedure.....	28
<u>Table 4.</u>	Impact of Role Model on the Views about Nursing Instrument Using an ANOVA Procedure.....	29
<u>Table 5.</u>	Impact of Basic Faculty Preparation on the Views about Nursing Instrument Using an ANOVA procedure.....	30
<u>Table 6.</u>	Impact of Faculty Teaching Experience on the Views about Nursing Instrument Using an ANOVA procedures.....	31
<u>Table 7.</u>	Impact of Faculty Teaching Experience on the Views about Nursing Instrument Using the Scheffe Procedure.....	32

CHAPTER 1

Introduction

Nursing as a Profession

Over the last twenty years, nursing has been striving to be addressed as a profession. According to Kelly (1981), the characteristics of a profession are: a specialized body of knowledge obtained in an institution of higher learning, services necessary for human and social welfare, autonomy, commitment, above-average intelligence and responsibility, opportunity for professional advancement, financial security and a well-defined practice. A well-defined practice includes codes and ethics determined by the associations of practitioners which guides and determines the quality of practice including establishing and controlling its own policies and activities. Nursing has achieved all of the above characteristics which define a profession. Nurses, according to Gulack (1983), believe that recognizing nursing as a profession is important. Gulack found that nurses felt that a professional nurse is competent, practices within ethical standards, utilizes medical knowledge and has compassion. A clear vision (philosophy) in which all nurses agree is not present, although each nurse creates his/her own philosophy, formal or informal, which directs his/her practice. For the purpose of this study it is assumed that

nursing is a profession as it has achieved the requirements of a profession.

The expectations of a nurse have always been difficult to define. Each nurse has a different image of the nurse's roles of patient/client advocate, caregiver, educator, coordinator of health care and accountable for his/her actions and others under his/her supervision (Maxson & Ladage, 1988). A nurse also wants to be appreciated, respected, recognized for his/her expertise, consulted and valued in decision making (Smith & Nerone, 1986).

Significance of Study

There are demographic variables which may significantly affect a nurse's view about the profession. Common demographic variables associated with students, recently graduated nurses, and faculty are: gender, marital status, and age (Setter-Kline, 1990). Variables which may affect students and recent graduate nurses are years of education completed after high school and primary role models (Setter-Kline). Variables which may affect faculty are basic preparation and teaching experience (Setter-Kline). Each nurse's view may be influenced by any of the above variables, which in turn may influence the way in which the profession is viewed.

This study may change many areas of nursing. It will primarily affect the education process and may lead to restructuring how a nurse is socialized professionally. For example, if age and the years of education completed after

high school are found to have an effect on how a student is professionally socialized, then he/she would be taught at a different level, rate or method. It will also provide insight on how a sample of students, recently graduated nurses, and faculty view nursing. It may provide information on how nursing could change the image of nursing with nurses and the public, perhaps by publicizing the high level of responsibility a nurse possesses. Finally, it may give insight on how role models influence students and newly graduated nurses and how schools of nursing can help students choose a quality, professional nurse as a role model.

Problem Statement/Question

Is there an impact on views about nursing as a profession based on demographic variables?

Aims and Purpose

The impact of demographic variables on an individual's view about nursing is not understood. It is theorized that some demographic variables may affect or impact an individual's view about nursing. The purpose of this study is to determine if there is an impact on views about nursing as a profession as measured by the Views about Nursing Instrument based on demographic variables.

CHAPTER 2

Review of Literature and Conceptual Framework

In reviewing the literature, many factors were identified that may impact on an individual's views about nursing as a profession. These factors include professional development and demographic variables. The following narrative will discuss these factors and identify the research questions.

Conceptual Framework

Nursing, as many professions, institutes socialization immediately upon admission into a professional education program. Professional socialization of students in nursing education includes the different phases demanded of the individual for professional status. Helen Cohen (1981) developed a theory of professional socialization in the early 1970's. This theory includes the incorporation of knowledge, skills, and occupational identity. The theory was built around the individual's ability to incorporate his/her own values and beliefs into the professional culture. The first phase is "learning the technology of the profession" (Cohen, 1981, p. 15). It is the development of the student's body of scientific nursing knowledge.

For professionalism to advance, professional socialization must begin early in his/her educational process. This phase includes allowing the student to set his/her own goals and to be responsible to faculty role models. Components of this first phase are peer sharing of

ideas, approaches, and knowledge; consulting; utilizing assertiveness skills; and receiving rewards for behavior and leadership experiences (Cohen, 1981). In this first phase the student trusts the professional world implicitly. He/she needs room and time to assimilate new ideas and techniques, and he/she needs to make errors and learn from those errors. Essential items which are presented during the first phase of professional socialization are: defining the goals, activities of nursing, boundaries, and relationships of nursing to clients and then to health care workers.

Progression to the second phase includes "learning to internalize the professional culture" (Cohen, 1981, p. 15). To reach this level, the student must begin to incorporate his/her knowledge base along with newly acquired values and ethics into his/her view of a profession. An example of this is a nursing student incorporating knowledge and values of nursing into care provided to clients and families. The student begins to challenge the environment to test for limits. This phase allows the student to experience the fact that rules frequently are inflexible (Cohen, 1981, p. 22). The student strives to do tasks as well as or better than his/her role models (instructors). During this second phase other areas are also addressed, including independence, responsibility, autonomy, and scholarly activity. The student begins to portray what he/she wishes to become.

The third phase involves allowing each individual to

"find a personally and professionally acceptable version of the role" (Cohen, 1981, p. 15). This phase is usually not achieved until after graduation. It facilitates the newly-graduated nurse's search for professional identity. It is usually accomplished within the first year of graduation by incorporating the knowledge gained during the second phase and personally adapting it to his/her personal version of "nursing". Continuing throughout this phase the student is assimilating technical skills and professional behavior. He/she begins to enact the professional role. Positive self-esteem during this phase is created by positive feedback from peers, role models, and clients (Cohen, 1981, p. 23).

The fourth and final phase is to "integrate this professional role into all areas of life" (Cohen, 1981, p. 15). This consolidates all the phases and incorporates the nursing profession, its role, and associated relationships. This final phase may take a few months or up to three years for the incorporation of these values into all aspects of the individual's life. In this phase, the nurse is integrating previous identities and professional role demands, and his/her own personality traits to create his/her vision of the professional role (Cohen, 1981). During this final phase, the graduate is continuing to incorporate: 1) boundaries of the discipline, 2) recipients of the discipline's service, 3) goals of the discipline, 4) relationship of the discipline to others, 5) independence of

the discipline's practitioners, 6) responsibility of the discipline's practitioners, 7) scholarly component of the discipline, 8) autonomy of the discipline's practitioners, 9) the commitment of the discipline's practitioners, and 10) activities of the discipline's practitioners.

