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## **A Comparison of the Effectiveness of Two Types of Clinical Instruction on Selected Variables Among Urban Baccalaureate Nursing Students**

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A COMPARISON OF THE EFFECTIVENESS OF  
TWO TYPES OF CLINICAL INSTRUCTION ON  
SELECTED VARIABLES AMONG  
URBAN BACCALAUREATE NURSING STUDENTS

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Old Dominion University in Partial Fulfillment of the  
Requirement for the degree of

DOCTOR OF PHILOSOPHY

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## ABSTRACT

### A COMPARISON OF THE EFFECTIVENESS OF TWO TYPES OF CLINICAL INSTRUCTION ON SELECTED VARIABLES AMONG URBAN BACCALAUREATE NURSING STUDENTS

Janice Parks Hylton  
Old Dominion University, 1993  
Director: Dr. Brenda Nichols

The purpose of this study was to provide baseline data regarding student perceptions of bureaucratic, professional, and service values and of instructors/preceptors as role models for each model of clinical supervision, traditional versus preceptored. A non-probability, convenience sample included 113 baccalaureate nursing students from two accredited programs in an urban area. Two instruments were used to identify student perceptions of bureaucratic, professional, and service values and of instructors/preceptors as role models. The results of the questionnaires revealed no significant differences between the students' perceptions of bureaucratic and service values and perceptions of instructors/preceptors as role models. Students' perceptions of professional values were significantly different by the type of supervision. Quantitative analysis failed to reveal that the groups differed on the basis of selected demographic characteristics. Implications for nursing education and strategies for improving utilization of research findings were discussed and recommendations for instrument revision as well as future research were suggested.

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## CHAPTER ONE

### Introduction

Leaders in nursing education and service have been concerned for years about the transition of nursing students from the role of the student to that of the staff nurse. Nursing students in the clinical setting move toward clinical competence through guidance of a readily available instructor who provides a support system. Often, after graduation, this type of support vanishes.

Critics have written of the difficulty and disillusionment new graduates experience when first entering the work world (Lewis, 1990; Itano et al., 1987; Clayton et al., 1989). Kramer's description of the phenomenon of "reality shock" as it relates to new graduates is well known (1974). Recently, leaders in education and service have wondered if there is not a more productive, effective way of increasing the nursing student's role adaptation into the practice arena.

Role adaptation is a "complex process by which a person acquires the knowledge, skills and sense of occupational identity that are characteristics of a member of that profession" (Watson, 1983, p.39). Nursing is taught so that students learn theory in a classroom and then, proceed into a clinical setting to apply the knowledge. Therefore, nursing



students enter the clinical setting with theoretical knowledge but with limited practical experience. Clinical practicums are designed to allow time for nursing students to apply theoretical knowledge and acquire needed skills. The experience gained through practical situations increases positive role adaptation (Benner, 1984). However, the application process occurs within an evaluation framework which can increase perceived stress and decrease role adaptation (Benner, 1984).

The traditional way to conduct clinical practicums is through the guidance and monitoring of nursing students by nursing instructors. This method is consistent with the rules and regulations of the Virginia Board of Nursing which state: "When students are giving direct care to patients, the ratio of students to faculty in clinical areas shall not exceed ten students to one faculty member" (1990, p.10). The traditional model of supervision does not offer the nursing students individualized instruction. Increases in technology and in patient acuity levels as well as practice demands pull the instructor in competing directions, making it difficult to provide individual supervision to the students.

An alternative to the traditional model is the preceptorship paradigm. A preceptorship is a one-to-one relationship between an experienced staff nurse and a neophyte (Goldenberg, 1988). Preceptorships provide the opportunities for the experienced and inexperienced nurse to work together for the

purpose of skill and knowledge acquisition in an integrative manner that is relevant to the work setting in which the nurse must practice (Leman, 1984).

The preceptorship allows the student time to form a one-to-one relationship with a practicing clinical nurse. Such a relationship may not be possible in the traditional faculty model of one-to-ten students. Preceptorships may also help the students resolve the differences between theoretical and practical knowledge (Benner, 1984). The one-to-one relationship allows unique opportunities for the student to develop interdependent nursing roles, value acquisition, problem solving skills, and critical thinking abilities (Dye-White, 1983). The students may have the opportunity during the preceptorship to more clearly differentiate and understand bureaucratic, professional and service values.

Benner (1984) notes that "theory offers what can be made explicit and formalized, but clinical practice is always more complex and presents many more realities than can be captured by theory alone" (p.36). Preceptorships may help the nursing students assume professional role behaviors while still students because of the one-to-one role modeling done by the staff nurse. Indeed, preceptorships "provide nursing students many other learnings essential for competent professional practice" (Reilly and Oermann, 1985, p.4).

In addition to facilitating role acquisition, the degree of success in which nursing students are integrated into the

clinical settings has a direct impact on the budgets of nursing schools and hospitals because of future recruitment and retention. Nursing schools and hospitals face tighter budgets due to increased expenditures and decreased revenues (American Associations of Colleges of Nursing, 1989). Schools have increased enrollment, increased numbers of part-time instructors, increased demands on full-time faculty, and increased costs. Hospitals also face increased demands and fiscal challenges such as increased patient acuities, decreased revenues due to major third-party reimbursement changes, increased costs related to supplies and personnel, and fierce competition. Thus, mechanisms which facilitate new nurse integration in the service setting should decrease recruitment and orientation costs.

As a result of these environmental constraints, it is important to examine the differences in outcomes of the traditional versus the preceptor method of supervising clinical experiences. By learning more about the student's perceptions of values, role socialization and role models, nursing school faculty may be able to improve role adaptation for the student.

This study focused on the identification of selected aspects of socialization, value acquisition, and role models related to type of role adaptation the student experiences. Specific variables selected for the study were perceptions of bureaucratic, professional and service values and perceptions

of faculty or preceptor as clinical role model. Corwin (1961) believed the disparity between school and values creates conflict and frustration between the individual's role adaptation in these areas. Bureaucratic values are the principles and rules of an organization that the individual perceives while professional values are those ideals which the individual holds regarding the profession and professional development (Corwin, 1961). Service values center around the professional's perceptions of the patient's welfare (Corwin, 1961). Nurses often find themselves in conflict over bureaucratic, professional and service values which create incompatible demands and frustration. Corwin stated that nurses are expected to be loyal to the organization or the employing facility; yet, at the same time remain loyal to the values of the profession and loyal to the patient.

This study attempted to provide baseline data regarding student perceptions of the bureaucratic, professional, and service values and of the instructor/preceptor as a role model in two different methods of clinical supervision. If differences in perceptions of values and role models are found to exist between the two methods of student supervision, schools of nursing would be able to identify and utilize the best method of supervision.

### Purpose of the Study

The purposes of the study were:

To provide baseline data regarding student perceptions of bureaucratic, professional and service values and of instructors/preceptors as role models for each model of clinical supervision.

To determine which method of supervision has greater impact in the acquisition of these values and perceptions of instructor/preceptors as role models.

### Statement of the Problem

The problem of this study was to establish baseline data and then to compare the differences of student perceptions of bureaucratic, professional and service values, role frustration, and perceptions of instructors/preceptors as role models between two types of nursing supervision.

### Hypotheses

The following hypotheses were tested in this study;

HO<sub>1</sub>: There will be no significant statistical difference between the perceptions of bureaucratic values of nursing students supervised by the traditional method versus the preceptor method.

HO<sub>2</sub>: There will be no significant statistical difference between the perceptions of professional values of nursing

students supervised by the traditional method versus the preceptor method.

HO<sub>3</sub>: There will be no significant statistical difference between the perceptions of service values of nursing students supervised by the traditional method versus the preceptor method.

HO<sub>4</sub>: There will be no significant statistical difference between the perceptions of role models of nursing students supervised by the traditional method versus the preceptor method.

#### Definition of Terms

The following terms are defined conceptually and operationally throughout this study:

Bureaucratic Values. The principles and rules of an organization that the individual perceives; e.g., efficiency, standards, procedures, and administrative authority (Corwin, 1961). In this study, bureaucratic values were measured by six items in the Nursing Role Conception Scale.

