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BECOMING A NURSE: A STUDY OF ASPECTS OF PROFESSIONAL SOCIALIZATION

by

Arlene Christian

A Thesis Submitted to the Faculty of The Graduate College in partial fulfillment of the requirements for the Degree of Master of Arts Department of Sociology

Western Michigan University Kalamazoo, Michigan April 1986
This study examined aspects of the professional socialization of student nurses into the role of the professional nurse. Comparisons were made between senior and freshmen nursing students, between those 25 years of age and over with those under 25, between those who had two or more years of college with those who had less than two, and between those who were nursing externs with those who were not.

The results of the data analysis offered mixed support for the hypotheses proposed. Senior nursing students exhibited higher levels of professionalism in two aspects, while the older students, those with more college, and those who were nursing externs did not. While recognizing that the results of this study are not conclusive, it is recommended that nurse educators give more attention to ways of building professional socialization measures into the curriculum.
ACKNOWLEDGMENTS

This thesis would not have been written without the encouragement and guidance of my advisor, Dr. Morton Wagenfeld. A sincere thank you to him for all his support, advice, and praise. A sincere thank you is also extended to Dr. Judy Stewart and Dr. Herbert Smith for their time and advice while serving on my committee.

A thank you is not enough to acknowledge the patience and encouragement of my devoted husband, Richard. He continues to reassure and support me, and he always prays that I will achieve my highest potential. He constantly reminds me, "You can do anything you want to do."

Arlene Christian
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CHAPTER I

PURPOSE OF THE STUDY

Introduction

In this thesis the process of professional socialization of student nurses into the role of professional nurses was studied. Professional socialization was examined in four dimensions: autonomy, expertise, commitment, and responsibility. Senior nursing students were compared with freshmen to determine whether the former would have higher scores on an instrument which measured professional socialization. Comparisons were also made between nursing students 25 years of age and over with those under 25, between nursing students who had two or more years of college with those who had less than two, and between nursing students who were nursing externs with those who were not, using the same instrument for measuring professional socialization.

A basic consideration in this study is the symbolic interactionists' view of the process of socialization. Many conventional sociologists view the socialization process as simply a process by which people learn the things they need in order to survive in society. However, to the symbolic interactionist, socialization is a more dynamic process. The actor must shape and adapt information to fit his or her needs (Ritzer, 1983). This study recognizes this dynamic process of professional socialization.
Global Concern

The topic of the socialization of the student nurse into the role of the professional nurse is of great interest to nurse educators. Several important questions related to professional socialization must be answered. How well are nurse educators socializing students into the role of the nurse? By the time they are nearing graduation, are they assuming the role of the professional nurse? Are they viewing themselves as professional nurses? Are they doing some of the things that might label them as professional nurses?

The field of nursing is experiencing a time of transition and therefore the role of the nurse is changing (Aiken, 1983). In this time of role transition the issue of professionalism comes to the forefront. The questions are asked, What is nursing? How is nursing defined? What does the nurse do? Where nurses once looked to others to answer these questions for them, they are now moving away from that dependent model. The process of trying to define who they are and what they do has become an important step in professional nursing development.

All of this coincides with the many changes in the health care field. It has become very expensive to be sick and receive treatment. People cannot afford to be sick, as hospital costs have sky-rocketed. The medical profession was asked to try to contain the costs but they continued to go up. Since health care now accounts for 11% of the gross national product, (Erman & Gabel, 1985) the government has taken a more active role and as a means of containing the cost increases pay only a certain amount for
a hospitalization based on the diagnosis of the patient. This is called a prospective payment system. With this reimbursement mode the hospital can save money by reducing the length of stay in the hospital. Patients are now being sent home earlier while they are still sick and in need of nursing care. The hospitals have more acutely ill patients and a far greater proportion of nursing care is taking place in the community outside of the acute care hospital (Eldred & Higgins, 1984). It is within this environment that the role of the nurse is changing. Nurses are required to make more decisions about the care of the client. They have more autonomy and independence. They perform many complex procedures and yet have much more responsibility. One of the most important roles of the nurse in the health care setting today is the teaching role. Nurses need to be able to teach clients how to care for themselves. The whole family is involved in the care and is recognized as an important part of the treatment.

With all of these changes in the health care field and in the nursing profession, the socialization process of the student nurse has become a greater concern. The socialization process is more than the teaching and learning of a specific set of skills that a nurse needs to acquire; it also involves important dimensions of their self-concept and attitudes that are part of the "professional" nurse. A person does not become a nurse simply by learning some nursing tasks. The process is much more complex and involved. It involves taking on certain roles and characteristics that have been defined as a part of the profession.
Socialization is a basic concept in sociological thinking. Bernard and Thompson (1970) define it as follows: "Socialization is the name given to the process by which people acquire the attitudes, norms, and practices of the group they function in" (p. 252). Children are socialized by their families as they grow up. The family is the influence that molds the children for the roles they will play in society and the contributions they will make.

Many sociologists see socialization as simply a process by which people learn the things they need to survive in society. Socialization is viewed as a learning process in which teachers are the agents of change and students are the learners who change their beliefs and behaviors. The agents of socialization teach students how to behave and the value of behaving in a certain way (Perrucci, Knudsen, and Hamby, 1977). However, Ritzer (1983) says, "To the symbolic interactionists, socialization is a more dynamic process that allows people to develop in distinctively human ways. Furthermore, socialization is not simply a one-way process in which actors receive information, but rather is a dynamic process in which the actor shapes and adapts the information to his or her own needs" (p. 167).

That general concept of socialization is more focused when it is related to professional socialization. Jacox (1978) uses the following definition: "Professional socialization is the complex process by which a person acquires the knowledge, skills and sense of occupational identity that are characteristic of a member of that profession. It involves the internalization of values.
and norms of the group into the person's own behavior and self conception" (p. 10).

This process does not begin only at the time of entry into the professional school, but has its roots in many earlier experiences of the person. The "Florence Nightingale" tradition is very familiar, with its legend of devotion and dedication. The Cherry Ames series of books have had an impact on many young girls in the past. The series is now outdated but the stereotype persists. Cherry has all of the necessary attitudes and values of nursing and her educational process is simply to acquire the knowledge and skills necessary to practice as a nurse. In real life this process is not so simple. Students experience many changes in the process of becoming competent professionals. The end product of successful professional socialization will be a person who has both the technical competencies and the internalized values and attitudes demanded by the profession and expected by the public. This is the challenge facing nursing education as it develops programs that meet the needs of the future health delivery systems.

A Model of Nursing Education's Concern

This study was conducted at Bronson School of Nursing Kalamazoo, Michigan, so their professional socialization outline is used as a model of the concerns in the nursing education field. The curriculum committee at Bronson School of Nursing has outlined the socialization goals by using Taylor's (1968) characteristics of a profession: expertise, autonomy, commitment, and responsibility.
(see Appendix A). Each of the four characteristics of a profession is described below to illustrate the concerns of the curriculum.

**Expertise**

In working toward the goal of cognitive and psychomotor expertise, the students learn to develop the self and the therapeutic use of self. They identify their learning needs using the resources available. They become self-motivated learners who desire to increase their knowledge and skill. They can build on a knowledge base in higher level courses using prior learning and they can explain beliefs and positions taken based on self-knowledge and learning. In developing their professional role they plan care based on theoretical rationale and use classroom learning to clarify clinical experience. They can use the scientific process, share expertise, and can perform technical procedures safely, accurately, and effectively.

**Autonomy**

In the area of autonomy, the students develop self by learning to make decisions recognizing their own needs, values, and beliefs while respecting the different beliefs and values of others. They can direct the self to meet their own learning needs and they learn to think critically. They work to develop the professional self by establishing priorities, organizing their work effectively and making clinical decisions based on scientific rationale. They learn to operate responsibly within the health care system to promote health and to take charge of their own learning.
**Commitment**

In the area of commitment students develop the self by developing self-identity and self-esteem as evidenced by attention to their own needs and respect of their own values. They exhibit commitment to self as evidenced by accepting responsibility for self-improvement, setting personal goals, and using productive approaches to reaching goals. Developing the professional role is demonstrated by respect and support for peers and by demonstrating respect and care for clients as evidenced by respect for client values, maintaining rapport with clients, paying attention to clients' needs and promoting client involvement in self care management. Recognition and support is given to the client for situational concerns and maturational growth. The student demonstrates commitment to growth of other professionals and the profession by becoming involved in activities that support professional development.

**Responsibility**

The area of responsibility is characterized by students learning to recognize their own response to others, accepting responsibility for their own behavior, and accepting and using criticism to change. They attend and participate in class, complete assignments, and are dependable, punctual, and cooperative. In developing the professional self, students prepare for class and clinical practice, and assume responsibility for attending structured learning and make-up learning. They learn to know their limits and
seek out appropriate assistance and resources while abiding by established policy. They become participants in professional organizations, school activities, and various community organizations.

Rationale for Study

The results of this research study will assist nurse educators in assessing the results of the socialization process for students. It will help in giving answers to the basic question, Does the process used at Bronson School of Nursing of socializing the student into the role of the professional nurse offer a model or options for other educational programs? Nurse educators need to know in which areas of professional socialization they are succeeding and which areas need to be strengthened.

The theory of symbolic interactionism states that socialization is a dynamic process. This process does not involve only receiving information, but also involves shaping and adapting the information. The results of this study will help to provide information on whether this process is occurring as nursing students progress through their educational program.

Problem Statement

This study investigated the professional socialization behavior of nursing students. The process of professionalism was examined in four dimensions: autonomy, expertise, commitment, and responsibility. The basic questions studied were: Is there a difference between freshmen and senior nursing students in regard to selected
professional socialization behaviors? Is there a difference between those 25 years of age and those under 25, between those who had two or more years of college and those who had less than two, and between those who were nursing externs and those who were not?

Outline of the Study

Chapter II sets the context of the problem with a review of the literature relating to the nature of professions, the professional socialization process, and the nursing professional socialization process. Chapter III states the four hypotheses proposed.

Chapter IV outlines the methodology used to carry out the study.

Chapter V includes a presentation of the data and the data analysis narrative. Chapter VI includes a discussion of the results of the study, the limitations, and implications for further research.

To summarize, many changes are occurring in nursing and the health care field. These changes have made the professional socialization process an area of great concern. This research study done at Bronson School of Nursing will help nurse educators to understand the process of the socialization of student nurses into the role of professional nurses.
CHAPTER II

CONTEXT OF THE PROBLEM

In the previous pages it was argued that the roles of nurses have been changing and the education and socialization of nurses for today's health care systems is somewhat more complicated than previously. It is now appropriate to address the general nature of professions and some of the goals and characteristics of professions and professionals. The concept and process of professional socialization is reviewed, followed by an overview of the nursing socialization process. Research studies focusing on the outcomes of the process of professional socialization are reviewed.

Nature of Professions

What is a profession? Styles (1982) says it is no simple task to try to define profession because of the many experts and opinions and the range of facets encompassed in the definition. She says that the dictionary defines a profession as a calling, specifically one that requires specialized knowledge and often long and intensive academic preparation. Other definitions add that the profession serves the vital needs of man; it considers its first ethical imperative to be altruistic service to the client.

What are the characteristics of a profession? Jacox (1978) lists two major criteria: an extended period of specialized education and a service orientation. A third characteristic which is
derived from these two is autonomy. Autonomy means that members of the profession are self-regulating and have control of their functions in the work situation. Autonomy is granted a profession when society is confident that members of that occupation possess specialized knowledge and place service or community interests above self-interests. Only members of the profession are recognized as competent enough to define what tasks and practices are necessary and safe.

Merton (1960) says that in our society people find this measure of autonomy rewarding. They take satisfaction in knowing that it is they who decide what they are to do in a particular field of operation, how it is to be done, and by whom it is to be done. Autonomy and its correlate, self-respect, he claims, are just as real rewards as money income. In the last analysis it appears that occupations seek professional status in order to gain a distinctive and highly prized kind of social recognition. To achieve that status and recognition, members must perform certain tasks expertly. To accumulate a basis for the expertise, the professions must have a large measure of autonomy. As knowledge which affords this basis accumulates, expertise can be attained only after a difficult, disciplined and often long preparation.