A student, upon entering nursing school, will enter the first phase during the first semester. The student will progress into the second phase after the first phase, usually within the second year of school. The third phase usually is incorporated after graduation. The fourth and final phase is the integration of the previous three phases and incorporation of his/her personal traits. This is usually not achieved for up to several years after graduation as each individual integrates at his/her own rate. In this study, only faculty can be included in phase four.

Demographic Variables

The demographic variables which may affect a student's or graduate's views about nursing as a profession are: age, gender, marital status, education completed after high school, role models, faculty basic preparation, and faculty teaching experience. Each of these variables will be discussed individually.

Age

Age is a common demographic variable found in most studies. However, each study shows a different relationship of age on professional orientation. A component of a

professional is self-confidence which comes with age: i.e., the older the student the more self-confident he/she becomes during the educational process.

Welches, Dixon & Stanford (1974), found that younger nurses who were more conforming and less ambitious were given higher scores by head nurses than more outgoing and independent nurses. This is explained by younger nurses not exhibiting self-confidence in their own knowledge and ability to perform. These same individuals are willing to go along with their superiors regardless of their own independent knowledge. According to Cohen (1981), students will continue to grow in self-confidence during the first two years after graduation. The older student will progress through socialization faster due to a higher self-confidence.

Gender

Gender is often utilized in studies as a demographic variable. Throughout recent history, nursing has been known as a primarily female-oriented profession. Males make up only 3.4 percent of the working force of nurses today compared with 7 percent of all students and graduating students in the early 1900's (Kelly, 1992).

There are differences between gender-based traits. Female traits are those which include having all of the following characteristics: nurturance, servitude, care, compassion, personal warmth, empathy, sensitivity, emotionalism, grace, charm, compliance, dependence and

deference (Muff, 1982). Historically, nursing's role has been based on these female traits. According to Muff, professions, however, tend to be evaluated according to male traits. These masculine traits include having ambition, assertiveness, competitiveness, autonomy and independence. This brings in the perspective that men in nursing have, according to Culkin, Tricarico, & Cohen (1987), "pursued goals in non-traditional careers in nursing including administrator and practitioner" (1987, p. 950). Women are not expected to excel in these areas. According to Muff, women who patterned or focused on the traditional roles/positions such as staff nurses and educators are less content in their profession than those incorporating masculine traits. However, as traits are learned and not inherited, female nurses can develop these male traits and become professional in the same time period as the men.

Nursing profiles have changed over the last twenty years. Dyer (1987), in a longitudinal study, stated that profiles have changed in nursing students between the academic years of 1970-1971 and 1980-1981. Dyer (1987) found that students from the 1980 class were "less flexible and feminine and more assertive, verbal, outgoing, sociable, responsible in social matters and more desirous of creating a favorable impression than were the students in 1970" (p. 822). According to Loo (1983), although nursing has progressed in utilizing independent thinking, "female nursing students still tend to be traditional and

nonaggressive" (p. 506).

Marital Status

Studies relating marital status to an individual's views about nursing as a profession were not located in the literature. It cannot then be assumed that marital status has a relationship to an individual's perception of the profession. Nurses may become married and unmarried throughout their careers. Since the relationship of marital status on views about nursing has not been identified, this study will include marital status as one of the variables to be considered.

Education Completed After High School

In review of the literature it was not found that years of education completed after high school had been considered as having a relationship to one's view on professionalism. If an individual attends classes it does not necessarily mean incorporation of professional status or of knowledge. The relationship of years of education completed after high school will be considered in this study.

Role Models

In the third phase of Cohen's model (1981), role models are significant. Role models may affect an individual's views about nursing. According to Machan (1980), for a nurse to step into the professional role, his/her education must include a knowledge base, but also "provide the individual with opportunities and techniques to develop a desirable behavior pattern" (p. 95). This supports

nursing's need for positive role models. Role models should not only be utilized when in school, but throughout an individual's professional career. Green (1988) found that newly-graduated nurses replaced their previous role models (instructors) with current working staff nurses who, in turn, may have a lower professional orientation and a higher bureaucratic orientation. This could affect the newly-graduated nurse's views about nursing as he/she is progressing through phase three as described by Cohen (1981). The priority of a newly-graduated student was clinical practice including broad clinical background and experience rather than the professional role.

Faculty Basic Preparation

Faculty have received their basic nursing education in one of four programs: licensed practical nursing programs, associate degree programs, diploma programs or baccalaureate programs. Because each type of program may differ in its approach to professional development, it is possible that the basic preparation of faculty might have an impact on faculty views about nursing as a profession. No literature was found that addressed the issue of basic preparation; therefore, this study will investigate the effect of basic preparation on views about nursing as a profession.

Faculty Teaching Experience

An individual without teaching experience may have the same views about nursing as an individual with twenty years of teaching experience. When Cohen's (1981) final phase is

achieved, the individual reaches the level of a professional. Since the effect of teaching experience on views about nursing as a profession has not been found in the literature, it will be addressed by this study.

The possible placement of demographic variables on Cohen's (1981) professional socialization theory is diagrammed in Appendix A. This diagram has age, gender, marital status, and level of education after high school as possibly affecting all phases of professional socialization development, whereas, faculty basic preparation and faculty years of teaching experience may only affect individual phases.

Summary and Implications for Study

As components of a profession have been discussed along with the possible impact of demographic variables upon an individual's viewpoint, it can be seen that a study in this area may support the concept that there are demographic variables that may have an effect on an individual's perception. This may provide insight on how an individual is affected by demographic variables and how this impacts his/her views about nursing as a profession.

Research Questions

The research questions that are being tested are:

1. Is there a correlation between views about nursing as a profession based on age?
2. Is there a difference between views about nursing as a profession based on gender?

3. Is there a difference between views about nursing as a profession based on marital status?
4. Is there a correlation between views about nursing as a profession based on years of education completed after high school?
5. Is there a difference between views about nursing as a profession based on role model?
6. Is there a difference between views about nursing as a profession based on faculty basic preparation?
7. Is there a difference between views about nursing as a profession based on faculty teaching experience?

The first four research questions will include the responses of the beginning student, senior student, recently graduated nurse and faculty. The fifth research question will include the response of recently graduated nurses and faculty. The sixth and seventh research questions will include the responses of the faculty.