Clinical Practicum. A concurrent experience with classroom teaching offered throughout a program to provide nursing students an opportunity to learn the clinical practice competencies (Reilly and Oermann, 1985). Clinical practicums allow nursing students the chance to learn and practice what they were taught in the academic setting. For this study, all practicums were assigned by the schools in local accredited

hospitals in specific clinical areas for a total of seven weeks.

Preceptor. A preceptor is a specially selected and prepared staff nurse who sponsors and nurtures a learner in a given patient care setting (Turnbull, 1983). For this study, all preceptors were selected by the faculty in conjunction with the Director of Education in each hospital.

Preceptorship. A preceptorship is a one-to-one relationship between an experienced nurse and a neophyte (Goldenberg, 1987/88). In this study, the preceptorship was for the predetermined seven weeks of clinical practicum.

Professional Values. Professional values are those ideals which the individual holds regarding the profession and professional development (Corwin, 1961). For this study, perceptions of professional values were measured by eight selected items on the Nursing Role Conception Scale.

Role Conception. The ability to conceive mentally the perceptions, expectations, and beliefs associated with a status (Corwin, 1961). For the purposes of this study, role conceptions of values were measured with 22 hypothetical items on a five-point rating scale using Corwin's Nursing Role Conception Scale.

Role Frustration. The extent to which ideal or "ought to be" role conception is perceived to be nonoperative in practice (Corwin, 1962). The result is role frustration and/or role ambiguity. In this study, role frustration was measured by

the arithmetic sums of the differences between the ideal and the observed on the bureaucratic, professional, and service scales of the Corwin Nursing Role Conception Scale.

Role Model. As conceptualized by Hardy and Conway (1978) role model is a person who possesses certain skills that an individual lacks and from whom, by observation, can learn. In this study, subject's perceptions of role models were measured by six multiple options and 18, five-point rating scale items on the Role Model in Nursing Scale (Melick & Bellinger, 1977).

Service Values. Service values center around the professional's perceptions of the patient's welfare (Corwin, 1961). In this study, perceptions of service values were measured by eight selected items on the Nursing Role Conception Scale.

#### Assumptions

The following assumptions were established in order to conduct this study:

1. Perceptions of bureaucratic, professional, and service values could be measured quantitatively.
2. Perceptions of instructors/preceptors as role models could be measured quantitatively.
3. Subjects would honestly and thoughtfully complete the questionnaires.
4. Data obtained from the tools would reflect the perceptions of the subjects.



### Limitations

The limitations of this study included:

1. A sample of convenience was taken from two accredited, baccalaureate schools of nursing.
2. A sample of convenience precludes generalizability to a larger population.
3. No control was attempted over situations that could have had an impact on the clinical supervision.

### Theoretical Framework

A theoretical framework provides the foundation for and organization of an investigation. In this study, Hardy and Conway's role theory was selected to provide the theoretical framework to guide this research in order to facilitate discussion about the transmission of values and role identification with two differing types of variables related to supervision of nursing students.

Hardy and Conway (1978) stated that roles are positions in which an individual is defined--in terms of age, sex, religion, family connections, or status. Each role has rights and obligations associated with it. A role can be defined as a position in a social structure with a set of expectations and a set of behaviors associated with the position (Hardy and Conway, 1978). Individuals learn roles by interacting with significant others. As they interact, judge and define the individual's role, the individual develops a concept of the

expected role (Hardy and Conway, 1978; Hall and Weaver, 1985). The individual is then able to modify the role as knowledge is gained.

Role theory, as defined by Hardy and Conway (1978), refers to "a set of rules or standards guiding behavior" (p.3). More specifically, role theory refers to "a specific orientation towards social structure and social behavior" (p.9). The concept of role is useful in understanding human behavior and why an individual interacts with others in specific ways (Deutch and Krauss, 1965). Role socialization is that process in which an individual learns what are the group norms or expectations (Hardy and Conway, 1978). Role adaptation depends on how the position is defined by significant others as well as by the individual. It involves understanding of both how the role is conceived and how it is performed (Hardy and Conway, 1978). A discrepancy between role socialization and role adaptation can lead to role ambiguity and role frustration. In this study, the focus was on role frustration as a problem.

Nursing students are taught theoretical knowledge in the classroom setting. To apply the theories to clinical practice, the students must assume a different role. In the classroom, they are students. In the clinical practice, they are students moving towards professional practice. This movement towards a new role is called role socialization. It is the process by which individuals acquire the knowledge,

skills, process, outcomes, and develop individual differences that make them more or less able members of their profession (Hardy and Conway, 1979). Socialization involves both conscious and unconscious learning processes which the individual may be involved by taking an active or passive role. However, Hardy and Conway (1978) have stated that successful role socialization usually equates to successful role adaptation.

A clinical practicum has different expectations from the classroom setting and serves as an important step into the practice world of nursing. The student's adaptation depends upon his/her willingness and ability to accept the norms associated with a new role and is important for successful completion of clinical experiences (Hardy and Conway, 1978; Johns, 1983). Role adaptation is also aided by an effective role model who provides an example or a standard for others (Haber et al., 1987).

Role models in the clinical setting help define the role. A role model is usually an individual who possesses certain qualities, skills and expertise from which a novice can learn. The knowledge of one's role is a powerful index of the expectations a person is likely to face in the profession (Allen and Porter, 1983).

Role ambiguity occurs when there is confusion about goals and/or expectations of a role which can lead to role conflict (Mangham and Overington, 1987; John, 1983). Role ambiguity

and role conflict cause role dissatisfaction, role frustration and create problems for the nursing students during the socialization process (Kramer, 1976). In fact, if the student's conception of the ideal role is inoperative in the practice arena, role frustration may occur. Roles, role expectations, and the rights, duties, privileges, and obligations of roles are learned. Socialization--planned and unplanned, direct and indirect--is a vital process and may prevent role deprivation. Because a student can experience role ambiguity and/or role deprivation, it is necessary to acquire behaviors that are associated with the role of the professional practitioner (Reilly and Oermann, 1985, p.80)

The clinical practicum offers a period of socialization for the students. It is a process that has been described by Hardy and Conway (1978) and Brim (1966) as a time during which persons acquire the knowledge, skills, and dispositions that make them more or less members of their profession. This study focused on the nursing practicum as an ideal time to prepare nursing students for the transition from a student role to a staff nurse role.

Corwin (1961) stated that nursing students cannot fully imagine the graduate role because of the contradictions between the student role and the graduate role and the discrepancies between concept and experience. He believed bureaucratic values--those values of the hospital or job--and professional and service values--those of a profession and a

public servant--are fraught with contradictions. Corwin also stated that the teacher's own self-conception of bureaucratic, professional and service values influence the student's conception and role socialization.

Nursing students are supervised during their clinical practice typically in the traditional method of one faculty member per ten students. The goal of the faculty should be encouragement of independence and self-reliance (Reilly and Oermann, 1985). Role theory clearly gives direction for the study of differences in types of supervision for nursing students.

Mangham and Overington stated in 1987:

How an individual adapts...depends not only on how the position is defined by significant others but also how he himself defines the situation together with his own unique capacities, abilities, experiences, and style or manner of coping with problems in performing his duties and carrying out his responsibilities. Understanding the personal role definition therefore involves understanding both how the role is conceived and how the role is performed (p.123).

In summary, role theory can be extremely helpful in this study on specific variables focused on values and role adaptation related to the two types of supervision of nursing students. Role theory provided the foundation for this study and aided in understanding the perceptions of values and role models, and the impact of role adaptation by nursing students.

### Significance of Study

This study is significant because it focused attention on an increasingly serious problem: role adaptation of the nursing student. In fact, the value of this may be felt by nursing practice, nursing education, and nursing research if it can be shown that a more individualized type of supervision makes a difference in the role conception of nursing students.

For nursing practice, this study may demonstrate the effects/benefits that a hospital-based preceptor has on the student's role adaptation and role conception and may thus increase new graduate retention. As nursing education strives to cope with increased numbers of students and limited resources, the results of this study may provide data regarding role adaptation by nursing students whose clinical supervision was provided by two different methods. This study may allow nursing educators to evaluate alternative methods of supervising students which may produce equally beneficial, if not better, results. This study may also provide the basis for research on the variables associated with alternative methods of clinical supervision.