Wilensky (1964) asks the question, "The Professionalization of Everyone?" and says that many occupations are engaged in a heroic struggle for professional identification but few will attain it (p. 137). Among those still in the process are social work and veterinary medicine, and he lists nursing among the borderline cases.
Friedson (1973) says that professions have come to assume an importance of increasing interest. He defines professionalization "as a process by which an organized occupation, usually but not always by virtue of making a claim to special esoteric competence and to concern for the quality of its work and its benefit to society, obtains the exclusive right to perform a particular type of work, control training for and access to it, and control the right of determining and evaluating the way the work is performed" (p. 22). He says that professionalization may be the major social movement of the twentieth century.

Sociologists have viewed nursing as less than a full profession. Many labels have been applied to it, such as emerging profession, semi-profession, marginal profession, and professionalizing occupation. Jacox (1978) says that an analysis of nursing by sociologists suggests that the public's attitude toward women and women's notions about their own roles serve to define nursing as a semi-profession.

While it is difficult to define a profession, it does have certain characteristics. There is not complete agreement regarding whether nursing is a profession, but it is striving to follow the professional socialization process.

**Professional Socialization Process**

**Cognitive Stages**

Having looked at the nature of professions, the complex process
of professional socialization with the stages the student must go through will be addressed. Cohen (1981) proposes a four-stage cognitive development model for socialization into a profession, particularly looking at how the growth and learning process in nursing education occurs. She points out that each stage may require a different amount of time, and students may not always progress through the stages in order. However, the student must experience each stage in sequence in order to feel comfortable in the professional role. These cognitive stages of professional socialization are unilateral dependence, negative/independence, dependence/mutuality, and interdependence.

**Stage I: Unilateral Dependence**

In this stage the individual places complete reliance on external controls and searches for "the one right" answer. Concepts must be accepted without question from external sources because the person lacks the necessary experience and knowledge to criticize or question. The concepts are absolute and the individual is very sensitive to the limits set by the authorities. The student lacks a frame of reference, models the teacher, and is compliant with the teacher's instruction. Often we do see this behavior in first level students and in some second level students, but it would not be expected at third level.

**Stage II: Negative/Independence**

In this stage individuals attempt to free themselves of
external controls by a cognitive rebellion. Students begin question­
ing the data and concepts presented to them. The gospel accord­
ing to the instructors is no longer totally accepted. As they
question previously accepted ideas, they begin to sever their reli­
ance on external authority for concepts and facts. To defend one's
own idea, it is necessary to question other people's information.
Students develop the ability to question. This may cause instruc­
tors some dismay, especially if students question too much. De­
pending on the student, this stage is often seen at the second
and third level of their nursing education.

**Stage III: Dependence/Mutuality**

This stage marks the beginning of empathy and commitment to
others. Opposition to facts and theories is replaced by more real­
istic evaluations of the environment. Students begin to think
more abstractly and incorporate others' ideas into their own
thoughts and judgements. Their approach becomes empirical rather
than absolute. They test facts and ideas objectively rather than
accepting them solely on words of higher authority.

Instructors find students in this stage most interesting to
teach because of their capacity for evaluative thinking. Students
have a knowledge base upon which to anchor critical thought and
can relate new information to their knowledge base. The classroom
is likely to be a stimulating and exciting place as students think
through problems and intelligently critique existing solutions.
This stage is seen in some students at the third level, though
it is questionable whether students reach this stage generally.
Stage IV: Interdependence

In this stage conflict between the need for independence and the commitment to mutuality is resolved. Mutuality and autonomy are integrated so that neither is dominant. Students gain the ability to learn from others and also to exercise independent judgment in reaching solutions. At the end of this stage they can weigh alternative theories or concepts, resolve contradictions, and synthesize a functional set of abstract standards. These standards are flexible since they are subjected to constant empirical tests and will change as new information is received. The student now becomes a full-fledged professional.

They must reach this stage to be able to make judgments quickly and be able to justify the decisions. The knowledge base in health and illness care continues to grow rapidly and the amount of flexibility gained in this stage affects an individual's likelihood of continued success in the field. Professionals must be able to fit new discoveries into their own theories and, if necessary, change the theoretical base or else both the theories and profession will become obsolete. Attaining this last stage usually occurs shortly after the student has started working in the profession. Some students progress to Stage IV quickly once in the work role; others drop out in frustration.

Goals

Recognizing that the student goes through stages in the process of professional socialization, Cohen (1981) also points out the
goals of this process:

1. The student must learn the technology of the profession— the facts, skills, and theory. This is the most obvious area of socialization. The facts and theories are mainly taught in the classroom. This is the cognitive aspect of professional socialization.

2. The student must learn to internalize the professional culture. The culture includes the values, norms, motivational attributes, and ethical standards held in common by other members of the profession. Students must utilize the skills and technology they have acquired to solve new and challenging problems. Rote knowledge of theory and facts is not enough in any profession. The professional culture guides the student in learning to deal with culturally taboo subjects, such as nakedness and death. It helps them to learn to deal with issues, such as the client has the locus of control. This culture, which is learned through interaction with working professionals and educators during a student's education, is the basis of professional socialization.

3. The student must find a personally and professionally acceptable version of the role.

4. The student must integrate this professional role into all the other like roles. These last two goals are related to the individual's search for a unique psychological identity. Each student must learn to behave in the manner considered as professionally appropriate. But there is more than one acceptable way of behaving. A nurse can be talkative or quiet, friendly or distant, assertive or deferential. The students must find ways of behaving that are acceptable both to their instructors and themselves. If this is not accomplished, the student will not be able to continue working in the profession after graduation. It will either be too hard on them or other professionals will not find them acceptable. (pp. 15-16).

Factors

Taylor (1968) states that the major part of the occupation's change to professionalization is environment. The nature of that environment is complex. The environment of professionalism is characterized by four factors:

1. Expertise. It is asserted that the professional environment is one in which an advanced body of specialized knowledge
and skills are required. These are usually obtained through long and demanding academic training. In maintaining the expertise of practitioners occupational structures are established for training. In addition, norms for inclusion or exclusion of membership are established.

2. Autonomy. In this dimension the professional environment is manifested in occupational structures which demand that practitioners be free to make their own decisions. This takes away lay restrictions from the professionals. It is particularly at this point that conflict between the environment of professionalization and that of bureaucracy and unionization occur.

3. Commitment. In this dimension the characterization of altruism is contrasted with individual aggrandizement. Professionals are concerned with their economic status, and in part motivated by it, but their commitment is also to serving their fellow man and expanding their body of knowledge. Getting ahead in the environment of professionalism is as much measured by obtaining the esteem of one's colleagues as by advancement in one's place of employment or by economic measures. Commitment is to the occupational environment more than to what one can get out of it.

4. Responsibility. This dimension concerns control over practitioners, self-discipline, code of ethics, and authority. The environment of professionalism is strongly built on boundary maintenances including the right to select, train, and control practitioners internally. Given the specialized body of knowledge, only colleagues, not external generalists, are capable of understanding the situation sufficiently to make appropriate decisions for the control of practitioners. The nature of authority is both strong and unique in the professional environment. This powerful authority is limited to the specific area of expertise. The authority of professionals is said to be subject matter specific. It is limited to a given body of knowledge and is not transferable to general situations. (pp. 123-124).

The professional socialization process of medical students was analysed in some early studies by Merton, Reader, and Kendall (1957) in The Student-Physician and by Becker, Geer, Hughes, and Strauss (1961) in Boys in White. In an article, "The Fate of Idealism in Medical School", Becker and Geer (1958) suggest that during the process of professional socialization there is a loss of idealism. The students bring a certain idealism with them to the
professional school which is replaced by cynicism during the educational and socializational process. In their paper they describe the kind of idealism that characterizes the freshmen medical students and trace the development of cynicism and the loss of the idealism in the four years of medical training. They find that much of the cynicism comes to an end when the educational process ends. The idealism changes and becomes more informed although no less selfless.

Nursing Professional Socialization Process

Studies done on the professional socialization process in nursing students will now be reviewed. In a study involving baccalaureate students, Davis and Olesen (1964) analyse the change, consensus, and consonance in the first year of the nursing program. Their investigations were based on three propositions: (1) As students are increasingly exposed to the special world of their chosen profession, they modify their lay conceptions so as to accord more closely with the professional views and attitudes of their teachers and preceptors; (2) As the educational process continues, students arrive at a consensus of outlook on the profession; and (3) Over time, the student develops a greater inner consistency in that less discrepancy is perceived between occupational demands and personal needs and values. The authors devised an instrument listing 19 characteristics commonly attributed to nursing. The students were asked to check, first, those characteristics which corresponded to their picture of nursing, and, second, those
were important to them personally. A similar instrument was devised to measure faculty emphasis in teaching. The findings showed partial support for the first proposition, but little support for the second and third propositions.

In a follow-up study, these same authors, Olesen and Davis (1966), report on the same students upon graduation from the school of nursing two years later. They found that, similar to the previous report, students by and large did not radically alter their perceptions of nursing or of what they valued therein for themselves. They did not achieve greater over-all consensus among themselves or consonance within themselves in these respects. Similar findings were shown by Siegel (1968) and Brown, Swift, and Oberman (1974) in studies using the same testing procedures on students in baccalaureate programs.

Olesen and Whittaker (1968) conducted a longitudinal study over a three year period at a nursing school in San Francisco. Their method of data collection was participant observation, using two lines of questions: (1) How did the students become aware of themselves in their various roles— as nurses, as students, as women, as adults? and (2) How does the student accommodate and integrate multiple facets of roles and selves? The results of their study show that the greatest changes among the students during the educational program was their growing self-awareness and their awareness of the role of the nurse. This was accomplished by self-testing, self-pacing, and self-legitimation which is called "the silent dialogue", fusing the person, situation, and institution. "Therein lies the heart of professional socialization" (p. 297).
This whole process of socialization in nursing is often broken down into stages the student goes through. Davis (1972) conducted a five year study of professional socialization among collegiate nursing students at a university school of nursing and observed that they passed through six distinct stages of socialization. The first stage of initial innocence consisted of the nursing students wanting to do things for patients within a secularized Christian-humanitarian ethic of care and kindness consistent with the lay image of nursing. They had feelings of inadequacy, worry, and frustration as they were directed toward seemingly inconsequential tasks of patient care such as making beds and giving baths. These feelings of frustration led into the second stage which Davis called recognition of incongruity. Now the nursing students began collectively to articulate their disappointment and openly to question their choice of becoming a nurse. This is the time when a number of the students resigned from school because they could not adjust to the incongruity between lay expectations and actual training.

The students that remained began the third stage of psyching out, in which they attempted to anticipate what their instructors wanted them to know and to concentrate upon satisfying these requirements. Some students may have attempted to "psych out" the instructors from the beginning, but it now became a group phenomenon. In the fourth stage, called role simulation, the students perform so as to elicit favorable responses from the instructors. The approved mode of behavior was the exhibition of an objective and detached attitude toward patient care, which included an
understanding of the principles behind nursing techniques as well as mastery of these techniques. Many of the students felt they were playing at acting like a nurse, but as they became more successful at convincing others that their performance was authentic, they began to gain confidence in themselves as nurses. This stage usually came at the end of the first year. The last two years of the program were characterized by the fifth stage of provisional internalization and the sixth stage of stable internalization. During these two stages, they take on a temporary self-identity as a professional nurse as defined by the faculty, and finally settle into a stable and consistent identification of self by the time of graduation.