CHAPTER 3

Methodology

This study used data collected in an earlier study by Setter-Kline (1990). That study focused on professional socialization between traditional and unified baccalaureate programs of nursing education. According to Setter-Kline the traditional model utilized faculty as role models responsible for the education and patient care of the student under his/her instruction. The unified model then utilized faculty by incorporating a position which includes practice, education, and research (Setter-Kline). The narrative which follows reflects the data obtained in that study.

Study Sites and Subjects

A total of 472 subjects, including beginning students, senior students, recent graduates and the faculty from baccalaureate programs, participated in the Setter-Kline (1990) study. Subjects were selected from four nursing programs. All beginning students, senior students, recent graduates and faculty at the institutions were approached for the study. According to Setter-Kline, "beginning students were defined as persons who were no more than two months into the nursing major. Senior students were defined as persons within two months of graduation. Graduates were defined as persons eleven to thirteen months past graduation. Faculty were defined as persons teaching in the nursing education program, either on a full-time or part-

time basis, at the time data was collected from senior students" (p. 35).

Procedure

Setter-Kline (1990) used the Views about Nursing Instrument to gather her data. These scores will be compared with the demographic variables of age, gender, marital status, years of education completed after high school, role model, basic faculty preparation, and faculty teaching experience. Permission has been granted from Kay Setter-Kline to use her data set.

Instrument

The Views about Nursing Instrument was created in the early 1980's. The intention was to measure student's individual views on the profession. The instrument utilizes a Likert-type scale which provides scores from a -2 to a +2. The -2 end of the scale is less professional while the +2 end of the scale is more professional. According to Valiga, the scale is based on "characteristics of a profession and professionals, various nursing theories and concepts, the National League for Nursing's characteristics of baccalaureate graduates of nursing, and other studies which dealt with perceptions about or attitudes toward nursing as a profession" (1981, p. 125). The two primary areas utilized for item formation were nursing's roles and responsibilities, and the relationship of the nurse to clients, families, physicians, and other health care workers. These areas reflect the individual nurse's

perceptions of his/her own stage of professionalism. See Appendix B for the Views about Nursing Instrument.

The components evaluated in the Views about Nursing Instrument are: 1) boundaries of the discipline, 2) recipient of the discipline's service, 3) goals of the discipline, 4) relationship of the discipline to others, 5) independence of the discipline's practitioners, 6) responsibility of the discipline's practitioners, 7) scholarly components of the discipline, 8) autonomy of the discipline's practitioners, 9) the commitment of the discipline's practitioners and 10) activities of the discipline's practitioners. These components encompass the factors which together form a profession according to Valiga (1981).

Boundaries of the Discipline

The boundaries of the discipline mandate that nursing defines a scope of practice. When a student or nurse is assimilating the nursing role into practice, information on expected attitudes and patterns of behavior are defined by role models and clinical supervision. Professional nursing is seen as an area of practice involving teaching, scholarly activity, and community service (Boyd, et al, 1991). A nurse's behavior reinforces the image of nursing. For example, it has been stated that to be classified as a profession, nurses must be autonomous in decision making concerning all areas of nursing. Therefore, in developing the nursing role, the nurse's decision-making process must

be addressed by supporting nursing's judgment instead of awaiting the physician's decision (Katzman & Roberts, 1988).

Recipient of the Discipline's Service

The recipient of the discipline's service is the clarity of the nurse's attention to those for whom they provide care. A professional nurse will have the qualities of being competent, confident, comfortable in the role, empathetic and self-confident when providing care to the client/families (Rosenberg, 1989). According to Moloney (1986), "professionals must serve the client's interests above their own personal needs for status or financial gains." Nursing ultimately is striving to provide the best quality of care possible which includes the above.

Goals of the Discipline

Goals of the discipline depend upon nursing's ability to develop clear goals. In the Views about Nursing Instrument, an important goal for the professional nurse is to develop leadership. Leadership utilizes the ability to exercise power, foresee the future, to be willing to fail, to see realistically, and to implement humanism (Manfredi & Valiga, 1990). Leaders have the ability to create their own goals as well as goals for the group. Professionals/leaders utilize imagination for envisioning the future and then strive to implement that vision.

Relationship of the Discipline to Others

According to Morgan & McCann (1983), historically the relationship of the discipline to other health professions

has evolved through two phases and is progressing into a third. The first phase, Nightingalism, was when the nurse was considered a handmaiden to the physician. The second phase, Paternalism, was when the hospital played the role of a father. Finally, it has progressed into Professional Collectivism. This is when nurses band together to determine their own working conditions and the quality of nursing which is presently practiced.

There continue to be physicians and others who have the perspective that nursing is an extension of medicine and not an independent profession. Bernardo (1984) states that for a professional nursing relationship to develop, thought, self-analysis, and planning must be present. Nurses must continue to utilize the nursing process which includes thought, self-analysis and planning in order to unify the nursing profession. This, then, is essential in building a professional relationship with clients, physicians, and other health care workers.

Independence of the Discipline's Practitioners

This area pertains to nursing's ability to function independently from other health practitioners. Unfortunately, this is the area progressing most slowly as nurses tend to be dependent, rather than becoming independent thinkers. This is due, in part, to physicians having difficulty in relinquishing decisions to nurses, which does not allow nurses to exercise independent thinking. Even nurse practitioners who work for the

physicians can be utilized as handmaidens and become agitated and angry when questioned about their decisions (Katzman & Roberts, 1988). This often creates stress which decreases the amount of time and energy available for the care of the client.

Responsibility of the Discipline's Practitioners

Nursing is responsible and accountable for its own actions in delivering care. This has been established in nursing by well-defined standards and ethical codes. These standards and ethical codes were established by the American Nurses Association (1973) and the National League for Nursing (1952). Each organization was designed to provide guidance and support for nurses in the professional role.

Scholarly Component of the Discipline

The scholarly component of the discipline focuses on nursing's unique body of scientific knowledge and the ability to conduct research. Research is necessary for professional development. According to Moloney (1986) research must be completed to validate nursing's knowledge and ethical practice. Essentially, the purpose of research is to test hypotheses, support and expand scientific knowledge, and improve the quality of care.

Autonomy of the Discipline's Practitioners

Autonomy allows nurses the independence to perform what they know, to succeed, and to fail (Collins & Henderson, 1991) and in doing so, it reflects nursing's freedom to be independent in practice. If autonomy, which is based on

expert knowledge, is not present, professionalism is not possible. Nursing has had difficulty in achieving autonomy for several reasons. The two main reasons are the dominance of females in the profession and their education level. According to Collins & Henderson, autonomy can be fostered by including nurses in decision-making, developing and updating policy and procedure, encouraging increased education, role modeling and peer support. The varied levels of education in which a person can be defined as a nurse, have created conflicts related to a standard level of autonomy which nursing can achieve.