### Overview of the Study

Chapter One presented the significance of the problem, the proposed hypotheses for investigation, and the theoretical framework which gives direction to this research. In Chapter

Two the review of literature was categorized in three sections: Nursing Education, Clinical Education and Role Socialization. The methodology for this study was discussed in Chapter Three. Chapter Four presented the findings. The implications of the findings and recommendations for future research are discussed in Chapter Five.

## CHAPTER TWO

### Review of Literature

In order to more fully understand the nature of the research problem, the review of the literature investigated previous related works. The review of literature presented in this chapter is categorized into three sections: nursing education, clinical education, and role socialization. The first section is concerned with an historical overview of nursing education, while the second section is focused on studies specifically related to clinical education. The third section contains reviews of studies on role socialization in clinical settings.

#### Nursing Education

Much has been written on the relationship between nursing education and the application of knowledge through clinical practice. From the beginning, Nightingale advocated educating nursing students in the classroom on the technique of collecting empirical data so that they could make careful observations of patients in the clinical setting (Nightingale, 1859). The founder of modern nursing, Nightingale promoted "learning by experience and careful inquiry" (Nightingale, 1859, p.75). Schuyler (1992) reiterated the importance of Nightingale's belief that there was a critical need for educated nurses who



would be both committed and knowledgeable about the technique of caring for others. The Nightingale Training School curriculum focused on the hospital setting with an emphasis on empirical evidence and scientific knowledge (Nightingale, 1859).

Many articles have been written to present the emergence of nursing education from Nightingale's day to the current time (Hanson, 1989 and 1991; Frank, 1990; Steward 1984; Elfrink and Lutz, 1991; and Rogers, 1989). The development of nursing programs from hospital-based to university sponsored has been an arduous journey (McCloskey and Grace, 1984). There has been a major shift in nursing education from three year hospital, diploma programs to two year associate degree and four year college degree programs in the United States. Liberal arts education was introduced into nursing programs around the turn of the century to broaden the nursing student's knowledge base, develop the individual's critical thinking and judgement skills, and to foster the development of the individual for citizenship (Hanson, 1989).

Hanson (1989) suggested that three broad themes developed during 1893-1923 that impacted nursing education. The themes dealt with: (1) the place of liberal education and training, (2) the relationship of liberal education and professionalization, and (3) the placement of nursing education in colleges and universities (p.85). During this "intertwining of the philosophical ideas of liberal education, concepts of profes-

sionalism, and the systems of higher education had become an integral part of the belief system of nurse educators" (Hanson, 1989, p.90).

The nurse educators of this period placed less emphasis on the service of nurse to society and more emphasis on the nurse's development as an individual within a democratic society (Hanson, 1991, p.349). Nursing education pointed to service, society and the analysis of new situations. Knowing why was stressed to be as important as knowing how. Hanson (1991) felt that during that period nursing education had begun to take on some characteristics of professional education (p.349).

Hanson (1989, 1991) examined nursing literature for central themes from 1893 to 1923, and from 1924 to 1939. She described societal trends and their impact on nursing education and practice. From 1893 to 1923, three societal forces influenced nursing education: advances in medical science, the public health movement and two major wars, the Spanish-American and World War I (Hanson, 1989). The author concluded that nursing started to deal with the place of liberal arts in nursing education, the relationship of education and practice, and the placement of nursing in colleges and universities.

The societal trends that influenced nursing from 1924 to 1939 were: the changing role of women; the increasing level of education among the general population; advances in medical science, economic conditions; the way in which people dealt

with health and illness; and the Great Depression (Hanson, 1991). With the increased number of baccalaureate programs, the requirement for high number of clinical hours decreased while the requirement for faculty supervision of students increased.

Nahm (1984) stated that since World War II many developments in society have taken place that have had a distinct effect on the nursing profession. Enrollments in nursing schools increased with a marked increase in the number of programs offered at baccalaureate and Master's Degree levels. During the same period, changes were being made in the clinical education. Unlike the early years of nursing in which hospital based programs described students as apprentices and demanded many clinical hours in the hospitals, nursing educators started to control the amount of time required in clinical settings (Fitzpatrick, 1991; Frank, 1990; and Rogers, 1979).

Societal trends within the past ten years, which include increased age of nursing students, increased technology, increased cost of health care, and decreased budgets in the schools for faculty, have influenced schools to explore alternative clinical models for education (Reilly and Oermann, 1985; AACN, 1990). The traditional method of one faculty per ten nursing students is widely used; however, a preceptored method of one preceptor per one nursing student may be a viable alternative. Because of many changes in the health

care environment which influence nursing schools, both directly and individually, now may be the time to evaluate how students develop role conceptions as a result of alternative methods of clinical supervision.

### Clinical Education

The clinical practicum is the place where students learn to apply theoretical nursing knowledge to actual clinical problems. The impact of the clinical practicum on nursing students has been substantiated by many nurse educators (Bergman and Gaitskill, 1990; Infante, 1985; Williamson, et al., 1990; Newman, 1990; Peplau 1992; Windsor, 1977; and Schulzenhofer, 1991). Each clinical practicum is unique and is a result of individual clinical problems encountered.

Clinical education is considered an essential part of professional nursing education. Infante (1985) wrote that the overall function of the clinical practicum is to provide students with real experiences. She elaborated by stating the clinical practicum offers nursing students: a place to learn, a place to transfer knowledge, a place where the instructor guides and facilitates, and a place to discover creative modes of practice.

Students can be introduced to the real world of practice by either the traditional or preceptor method of supervision. The Commonwealth of Virginia Board of Nursing (1991) determined that the nursing faculty are responsible for the nursing students' classroom instruction, as well as the clinical

practicum. In addition, the Board stated that "when students are giving direct care to patients, the ratio of students to faculty in clinical areas shall not exceed ten students to one faculty member" (Virginia Board of Nursing, 1991, p.10). The faculty observe and teach students in a variety of clinical environments. The challenge for nursing faculty in the classroom and the clinical settings is to afford realistic learning experiences for students (Gould and Bevis, 1991; Schultz, 1989; Talarczyk and Milbrandt, 1988; and Atwood, 1986).

The preceptor type of supervision is an individualized teaching/learning method (Chickerella and Lutz, 1981; Anderson, 1991; and Turkoski, 1987). Goldenberg (1987/8) described the preceptorship as a one-to-one relationship between an experienced nurse and a neophyte. The preceptorship allows nursing students the opportunity to learn the roles of staff nurse from registered nurses in the practice field (Anderson, 1991).

A preceptored type of supervision for nursing students has advantages for both the student and faculty. For the students, it offers the opportunity to work with a staff RN who is familiar with the clients and the organization. The one-on-one relationship between student and preceptor allows for close supervision with immediate feedback. In addition, the special nurturing received by the student increases his/her confidence and professional development (Vance, 1982; Wright,

1990). The preceptored supervision creates positive role socialization (Stuart-Siddall and Haberlin, 1983).

In an attempt to investigate the student's perceptions of the contributions of different types of learning environments described in theory, Laschinger (1992) collected data from 179 four-year baccalaureate students at a single school in Canada. Ninety-eight percent of the respondents were women who ranged in age from 19 to 37 years. The students completed four instruments that measured adaptive learning competencies, learning styles, perceptions of nursing learning environments and educational experiences. The results demonstrated that the most frequent learning style of the sample was concrete (64.1%) while significantly fewer students had an abstract learning style (35.1%). Nursing learning environments contributed most to concrete learning while theory contributed to practical competencies, reflecting the importance of both people-oriented and scientific skills in nursing. Clinical experiences and the senior preceptorship experience contributed significantly more to the development of these competencies than theoretical nursing classes and non-nursing classes. The limitation of this study was that the sample was from a single nursing program.

In another study, Bergman and Gaitskill (1990) investigated faculty and student perceptions of effective clinical teachers. The researcher conducted the study to identify the characteristics of an effective clinical teacher, and to

determine if student perceptions of effective teaching behavior changed as the students moved closer to graduation. The sample was 134 students (11 sophomores, 77 juniors, and 46 seniors) and 23 faculty members. Each subject completed a questionnaire developed by Brown. The first part of the questionnaire identified 20 characteristics of clinical teachers. The subjects were asked to mark "of most importance" to "of no importance". The second part of the questionnaire required the subjects to select and rank, using a Likert-type scale, five of the 20 most important characteristics of the clinical teacher. The investigators found that both students and faculty favored articulate, knowledgeable clinical instructors who are objective and fair in student evaluation. The limitations of this study were that the sample was selected from only one institution; the sample size was relatively small; and the study involved a one-time measurement.