The studies on the professional socialization process in medical students were followed by studies on nursing students. In "The Fate of Idealism in Nursing School," Psathas (1978) analysed nursing students in a large midwestern hospital-based diploma school of nursing by showing them slides of different situations and asking them to write a story about each slide. He found that freshmen nursing students had more people-oriented attitudes while seniors were more technique-oriented. The freshmen expressed a degree of idealism and optimism which was not found among the seniors. The freshmen were more idealistic about patient care and the seniors saw their work in a more unemotional and routine fashion. He says:

The training program is, as Becker observed for medical school, something to "get through." For seniors an orientation to the world of work and to life-after-school begins to offer the new experience and novelty which was originally associated with entering school. The reassertion of a new idealism, oriented toward the practice of nursing and the world of work
and marriage, rather than school, can be expected, much as Becker found for the senior medical student (p. 156).

Stein (1978) examined the socialization process in a three year longitudinal study of two classes of nursing students as they progressed from the sophomore year through the senior year. She was concerned primarily with role perception as the student moved from adolescence to emerging adulthood and from lay to professional philosophies. There were many frustrations and conflicts along the way and the discrepancy between the real professional image and the ideal image of the nurse was a cause of constant concern. The findings of the study indicate that the majority of sophomores saw themselves as physician's helpers and emphasized various aspects of nurturance. As seniors, the students saw themselves as more autonomous and began to perceive the nurse as a potential teacher and leader in the profession. For all the students, the best experience in nursing was nursing practice itself.

Simpson's (1979) book, From Student to Nurse, is the report on a longitudinal study of socialization conducted from 1959 through 1965 at Duke University School of Nursing. A major concern of the study is the persistence of responses as students move through the program and exit as practitioners. She examined socialization in stages paralleling the recruitment process: entering school, going through the academic-year sequence of the program, and leaving as practitioners. The findings suggest implications for nursing pertaining to the organization of the occupation and to its labor force. They do not show a schism between nursing service and nursing education in the socialization of the students. Another
finding indicates that baccalaureate graduates participation in the labor force is below the average when compared to graduates from other nursing programs.

One of the aspects in the process of socialization is the development of the self-concept. Coe (1965) studied the self-attitudes of freshmen nursing students at a school of nursing using the Twenty Statement Test (TST). The responses were divided into three categories: nursing reference, non-nursing reference, and personal characteristics. He noted significant shifts in the self-conceptions of the students from the beginning to the end of their freshmen year. There was an increase in their identification with nursing situations and in statements that reflected the ideology of nursing, and a decrease in self-directed personality statements.

An interesting study was done by George (1982) on nursing students enrolled in the baccalaureate nursing program at Nazareth College in Kalamazoo, Michigan. The purpose of her study was to determine if components of nursing students' self-concept change as they progress through their educational program. Self-concept was defined "as the qualities and attitudes that the individual attributes to the self; it is an organization and internalization of past and current social experiences" (p. 193). The instrument used was the TST which asks for responses to the questions, "Who am I?" The responses were categorized as "consensual" or "subconsensual". Consensual responses identify the self as a physical structure existing either in time and space or in social structures. Subconsensual responses are abstract enough to transcend social structures and situations. The responses were also categorized
as to nursing reference which included any use of the words nurse, nursing, student nurse, or nursing student. George's study showed no significant difference in self-concept by levels as measured by the number of consensual and subconsensual responses, and no significant difference by levels in the number of primary nursing references. She concludes that nursing education is not meeting their objective of the socialization of students into the professional role of nurse as measured by the TST.

These two studies differ in their findings. While Coe (1965) found significant shifts in the self-concepts of the students, George (1982) did not find this to be true in her study. The difference may be due to the fact that Coe studied only freshmen students from the beginning to the end of one year of their nursing program, while George (1982) surveyed three levels of students, sophomores, juniors, and seniors. This difference in survey technique may be the basis for the difference in the results of the TST as used in these studies.

In summary, we have looked at the nature and characteristics of a profession. The process of professional socialization was described with its stages, goals, and characteristics. This led to a review of research studies done on the process of professional socialization in the field of nursing. Some of the studies reviewed many aspects of the process while others analyzed one aspect, such as self-image. The findings of the studies differed in the outcomes, showing varying degrees of progress in the professional socialization process. They provide a background for proceeding with the hypotheses of this study.
CHAPTER III

HYPOTHESES

Having discussed the general problem and the relevant literature, a more formal development of the research hypotheses will be presented. Research studies have shown that there are many different ways of studying this problem. The goal of this study was to assess whether senior students, when compared with freshmen students, would have higher scores on a professional socialization indicator survey. The definition of professional socialization presented in this study is based on the four characteristics of a professional: autonomy, responsibility, commitment, and expertise.

The purpose of this study was to research the professional socialization process in a systematic way so that rational answers can be given to some of the basic concerns of nurse educators. The study results provide data upon which program change decisions can be based. The process is shown to be a dynamic process as stated by the symbolic interactionists. The actors do not only receive information but are active in shaping and molding it to meet their needs.

The literature reviewed in the previous chapter has shown that the student nurse goes through a process of socialization while in nursing school. Recognizing that professional socialization is a process, it can be expected that the senior student will
be more socialized into the role of the professional nurse than
the freshman. All students come into the nursing program with
some basic ideas as to what it is like to be a nurse. These ideas
may vary widely. When the author entered nurses training, the
idea of a nurse was a professional looking woman in a stiff white
uniform and nurses cap. Others think of nurses in the caring role
of soothing the sick patient with a cool cloth on the forehead.
Some may enter nursing hoping to marry a doctor and others go into
nursing because they feel they will be able to get a job.

While in their nursing program, students receive an education
which incorporates the basic concepts of the socialization process
towards professionalism. If this education is successful, the
students will be further socialized into the role of the profes-
sional nurse as they near the end of their education. This leads
to the first hypothesis:

\[ H_1: \text{The senior level students will exhibit a higher level of professionalism when compared to the freshmen students.} \]

People generally show a higher level of maturity as they get
older, although they may not all mature at the same rate. A higher
level of maturity may help students to attain professionalism at
an accelerated rate. More of life's experiences may give them
greater maturity. For example, one of the first hurdles the stu-
dents face is going into their first patient's room and talking
with them. If the student is older and more experienced in inter-
acting with people this may be a more comfortable experience.
Traditionally students came into nurses training directly from high school. The norm was a seventeen to nineteen year old girl, unmarried, who had never been away from home. Up to this point in her life, the socialization process had been almost exclusively controlled by the family and school.

But we recognize now that this norm is changing. There are more older students starting the nursing program. Many LPN's are going back to school to get their RN degree. Some of the students are married and have children of their own. Some have had life experiences, such as travel, Peace Corp, Army, National Guard, and many have had one or more years of college, recognizing that the nursing education will be easier if they have had some previous college education. Some may change their career goals to nursing after a couple of years of college, and others may go into nursing as a second career.

Expecting the older students and those with more college education to have a higher level of maturity leads to the next two hypotheses:

$H_2$: The older students (25 years and over) will exhibit a higher level of professionalism when compared to the younger students (under 25 years).

$H_3$: Students with two or more years of college before entering nursing will exhibit a higher level of professionalism when compared to students with less than two years of college.

Some of the students participate in the extern program starting at the junior level. This program allows them to work in the hospital for pay as externs. There are preceptors who assist them on
the job and do their evaluations. These students are exposed to a greater variety of nursing experiences and also to a variety of nurses. They no longer have only the faculty members as role models. This leads to the next hypothesis:

H₄: Senior students who have worked as externs will exhibit a higher level of professionalism when compared to those who have not worked as externs.

The measurement instrument is presented in Chapter IV. To operationalize the definitions used, the independent variable of professionalism is presented according to the four aspects used in this study:

1. **Expertise**: Taylor (1982) states that in the aspect of expertise, the professional environment is one in which an advanced body of specialized knowledge and skills are required. Bronson School of Nursing seeks to have the students develop this characteristic by helping them become self-motivated learners who can recognize the need for a solid knowledge base. The students will have expertise in performing technical procedures safely, accurately, and effectively.

2. **Autonomy**: Taylor (1982) says that the dimension of autonomy in the professional environment is manifested in the occupational structures which demand that practitioners be free to make their own decisions. Bronson School of Nursing helps students develop this characteristic by guiding them to make decisions recognizing their own needs, values, and beliefs while respecting different beliefs and values of others. They need to develop self-identity and self-esteem.
3. **Commitment**: Taylor (1982) says that commitment is characterized by altruism as contrasted with individual aggrandizement. The commitment is to the occupational environment more than to what one can get out of it. Bronson School of Nursing says that in the area of commitment the students will demonstrate respect and support for peers and will demonstrate respect and care for clients.

4. **Responsibility**: The professional dimension of responsibility, Taylor (1982) says, concerns control over practitioners, self-discipline, code of ethics, and authority. In this area at Bronson School of Nursing, the students recognize their own response to others and accept responsibility for their own behavior.

In summary, this chapter analysed the development of the four research hypotheses used in this study. The four areas of professional socialization were further defined according to definitions from Taylor and the Bronson School of Nursing.
CHAPTER IV

METODOLOGY

This study used an exploratory design to study professional socialization among student nurses. For the purpose of this research, four dimensions of professional socialization were used: autonomy, expertise, commitment and responsibility. The study was conducted at Bronson School of Nursing in Kalamazoo, Michigan.

Pilot Study

In order to test the measurement tool used in this study for validity and reliability, a pilot study was done in November, 1984, with 28 senior level students at Bronson School of Nursing. All of those students have since graduated and left the school. The results of the pilot study showed that effective socialization was occurring in two of the areas of professionalism: expertise and commitment. More questionable was the socialization in the area of autonomy and in the area of responsibility there was low indication of progress in professional socialization.

Respondents Studied

The present survey plan was to give the questionnaire to all the senior students at Bronson School of Nursing and part of the freshmen students. A total of 104 students completed the questionnaire which included 69 seniors and 35 freshmen. The questionnaire
was given in the classroom setting so those students not participat-
ing were apparently absent from class on the days the survey was
done.

The independent variable in the first hypothesis is the level
or grade of the students. Bronson School of Nursing is a three-
year program so the first level students are called freshmen, second
level juniors, and third level seniors. The freshmen students
generally enter in the fall semester. During the fall semester
of 1985 when this study was conducted, most of these freshmen were
new to the school of nursing.

Senior students generally start the third level with the spring
semester, so the senior students in this survey were mostly second
or third semester seniors. They have the option of whether they
would like to attend during the summer semester. They will graduate
in April, 1986.

The independent variable in the second hypothesis is the age
of the students. A pilot study conducted earlier found that there
were 28 respondents who ranged in age from 20 years to 47 years
with a mean of 25.0 years. The age of 25 was used as a cut off
point with the older students being 25 years and older and the
younger students under 25 years.

In the third hypothesis the independent variable is the number
of years they have attended college prior to starting their nursing
education. In the pilot study of 28 students, there was a range
of zero years of college to a high of six years with a median of
2.3 years and a mean of 2.1 years. As a result those with two
or more years of college prior to entering nursing were compared with those that had less than two years.

In the fourth hypothesis, a nursing extern is a student who has signed up and been accepted into the extern course. This course is optional and credit is given. Students may enter this program in their junior year. They become employees of the hospital and are paid for the time they work. Student externs work as many as 300 to 400 hours throughout the year.

Instrument

The instrument used in the pilot study was completely revised for this study for improved organization. In the revision process the questions were each written on individual index cards. They were then divided into the four categories of autonomy, expertise, commitment, and responsibility. The investigator, the associate director of the school of nursing, and a nursing instructor were asked to categorize the questions. If two or more agreed on the area for a question, it was placed there. If there was not agreement, the question was omitted. A copy of the questionnaire is included in the appendix.

The instrument was given in the classroom setting. The students were told they did not have to participate if they did not want to and they were told it was anonymous. The freshmen were all in one class and all present agreed to participate. The seniors were in five different classes and again all present agreed to participate. The questionnaire took about 15 minutes to complete. The survey was completed within a five day period.
Data Analysis Plan

The data were coded and evaluated by only the investigator eliminating inter-coder discrepancies. Because the data were in the ordinal scale, a chi square statistical analysis was done to determine significance of difference between the freshmen and seniors. A probability level of .05 for committing a Type I error (alpha) was used.