Commitment of the Discipline's Practitioners

The commitment of the discipline's practitioners refers to individual nurses having a lifetime commitment to the profession of nursing. The clinical ladder system was developed to reward clinical competency, knowledge, expertise, and performance (Moloney, 1986). Typically in the past, nurses were rewarded for excellent clinical practice by being given promotions and administrative positions, which they were not always competent to perform. Another form of commitment is the increase of nurse certification in specialty practice. This not only increases nursing's knowledge base but also the nurse's lifetime commitment to nursing. Commitment is the ability to accept the norms and standards, which includes the ability to identify with the profession (Moloney, 1986). Nurses with commitment are driven to perform at their

fullest potential. Finally, nurses must work toward excellence by increasing knowledge, skill, and enhancing practice.

Activities of the Discipline's Practitioners

Activities of the discipline's practitioners refers to nursing's unique service to the community. It also focuses on nursing's ability to be centered in the services which it provides. Nursing is a profession that provides direct, 24-hour service to clients. Nursing's services include being a caregiver, friend, counselor, helper. These services include clear activities and duties in caring for clients. These activities then allow nursing to provide needed services.

A summary of how Cohen's (1981) phases of professional development align with the Views about Nursing Instrument is diagrammed in Appendix C. Phase one of the diagram is the foundation of professional socialization. The first phase includes learning the technology of the profession. Included in this phase from the Views about Nursing Instrument are the following: defining the goals, relationship, and boundaries of nursing, includes recipients of the discipline's service and activities of nursing. Phase two is learning to internalize the professional culture which includes incorporating independence, responsibility of the practitioners, autonomy and scholarly components. In the third phase, the goal is to find a personable and professional version of the role as this

incorporates commitment. The final phase integrates this professional role into all other life styles.

Identification of demographic variables within the Views about Nursing Instrument is diagrammed in Appendix D. This is presented as a possible fit between the instrument and the demographic variables for the literature.

Demographic variables may affect how an individual thinks and performs. The demographic variables which may influence an individual's view of nursing are: age, gender, marital status, years of education completed after high school, role models, basic faculty preparation and years of teaching experience. These demographic variables were assessed in the Setter-Kline study (1990). (See Appendix E.) All participants in the study completed the first three questions. Students and graduates also answered questions 4 through 7. In addition, graduates were asked to answer question 8. Faculty participants were asked to answer questions 9 through 12.

Setter-Kline (1990) used a demographic questionnaire and the Views about Nursing Instrument which were also utilized in this study. The ten areas which compose the Views about Nursing Instrument correspond with the components which make up a profession. The Setter-Kline (1990) data may then provide some explanation on how demographic variables may relate to an individual's own views of the nursing profession.

CHAPTER 4

Results

The analysis was completed by utilizing Stat View, the statistical package for the Macintosh computer. The dependent variable was the individual's view of nursing as a profession. Age, gender, marital status, years of education completed after high school, role model, faculty basic preparation, and teaching experience were independent variables.

Two levels of measurement were utilized when evaluating the level of impact that an independent variable has on the dependent variable. Gender, marital status, role models and basic faculty teaching experience utilize the nominal level of measurement. The interval level of measurement was used for age and years of education completed after high school.

A total of 472 subjects, including beginning students, senior students, recent graduates and the faculty from four baccalaureate programs, participated in the Setter-Kline (1990) study. All beginning students, senior students, recent graduates and faculty at the institutions participated. According to Setter-Kline, "beginning students were defined as persons who were no more than two months into the nursing major. Senior students were defined as persons within two months of graduation. Graduates were defined as persons eleven to thirteen months past graduation. Faculty were defined as persons teaching in the

nursing education program, either on a full-time or part-time basis, at the time data was collected from senior students" (p. 35).

In research question one, which asked if there was a correlation between views about nursing as a profession based on age, correlation procedures were performed. Subjects which participated were beginning students, senior students, recently graduated nurses, and faculty. A weak positive correlation was found with a value of .256.

In research question four, which asked if there was a correlation between views about nursing as a profession based on years of education completed after high school, correlation procedures were performed. A total of 66 subjects who participated were beginning students, senior students, and recent graduates. A weak positive correlation was found with a value of .214.

Age and level of education completed after high school were then analyzed as co-variants. Because one cannot increase the number of years of education completed after high school without getting older, these two variables were tested as covariants. When age and years of education after high school are considered together, a professional view of nursing is no longer correlated with age, but rather with years of education after high school. A correlation value of .097 for age and .218 for years of education completed after high school was found. (Refer to Table 1.)

Table 1

Covariance of Age and Level of Education Completed after High School with the Views about Nursing Instrument

Means	Means	Age	Years of Education Completed after High School
Means	1.000	.097	.218
Age	.097	1.000	.339
Years of Education Completed after High School	.218	.339	1.000

Note. 378 subjects included in this correlation.

In research question two, which asked if there was a difference between views about nursing as a profession based on gender, the unpaired t-test was used. Subjects which participated were beginning students, senior students, recently graduated nurses and faculty. A significant difference was found between males and females ($t = 2.033$, $df = 468$, $p = .0426$). Males were found to have significantly more professional views on nursing. (Refer to Table 2.)

In research question three, which asked if there was a difference between views about nursing as a profession based on marital status, an analysis of variance (ANOVA) was performed. Subjects which participated were beginning students, senior students, recently graduated nurses, and

Table 2

Impact of Gender on the Views about Nursing Instrument
Using an Unpaired t-test

t-test	Count	Mean	Std. Dev	df	t	p
Male	22	1.276	.292	468	2.033	.0426
Female	448	1.122	.350			

faculty, A significant difference was not found ($F= 2.248$, $df= 4, 463$ and $p= .0630$). (Refer to Table 3.)

In research question five, which asked if there was a difference between views about nursing as a profession based on role models, an analysis of variance (ANOVA) was performed. A total of 213 recent graduates chose to answer this question. A difference was not found ($F= .653$, $df= 2, 37$ and $p= .5263$). (Refer to Table 4.)

In research question six, which asked if there was a difference between views about nursing as a profession based on faculty basic preparation, an ANOVA was performed. A total of 86 faculty members chose to answer the question. A significant difference was not found ($F= .666$, $df= 4, 81$ and $p= .6176$). (See Table 5.)