The clinical practicum aids the nursing students to move from theory to reality (Williamson, McDonough and Boetteher, 1990). During this period students must have role models of practitioners as leaders in nursing practice (Yura et al., 1981). Goldenberg (1987/8) determined that the clinical setting and clinical preceptors provide quality opportunities for learning and role modeling.

The effect of preceptorship on clinical competencies was studied by Myrick and Awrey (1988). In this study, the

investigator wanted to examine the effect of preceptorship on the clinical competency of basic baccalaureate student nurses. Specifically, the research sought to determine if there was a difference between preceptored baccalaureate students and non-preceptored baccalaureate students. The 52 subjects completed two questionnaires: Six Dimension Scale of Nursing Performance and the Slater Nursing Competencies Rating Scale. The investigators found no statistically significant differences between the groups on perceived performance or clinical competency. However, the results did demonstrate a statistically significant difference in the self-perception of students, with the preceptorship having a positive effect on the self-perception of students. The limitations of this study included sample size, lack of randomization, and that the study was confined to one baccalaureate program.

Hsieh and Knowles (1990) studied the instructor facilitation of the preceptorship relationship in nursing education. The authors investigated the essential elements in the preceptor relationship, the role of the instructor in facilitating the preceptor relationship and the variables affecting the preceptor relationship using direct observation and feedback. The sample consisted of 12 preceptor RNs, 12 students and 2 instructors in acute care hospitals. The results identified seven themes essential to the development of the preceptored relationship: trust; clearly defined expectations; support systems; honest communication; mutual



respect and acceptance; encouragement; and mutual sharing. The authors also concluded that students who lag behind in the development of the preceptorship relationship also lag behind their peers in achievement of the learning goals for preceptorship. The findings are limited as a result of the subjectiveness of the observations and the small sample.

Scheetz (1979) conducted a study to investigate the effect of preceptorship programs on students' clinical competence. The sample consisted of 72 senior female generic nursing students from an NLN-accredited baccalaureate program in the eastern United States. The subjects ranged from 18 to 23 years of age. For this quasi-experimental study, the treatment group consisted of 36 students who participated in a preceptorship program. The comparison group consisted of 36 students who worked as nursing assistants in a non-instructional clinical setting. The author formulated two research questions: Do baccalaureate nursing students who participate in a summer preceptorship experiences develop a greater gain in clinical competence than baccalaureate students who work as nursing assistants in non-instructional clinical settings? How do students in each group perceive various factors about the summer work experience relative to their preferences? Three instruments were used: the Participant Information Survey, the clinical Competency Rating Scale, and the Summer Experience Survey. Results of the data analysis indicated that the subjects who participated in summer preceptorship

work experiences demonstrated a significantly greater gain in the level of competence than did the subjects who participated in summer work experiences in non-instructional clinical settings. In addition, subjects in both groups favorably perceived various factors related to the structure and process of their work experiences.

Itano, Warren, and Ishida (1987) conducted a study to determine if the role conceptions and role deprivation of students who were preceptored were different from those students in a traditional faculty-supervised clinical group. The sample consisted of 118 upper level baccalaureate students. The Corwin Scale was administered three times to both the control and preceptored groups for the class of 1981: at the beginning of the preceptorship, at the end of the preceptorship and four months after the state board examination. For the preceptored class of 1982, the tool was administered six times over a two year period. The results showed no differences in role conception or role deprivation in students participating in the preceptorship and those who did not. There were no significant changes in the new graduates within three and six months of graduation in role conception or role deprivation. A limitation of the study was the different hospital orientations offered to the new graduates which may have influenced the responses.

### Role Socialization

Cognitive education and clinical practicums both prepare the nursing student to accept the role as a nurse and a member of the profession. Simpson (1979) stated that the dimensions of socialization included: "enough cognitive preparation for a person to perform the role; orientations that inform a person's perception of demands of the role and of behavior to meet the demands; and motivation sufficient to make the transition from one situation to another" (p.13).

Hardy and Conway (1978) postulated that the goals of socialization focus primarily upon acceptance by members of a society and demonstrated competence of the socialized in the society. The internalization of values of the society by the newcomer is dependent upon the acceptance of him/her into the society as a member.

Successful role socialization helps resolve the incongruity between the cognitive and practical knowledge. Role theorists approach the question of role adaptation as an important transition for learners to define their roles in the practice setting and select their behaviors (Mead, 1934; Goffman, 1959; Hardy and Conway, 1978). In addition they espouse the idea that any person occupying a position and filling a role behaves similarly to anyone else who could be in that position. Role theory, as formulated by Thomas and Biddle (1966), Goffman (1959) and Hardy and Conway (1978),

offers a useful perspective in which to generate ideas that serve as a link between beliefs and behaviors.

Role socialization may be difficult, contradictory or impossible because of the demands of the profession which are placed on the newcomer. Role stress can easily develop (Hardy and Conway, 1978). Role stress is manifested by frustration, anger, tension or unhappiness and can easily interfere with role adaptation.

Corwin (1961) investigated differences of the conflict between conceptions of role and reality among 296 graduate and student nurses. The sample included 201 staff nurses, 23 head nurses, and 71 junior and senior student nurses from diploma and baccalaureate programs from seven hospitals and four schools of nursing in a midwestern city. The subjects completed a researcher-developed scale to measure conceptions of role, professional, service and bureaucratic principles. The research questions for this study were: Do bureaucratic and professional conceptions of role conflict? Are there systematic differences in the organization of roles produced by diploma and degree programs? Do discrepancies between ideal roles and perceptions of the reality increase after graduation? Corwin postulated, based on his research, that graduate nurses upon graduation have inherent conflict between professional and bureaucratic roles. He believed this conflict to be the results of the inevitable discrepancy between concept and experience. Strong allegiance to professional and

bureaucratic roles slows fulfillment of the service conception of role. This allegiance was demonstrated among graduates with high bureaucratic conception. Results of the data analysis revealed that baccalaureate degree nurses maintain high professional conceptions more frequently than nurses from diploma schools. Degree nurses are unlikely to hold high-bureaucratic-low-professional conceptions, while this was a popular choice among diploma nurses. Corwin determined that the professional allegiance of diploma nurses declines after graduation but bureaucratic allegiance increases. The degree nurses, however, maintain professional allegiance while increasing bureaucratic allegiance. Corwin stated that role discrepancy and conflict among the degree students were caused by change in allegiance and the contradictions between the classroom setting and the practice setting.

Hardy and Conway (1978) determined that role socialization would be associated with less stress for the socialized if programs were provided "to facilitate modification and expansion of existing attitudes, knowledge, values and behaviors appropriate for their roles (p.79). They elaborated that role socialization would be easier and more successful if programs were in place in the workplace. "Unfortunately, individuals moving into many positions in the health care field must rely almost entirely upon their basic education experience, intuition, and on-the-job training" (Hardy and Conway, 1978, p.80).

Cohen (1981) outlined four goals for professional socialization. "The student must: (1) learn the technology of the profession--the facts, skills and theory, (2) learn to internalize the professional culture, (3) find a personally and professionally acceptable version of the role, and (4) integrate this professional role into all the other life roles" (Cohen, 1981, p.14). For nursing students, the clinical practicum will always be directed by a faculty member of the school. The actual hands-on experience may be supervised by either a faculty member or a preceptor. Corwin (1961) felt that faculty reacted much like parents by projecting their fantasies, ideals and aspirations upon their students. He elaborated that often faculty teach what ought to be rather than what is. Students discover the discrepancies between the ideal practice and the actual practice disturbing and threatening. The new nurse often experiences difficulty accepting hospital bureaucracy, the nursing profession values, and perceptions of patient welfare. If a nursing student is prepared for the world of reality, role socialization is an easier and more rewarding process.