There are a total of 39 questions in the instrument used in this study. There are five questions in the area of autonomy, twelve in expertise, seven in commitment, and six in responsibility. Each area was evaluated separately. If more than half of the questions in any given area showed a significant difference, the area was judged to support the hypothesis.

Autonomy

The area of autonomy was surveyed by using the TST asking for answers to the question, Who am I? The answers were judged consensual or subconsensual according to the same definitions as those used in the study done by George (1979). Consensual answers are those which identify the self in time and space or as existing in social structures that imply involvement with others in structured social situations. Examples of consensual statements are, "I have blue eyes," and "I am a daughter." Subconsensual answers are those abstract enough to transcend specific social structures and situations. They are so abstract or so comprehensive that they do not lead to socially meaningful differentiation of the
person. The statements require interpretation by the respondent to be precise or to place him or her in relation to other people. Examples of subconsensual answers are, "I am honest," and "I am shy."

McPartland's (1967) Manual for the Twenty Statements Test is no longer available so the rules quoted by George (1978) were carefully followed:

Consensual statements:
1. Statements which refer to the physical body, dress, or "vital statistics" such as name, age, address, telephone numbers.
2. Respondent's name when mentioned for the first time.
3. Names of other people when no relationship is indicated.
4. References to state of health and illness.
5. Socially distinguishing references to kinship, occupation, education, and group membership.
6. Names prefaced by title and maiden names.
7. Sex references.
8. This category does not include references to membership which fail to distinguish the person in ordinary social situations. Therefore, "I am a human being." would not be coded consensual.
9. Responses which claim possession of articles or friends.

Subconsensual statements:
1. Status references which are modified by evaluations, i.e., "I am a good mother."
2. Statements of tastes, preferences, likes, and dislikes.
3. Habits and participation in activities.
4. Wishes.
5. Style of behavior, adjectives of temperament.

6. Statements which are so comprehensive that they do not limit behavior, or so vague that they transcend social interaction.

7. Statements which express only indirect relationships between the respondent and the reference.

8. Irrelevant statements (trivia) which indicate that the question, "Who Am I?" is rejected, misunderstood, or evaded.

9. Rarely, a respondent will list a series of famous names or write an anecdotal account of some improbable happening. These were coded subconsensual. (p. 18-19)

Each answer was judged as consensual or subconsensual by the investigator. A student's responses were then considered to be consensual, subconsensual, or balanced according to the following formula:

1. Consensual—half plus two of the total answers were consensual.

2. Subconsensual—half plus two of the total answers were subconsensual.

3. Balanced—half of the total answers were consensual and half were subconsensual or half plus one.

The responses were also categorized according to nursing responses and were called primary nursing response, secondary nursing response, or none. A nursing response includes the use of the words nurse, nursing, student nurse, nursing student, and nursing extern. The following definitions were used:

1. Primary nursing response—one or more nursing reference listed among the first five responses.
2. Secondary nursing response— one or more nursing reference listed after the first five responses.

3. None— no nursing references listed.

In the other dimension of autonomy, the students were questioned about reading nursing books and nursing journals and attending nursing seminars. In order to qualify, a nursing book should be related to the health care field, but not a textbook used at Bronson School of Nursing. A romance about a nurse or a "Cherry Ames" type book was not accepted as reflecting autonomy. Journals refers to nursing journals generally accepted by the profession. This does not include magazines put out by hospitals or other health related organizations. Seminars are those related to the health care field and not part of their nursing classes.

**Expertise**

In researching this area, the students were asked how they felt about continued education for themselves and for others in the profession. It should be noted that Bronson School of Nursing is a three-year diploma program that awards an RN after successful completion of state board examinations. The nursing profession is starting to unofficially demand a BSN degree as entry level requirement for the nurse. So graduates from Bronson are encouraged to go on to school to get their BSN.

The professional standards that were addressed were concerned about whether all nurses should have a BSN degree, whether nurses at the bedside would give better care if they had a degree, whether
diploma programs and associate degree programs should be continued and whether or not LPN's should be phased out.

The area of expertise also covers whether they can perform technical procedures safely, accurately and effectively. Involved in this is the acquisition of "tools of the trade." In this category they were asked if they own their own stethoscope, sphygmomanometer, nursing bag, and otoscope and if they were using them. The stethoscope is something that nurses have owned for some time. Students have seen other nurses owning one and were expected to follow this example. The sphygmomanometer and nursing bag are newer acquisitions within the nursing field. As nursing moves out of the hospital and into the community different tools become necessary. An otoscope is almost never owned by the nurse due to expense, but some nurse practitioners are acquiring them for their own use.

Commitment

In this area they were questioned about some very basic concepts in regard to professional values. Did they feel that clients should have the locus of control? Should clients be informed about their conditions and treatment? Should nurses be advocates for the clients? They were also asked about whether they plan to further their education after graduation and whether they planned to work in the field of nursing.

Responsibility

In the area of responsibility, the students were asked whether
they felt they should be role models for healthy living and whether society looks to them as examples of healthy living. They were asked about continuing education for nurses and whether or not this should be required by law.

Taking responsibility for developing their professional self requires participation in community and school activities. They were asked whether they were members of a school committee or a community organization and the amount of participation in them. A school committee is any of the committees at Bronson School of Nursing that have student nurse involvement. A community organization is any organization in which they are doing volunteer work using their nursing expertise. It does not include an organization where they are working as nurse aide or LPN for wages, such as Upjohn Health Care.

In summary, the methodology used to investigate the professional socialization of student nurses was presented in this chapter. Professional socialization was examined in four dimensions: autonomy, expertise, commitment, and responsibility. The data analysis plan for each area was outlined.
CHAPTER V

FINDINGS

In the previous chapters, the background of the problem was presented, the literature reviewed, and the hypotheses were stated. This chapter consists of a descriptive analysis of the data collected from all the students and testing the hypotheses.

Descriptive Analysis of the Data

Demographic Data

There were 104 students surveyed in this study, of whom 69 were senior level and 35 were freshmen. There were 81 students in the senior class so 85 per cent of the class was included in the study. The questionnaire was given in the classroom setting and all the students present agreed to participate. The 12 students not participating apparently were absent from class the days the survey was done.

The 35 freshmen were all in one class, Nursing 103, Health Promotion, and all who were present that day participated in the study. There were 57 freshmen in the whole class, so 61 per cent of the class was included. During the time the study was done the freshmen students were taking either Nursing 103 or Nursing 104, Nursing Process, and a few were taking both classes. They were assigned to these classes randomly by the registrar based
on their schedules at Western Michigan University. The Nursing
103 class was picked for this survey because of the researchers
productive working relationship with the instructor.

One hundred of the 104 respondents were female. The majority
(80.8 per cent) were under 25 years of age. Table 1 shows the
age range of the students.

Table 1
Age of the Students

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>27</td>
<td>26.0</td>
</tr>
<tr>
<td>20 - 24</td>
<td>57</td>
<td>54.8</td>
</tr>
<tr>
<td>25 - 29</td>
<td>11</td>
<td>10.6</td>
</tr>
<tr>
<td>30 - 34</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>35 - 39</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>40 - 45</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Over 45</td>
<td>$\frac{3}{104}$</td>
<td>2.9</td>
</tr>
</tbody>
</table>

As expected with this group, the majority (79.8 per cent)
had never been married. Eighteen were married at the time of the
survey, with two divorced and one separated. Of those who were
or are married, only 14 had any children.

The number of years of college education that they had before
entering nurses training shows that about two-thirds had less than
two years and about one-third had two years or more. The range
is from none to graduate level. This is shown in Table 2.
To assess whether previous experience might influence the socialization process, the respondents were asked about other nursing involvement and service-type work. Only three of the students were Licensed Practical Nurses (LPN's), and only three had ever done service in the military, Peace Corps, Vista, or foreign missionary service. Of the 69 senior students, 53 were nursing externs. Since students may become nursing externs only when they are juniors, none of the freshmen were externs.

The balance of the questionnaire surveyed the four dimensions of professionalism: autonomy, expertise, responsibility, and commitment.

**Autonomy**

One part of autonomy recognizes the need for the person to develop their self-identity and self-esteem. This was surveyed by the use of the TST, which asked for answers to the question, "Who am I?" The answers were judged "consensual" if they identified the self as a physical structure existing either in time and space.
or in social structures ("I have blue eyes"), or "subconsensual" if the responses were abstract enough to transcend social structures and situations ("I am shy"). A balanced answer indicated equal numbers of both consensual and subconsensual answers. The responses were also categorized as having a primary nursing reference, if it was in the first five responses, or a secondary nursing reference if it was listed after the first five. The results are shown in Table 3.

Over half of the students had responses judged subconsensual, and approximately a fourth in the consensual area and a fourth had a balance between the two. With the nursing response, about two-thirds had a nursing response listed, either primary or secondary. This suggests that they are relating to the role of the nurse.

The second dimension of autonomy deals with developing the professional self, especially as it relates to reading nursing books, reading nursing journals, and attending nursing seminars. Almost half of the students said that they regularly read nursing journals, but less than a third have read a book pertaining to nursing other than their textbook in the last six months, or have attended a nursing seminar or conference outside of school in the past year, as shown in Table 3.

There was a wide variety of nursing books read. The most commonly mentioned were some dealing with death and dying, nursing, and illness in children. Nursing seminars attended were on topics such as suicide, stroke, nursing diagnosis, trauma, cancer, and pain control.
Table 3
Autonomy

<table>
<thead>
<tr>
<th>Responses on the TST</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensual answers</td>
<td>23</td>
<td>22.1</td>
</tr>
<tr>
<td>Subconsensual answers</td>
<td>56</td>
<td>53.8</td>
</tr>
<tr>
<td>Balanced answers</td>
<td>25</td>
<td>24.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing response</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>33</td>
<td>31.7</td>
</tr>
<tr>
<td>Primary</td>
<td>56</td>
<td>53.8</td>
</tr>
<tr>
<td>Secondary</td>
<td>15</td>
<td>14.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Development</th>
<th>Yes</th>
<th>Percent</th>
<th>No</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reads books</td>
<td>24</td>
<td>23.1</td>
<td>79</td>
<td>76.0</td>
</tr>
<tr>
<td>Reads journals</td>
<td>47</td>
<td>45.2</td>
<td>57</td>
<td>54.8</td>
</tr>
<tr>
<td>Attends seminars</td>
<td>31</td>
<td>29.8</td>
<td>73</td>
<td>70.2</td>
</tr>
</tbody>
</table>

Expertise

There are two parts in this area that were elicited, and the data are summarized in Table 4. One part referred to owning and using the "tools of the trade." Almost all of the students said that they own their own stethoscope. About a fourth indicated they own their own sphygmomanometer and nursing bag. Almost none of them own their own otoscope, probably due to the expense of that item.

The other aspect of expertise deals with the amount of education needed for the members of the nursing profession. In this
area there seems to be a dichotomy of opinions. As graduates of a diploma program, almost three-fourths think they will need more education in order to get the position they want. Further education in nursing would lead to a BSN degree. At the same time, they overwhelmingly disagree that a nurse with a degree would give better care at the bedside.

Agreeing with the need for further education would conceivably lead one to agree that the BSN degree should be entry level into the profession, that diploma schools and associate degree programs should be discontinued, and that LPN's should be phased out. While there is more indecision in these areas, less than a fourth indicate agreement.