In research question seven, which asked if there was a difference between views about nursing as a profession based on faculty experience, an ANOVA was performed. A total of 85 faculty chose to answer the question. A significant difference was found between faculty with little experience compared with those having considerable experience. The faculty with the most teaching experience were found to have a higher score on the views of Nursing as a profession ($F= 3.061$, $df= 5, 79$ and $p= .0141$). (Refer to Tables 6 and 7.)

Table 3

**Impact of Marital Status on the Views about Nursing
Instrument Using an ANOVA Procedure**

Marital Status	Count	Mean	Std. Dev.		
Never Married	313	1.103	.339		
Married	122	1.198	.370		
Divorced	23	1.094	.336		
Separated	4	1.100	.409		
Widowed	6	1.327	.274		
Source	df	ss	ms	F	p
Between Groups	4	1.080	.270	2.248	.0630
Within Groups	463	55.622	.120		

Table 4

Impact of Role Model on the Views about Nursing Instrument
Using an ANOVA Procedure

Role Model	Count	Mean	Std. Dev.
Primary Role Model	31	1.161	.380
Nursing Education	54	1.173	.329
Nursing Service	64	1.075	.288
Nursing Service and Nursing Education	64	1.103	.367

Source	df	ss	ms	F	p
Between Groups	2	.110	.055	.653	.5263
Within Groups	37	3.119	.084		

Table 5

**Impact of Basic Faculty Preparation on the Views about
Nursing Instrument Using an ANOVA Procedure**

Faculty Basic Prep.	Count	Mean	Std. Dev.
L.P.N.	1	1.560	
Diploma	27	1.390	.312
Associate degree	2	1.260	.198
Baccalaureate	53	1.284	.346
Other	3	1.227	.220

Source	df	ss	ms	F	p
Between Groups	4	.293	0.73	.666	.6176
Within Groups	81	8.897	.110		

Table 6

**Impact of Faculty Teaching Experience on Views about Nursing
Instrument Using an ANOVA Procedure**

Faculty Teaching Experience	Count	Mean	Std. Dev.
Less than One Academic Year	3	.773	.201
One Academic Year	5	1.328	.306
Two Academic Years	8	1.353	.296
Three to Five Academic Years	14	1.194	.321
Six to Ten Academic Years	25	1.299	.212
Greater than Ten Years	30	1.428	.380

Source	df	ss	ms	F	p
Between Groups	5	1.487	.297	3.061	.0141
Within Groups	79	7.676	.097		

Table 7

Impact of Faculty Teaching Experience on the Views about
Nursing Instrument Using the Scheffe Procedure.

	Mean Diff.	Crit. Diff	P-Value	
1, 2	-.555	.777	.3229	
1, 3	-.580	.720	.1959	
1, 4	-.421	.677	.4847	
1, 5	-.526	.650	.1916	
1, 6	-.655	.644	.0438	S
2, 3	-.025	.607	>.9999	
2, 4	.134	.554	.9836	
2, 5	.029	.521	>.9999	
2, 6	-.100	.514	.9939	
3, 4	.159	.472	.9308	
3, 5	.054	.432	.9993	
3, 6	-.075	.423	.9961	
4, 5	-.105	.355	.9602	
4, 6	-.234	.344	.3808	
5, 6	-.129	.288	.7998	

Note: S = significant difference.

Summary

The results of the various tests were obtained from either t-test, ANOVA or correlation procedures. A significant difference was not found between the demographic variables of marital status, role model, and basic faculty preparation on views about nursing as a profession. A correlation was found between the demographic variables of age and years of education completed after high school on views about nursing as a profession. A significant difference was found between the demographic variables of gender and teaching faculty experience on views about nursing as a profession.

CHAPTER 5

Discussion

Discussion

The findings of this study are both interesting and informative. Beginning students, senior students, recent graduates, and faculty were included from four schools of nursing. The instrument used for identifying an individual's views about nursing as a profession was the Views about Nursing Instrument. The findings concluded that the older the individual, along with increased education completed after high school, scored considerably higher than younger and less educated individuals. It also supported the fact that the more teaching experience a faculty member had obtained, the higher his/her view of nursing score.

The initial question raised by the study was: Is there an impact on views about nursing as a profession based on demographic variables. The findings of the seven research questions that were presented in the last chapter were surprising in some aspects. This discussion will attempt to explain those varied findings.

In research question one, which applies correlational procedures to evaluate whether there was a correlation between views about nursing as a profession based on an individual's age, the value was .256. This supported that age has a weak positive correlation on an individual's views about nursing as a profession. This was not surprising, as

each individual matures and experiences life, his/her self-confidence increases and he/she becomes more focused. A total of 472 subjects answered this question which included beginning students, senior students, recently graduated nurses and faculty members. Of these subjects 178 were 27 years or older, which can be further broken down into 91 students and recent graduates, and 87 faculty members. These 178 subjects scores on Views about Nursing Instrument were significantly higher than the younger subjects. This supports Cohen's (1981) statement that an individual will continue to grow in self-confidence during the first two years after graduation. Therefore, as viewed in this study's results, the older student will progress through socialization faster and achieve a higher score (i.e., more professional) on the Views about Nursing Instrument due to his/her age and self-confidence.

In research question four, which applied correlational procedures to evaluate if there was a correlation between views about nursing as a profession based on years of education completed after high school, a value of .214 was measured. This is a weak positive correlation. A total of 385 subjects participated in answering this question including beginning students, senior students, and recent graduates. A total of 267 subjects had at least four years of college education. Of these 267 subjects, 122 had at least five years of education completed after high school. It was found that for every year of education he/she

completed after high school, the higher the scores on the Views about Nursing Instrument. This is further explained, if a beginning student has approximately three years of education completed after high school then he/she scored considerably higher than other beginning students without the years of education. Self-confidence prospers in those with more years of education completed after high school.

Research questions one and four which dealt with age and years of education completed after high school, were correlated as covariants. The increase in self-confidence, which is a component of age and years of education completed after high school, has a significant impact on his/her views about nursing as a profession. Years of education completed after high school had a higher correlation, which leads to the assumption that it has more of a significant impact on his/her views about nursing as a profession than age. (See Table 1, p. 25.) This may be explained in that self-confidence grows with experience and education and also supports Cohen's (1981) theory. Age alone, without the experience of a lifetime which includes education, does not impact his/her views as significantly. Education completed after high school encourages him/her to develop his/her own direction and decisions from an increased knowledge base. This fosters independent thought which leads to independence and higher scores on the Views about Nursing Instrument.

In this study, some participants chose not to answer some questions. This may have been from confusion on which

question to answer. These results from the demographic questionnaire could become more accurate by dividing the form into four separate questionnaires. One questionnaire each for beginning students, senior students, recent graduates and faculty. This would end the confusion on which questions to answer.