Clayton, Broome, and Ellis (1989) conducted a quasi-experimental study to determine the effect of preceptorship on the socialization of baccalaureate prepared nurses. The sample was comprised of 66 senior nursing students who ranged in age from 19 to 49 with a mean of 27. The subjects were randomly assigned to two groups, one having a preceptorship

experience in the final quarter of their baccalaureate program and one having the traditional supervision. The Schwerian's Six-Dimension Scale of Nursing Performance was completed by both groups on three separate occasions: prior to the course, immediately following the course, and six months after graduation. The questionnaire consisted of 52 items and six subscales: (1) leadership; (2) critical care; (3) teaching/collaboration; (4) planning/evaluation; (5) interpersonal relations and communication; and (6) professional development. The authors hypothesized that students who participated in a preceptorship experience would report significantly different professional socialization behaviors than students who did not participate. Results demonstrated no significant difference in the pretest socialization scores of students prior to the preceptorship experience. There was a significant difference between groups immediately following the course and six months after graduation on the subscales of leadership, teaching/collaboration, interpersonal relations and evaluation, with the preceptor groups scoring higher in all four subscales. The authors stated that the findings also support the premise that adults learn more effectively in a one-to-one situation than in a group situation. The limitations of the study were sample size and lack of randomization.

Green (1988) investigated relationships between role models and role perceptions of new graduate nurses. The sample consisted of the entire class (N=25) of generic

baccalaureate nursing students from one school of nursing. The instruments were Role Models in Nursing: Student Questionnaire by Melick and Bellinger and Corwin's Nursing Role Conception Scale. The questionnaires were administered one month prior to graduation and three months after beginning employment. The author discovered that a majority of faculty role models of new graduate nurses are replaced by work-related role models in the first three months of employment. She also determined that new graduates believed clinical experiences/performances to be the most important role model characteristic. In addition, Green stated that new graduates adopted a more bureaucratic role perception after exposure to work-related models even though their pregraduation perception was professional.

A study conducted by Dobbs (1988) investigated the effectiveness of a senior preceptorship experience as a method for promoting anticipatory socialization to the working role of professional nurses. Corwin's Nursing Role Conception Scale was given to 103 generic baccalaureate students prior to and after the preceptorship experience. Results indicated a significant decrease in perceived role deprivation and a significant increase in the work-centered role models which indicate changes in the students' self-image and role expectations. Students who were preceptored by a staff nurse gained understanding of the bureaucratic needs of the organization,



the unwritten rules of the work group and the organization personnel.

Consequently, the preceptored paradigm of clinical supervision may be a viable alternative. Hardy and Conway (1978) stated "the availability of a role model facilitates the acquisition of an adequate level of role performance" (p.142). The preceptor is a member of the profession the student will be entering upon graduation. Preceptorships are unique experiences in which the student is guided and directed by a practicing staff nurse. Hsich and Knowles (1990) stated that "a preceptorship provides an opportunity to bridge the gap between student and graduate roles by placing a student with a preceptor RN currently working full-time in a health-care agency" (p.262). The student gains confidence in performing skills, competence in dealing with patients and families, and enjoys a feeling of professional nurturance. The student sees the day-to-day frustrations of nursing but is afforded the opportunity to discuss them with a role model (Hsich and Knowles, 1990; Stevens 1984). The preceptor introduced the student to the bureaucratic rules and standards but also will emphasize the nurses' responsibility to the profession and the patient. The aim of a preceptorship is for the student to experience role satisfaction which is a feeling of satisfaction or gratification in a specific system or society (Hardy and Conway, 1978). To achieve role satisfaction, the student must experience trust, clearly defined

expectations, support systems, honest communications, and mutual sharing (Hsich and Knowles, 1990). The preceptorship, based on a one-to-one relationship, is a viable method to achieve realistic role socialization. Schmalenberg and Kramer (1979) believed the preceptored experience alleviated some reality shock and helped students shed the "protective coating of school" (p.153). The authors stated that excellent role models will help students and new graduates learn sound decision making, the process and strategy of becoming a team member. In short, role socialization becomes an easier process.

#### Summary

The impact of clinical education on nursing students has been written about by many nurse educators (Infante, 1985; Williamson et al., 1990; Newman, 1990; Windsor, 1987; and Schulzenhofer, 1991). Often clinical experiences and preceptorships contribute more to adaptive learning competencies than typical or non-nursing classes (Laschinger, 1992).

Schools of nursing use the traditional and preceptored methods of supervision. Bergmen and Gaitskill (1990) investigated the effects of the clinical instructor upon role socialization. Other studies have been conducted to determine the effects on clinical competencies by using the preceptored method and comparing it to the traditional (Myrick and Awrey, 1988; Hsich and Knowles, 1990; and Lachat, 1991). The

differences in conceptions of role and reality between diploma and baccalaureate students was studied by Corwin (1961).

Socialization of students supervised by preceptors substantiated the importance of clinical role models (Clayton, Broome, and Ellis, 1989; Green, 1988; and Dobbs, 1988). All of the studies included in this review support the importance of the clinical practicum in the development of clinical competencies and the promotion of role socialization. Only a few research studies have examined the values and role adaptation related to two types of clinical supervision for nursing students.

### CHAPTER THREE

#### Methodology

This research established baseline data and then provided a comparison of the perceptions of bureaucratic values, professional values, service values, and role models of nursing students who experienced two types of clinical supervision. The study hypothesized that there would be no differences in the perceptions of bureaucratic, professional, and service values, and the perception of the role model between nursing students supervised directly by a faculty member versus those supervised by a preceptor. Questionnaires were completed by nursing students enrolled in two urban baccalaureate schools of nursing in the Fall semester 1992, to test the hypotheses.

#### Design

The design used for this study was a quasi-experimental pretest/posttest design. More specifically, a nonequivalent comparison group, pretest/posttest design was selected to test the hypotheses generated in this study. The rationale for the selection of this research design was the non-random assignment of subjects to the experimental and comparison groups (Kerlinger, 1986). Random assignment of subjects to the

experimental and comparison groups was not feasible because of the method of clinical assignments and rotations used at both participating schools of nursing.

The independent variable in this study was clinical supervision; i.e. traditional faculty method of supervision or the preceptorship method of supervision. The dependent variables were bureaucratic values, professional values, service values, and role modeling. Since subjects were solicited from two different schools of nursing, the differing philosophies, curriculum patterns and student profiles were viewed as intervening variables. Attribute variables examined include gender, age, marital status, race and last semester GPA and overall GPA.

In this study, all participants were asked to complete the Nursing Role Conception Scale (Corwin, 1961) which measured bureaucratic, professional, and service values, and the Role Models in Nursing Questionnaire (Melick and Bellingher, 1977) which measured perceptions of role models. To reduce the threat to internal validity, each subject underwent the same methodology for administering the instruments. While all attempts were made to prevent threats to internal validity via instrumentation, threats to external validity could not be controlled due to lack of randomization of sample. Since the sample was a convenience, non-random sample, there were be no attempts to generalize the results.

Internal consistency was sought through the use of delimitations which serve to provide some control on confounding variables. Only those subjects who were nursing students enrolled in theoretical and clinical components of the baccalaureate programs were included in this study.

### Sample

The sample for this study was a non-probability, convenience sample of 113 subjects. The non-random sample consisted of nursing students from two accredited baccalaureate programs in an urban city who met the following criteria:

1. Subjects were enrolled in theoretical and clinical nursing courses.
2. Subjects were assigned to clinical rotations.
3. Subjects gave consent to participate.

Human subjects approval was obtained from Old Dominion University; then the researcher approached the chairs of each nursing program. After permission was granted by the chairs of each university, the researcher approached the appropriate classes at the end of class in the first week of school to solicit participation in the study. At the end of class all individuals who agreed to participate in this study attended an oral presentation (Appendix A). The subjects were then instructed to read and sign a consent form (Appendix B). The pretest was given immediately, with the posttest given at the end of the seven week clinical practicum.

### Setting

The settings were two accredited baccalaureate schools of nursing. Permission was granted by the chair of each school of nursing (Appendix C). The pretest and posttest were administered in an assigned classroom at each school of nursing. Each NLN accredited school is part of a state supported university. One university is a historically black university, while the other is an urban, predominately white institution with total baccalaureate nursing enrollments of 62 and 182 respectively.