Table 4
Expertise

<table>
<thead>
<tr>
<th>Tools of the Trade</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Own stethoscope</td>
<td>95</td>
<td>91.3</td>
</tr>
<tr>
<td>Use in clinical area</td>
<td>73</td>
<td>70.2</td>
</tr>
<tr>
<td>Own sphygmomanometer</td>
<td>22</td>
<td>21.2</td>
</tr>
<tr>
<td>Use to take BP</td>
<td>22</td>
<td>21.2</td>
</tr>
<tr>
<td>Own otoscope</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Own nursing bag</td>
<td>26</td>
<td>25.0</td>
</tr>
</tbody>
</table>
Table 4
Expertise (continued)

<table>
<thead>
<tr>
<th>Educational level of members of the profession</th>
<th>Agree N</th>
<th>Agree %</th>
<th>Undecided N</th>
<th>Undecided %</th>
<th>Disagree N</th>
<th>Disagree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need more education after graduation</td>
<td>76</td>
<td>73.1</td>
<td>15</td>
<td>14.4</td>
<td>13</td>
<td>12.5</td>
</tr>
<tr>
<td>Nurses at the bedside would give better care if they have a BSN.</td>
<td>3</td>
<td>2.9</td>
<td>11</td>
<td>10.6</td>
<td>90</td>
<td>86.5</td>
</tr>
<tr>
<td>Nurses at the bedside would give better care if they have a MSN.</td>
<td>1</td>
<td>1.0</td>
<td>13</td>
<td>12.5</td>
<td>90</td>
<td>86.5</td>
</tr>
<tr>
<td>Nursing instructors should have a doctorate.</td>
<td>11</td>
<td>10.6</td>
<td>23</td>
<td>22.1</td>
<td>70</td>
<td>67.3</td>
</tr>
<tr>
<td>Nurses should have a BSN as entry level.</td>
<td>14</td>
<td>13.4</td>
<td>26</td>
<td>25.0</td>
<td>64</td>
<td>61.5</td>
</tr>
<tr>
<td>Diploma schools should be discontinued</td>
<td>10</td>
<td>9.7</td>
<td>17</td>
<td>16.3</td>
<td>76</td>
<td>73.0*</td>
</tr>
<tr>
<td>AD programs should be discontinued</td>
<td>24</td>
<td>23.0</td>
<td>39</td>
<td>37.5</td>
<td>41</td>
<td>39.5</td>
</tr>
<tr>
<td>LPN's should be phased out of their jobs.</td>
<td>19</td>
<td>18.3</td>
<td>37</td>
<td>35.6</td>
<td>48</td>
<td>46.2</td>
</tr>
</tbody>
</table>

* 1 No response

Commitment

The area of commitment is also divided into two parts, and is summarized in Table 5. The first area deals with some concepts relating to professional values. When asked questions relating to the concept of whether the client should have the locus of control, over three-fourths of the respondents agreed. The concept of the nurse being an advocate for the client showed about 90 percent agreement.
The other area of commitment related to whether the student nurses were planning to get further education and if they were planning to get a job in nursing after graduation. Almost all of them indicated their agreement with these items and felt that further education was important to them.

Table 5
Commitment

<table>
<thead>
<tr>
<th>Professional values</th>
<th>Agree N</th>
<th>Undecided N</th>
<th>Disagree N</th>
</tr>
</thead>
<tbody>
<tr>
<td>The client is the locus of control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client should decide how to live.</td>
<td>77 74.1</td>
<td>13 12.5</td>
<td>14 13.5</td>
</tr>
<tr>
<td>Client should do as told.</td>
<td>81 77.9</td>
<td>14 13.5</td>
<td>9 8.7</td>
</tr>
<tr>
<td>The nurse is the advocate for the client</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client does not understand orders.</td>
<td>91 87.5</td>
<td>6 5.8</td>
<td>5 2.9**</td>
</tr>
<tr>
<td>Client does not want treatment.</td>
<td>95 91.3</td>
<td>4 3.8</td>
<td>5 3.9*</td>
</tr>
<tr>
<td>Further education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More education</td>
<td>96 92.3</td>
<td>6 5.8</td>
<td></td>
</tr>
<tr>
<td>Further education in nursing</td>
<td>85 81.7</td>
<td>8 7.7</td>
<td></td>
</tr>
<tr>
<td>Job in nursing</td>
<td>103 99.0</td>
<td>1 1.0</td>
<td></td>
</tr>
<tr>
<td>Education is important</td>
<td>91 87.5</td>
<td>10 9.6</td>
<td>3 2.9</td>
</tr>
</tbody>
</table>

* 1 No response
** 2 No responses

Responsibility

In this area answers were elicited regarding whether the students were taking some responsibility for developing their
professional self by participating in school committees and community organizations. About a fifth of the students are involved in one or more of the school committees, but only six students are involved in community organizations. Those involved in community organizations mentioned American Cancer Society, BCLS instructor, Gull Lake Ambulance Service, and Big Sisters of America.

When asked about continuing education for nurses, over three-fourths agreed that nurses should be required to obtain some, and about half felt it should be required by law. Most of them agreed that as nurses, they should be role models for healthy living and that society looks to nurses as examples of healthy living. This is shown in Table 6.

Table 6
Responsibility

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>Percent</th>
<th>NO</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of school committee</td>
<td>20</td>
<td>19.2</td>
<td>84</td>
<td>80.8</td>
</tr>
<tr>
<td>Involved in community organizations</td>
<td>6</td>
<td>5.8</td>
<td>97</td>
<td>93.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Continuing education</td>
<td>83</td>
<td>79.8</td>
<td>15</td>
</tr>
<tr>
<td>Required by law</td>
<td>54</td>
<td>51.0</td>
<td>21</td>
</tr>
<tr>
<td>Role model</td>
<td>100</td>
<td>96.2</td>
<td>3</td>
</tr>
<tr>
<td>Society looks to nurses</td>
<td>84</td>
<td>90.4</td>
<td>4</td>
</tr>
</tbody>
</table>

* 1 No response

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In summary, a descriptive analysis of the data collected of 69 seniors and 35 freshmen students has been presented. The four aspects of professionalism: autonomy, expertise, responsibility, and commitment were presented. In the area of autonomy, about half of the students indicate they are relating to the nursing role and about a third are working towards developing their professional self. The area of expertise reveals that the students are getting some of their own equipment, but there is a dichotomy of opinions about the educational needs in the professions. In the area of commitment, most of the students indicate agreement with certain professional values and with their own need for further education. In the area of responsibility, there is not much involvement in committees and community organizations, but a high level of agreement with the need for continuing education and the concept of nurses serving as role models. The balance of this chapter presents an analysis of the hypotheses that have been proposed.

Analysis of Hypothesis I

Hypothesis I states: The senior level students will have a higher indication of professionalization when compared to the freshmen students. Professionalization is measured by commitment, autonomy, responsibility, and expertise. The data to test this hypothesis will now be presented. Chi square analysis was utilized to test for significant differences between the freshmen and seniors. When half or more of the Chi square results in each area
showed a significant difference, the null hypothesis of no difference was rejected.

**Autonomy**

The area of autonomy has two dimensions, self identity and the development of the professional self. Self identity was evaluated by the TST and the answers were judged consensual, subconsensual, or balanced, according to the definitions given in previous chapters. The responses were also categorized according to nursing responses. To be classified as a primary nursing response, it was necessary to have the words nurse or nursing appear in the first five responses. If they appeared after the first five responses it was called a secondary nursing response. These responses are shown in Tables 7 and 8.

**Table 7**

Responses on the TST by Class

<table>
<thead>
<tr>
<th>Self Identity</th>
<th>Freshmen</th>
<th></th>
<th>Seniors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Consensual</td>
<td>6</td>
<td>17.1</td>
<td>17</td>
<td>24.6</td>
</tr>
<tr>
<td>Subconsensual</td>
<td>21</td>
<td>60</td>
<td>35</td>
<td>50.7</td>
</tr>
<tr>
<td>Balanced</td>
<td>8</td>
<td>22.9</td>
<td>17</td>
<td>24.6</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 0.99, \ 2 \ df, \ P = .05 \]

As can be seen by Table 7 the answers are heavily subconsensual by both freshmen and seniors. Chi square was utilized to determine whether there was a significant difference between the two levels. The chi square of 0.99 indicates no significant difference in this
area. This finding is similar to that of George (1979) who found a predominance of subconsensual answers by all grade levels.

Table 8
Nursing Responses on the TST by Class

<table>
<thead>
<tr>
<th>Nursing Responses</th>
<th>Freshmen</th>
<th></th>
<th>Seniors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>None</td>
<td>13</td>
<td>37.1</td>
<td>20</td>
<td>29</td>
</tr>
<tr>
<td>Primary</td>
<td>13</td>
<td>37.1</td>
<td>43</td>
<td>62.3</td>
</tr>
<tr>
<td>Secondary</td>
<td>9</td>
<td>25.7</td>
<td>6</td>
<td>8.7</td>
</tr>
</tbody>
</table>

\[ x^2 = 7.88, 2df, P = .05 \]

Table 8 shows that there is a large increase in the number of nursing responses for the senior students when compared with freshmen. The chi square of 7.88 indicates that there is a significant difference in this area at the senior level. The seniors are identifying themselves more with the role of the nurse. This is in contrast with George's (1979) study which did not show a significant difference among the levels of nursing students in relation to nursing response on the TST.

The second part of autonomy, development of the professional self, elicited responses regarding reading nursing books and nursing journals and attending nursing seminars other than what is required in nursing school. The responses and chi square results along with the significance are shown in Table 9.
Table 9 shows that the positive responses by the seniors are much greater than those of the freshmen, especially with regard to reading nursing journals. This would suggest that the seniors are doing more in order to develop their professional self. It was expected that seniors would indicate an increased desire to improve themselves and learn more about their profession as they understand the needs to do so. This understanding comes with working with clients and developing autonomy.

In summary, the seniors do not show a significant increase over the freshmen in the consensual, subconsensual, and balanced responses on the TST, but there is a significant difference in the nursing responses. The seniors are identifying with the nurse's role to a greater extent than the freshmen. The seniors also show a significant increase in the desire to improve their professional
self by reading nursing books and journals and attending seminars. Of the eight questions in this area, six indicate an increased level of professional socialization for the seniors, therefore, the null hypothesis of no difference in the area of autonomy was rejected.

Expertise

There are also two parts in the area of expertise, owning the "tools of the trade," and the amount of education needed for the members of the nursing profession. The responses and chi square results in these areas are shown in Tables 10 and 11.

Table 10

<table>
<thead>
<tr>
<th>Tools of the Trade, Percentage Reporting Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshmen</td>
</tr>
<tr>
<td>% N</td>
</tr>
<tr>
<td>Own stethoscope</td>
</tr>
<tr>
<td>Use stethoscope</td>
</tr>
<tr>
<td>Own sphgmomanometer</td>
</tr>
<tr>
<td>Use sphgmomanometer</td>
</tr>
<tr>
<td>Own otoscope</td>
</tr>
<tr>
<td>Own nursing bag</td>
</tr>
</tbody>
</table>

Table 10 shows that in the area of "tools of the trade," the positive responses of the seniors are almost two times greater than those of the freshmen. The chi square analysis indicates there is a significant difference for all items except the ownership
of otoscopes. This is an expensive piece of equipment, costing about $150.00, so almost none of the students had acquired one. For this reason owning an otoscope is more likely a measure of one's financial status rather than a measure of professionalism. Therefore this question will be omitted in the count of support for the hypothesis in the area of expertise.

Table 11
Professional Education,
Percentage Indicating Agreement

<table>
<thead>
<tr>
<th></th>
<th>Freshmen</th>
<th></th>
<th>Seniors</th>
<th></th>
<th>Chi Square</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need more education</td>
<td>74.3</td>
<td>26</td>
<td>72.4</td>
<td>40</td>
<td>0.93</td>
<td>0.82</td>
</tr>
<tr>
<td>LPN's phased out</td>
<td>11.4</td>
<td>4</td>
<td>21.7</td>
<td>15</td>
<td>3.81</td>
<td>0.43</td>
</tr>
<tr>
<td>BSN entry level</td>
<td>20.0</td>
<td>7</td>
<td>10.1</td>
<td>7</td>
<td>7.42</td>
<td>0.12</td>
</tr>
<tr>
<td>Diploma schools discontinued</td>
<td>8.6</td>
<td>3</td>
<td>30.3</td>
<td>21</td>
<td>5.70</td>
<td>0.34</td>
</tr>
<tr>
<td>AD programs discontinued</td>
<td>5.8</td>
<td>2</td>
<td>22.0</td>
<td>31.9</td>
<td>11.18</td>
<td>0.02</td>
</tr>
<tr>
<td>Better care with BSN</td>
<td>5.8</td>
<td>2</td>
<td>1.4</td>
<td>1</td>
<td>12.27</td>
<td>0.02</td>
</tr>
<tr>
<td>Better care with MSN</td>
<td>2.9</td>
<td>1</td>
<td>0.0</td>
<td>0</td>
<td>6.36</td>
<td>0.10</td>
</tr>
<tr>
<td>Instructors have PhD</td>
<td>17.1</td>
<td>6</td>
<td>7.2</td>
<td>5</td>
<td>4.06</td>
<td>0.40</td>
</tr>
</tbody>
</table>

The other area of expertise relates to the educational needs in the profession. The first question elicited responses concerning their need for further education after graduation. Questions of this nature are not considered to be good indicators of non bias responses. While in school students are influenced by their own
needs and the difficulty of making important decisions during this time in their lives. In addition, the responses of the freshmen and seniors were almost identical, so this question and later questions of this nature are omitted from this analysis.