In research question number two, an unpaired t-test was performed (see Table 2, p. 26), to evaluate if there was a difference between views about nursing as a profession based on gender. There were 472 subjects including beginning students, senior students, recent graduates, and faculty members who answered this question. A significant difference was found in that males were found to have a higher score on the Views about Nursing Instrument.

In analyzing the data of the 472 subjects, 22 of these subjects were males. With the small sample size of men, it is impossible to generalize this result to nursing. In the data, however, 20 out of the 22 men who did participate in the study had at least four years of college completed at the time of the study. There was one male faculty member included in this study. Again the level of education completed after high school has an effect on views about nursing as a profession. Many of these men are second career and are classified as older students.

In research question number three, an ANOVA was performed to evaluate if there was a difference between views about nursing as a profession based on marital status.

Beginning students, senior students, recent graduates, and faculty answered this question. A total of 470 subjects participated in this question.

Marital status in this study did not have a significant effect on his/her views of nursing as a profession. In this study the ANOVA results (see Table 3, p. 28) were not unexpected. If marital status affected his/her views on nursing as a profession then who would be more professional, the single, married, divorced, or widowed? Would he/she decline on his/her professional scores if his/her marital status changed? This appears to be unlikely. However, it would be beneficial if marital status could be studied along with age and education completed after high school to analyze if it has a higher impact when combined with other variables. Replication of this study on a larger scale needs to be accomplished to evaluate if it would have an effect on his/her views about nursing.

In research question five, an ANOVA was performed to evaluate if a difference existed between views about nursing as a profession based on role models. (See Table 4, p. 29.) A total of 213 subjects answered this question. This was a very small sample which is difficult to apply to the general nursing population. However, the results found that there was not a significant difference in a recent graduate's views about nursing based on role model. The student selected his/her primary role model as one who practices in nursing education, nursing service or both. In these

results, when an individual selects a role model after graduation, regardless of nursing orientation, it does not have an impact on his/her views about nursing as a profession. This does not support Green's (1988) results which stated that if a recent graduate selected a non-nursing education role model, his/her views about nursing as a profession would decrease. To support any findings on role models more studies need to be carried out.

In research question six, an ANOVA was performed to evaluate if there was a difference between views about nursing as a profession based on an individual faculty member's basic preparation. The total number of faculty from each basic program was: one from a licensed practical program, twenty-seven from diploma programs, two from associate programs, fifty-four baccalaureate programs, and two others. The results (see Table 5, p. 30) found that a significant difference was not found between basic preparation and one's views about nursing. However, as stated earlier within this sample, there is one from a licensed practical program compared to fifty-four from a baccalaureate program.

It is difficult to generalize with so few participants in some programs, while other programs had twice as many. The results, if taken and compared by years of education completed after high school rather than all education completed at the same school and during the same time, would probably have a higher impact.

Nursing has been wrestling with guidelines for entry into practice. Entry into practice, in essence, is the minimum education that he/she must complete to be considered a nurse. Within this study, it is theorized that if he/she progresses through Cohen's (1981) theory on socialization, his/her views about nursing scores will increase. Education completed after high school had a significant impact upon the scores on views about nursing as a profession.

In research question seven, an ANOVA (see Tables 6 & 7, p. 31 & 32) was performed to evaluate if views about nursing as a profession were based on faculty teaching experience. A total of 85 faculty members participated in this question. There were three with less than one year of experience, five with one academic year, eight with two years of experience, 14 with three to five years of experience, 25 with six to ten years of experience, and 30 with greater than ten years of experience. These results are difficult to generalize in nursing, even though over half the subjects have over six years of teaching experience. Perhaps in further research, socialization of beginning faculty in a longitudinal study could be initiated. This would provide information on how faculty are socialized. Unfortunately, with the small number of faculty participating with less than two years of experience, it was difficult to obtain data. Perhaps faculty with considerable experience continually increase their knowledge base through conferences, journals and

experience which leads to a higher score on the Views about Nursing Instrument.

In this section age, gender, years of education after high school, and faculty teaching experience, as well as their significant results about nursing as a profession were discussed. If it could be found that demographic variables have a consistent impact on an individual's views about nursing as a profession, then perhaps nursing's socialization would need to be tailored to fit the individual.

This study did not specifically test Cohen's (1981) theory. This study could not accomplish this, as it did not follow a student through their socialization process. The final phase of Cohen's theory could then not be evaluated as it usually is not incorporated until one year after graduation. The results needed to support Cohen's theory could only be obtained from a longitudinal study, and not through this study's convenience sample. In future studies, if longitudinal studies were completed with students, perhaps Cohen's theory could be supported.

Limitations

Several limitations of the study have been identified. Included as a limitation in this study is the small percentage of men. There were only twenty-two men from a total of 472 participants. Although there were differences found in the study due to the demographic variables of age, gender, marital status, role model, faculty basic

preparation and faculty teaching experience, the overall convenience sample was small for men, and thus hard to generalize to all students. According to Poit & Hungler (1987), generalization of research findings is important when assessing the quality of a study. Since all sample groups were not the same size, it becomes difficult to generalize the results.

In this study two questionnaires were utilized, the Demographic Questionnaire and the Views about Nursing Instrument. It is possible, as stated by Setter-Kline, that "since these questionnaires were returned voluntarily by the participants, the results may have been biased in that only those with higher professional views returned the questionnaires" (Setter-Kline, 1990, p. 81). This would lend to a higher total professional view level compared to the general nursing population.

Due to the large number of nominal level demographic variables in this study, the demographic variables could not be directly correlated to the scores from the Views about Nursing Instrument. Utilizing the nominal level variables leads to results which yield less information and thus are more difficult to generalize. The co-variances of age and years of education completed after high school were analyzed utilizing correlation procedures, due to their interval level. It would be beneficial if all of the demographic variables could be measured at the internal level. The value obtained could be placed on a scale. Each variable

then would be ranked according to its impact on views about nursing as a profession.

As discussed, several limitations were found while performing this study. The limitations included the small sample of men included in the study, voluntary return of questionnaires and the large use of nominal level variables. In research, if a larger sample of men were used, along with a larger amount of questionnaires were returned and answered completely, as well as interval level variables utilized, then nursing education would have more data on how demographic variables impact a student's views about nursing as a profession.

Suggestions for Further Research

Many questions have been raised in this study. Perhaps with further research, these questions could be answered. Performing a large longitudinal study, which would include documentation on the socialization of students and faculty, would provide more substantial information. It would then be possible to track his/her professional growth through Cohen's professional socialization process. With these results, it would be possible to change how nursing socializes students.