### Instruments

Data were collected via two instruments: Corwin's Nursing Role Conception Scale (1961) (Appendix D), and Melick and Bellinger's Role Model Questionnaire (1977) (Appendix E). A researcher-developed questionnaire was used to gather demographic data (Appendix F).

Corwin's Nursing Role Conception Scale. Corwin's Nursing Role Conception Scale (1961) was used to measure individual perceptions and values relating to bureaucratic, professional, and service aspects of nursing (Appendix D). Bureaucratic role conceptions measure the respondent's commitment to the rules and regulations of the employing institution. Professional standards are values of the individual to the profession while the service conceptions emphasized the dignity of and the caring for patients (Corwin, 1961).

The Role Conception Scale is based on 22 hypothetical situations: six are included in the bureaucratic sub-scale, eight are included in the professional sub-scale, and eight are included in the service sub-scale. Respondents rate each item twice; once according to their perceptions of what is ideal in nursing and once according to their perceptions of what is actually observed in nursing. Items are rated on a five-point Likert-type scale ranging from strongly agree (five) to strongly disagree (one). The arithmetic sums of weighted responses constitute the profile of total scale scores for role conception. Separate scores can be computed for ideal and actual (observed) responses. Score ranges, as developed by Corwin, are bureaucratic, 6 to 30; professional and service, 8 to 40.

High scores on the bureaucratic scale indicate a high allegiance to the organization and/or organizational role while high scores on the professional scale demonstrate an allegiance to the profession or professional role. High scores on the service range would indicate concern for the welfare of patients. Role frustration was measured by subtracting the observed score from the ideal for each item. The arithmetic sum of the differences between the weighted responses constitutes the respondent's total deprivation score for each scale.

Corwin (1961) addressed aspects of validity during the procedure used for development of the instrument. Further



validation of the tool was conducted by Kramer (1966). Construct and predictive validity were at the .01 level of confidence. The test/re-test reliability coefficients for the role conceptions scales were: a) .86 service; b) .89 bureaucratic; and c) .88 professional in Kramer's Study (1966).

Melick and Bellinger's Role Model Questionnaire. The second instrument used was the Role Models in Nursing Student Questionnaire developed by Melick and Bellinger (1977) (Appendix E). The tool was designed to identify the type of nurse role model most valued by the student. The questionnaire has six multiple option and 18 five-point ratings-scale-type items regarding role models in nursing. The instrument was designed to measure the various factors that influence nursing student perceptions of role models.

Melick and Bellinger (1977) did not include data relevant to reliability. Since scoring is item-by-item tabulation, conventional reliability estimates based on total scores are not relevant. Confidence intervals for individual items are more appropriate (Melick and Bellinger, 1977). The aspects of validity were ensured somewhat by the procedure used for development of the instrument.

Demographic Questionnaire. The final instrument was a demographic questionnaire developed by the researcher to obtain additional data concerning the subjects' gender, age, marital status, race, and last semester and overall GPA (Appendix F).

### Procedure

The proposal for this study was approved by the Committee for Protection of Human Subjects at Old Dominion University (Appendix G). Approval to conduct this study at two urban university schools of nursing was obtained from the respective chair of each school of nursing (Appendix C). The researcher then attended classes to explain the general purpose of the study to the students and request participation. Only students interested in participating stayed after the class session for the oral presentation. Participation was voluntary, and subjects were assured in writing of confidentiality and anonymity throughout the study. All subjects were given the same oral presentation and asked to sign an informed consent form (Appendixes A, B). All potential subjects stayed for the presentation and participated in the study (n=113).

Permission to use the instruments used for study was obtained from the respective authors (Appendix H). Instruments were completed by the subjects prior to the first day of their clinical rotation and upon completion of the same clinical rotation, seven weeks later. All subjects placed a four-digit number on the completed instruments to facilitate pre/post comparisons. No names were used.

The subjects were assigned a clinical practicum group by the respective faculty with the school of nursing. Some of the subjects were supervised in the traditional method of one

faculty per ten students, while other students were assigned to a one-to-one preceptor for their clinical practicum.

### Pilot Study

A pilot study was first conducted using 12 participants. The 12 participants were chosen from nurses in the senior year of a baccalaureate program who were not part of the research study. Each participant completed the Corwin Nursing Role Conception Scale (1961) and the Role Models in Nursing Questionnaire (1977). The pilot study was done in order to assess whether the research methods were appropriate, including, if the participants understood the instruments and directions, if the length of time allowed to complete both instruments was adequate, and to identify any problems in interpretation with the directions and/or questions.

Based on the pilot study, no questions were raised regarding the instruments. The length of time for the participants of the pilot study was appropriate and within the projected time frame.

### Quantitative Analysis

Prior to data analysis the reliability of the instruments was reestablished for this sample. A one-way ANOVA was done to ensure that subjects from two different schools were not significantly different in age, gender, marital status, race and GPA. Data collected were analyzed by the use of descrip-

tive and inferential statistics. The data were analyzed quantitatively, using t-tests, one way ANOVA, and chi-square.

A comparison of the instruments scores was made to determine if there was a difference in the nursing students who were supervised by a faculty member versus the nursing students who were supervised by a preceptor. A comparison of the mean scores was made utilizing a correlated t-statistic to analyze the results. The t-test and one way ANOVA were used to compare the differences among and between students supervised in two ways. The significance level was set at the 0.05 level for a two tail test. The chi-square test was used to determine if a relationship existed between two nominal level variables.

### Summary

Chapter Three has described the Methodology for the research study. A quasi-experimental study was conducted to explore the differences in perceptions of bureaucratic values, professional values, service values and role model values between nursing students supervised by the traditional faculty method versus the preceptor method. Validity of the instruments selected for this study had previously been established.

Internal validity of the study was controlled through the delimitating use of only: 1) subjects who were nursing students in baccalaureate schools of nursing and 2) subjects who were assigned their clinical practicums.

A pilot study was conducted with participants from the same population as participants for the major study. The pilot was done prior to implementation of the study to identify any unexpected problems in the data collection process, scoring, or methodology.

## CHAPTER FOUR

### Findings

#### Purpose

The purposes of this study were to provide baseline data and to compare student perceptions of bureaucratic, professional and service values and of instructors/preceptors as role models for two models of clinical supervision, traditional and preceptored and to determine which method of supervision has a greater impact on the acquisition of these values and instructors/preceptors as role models.

#### Description of Subjects

The sample consisted of 113 baccalaureate nursing students from two accredited schools of nursing in an urban area of a selected city. All potential subjects enrolled in three nursing courses with clinical practica agreed to participate. Seventeen of the sample were from one school with all of the subjects supervised by the preceptored method only. Ninety-six of the sample were from the other University with 61 supervised by the traditional method and 35 supervised by the preceptored method. Subjects were predominantly Caucasian females. Fifty-four percent (n=61) were supervised during the practicum by the traditional method of one faculty

member per ten students while 46% (n=52) were supervised by the preceptored method of one staff RN per one student.

The demographic characteristics collected for the total sample are presented in Table 1. The data are displayed under six demographic categories: Age Group, Gender, Marital Status, Race, Last Semester Grade Point Average (LSGPA), and overall Grade Point Average (OGPA). Under each major category the data are listed in sub-groups indicating the number and percentage of subjects in each category.

Table 1

Demographic Data For Total Sample.

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AGE		GENDER	
<20 years	= 16 (14%)	Male	= 13 (12%)
20-30 years	= 78 (69%)	Female	= 100 (89%)
31-40 years	= 10 (12%)		
41-50 years	= 3 (4%)		
MARITAL STATUS		RACE	
Never Married	= 61 (54%)	White	= 83 (74%)
Married	= 49 (43%)	Black	= 12 (11%)
Separated	= 1 (1%)	Asian	= 11 (10%)
Divorced	= 2 (2%)	Other	= 7 (6%)
LAST SEMESTER GRADE POINT AVERAGE			
2.01 - 3.00	= 35 (32%)		
3.01 - 4.00	= 74 (68%)		
Missing	= 4		
OVERALL GRADE POINT AVERAGE			
2.01 - 3.00	= 46 (43%)		
3.01 - 4.00	= 62 (57%)		
Missing	= 5		

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\* N=113

### Age

The subjects were divided into four age group categories. As noted for the total sample (Table 1), the data indicated there were 16 subjects (14%) in the 20 years and under age group, 78 (69%) in the 20-30 age group, 14 subjects (12%) in the 31-40 age group, and five subjects (5%) in the 41-50 age group. The largest percentage of the subjects were in the 20-30 age group with the median age group being 20-30 for both the traditional and preceptored groups.