Table 11 shows only one question in which the seniors have a significant difference in agreement over the freshmen. That question relates to discontinuing associate degree programs. One other question, relating to nurses with BSN's giving better care, shows a significant difference, but the freshmen indicate a higher percentage of agreement than the seniors. While the nursing profession is moving toward a higher level of education for its members, the seniors are not indicating agreement with the trends.

In summary, the seniors show a significant difference in reporting ownership of the "tools of the trade." In the area of professional education the seniors were in agreement with advances taking place in the profession. There were six questions that showed a significant difference in an increased level of professional socialization in the seniors, and six questions that did not. Therefore, the decision was to fail to reject the null hypothesis of no difference in the area of expertise.

Commitment

The two dimensions in the area of commitment were in the students' perception of their own need for further education after graduation and their professional values. As stated earlier, the questions relating to the need for further education are not considered good indicators of professionalism and therefore are
omitted. The responses to questions relating to professional values are shown in Table 12.

Table 12

<table>
<thead>
<tr>
<th>Professional Values, Percentage Indicating Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Freshmen % N</td>
</tr>
<tr>
<td>Client is the locus of control</td>
</tr>
<tr>
<td>Client decide</td>
</tr>
<tr>
<td>Client should do</td>
</tr>
<tr>
<td>Nurse is the advocate for the client</td>
</tr>
<tr>
<td>Client understand</td>
</tr>
<tr>
<td>Client want treatment</td>
</tr>
</tbody>
</table>

Table 12 shows that in three of the four questions there is a significant difference in the percent of agreement between the seniors and the freshmen. This is encouraging as it indicates that the seniors are recognizing that the client is the locus of control and that the nurse should be the advocate for the client.

In summary, three of the four questions show a significant difference in the level of professional socialization when comparing seniors with freshmen. Therefore, the null hypothesis of no difference in the area of commitment was rejected.

Responsibility

In the area of responsibility responses were elicited regarding student nurses serving on school committees and in community organizations, about continuing education for nurses, and about nurses
serving as role models for health living. These responses are shown in Table 13.

Table 13
Professional Responsibilities, Percentage Indicating Agreement

<table>
<thead>
<tr>
<th></th>
<th>Freshmen %</th>
<th>N</th>
<th>Seniors %</th>
<th>N</th>
<th>Chi Square</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of school committee</td>
<td>8.6</td>
<td>3</td>
<td>24.6</td>
<td>17</td>
<td>2.89</td>
<td>0.09</td>
</tr>
<tr>
<td>Number of committees (1 - 2)</td>
<td>8.6</td>
<td>3</td>
<td>20.3</td>
<td>14</td>
<td>4.21</td>
<td>0.12</td>
</tr>
<tr>
<td>Attend meetings</td>
<td>8.6</td>
<td>3</td>
<td>17.4</td>
<td>12</td>
<td>4.53</td>
<td>0.34</td>
</tr>
<tr>
<td>Involved in community organizations</td>
<td>2.9</td>
<td>1</td>
<td>7.2</td>
<td>5</td>
<td>1.37</td>
<td>0.50</td>
</tr>
<tr>
<td>Number of organizations (1 - 2)</td>
<td>2.9</td>
<td>1</td>
<td>7.2</td>
<td>5</td>
<td>0.21</td>
<td>0.64</td>
</tr>
<tr>
<td>Require continuing education</td>
<td>62.8</td>
<td>22</td>
<td>88.4</td>
<td>61</td>
<td>16.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Required by law</td>
<td>37.1</td>
<td>13</td>
<td>58.0</td>
<td>40</td>
<td>9.98</td>
<td>0.08</td>
</tr>
<tr>
<td>Nurse as a role model</td>
<td>94.3</td>
<td>33</td>
<td>97.1</td>
<td>67</td>
<td>1.99</td>
<td>0.57</td>
</tr>
<tr>
<td>Society looks to nurses as role models</td>
<td>94.3</td>
<td>33</td>
<td>88.4</td>
<td>61</td>
<td>3.81</td>
<td>0.28</td>
</tr>
</tbody>
</table>

Table 13 shows that the seniors are more likely than the freshmen to agree on the need for continuing education for nurses. This is taken to indicate their higher level of professionalism in this area. The other questions do not show a significant difference.
In summary, out of nine questions only one shows a significant difference in the level of professional socialization by the seniors, therefore, the decision was to fail to reject the null hypothesis of no difference in the area of responsibility.

To sum up all the areas of Hypothesis I, the data and statistical analyses have been presented. In the dimensions of autonomy and commitment, the null hypothesis of no difference was rejected. In the dimensions of responsibility and expertise the results failed to reject the null hypothesis of no difference.

Analysis of Hypothesis II

Hypothesis II states: The older students (25 years and over) will exhibit a higher level of professionalism as compared to the younger students (under 25 years). Using the same approach as that used in Hypothesis I, the answers of all the students, both freshmen and senior 25 years and over were compared with the answers of those under 25 years of age. There are 20 (19.2 percent) students who are 25 years and over and 84 (80.8 percent) who are under 25 years. Chi square analysis was again used to determine if there were significant differences.

There were a total of 39 questions in the survey. Only one question showed a significant difference in an increased level of professional socialization by the older student so the results failed to reject the null Hypothesis II of no difference.
Analysis of Hypothesis III

Hypothesis III states: Students with two or more years of college before entering nursing will exhibit a higher level of professionalism as compared to students with less than two years of college. Using the same approach as that used in Hypothesis I, the answers of all the students, both freshmen and seniors with two or more years of college were compared with the answers of those with less than two years of college. There were 33 (31.7 percent) students with two or more years of college and 71 (68.3 percent) with less than two years of college. Chi square analysis was again used to determine if there was a significant difference.

None of the 39 questions in the survey showed a significant difference in an increased level of professional socialization by a student with two or more years of college so the results failed to reject the null Hypothesis III of no difference.

Analysis of Hypothesis IV

Hypothesis IV states: Senior students who are nursing externs will exhibit a higher level of professionalism as compared to senior students who are not nursing externs. This hypothesis used the replies of only the senior students because the freshmen students are not eligible to be nursing externs. The same approach as that used in Hypothesis I was again used and chi square analysis was again used to determine if there was a significant difference. Of the 69 senior students, 53 (76.8 percent) are nursing externs and 16 (23.2 percent) are not.
Only two of the questions showed a significant difference in an increased level of professional socialization by students who are nursing externs so the results failed to reject the null Hypothesis IV of no difference.

Summary

This chapter presented an analysis of the four hypotheses proposed in this study. The results are summarized in Table 14.

Table 14
Results of Testing Null Hypotheses

<table>
<thead>
<tr>
<th>Null Hypotheses</th>
<th>Reject</th>
<th>Fail to Reject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Null Hypothesis I - Autonomy</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Null Hypothesis I - Expertise</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Null Hypothesis I - Commitment</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Null Hypothesis I - Responsibility</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Null Hypothesis II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Null Hypothesis III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Null Hypothesis IV</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

In two dimensions of Hypothesis I, autonomy and commitment, the data rejected the null hypothesis of no difference. In the dimensions of expertise and responsibility of Hypothesis I, and in Hypotheses II, III, and IV, the data failed to reject the null hypotheses of no difference. The next chapter will contain the significance of these findings.
CHAPTER VI

SUMMARY AND DISCUSSION

This study compared senior nursing students with freshmen to determine whether the former would have higher scores on an instrument which measured professional socialization. Professional socialization was examined in four areas: autonomy, expertise, commitment, and responsibility. The results are discussed in this chapter. The limitations of the study and implications for further research are also presented.

Hypothesis I

The results for the first hypothesis are mixed. It was predicted that the senior students would show a higher level of professionalism than the freshmen students. A higher level of professionalism was shown in the areas of autonomy and commitment, but the higher level of professionalism was not shown in the areas of expertise and responsibility.

Autonomy

The TST was used in this study to test self-identity and the results were evaluated in the same manner George (1979) did in a study at Nazareth College. The results indicate that among all of the students there was a majority of subconsensual answers. This finding was similar to that reported by George in her study.
She also reported that other investigators used the TST to examine the effect of the contemporary emphasis in our culture upon the self on the pattern of responses and found a predominance of subconsensual answers.

Relating this finding to nursing may have some difficulties. What is the effect of the nursing education process upon the students in the pattern of responses? This study found a majority of subconsensual answers. From this it could be argued that nursing is more an art than science and that there are intangible areas. There are many concepts, such as holistic health, the client as locus of control, the family as client, etc., which make nursing less than an exact science. There are many different theories of nursing and only recently has the profession decided on a definition of nursing. The nursing process and nursing diagnosis are in the early stages of development. All of this supports the point that a number of components of nursing are intangible and abstract. Subconsensual responses are also abstract. Therefore, it could be argued that because nursing students have been exposed to an educational process that had many components which were subconsensual, when asked to define who they are their answers would be subconsensual.

On the other hand, nursing is said to be a science and in this sense is structured. The origins of nursing are in the military and religious communities, and nursing is based on a knowledge of the sciences, with concepts from chemistry, biology, pathophysiology, and others. The nursing process follows a logical pattern. Consensual answers are definite and clear cut. It could be argued
as George (1979) does that, "The nursing process is a logical process which would seem to be more compatible with a consensual frame of reference than with a subconsensual frame of reference" (p. 24). If nursing is concrete and based on fact then nursing students when exposed to that kind of an educational process would be expected to give consensual answers when asked to define who they are.

Combining these two arguments is the concept that nursing is both an art and a science. The first book the author had in nursing school was titled, The Art Science and Spirit of Nursing by Alice L. Price (1954). She says, "Nursing has long been defined as a science and an art, not a pure science, not a true art, but a combination of the two" (p. 2). If nursing is both an art and a science, it would follow that some areas of nursing are intangible and abstract and some areas are definite and clear-cut. After the students have been exposed to both the art and the science of nursing, it could be expected that the answers on the TST would not be compatible with either a clear-cut consensual or subconsensual frame of reference. Rather the answers would show a balance between the two frames of reference.

In any case, however the argument goes, this study did not show a significant difference in the responses of the seniors when compared to the freshmen in any of the categories consensual, sub-consensual, or balanced. This would seem to indicate that the progress of the students in the nursing educational program is not affecting their self concept. The results of this first part of the TST are similar to those found by George (1979) in her study done at a neighboring school.
In the second part of the TST, the nursing response, the findings are different. The seniors had significantly more nursing responses than the freshmen. This is in contrast to George's (1979) findings that there was no difference in nursing response between the levels of students. The reason for these differences is not clear. It may be due to the fact that George's study was done about six years earlier than this study and the nursing educational process may have changed in that period of time. Another factor may be that the nursing programs at each school differed in the way the students were socialized into the role of the professional nurse.

The results of the TST in this study would indicate that the students are identifying with the nursing role as they advance in their nursing program. Cohen (1981) says, "The student must learn to internalize the professional culture" (p. 15). It appears that the students are developing their self-identity as a nurse by the time they are seniors.

The other aspect of autonomy indicates that the senior students show a significant increase in the desire to improve their professional self by reading nursing books and journals and by attending nursing seminars. It may be suggested from the results of this study that the senior students are exhibiting a higher level of professionalism in the area of autonomy when compared to the freshmen students.