Summary

The question: "Is there an impact between demographic variables on views about nursing as a profession", was addressed in this study. The results supported that age, gender, years of education completed after high school, and

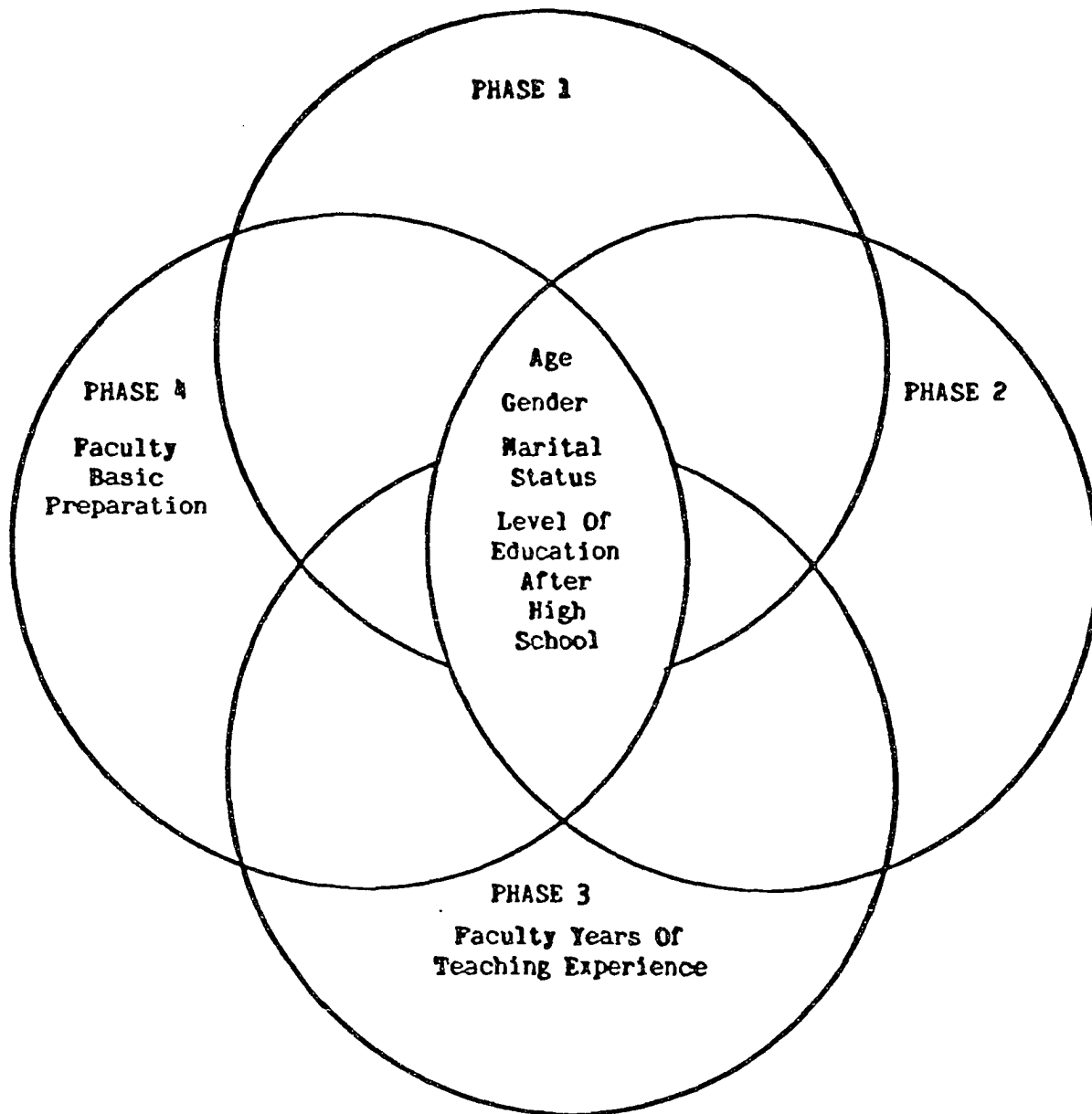
faculty teaching experience were found to have an impact on views about nursing as a profession. Two variables, age and years of education completed after high school, were able to be correlated with views about nursing as a profession. More research is needed to correlate the remaining demographic variables rather than evaluate the effect of these variables on views about nursing as a profession. The demographic questionnaire was not completely filled out by all subjects in this study. Some individuals did not complete all the information which lead to missing information. This missing information may have caused a small discrepancy in the results when evaluating a variable and its actual impact on views about nursing as a profession. This could be avoided by dividing the demographic questionnaire into four separate questionnaires. The four questionnaires would be one each for beginning students, senior students, recent graduates and faculty. This would decrease the likelihood of skipped or missed questions, as all questions would pertain to him/her on the questionnaire.

Many different items have been discussed on how to further conduct research in this area. It is hoped that with future research these findings will be supported. This could then lead to revision in how nursing education and socialization is achieved or accomplished to meet the needs of a diverse group of students.

APPENDICES

APPENDIX A

The Placement of Demographic Variables Within Cohen's Professional Socialization Theory



APPENDIX B

Views about Nursing Instrument

DIRECTIONS: Through the following statements I am attempting to ascertain the ideas which you currently hold about nursing as a profession, the role of a nurse, and the relationship of the nurse to the client/patient and to the physician and other health team colleagues. For each statement, please indicate whether you strongly agree (SA), agree (A), are undecided or do not know (U), disagree (D), or strongly disagree (SD) with the statement. Circle the ONE response which best describes your opinion. There are no right or wrong answers, so please respond with your own opinion.