### Gender/Race

The typical respondent was a Caucasian female. Of the 113 subjects, 89% were female (n=100) and 12% were male (n=13). Ninety-two percent of the subjects in the traditional group were female (n=56) with 8% male (n=5). The preceptored group consisted of 85% female (n=44) and 15% (n=8) male subjects.

Seventy-four percent of the subjects (n=45) were Caucasian in the traditional group with 12% (n=7) Black, 8% (n=5) Asian, and 7% (n=4) other. Subjects in the preceptored group were 73% (n=38) Caucasian, 10% (n=5) Black, 12% (n=6) Asian, and 6% (n=3) other.

### Marital Status

Subjects were also asked to indicate which of four categories best described their current marital status. The sample consisted of 61 subjects (54%) who were never married; 49 subjects (49%) were married; one subject (1%) was separated



and two subjects (2%) who were divorced. Thirty-four (56%) of the traditional students had never been married while 26 (43%) were married and one subject (2%) was divorced. The preceptored group of subjects included 27 (53%) who were never married, 23 (44%) were married, one (2%) was separated, and one (2%) was divorced.

### Grade Point Average

For each participant, the researcher requested the subjects to report the range for the last semester grade point average (LSGPA) and the overall grade point average (OGPA). Thirty-five of the subjects (32%) had a LSGPA of 2.01 - 3.00 while 74 (68%) had a 3.01 - 4.00 LSGPA. In terms of OGPA, 46 of the subjects had reported a grade point average of 2.01 - 3.00 while 62 (57%) had a OGPA average of 3.01-4.00. The traditional group of subjects included 21 (34%) at the 2.01 - 3.00 level and 38 (62%) at the 3.01 - 4.00 level for the LSGPA while 14 (27%) of the preceptored group of subjects were at the 2.01 - 3.00 level and 36 (69%) were at the 3.01 - 4.00 level. The overall grade point average for the total sample consisted of 46 (43%) at the 2.01 - 3.00 level and 62 (57%) at the 3.01 - 4.00 level. The OGPA for the traditional group of subjects included 27 (44%) at the 2.01 - 3.00 level and 31 (56%) at the 3.01 - 4.00 level. Nineteen (37%) preceptored students had an OGPA of 2.10 - 3.00 level while 31 (63%) were at the 3.01 - 4.00 level.

Descriptive data for subjects in both traditional and preceptored groups are displayed in Table 2.

Table 2

Frequency Data for Subgroups for Traditional and Preceptored Groups.

Subgroups	Traditional (n=61)		Preceptored (n=52)	
	n	%	n	%
<b>GENDER</b>				
Male	5	8	8	15
Female	56	92	44	85
<b>AGE</b>				
< 20 years	10	16	6	12
20-30 years	45	74	33	64
31-40 years	4	7	10	19
41-50 years	2	3	3	6
<b>MARTIAL STATUS</b>				
Never Married	34	56	27	52
Married	26	43	23	44
Separated			1	2
Divorced	1	2	1	2
<b>RACE</b>				
White	45	74	38	73
Black	7	12	5	10
Asian	5	8	6	12
Other	4	7	3	6
<b>LSGPA</b>				
2.01 - 3.00	21	34	14	27
3.01 - 4.00	36	62	36	69
Missing	2	3	2	4
<b>OGPA</b>				
2.01 - 3.00	27	44	19	36
3.01 - 4.00	31	51	31	60
Missing	3	5	2	4

Intervening Variables

Possible intervening variables were considered before hypotheses testing was begun. The possible intervening variables were identified through the literature review and

logical reasoning based on variables in this study. Intervening variables considered included school, age, gender, race, marital status, last semester grade point average, and overall grade point average. A one-way analysis of variance was computed for each of the potential intervening variables. There were no significant differences between the traditional and preceptored groups of subjects by age ( $F = 3.3$ ,  $df = 1$ ,  $p = .07$ ), gender ( $F = 1.4$ ,  $df = 1$ ,  $p = .24$ ), race ( $F = .04$ ,  $df = 1$ ,  $p = .83$ ), marital status ( $F = .29$ ,  $df = 1$ ,  $p = .59$ ), LSGPA ( $F = .71$ ,  $df = 1$ ,  $p = .40$ ), and OGPA ( $F = .79$ ,  $df = 1$ ,  $p = .37$ ). Only two schools were utilized in this study. Due to the unequal distribution of subjects, no statistical analysis was performed on this potential intervening variable.

### Instruments

Three separate instruments were chosen to determine the differences between type of clinical supervision and the perceptions of bureaucratic, professional and service values, and of instructor/preceptor as a role model. The nursing role conception scale and the role model questionnaire were administered to baccalaureate nursing students who were enrolled in nursing courses with associated clinical practicum. The conception scale represented a measure of the subject's perceptions of bureaucratic professional and service values. The role model questionnaire was designed to elicit perceptions of a role model. The third instrument utilized

was a researcher developed demographic tool. The item to total correlation and the overall reliability of the conception scale of values were also determined prior to hypotheses testing.

Nursing Role Conception Scale. Conceptions of bureaucratic, professional, and service values were obtained through the use of the Nursing Role Conception Scale (Appendix C). This 22-item scale measured the student's role conceptions of bureaucratic, professional and service values as well as the role frustration experience by the conflict between ideal and observed perceptions. A Cronbach's alpha was calculated for each subscale. The overall alphas obtained were .6413 for the bureaucratic scale; .6407 for the professional scale; and .5872 for the service scale. The individual item to total correlation was examined for each subscale and item. Any correlation ( $r$ ) of less than .25 for both the pre and post-testing resulted in the deletion of the item from subsequent analysis.

Two items were deleted from the bureaucratic scale (3A, 3B) which resulted in a 10-item scale with an alpha of .6617. The following items from the professional scale 7A, 7B, 8A, 10A, 12A, 12B, 13A, and 13B were deleted and resulted in an alpha of .6387 with items 15A, 15B, 16A, 17A, 17B, 21A, 21B, and 22B deleted from the service scale for an alpha of .5642.

The mean scores were computed for each subscale. Total items on pretest and posttest were used for each subscale.

For the bureaucratic subscale, the traditional group (n=61) had a mean score of 62.9 with a SD =8 while the preceptored group (n=52) had a mean score of 60.7 with a SD of 7. For the professional subscale, the traditional group (n=61) had a mean score of 43.1 with a SD of 6 while the preceptored group (n=52) had a mean score of 45.7 and a SD of 5. The service subgroup in the traditional group (n=69) with a mean score of 51.8 and a SD of 6 while the preceptored group (n=52) had a mean score of 53.6 and a SD of 5. T-values were computed for each subscale of Corwin's Nursing Conception Scale. The mean scores and t-values of pre and post scores for each subscale is displayed in Table 3.

Table 3

Mean Scores and t-values for Pre and Post Testing for Each Subscale of Corwin's Nursing Conception Scale.

Subscale	<u>X</u>	<u>SD</u>	t-value	<u>df</u>	<u>p</u>
Bureaucratic					
Traditional	62.9	8	1.60	111	.11
Preceptored	60.7	7			
Professional					
Traditional	43.1	6	-2.63	109	.01
Preceptored	45.7	5			
Service					
Traditional	51.8	6	-1.70	111	.10
Preceptored	53.6	5			

Role Model Questionnaire. Melick and Bellinger's six multiple option and 18 five-point ratings scale measured perceptions of role models (Appendix D). The multiple option questions afforded subjects the opportunity to identify the individual's actual and ideal primary role model for providing quality care. Eleven of the 18 five-point ratings addressed the importance of various characteristics of role models and seven pertained to the functions of a clinical instructor in nursing. As scoring is item-by-item tabulation, conventional reliability estimates based on total scores are not relevant. One question was an open-ended question which asked for the most important role model characteristic.