**Expertise**

In the area of expertise the results are divided. One part
of expertise refers to the ability to perform technical tasks. This was measured by eliciting responses regarding ownership of the "tools of the trade." The seniors had more positive responses indicating their higher level of professionalism in this area.

The other aspect of expertise related to the level of education for members of the profession. In this part the seniors did not show a higher level of agreement and in some parts the results were not in the predicted direction. This may be due to the disagreement within the nursing profession and likely reflected by the nursing instructors. The ANA has recently argued about the names for nurses from different nursing programs, the two, three, and four year programs. There was discussion about calling some "technical" or "associate" nurses (Selby, 1985). This disagreement continues and will likely not be quickly settled. Along with this is the discontinuing of many three year programs, like Bronson School of Nursing. Many nurses think that this is not a good trend while the ANA is already ignoring any still existing three year programs. With all of this disagreement it can be expected that the students are not following ANA's lead. The instructors are having a difficult time with these same issues. While teaching in a three year nursing program they naturally feel loyalty to their school and that type of program. They tell the students they are getting a good education. On the other hand, they face the issue of their school closing and their own loss of employment. While they may understand the need for upgrading the level of education in the profession it also involves a highly emotional issue.
that poses a personal threat. All of these issues are possibly reflected in the students' responses on this survey in relation to the level of education needed for members of the profession.

Commitment

When the students were surveyed regarding professional values, particularly those of "the client as the locus of control" and "the nurse as advocate for the client", the seniors showed significantly higher agreement. This suggests that the seniors have a higher level of professionalism in this area. The curriculum has stressed these concepts and the seniors have evidently incorporated them into their belief systems.

Responsibility

In this area the seniors are not showing a higher level of professionalism when compared with the freshmen, although the seniors do indicate greater agreement with the need for continuing education. Students are often told that there is so much knowledge that is is impossible to learn everything. They are told where to find information and that learning will continue all of their life. It appears that this concept is incorporated into the seniors's thinking.

A small percentage of all students both freshmen and seniors, are involved in community organizations. This may be due to many factors. One is that while students are in school they are very busy and have little time for outside activities. Another factor may be that many of the students live in the dorm and are isolated
from the community. They have left their hometowns and are not familiar with Kalamazoo and the opportunities offered here. Nursing education could assist in this area by offering opportunities for service and assisting with transportation. Encouragement should be given for participation and service to others.

The concept of the nurse as role model for others is accepted by all the students, both freshmen and seniors. The freshmen either entered the school with this concept or they learned it early in their training. The seniors agree with it indicating that it has been reinforced throughout the curriculum.

While the analysis of this area of responsibility does not show support for the hypothesis, there may be other factors involved. There may be lack of opportunities, the concepts may already be incorporated, and the measurement tool may be to blame. A student may show responsibility by being on time for classes and clinical experiences, by completing assignments, and by being dependable, reliable, and cooperative. The instrument used in this study was not able to measure any of these qualities.

In summary, the results for the first hypothesis, which predicted that senior students would exhibit a higher level of professionalism than freshmen, are mixed. In the dimension of autonomy, the seniors had more nursing responses on the TST and showed an increased desire to improve their professional self by reading nursing books and journals and by attending nursing seminars, when compared with the freshmen. In the dimension of expertise the seniors reported ownership of the "tools of the trade," but a low level of agreement in regards to increased levels of education.
for members of the profession. The dimension of commitment reveals
that the seniors agree with the professional values of "the client
as the locus of control" and "the nurse as advocate for the client."
In the dimension of responsibility the seniors did not show a higher
level of professionalism when compared with the freshmen. Factors
that may be involved in this lower level of professionalism were
discussed.

Hypothesis II

The second hypothesis predicted that the older students (25
years and over) would show a higher level of professionalism when
compared with students under 25 years of age. This was not support­
ed by the data as none of the areas showed a significant difference.
These results suggest that the age of the student does not influence
their level of professionalism as measured by the instrument used
in this study.

Hypothesis III

The third hypothesis proposed that the students with two or
more years of college would show a higher level of professionalism
when compared with students having less than two years of college
before entering their nursing program. This was not supported
by the data, therefore, it is suggested that the amount of college
education before entering nursing does not influence the students
level of professionalism as measured by the instrument used in
this study.
Hypothesis IV

The fourth hypothesis proposed that senior students who work as nursing externs would have a higher level of professionalism when compared with students who are not externs. As in Hypotheses II and III, this was not supported by the data. The results suggest that working as a nursing extern does not influence their level of professionalism as measured by the instrument used in this study.

In summary, senior students show a higher level of professionalism than freshmen students in many areas. This higher level is not due to the age of student, the amount of college education, or their work as a nursing extern. It is then suggested that based on this data, advances in their level of professionalism is attributed to progress in their nursing program.

Limitations of the Study

The major limitation of this study was the time the survey was given. Due to time constraints of the investigator, the survey was done in the fall of the year. At that time the freshmen were new to the school and did not have enough understanding to answer many of the questions intelligently. For example, one freshman asked what MSN stood for. Many indicated they had ordered a stethoscope, but had not received it yet. One student summed it up by writing, "I felt that some of the questions I couldn't or shouldn't answer because I didn't feel they pertained to me. Some of the answers I had to put undecided because I didn't have enough knowledge to answer or understand."
The seniors at the time the survey was done were quite new to third level. Their responses may have been different if the survey were done nearer to the end of their nursing program. By that time they would have completed more of the nursing classes including Nursing 306, Nursing Perspectives. In the classes and clinical practice, they would have learned more about professional values, autonomy, expertise, and responsibility.

Another limitation was the instrument used. Questions regarding education do not provide usable answers when given to students in school. Their answers may be biased when asked about the need for further education and about the value of education. Questions of this nature were omitted from the final analysis in this study.

It was also difficult to evaluate the results of the TST. George (1979) had available to her guidelines from T. S. McPartland (1967) for judging the answers as consensual or subconsensual. These guidelines are no longer available so the only ones used were those reported by George in her study. While this may be a limitation, it was felt that these were adequate for evaluating the answers. There was greater difficulty in evaluating the relationship of the consensual and subconsensual answers to nursing.

Implications for Further Research

Doing a master's thesis time is often limited by time since the investigator is approaching a graduation deadline. Given more time, it would have been informative to survey all of the students in the school of nursing. This would possibly show changes from first to second to third level. From those results implications
could be gathered for placement of certain factors in the curriculum.

It would be useful to repeat this study in two to five years on the same students after they have graduated and worked in nursing. Growth in professionalism does not end with graduation from nursing school. It could be proposed that higher levels of growth occur in the first years of working in nursing than through all of nursing school, due to the exposure to different aspects of the health care environment.

Summary

In this thesis the process of professional socialization of student nurses into the role of professional nurse was studied. Professional socialization was examined in four dimensions: autonomy, expertise, commitment, and responsibility. Senior nursing students were compared with freshmen to determine whether the former would have higher scores on an instrument which measured professional socialization. The data analysis for Hypothesis I shows partial support.

In Hypothesis II students 25 years of age and older were compared with students under 25. In Hypothesis III students with two or more years of college were compared with students having less than two years of college, and in Hypothesis IV students who were nursing externs were compared with those who were not. The same instrument for measuring professional socialization was used for each hypothesis. The results of the data analysis showed no support for the latter three hypotheses. The conclusion which
was partly supported by this study is that higher levels of professionalism of senior students, as measured by the instrument used in this study, is the result of their progress in their nursing program.

From the results of this study it is also concluded that the whole area of professional socialization needs to be studied further. There was little difference shown in the results of the measurement for the seniors as compared with the freshmen, and no differences in the students by age, amount of college, and experience as a nursing extern. Therefore, it is recommended that nurse educators continue to give more attention to ways of building professional socialization measures into the curriculum. In addition, it is recognized that the whole concept of professional socialization is difficult to measure. More precise ways for researchers to measure this subject should continue to be studied.
Appendix A

Professional Socialization Instrument
September, 1985

Dear Bronson Student:

This survey is an attempt to obtain some idea of the attitudes and beliefs of student nurses at Bronson School of Nursing about nursing. The results of the survey will help us in planning the curriculum.

Your responses will remain completely confidential. The questionnaire has no identifying number on it, and you should not write your name on it.

I greatly appreciate your assistance in this project. Thank you very much.

Sincerely,

Arlene Christian
First, I would like to ask a few questions about yourself to help interpret the results. Please put an X by the appropriate answer.

1. How old were you on your last birthday?
   - _____ Under 20
   - _____ 20 - 24
   - _____ 25 - 29
   - _____ 30 - 34
   - _____ 35 - 39
   - _____ 40 - 45
   - _____ Over 45

2. Are you ... Male _____
   _____ Female _____

3. Are you ... Single _____
   _____ Married _____
   _____ Divorced _____
   _____ Separated _____
   _____ Widowed _____

4. Do you have any children?
   - Yes _____ If yes, how many? _____
   - No _____

5. What level are you in?
   - _____ Freshman
   - _____ Junior
   - _____ Senior

6. How many years of college education have you had aside from that connected with your nursing program?
   - None
   - _____ Less than two
   - _____ Two or more but less than a Bachelor's
   - _____ Bachelor's
   - _____ Graduate education

7. Are you an LPN?
   - _____ Yes
   - _____ No

8. Are you a Nursing Extern?
   - _____ Yes
   - _____ No
9. Have you ever done service in the military, Peace Corps, Vista, foreign missionary service, etc.?

    _____ Yes
    _____ No

Next, please write the first 20 responses that come to mind in response to the question: **WHO AM I?**

10. ________________________________________________________________
11. ________________________________________________________________
12. ________________________________________________________________
13. ________________________________________________________________
14. ________________________________________________________________
15. ________________________________________________________________
16. ________________________________________________________________
17. ________________________________________________________________
18. ________________________________________________________________
19. ________________________________________________________________
20. ________________________________________________________________
21. ________________________________________________________________
22. ________________________________________________________________
23. ________________________________________________________________
24. ________________________________________________________________
25. ________________________________________________________________
26. ________________________________________________________________
27. ________________________________________________________________
28. ________________________________________________________________
29. ________________________________________________________________
Now I'd like to ask you some questions about your beliefs about nursing and your nursing experiences. Please answer all the questions by circling the appropriate number or filling in the blanks.

30. In the last 6 months, have you read a book pertaining to nursing other than your textbook?
   1 Yes If yes, please write in the title(s).
   2 No

31. Do you regularly read nursing journals?
   1 Yes If yes, please write in the name(s).
   2 No

32. Have you attended a seminar or conference outside of school relating to nursing in the past year?
   1 Yes If yes, please write in the name(s).
   2 No

33. Do you own your own stethoscope?
   1 Yes If yes, do you use it when working in the clinical area?
   2 No

34. Do you own your own sphygmomanometer?
   1 Yes If yes, have you ever used it to take the blood pressure of a family member, friend, or neighbor?
   2 No

35. Do you own your own otoscope?
   1 Yes
   2 No
36. Do you own a nursing bag of some sort?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. At this time, do you plan to go on for more education after graduation?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>If yes, are you planning to further your education in nursing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

38. After you graduate, do you plan to get a job in nursing?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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</tr>
</tbody>
</table>

39. Are you a member of one or more of the school committees?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>If yes, write in the name(s).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

How often do you attend the meeting?