-
- | | |
|--|-------------|
| 1. Nurses must be willing to enter with clients/patients those health-related situations which they cannot face alone. | SA A U D SD |
|--|-------------|
-
- | | |
|---|-------------|
| 2. Nursing is concerned with helping people maximize their health potential in their particular life situation. | SA A U D SD |
|---|-------------|
-
- | | |
|---|-------------|
| 3. Overt action, directed by logical thought, toward meeting the client's/patient's need for help constitutes the practice of clinical nursing. | SA A U D SD |
|---|-------------|
-
- | | |
|--|-------------|
| 4. Nurses must assume responsibility for diagnosing and treating human responses to actual or potential illness. | SA A U D SD |
|--|-------------|
-
- | | |
|--|-------------|
| 5. The independent functions of nurses include supervising the care of clients/patients, observing and recording, supervising non-professional personnel, and health teaching. | SA A U D SD |
|--|-------------|
-
- | | |
|---|-------------|
| 6. Nursing must be concerned equally with prevention of disease and the conservation of health. | SA A U D SD |
|---|-------------|
-
- | | |
|--|-------------|
| 7. Nursing is an expression of one's commitment to others. | SA A U D SD |
|--|-------------|
-
- | | |
|---|-------------|
| 8. Nursing must be involved actively in professional organizations. | SA A U D SD |
|---|-------------|
-
- | | |
|---|-------------|
| 9. There is definitely a right and a wrong way to do things and to approach nursing situations. | SA A U D SD |
|---|-------------|
-
- | | |
|---|-------------|
| 10. Nurses should make written or verbal contacts with all appropriate persons to assure continuity of nursing care for clients/patients. | SA A U D SD |
|---|-------------|

11. The uniqueness of nursing lies in the reasons for what nurses do in society, rather than in the specific tasks they perform. SA A U D SD
-
12. Nurses should be concerned primarily with giving physical care to clients/patients as directed by the physician. SA A U D SD
-
13. There should be only one nursing theory. SA A U D SD
-
14. Evaluation of the work of their peers and other nursing personnel should be a responsibility of nurses. SA A U D SD
-
15. Nurses must follow doctor's orders without question. SA A U D SD
-
16. Nurses should be free to practice nursing as they define it within the scope of professional nursing. SA A U D SD
-
17. Nurses should assume responsibility for the total nursing care of a caseload of clients/patients. SA A U D SD
-
18. Nurses should update their knowledge through lifelong continuing education. SA A U D SD
-
19. Nurses must control and direct their own practice. SA A U D SD
-
20. Nurses should be responsible for conducting nursing care conferences routinely. SA A U D SD
-
21. Nurses must be aware that the people who require their assistance are helpless and dependent and usually need to be told what to do. SA A U D SD
-
22. Nurses have a responsibility for discussing the proposed medical plan of care with the physician so that it can be adjusted, if possible to be more acceptable to the client/patient. SA A U D SD
-
23. Nurses must assume responsibility for reviewing & evaluating care provided by nursing peers. SA A U D SD
-
24. Nurses must take deliberate action to attain independence in nursing situations. SA A U D SD
-
25. Nurses must not hesitate to assume the role of leader of the health care team when the client's/patient's problems are best met by nurses. SA A U D SD

APPENDIX C

Comparison of Cohen's Phases of Professional Development and Views about Nursing Instrument

Cohen's Phases of Professional Development	Views about Nursing Instrument
P Integrate H this pro- A fessional S role into all E other life styles. 4	Integration and Incorporation
P Find a personally H and professionally A acceptable version S of the role. E 3	Commitment
P Learn to H internalize A the professional S culture. E 2	Independence Responsibility of practioners Autonomy Scholarly component
P Learn the technology H of the profession. A S E 1	Defining the goals and boundaries. Relationship of nursing to others. Recipient of the disciplines service. Activities of nursing.

APPENDIX D

Identification of Demographic Variables Within the Views about Nursing Instrument

	A G E	G E N D E R	M A R T I A L S	S T A T U S	L E D V E C U L A T O R F O N	E D U C A T I O N	A H C H I G H S C H O L	R M O D E L	F A C U L T Y	N B U R S E P C N G	P R E P A R E D F O R T E C H N I C A L	Y E A R O F E X P E R I E N C E	T E X P E R I E N C E
Goals of Nursing	X	X				X		X					
Boundaries of Nursing	X	X						X					X
Relationship of Nursing	X					X							
Independence of Nursing	X	X				X		X					
Responsibility of Nursing								X					
Autonomy of Nursing	X	X						X					
Scholarly Activity of Nursing						X		X					
Commitment of Nursing	X					X		X					
Activities of Nursing	X							X					
Recipient of Nursing's Service								X					

APPENDIX E

Setter-Kline's Demographic Questionnaire

In order to be able to determine group characteristics of persons completing the survey, I would like to ask you some background questions.

Directions: Please select each answer that applies to your situation.

-
1. Your gender. ☐ Male ☐ Female
2. Your present marital status.
 ☐ Never Married ☐ Married ☐ Divorced
 ☐ Separated ☐ Widowed
3. Age to nearest birthday.
 ☐ Under 20 years ☐ 30 - 34 years
 ☐ 21 - 23 years ☐ 35 - 39 years
 ☐ 24 - 26 years ☐ 40 - 49 years
 ☐ 27 - 29 years ☐ 50 years or more
-

STUDENTS: Answer questions 4 - 7

GRADUATES: Answer questions 4 - 8

FACULTY: Answer questions 9 - 12

STUDENTS & GRADUATES:

4. Years of education completed after high school.
 ☐ 2 years or less
 ☐ 3 years
 ☐ 4 years
 ☐ 5 years
 ☐ 6 years or more
5. Level of education completed prior to the current program.
Select all that apply.
- | <u>Level</u> | <u>Major</u> |
|---|--------------------------|
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> |
| <input type="checkbox"/> Associate degree | <input type="checkbox"/> |
| <input type="checkbox"/> Baccalaureate degree | <input type="checkbox"/> |
| <input type="checkbox"/> Master degree | <input type="checkbox"/> |
| <input type="checkbox"/> Doctorate degree | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please specify) | <input type="checkbox"/> |
6. Did you transfer from another program into the current program?
 ☐ Yes - at what level? (Please circle)
 ☐ Freshman, Sophomore, Junior, Senior
 ☐ No

7. Who was your primary role model?

Name _____
Title _____

For which organization did the role model work? (Select only one.)

_____ Nursing education
_____ Nursing service
_____ Nursing service and nursing education

GRADUATES:

8. List positions you have held since graduation from Baccalaureate program.

FACULTY:

9. What was your basic nursing preparation? Select only one.

_____ Licensed practical nurse program
_____ Diploma program
_____ Associate degree program
_____ Baccalaureate degree program
_____ Other (please specify) _____

10. What is your highest level of education and in which major?

<u>Level (please check)</u>	<u>Major (please list)</u>
_____ Baccalaureate	_____
_____ Master	_____
_____ Doctorate	_____
_____ Post doctorate	_____
_____ Other	_____

11. Please indicate your teaching experience in a school of nursing.

_____ Less than one academic year
_____ One academic year
_____ Two academic years
_____ Three to five academic years
_____ Six to ten academic years
_____ Greater than ten academic years

12. Please indicate the number of nursing programs in which you have taught.

_____ One
_____ Two
_____ Three
_____ Four
_____ Five

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