<table>
<thead>
<tr>
<th></th>
<th>Every meeting</th>
<th>Every other meeting</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40. Are you involved in any community organizations in which you use your nursing expertise?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>If yes, write in the names of the organization(s).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Please rate how you feel about the following according to the scale:

SA - strongly agree
A  - agree
UN - undecided
D  - disagree
SD - strongly disagree
<table>
<thead>
<tr>
<th>Question</th>
<th>SA</th>
<th>A</th>
<th>UN</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. I will need more education after graduation in order to get the position I want.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42. LPN's should be phased out of their jobs in the hospital.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43. Nurses should have a BSN degree as entry level into the profession.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>44. Diploma schools should be discontinued.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>45. Associate degree programs should be discontinued.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>46. Nurses at the bedside would give better care if they have a BSN.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>47. Nurses at the bedside would give better care if they have a MSN.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>48. Nursing instructors should have a doctorate degree.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>49. Further education after graduation is important to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>50. The client should decide how he wants to live regardless of what the health-care profession tells him.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. The client should do exactly what the doctor tells him, even if he does not want to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. If the client does not understand what the doctor is ordering, I would ask the doctor on behalf of the client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>53. If the client does not want the treatment the doctor is ordering, I would tell the doctor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>54. Nurses should be required to obtain a certain amount of continuing education.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>55. Continuing education for nurses should be required by law.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>56. As a nurse, I should be a role model for healthy living.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>57. Society looks to nurses as examples of healthy living.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix B

Overview of Professional Socialization in the Bronson School of Nursing Curriculum
Overview of Professional Socialization in the Bronson School of Nursing Curriculum

Professional socialization is the process by which students acquire the knowledge, skill, and sense of occupational identity that is characteristic of members of a given profession (Jacox, 1973).

The following document is multidimensional. It outlines the professional socialization goals related to building 4 characteristics of a professional:

1. Autonomy
2. Responsibility
3. Commitment
4. Expertise

The curriculum outcome objectives, content, process, evaluation, and activities related to each characteristic have been outlined as they are in the Bronson School of Nursing program of studies to develop the personal self and professional self of the individual student. Outcome objectives are goals or terminal behaviors for the program. Each level is designed to contribute toward and build upon preceding levels in order to reach these objectives.

In the Bronson curriculum emphasis is (in the first year) put on development of the personal self. The faculty believe that development of the personal self is essential to development of professional self. On levels 2 and 3 the personal self is utilized to develop a professional self. Professional roles that students practice are expanded in succeeding levels. Faculty provide role modeling throughout the program.
<table>
<thead>
<tr>
<th>Responsibility (Behavioral Goal)</th>
<th>Content</th>
<th>Process</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing Self</td>
<td>1. Recognizes own response to others</td>
<td>All Courses: Responsible behavior required at each level</td>
<td>Evaluate to include well done as well as what needs improvement</td>
</tr>
<tr>
<td></td>
<td>2. Accepts responsibility for own behavior</td>
<td>Positive feedback along with feedback that promotes growth — Journals allow this as there is often not enough time for verbal</td>
<td>Start conference with student's self-evaluation. An attitude of, &quot;You can achieve at any level you want.&quot;</td>
</tr>
<tr>
<td></td>
<td>3. Can accept and use criticism to change</td>
<td>Required conference attendance at each level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Attends and participates in class</td>
<td>Class attendance, effective time management skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Completes assignments, dependable, punctual, cooperative</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Participates in college/community activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing Professional Role</td>
<td>1. Prepares for class/clinical – reports actions &amp; shares experiences</td>
<td>Meet regularly with groups on each level to discuss concerns related to learning. How are things going? (Use class time)</td>
<td>Attendance — students responsible for choosing to attend/not attend class/clinical</td>
</tr>
<tr>
<td></td>
<td>2. Knows limits &amp; seeks out appropriate assistance/resources</td>
<td></td>
<td>Give credit for conference attendance, participation in faculty committees and other committees and nursing organization membership</td>
</tr>
<tr>
<td></td>
<td>3. Abides by established policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Participates in BSNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Participates in school and departmental activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Attends professional conferences</td>
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<td></td>
<td>7. Assumes responsibility for attending structured learning and make-up learning</td>
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</tr>
<tr>
<td>Responsibility (Behavioral Goal)</td>
<td>Content</td>
<td>Process</td>
<td>Evaluation</td>
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</tr>
<tr>
<td>Developing Self</td>
<td>N103 Responsible for assignments, Responsible for self-health needs</td>
<td>N320-321 Journals</td>
<td></td>
</tr>
<tr>
<td>Develing Professional Role</td>
<td>N104 Prof. Soc. Resp taught, N223 Students patients, N320 Standards of care presented, Content related to patient's rights/advocacy, N320 - Practice experiences are student structured, through selection of alternative learning experiences</td>
<td>N320 Tested on care plan evaluated for inclusion</td>
<td></td>
</tr>
<tr>
<td>Expertise (Cognitive) (Psychomotor)</td>
<td>Content</td>
<td>Process</td>
<td>Evaluation</td>
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</tr>
<tr>
<td>Developing Self</td>
<td></td>
<td></td>
<td>All Courses: Testing</td>
</tr>
<tr>
<td>1. Develops self and therapeutic use of self.</td>
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<tr>
<td>2. Identifies learning needs Resources</td>
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<tr>
<td>3. Self-motivated learner; desires to increase knowledge/skill.</td>
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<tr>
<td>4. Can build on knowledge base in higher level courses using prior learning.</td>
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<tr>
<td>5. Can explain beliefs &amp; positions taken based on self knowledge and/or own learning.</td>
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<tr>
<td>Developing Professional Role</td>
<td></td>
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</tr>
<tr>
<td>1. Plans care based on theoretical rationale.</td>
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<tr>
<td>2. Uses classroom learning to clarify clinical and vice-versa</td>
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<tr>
<td>3. Builds on own knowledge base.</td>
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<tr>
<td>4. Can use scientific process.</td>
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<tr>
<td>5. Shares expertise.</td>
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<tr>
<td>6. Can perform technical procedures safely, accurately and effectively.</td>
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</tbody>
</table>

Tell students about conceptual framework upon which the curriculum is based.

Show how 1st level learning provides basis for following levels.

Instructors role-model expertise as educators and practitioners.

Allow problem-solving and pursuit of alternative actions to meet needs. (Allow questioning, resisting, testing.)

Write out nursing process to validate decision making.

- Use clinical conferences to discuss clinical situations/problem & relate classroom learning to clinical.
- Required to write personal objective for learning; includes evaluation of personal objectives.
- Is required to direct self to appropriate resources for learning.

Orientation to curriculum as freshman & "review" conceptual framework?

Were students told about conceptual framework on each level thereafter.
<table>
<thead>
<tr>
<th>Expertise</th>
<th>Content</th>
<th>Process</th>
<th>Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing Self</td>
<td>N104-Teaches professional socialization</td>
<td></td>
<td>N320-Turns in self-written objectives and is required to use these objectives as she evaluates.</td>
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<tr>
<td></td>
<td></td>
<td>Feedback from students is respected and given consideration as colleagues.</td>
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<tr>
<td>Developing Professional Role</td>
<td>N104-Teaches interpersonal commun./ interviewing</td>
<td>320 Items included in a practicum evaluation.</td>
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<td></td>
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<td>Care plans are graded.</td>
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<td></td>
<td>N320-322-Collaborates with other health team members.</td>
<td>321-Assessment tool ungraded. (phased out when expertise developed.)</td>
<td></td>
</tr>
</tbody>
</table>
### Professional Socialization

<table>
<thead>
<tr>
<th>Recommended Outcome Objectives Related to Autonomy</th>
<th>Existing Content</th>
<th>Existing Process</th>
<th>Existing Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developing Self</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Makes decisions recognizing own needs values and beliefs.</td>
<td>N103 - Self Awareness - values clarification, assertiveness</td>
<td>All Courses: Students use a non-judgmental, therapeutic approach - Assumes the role of advocate.</td>
<td>Turns in self-evaluation for permanent record - Use journals for documenting behaviors met.</td>
</tr>
<tr>
<td>2. Respects different beliefs and values of others.</td>
<td>N104 - Problem-solving process for decision making, Intrapersonal communication.</td>
<td>Write personal objectives for learning and uses them in self evaluation.</td>
<td>Care Plans evaluated Credit given for priority settings. Recycling of evaluation.</td>
</tr>
<tr>
<td>3. Can direct self to meet own learning needs.</td>
<td></td>
<td>Directs self to appropriate resources for learning.</td>
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<tr>
<td>4. Thinks critically.</td>
<td></td>
<td>Practices setting priorities and making decisions as plan care on all levels.</td>
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</tr>
<tr>
<td><strong>Developing Professional Role</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Establishes priorities and organizes work effectively.</td>
<td>N320 Change Theory N306 Role of Nurse &amp; autonomous behavior related to professional role - Risktaking.</td>
<td>All Courses: Students are exposed to core learning that can be independently achieved.</td>
<td>N306 Student contract for grade Each independent learning module has an evaluation component.</td>
</tr>
<tr>
<td>2. Makes clinical decisions based on scientific rationale.</td>
<td>3rd level Management concepts integrated</td>
<td>Independent learning modules are available for selected course objectives.</td>
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<tr>
<td>3. Operates responsibly within the health care system to promote</td>
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</tbody>
</table>
### Professional Socialization

<table>
<thead>
<tr>
<th>Recommended Outcome Objectives Related to Commitment</th>
<th>Existing Content</th>
<th>Existing Process</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing Self</td>
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</tr>
<tr>
<td>1. Develops self identity</td>
<td>N103 Focus on Self and self health (Values clarification, Assertiveness, self awareness-self health)</td>
<td>All Courses: As students carry out the nursing role &quot;self&quot; is built (&quot;I can be successful and worthwhile&quot;) with or without response from the client that indicates success.</td>
<td></td>
</tr>
<tr>
<td>2. Develops self esteem, as evidenced by attention to own needs and respect of own values.</td>
<td>N104 Interpersonal communication</td>
<td>Faculty Role model self-worth, use strategies to build self worth attitude, - &quot;You can do it!&quot;</td>
<td></td>
</tr>
<tr>
<td>3. Exhibits commitment to self as evidenced by accepting responsibility for self-improvement, setting personal goals and using productive approaches to reaching goals.</td>
<td>N320 Develop self and therapeutic use of self.</td>
<td>Positive feedback as well as feedback for improvement at midterm and final (or weeks, if needed)</td>
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<td></td>
<td>N306 Writes own philosophy of nursing and 5 year career goals.</td>
<td>Journals used for this feedback as well as verbal interaction between faculty and student.</td>
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<td>N220 - 223 Apply assertiveness and above 103, 104 knowledge.</td>
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</tr>
<tr>
<td>Recommended Outcome Objectives Related to Commitment</td>
<td>Existing Content</td>
<td>Existing Process</td>
<td>Evaluation</td>
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<tr>
<td><strong>Developing Professional Role</strong></td>
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</tr>
<tr>
<td>1. Demonstrates respect and support for peers</td>
<td>All Levels: Nursing Process</td>
<td>1st Knowledge 2nd Application 3rd Synthesis</td>
<td></td>
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<tr>
<td>2. Demonstrates respect and care for clients as evidenced by respect for client values, maintaining of rapport for clients, attention to clients needs and promotion of client involvement in self care management</td>
<td>Practice of nursing to build from commitment to others. N220-223 Strong focus on client participation in self-care - Applied in practicum via use of nursing process. Build relationships with health team members.  N320 Holds the expectation that students give or offer appreciation for the contribution of others and respond to feelings expressed by others.</td>
<td></td>
<td>N320, 321, 306 Peer evaluation of seminars. N320 Evaluate on Evaluation Forms.</td>
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<tr>
<td>4. Demonstrates commitment to growth of other professionals and profession by becoming involved in activities that support professional development.</td>
<td>Students have the opportunity on each level to present seminars and participate in group work to accomplish learning goals. Thus they assume responsibility for own and for contributing to learning of others.</td>
<td>All Courses: Promote student networking, mentoring, interdependence with peers, faculty, staff.</td>
<td></td>
</tr>
<tr>
<td>Recommended Outcome Objectives Related to Autonomy</td>
<td>Existing Content</td>
<td>Existing Process</td>
<td>Existing Evaluation</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td>Developing Professional Role (Con't)</td>
<td>N103, N306 Require attendance, Community Meeting.</td>
<td>Discuss prof. issues and areas of needed involvement</td>
<td></td>
</tr>
</tbody>
</table>

j/stewart/prointro
BIBLIOGRAPHY