Subjects were asked to identify actual and ideal role models. Responses were classified as a work related role model if the subjects selected any of the following categories: RN (staff nurse), head nurse, clinical specialist, and supervisor or director of nursing. Responses were characterized as an educational related role model which included clinical instructor, non-clinical nursing faculty, and other. Students in the traditional group were supervised by a clinical instructor or a non-clinical nursing faculty member while students in a preceptored group were supervised by an RN, head nurse, or clinical specialist.

#### Hypotheses Testing

The following hypotheses were tested to ascertain the differences between perceptions of bureaucratic, professional, and service values and the identification of role models by the type of clinical supervision received.

Hypothesis 1. There will be no significant statistical difference between the perceptions of bureaucratic values of nursing students supervised the traditional method versus the preceptor method.

Hypothesis 1 was tested utilizing a t-statistic. The calculated t-value was non-significant ( $t\text{-value} = 1.60$ ,  $df = 111$ ,  $p = .11$ ). Thus, the hypothesis was not rejected. The bureaucratic values of students were not significantly different by the type of clinical supervision. Role frustration of bureaucratic values between traditional and precep-

tored groups was tested utilizing a t-statistic. The calculated t-value was non-significant ( $t\text{-value} = .46$ ,  $df = 11$ ,  $p = .66$ ).

Hypothesis 2. There will be no significant statistical difference between the perceptions of professional values of nursing students supervised the traditional method versus the preceptor method.

Hypothesis 2 was tested utilizing a t-statistic. The calculated t-value was significant ( $t\text{-value} = -2.63$ ,  $df = 109$ ,  $p = .01$ ). Therefore, the hypothesis was rejected. The professional values of students were significantly different by the type of clinical supervision. Role frustration of professional values between the traditional and preceptored groups was tested utilizing a t-statistic. The calculated t-value was non-significant ( $t\text{-value} = -4.0$ ,  $df = 92$ ,  $p = .68$ ).

Hypothesis 3. There will be no significant statistical difference between the perceptions of service values of nursing students supervised the traditional method versus the preceptor method.

Hypothesis 3 was tested utilizing a t-statistic. The calculated t-value was non-significant ( $t\text{-value} = -1.70$ ,  $df = 111$ ,  $p = .10$ ). Therefore, the hypothesis was not rejected. The service values of students were not significantly affected by the type of clinical supervision. Role frustration of service values between traditional and preceptored groups was



tested utilizing a t-statistic. The calculated t-value was non-significant (t-value = -1.6, df = 98, p = 1.2).

Hypothesis 4. There will be no significant statistical difference between the perceptions of role models of nursing students supervised the traditional method versus the preceptor method.

Hypothesis 4 was tested by item to item tabulation. A chi-square was calculated to examine the perceptions of role models between traditional and preceptored groups. All relationships were non-significant except for the question related to the ideal role model (pretest  $\chi^2 = 11.2$ , df = 5, p = .05 and posttest  $\chi^2 = 13.8$ , df = 5, p = .02). Therefore, the hypothesis was not rejected. Literature does not support the partial acceptance of an hypothesis. However, the students' perceptions of role models were varied according to the type of clinical supervision.

Other descriptive statistics from the role model questionnaire are displayed on Table 4. The responses of traditional subjects were 41 (76%) pretest and 36 (59%) posttest for actual work related role model while education related responses were 20 (33%) pretest and 25 (41%) posttest. The preceptored students responded 30 (58%) both pretest and posttest for actual work related role model while education related responses included pretest 22 (43%) and 33 (42%) posttest. For the ideal role model the traditional group responded 20 (32%) pretest and 17 (28%) posttest for work

related and 36 (59%) pretest and 44 (72%) posttest for the education related while the preceptored group responded 28 (54%) pretest and 27 (52%) posttest for work related and 24 (46%) pretest and 24 (48%) posttest for education related.

Table 4

Frequencies and Percentages of Responses for Preferred Actual and Ideal Role Models for Traditional and Preceptored Groups Before and After a Clinical Rotation.

Type of Role Model	Traditional				Preceptored			
	Pre		Post		Pre		Post	
	n	%	n	%	n	%	n	%
Actual								
Work Related	41	67	36	59	30	58	30	58
Education Related	20	33	25	41	22	43	22	42
Ideal								
Work Related	20	32	17	28	28	54	27	52
Education Related	36	59	44	72	24	46	25	48

Question four of the instrument related to the most important factor the subject believed would influence a person's ability to function as a role model. Frequencies and percentages for this question are in Table 5.

Table 5

Frequencies and Percentages of Responses for Most Important Factor that Influences a Person's Ability to Function as a Role Model

Factor	Traditional				Preceptored			
	Pre		Post		Pre		Post	
	n	%	n	%	n	%	n	%
RN Gives Care	9	15	9	15	11	21	14	27
RN Vast Clinical Experience	32	52	34	56	27	52	32	62
RN In Specialty Area	14	23	8	13	10	19	7	13
Other	6	10	9	15	4	8	9	17

The traditional group of subjects responded that the most important factor that influences a person's ability to function as a role model were: RN actually gives patient care 9(15%); RN with vast clinical experience 32 (52%) pretest and 34(56%) posttest; RN in specialty area 14 (23%) pretest and 8 (13%) posttest; with a variety of answers 6 (10%) pretest and 9 (15%) posttest. The preceptored group responded 11 (21%) pretest and 14 (27%) posttest on RN actually gives care; 27 (52%) pretest and 32 (62%) posttest on RN with vast clinical experience; 10 (19%) pretest and 7 (13%) posttest on RN in specialty area; with 4 (8%) pretest and 9 (17%) posttest in other group.

A chi-square testing of pretest to posttest in questions three (identification of role model) and five (functions of clinical instructor) was conducted. Both questions were Likert formatted with eleven and seven items respectively.

The range of potential responses included no influence at all to strongly influenced. Results of the 17 items were non-significant except those listed in Table 6. One-half of the results were significant. The traditional group responses were significant on two factors for identification of role model: Older person ( $\chi^2 = 34.1$ ,  $df = 16$ ,  $p = .01$ ) and BS degree ( $\chi^2 = 29.1$ ,  $df = 16$ ,  $p = .02$ ) while the preceptored group responses were significant on: BS degree ( $\chi^2 = 21.3$ ,  $df = 9$ ,  $p = .01$ ); MS degree ( $\chi^2 = 24.5$ ,  $df = 12$ ,  $p = .02$ ); doctoral degree ( $\chi^2 = 24.2$ ,  $df = 12$ ,  $p = .02$ ); same gender ( $\chi^2 = 31.5$ ,  $df = 16$ ,  $p = .01$ ); and classroom only ( $\chi^2 = 27.4$ ,  $df = 16$ ,  $p = .04$ ).

The responses regarding the functions of a clinical instructor were significant. For the traditional group, the factor that was significant was that the clinical instructor would function as a client caregiver ( $\chi^2 = 18.5$ ,  $df = 9$ ,  $p = .03$ ). The preceptored group responded to the functions of a clinical instructor as counselor ( $\chi^2 = 18.3$ ,  $df = 9$ ,  $p = .03$ ), role model ( $\chi^2 = 17.9$ ,  $df = 9$ ,  $p = .04$ ), and client caregiver ( $\chi^2 = 19.4$ ,  $df = 9$ ,  $p = .02$ ).

Table 6

Significant Relationships Pre to Post Responses of Traditional and Preceptored Groups on Identification of Role Models.

Identification	Group	$\chi^2$	df	Significance
Factors				
Older Person	Trad.	34.1	16	.01
BS Degree	Trad.	29.1	16	.02
	Precep.	21.3	9	.01
MS Degree	Precep.	24.5	12	.02
	Precep.	24.2	12	.02
Doctoral Degree	Precep.	24.2	12	.02
Same Gender	Precep.	31.5	16	.01
Classroom				
Contact Only	Precep.	27.4	16	.04
Functions				
Counselor	Precep.	18.3	9	.03
Role Model	Precep.	17.9	9	.04
Client				
Caregiver	Trad.	18.5	9	.03
	Precep.	19.4	9	.02

Forty-five (74%) of the traditional subjects on pretest selected age as not important to a role model compared to 41 (66%) on posttest. Forty-two (82%) of the preceptored group stated on pretest that age was not relevant compared to 45 (85%) on posttest. Fifty traditional subjects (82%) on pretest and 51 (82%) on posttest responded that the marital status of the role model made no difference. Forty-two (82%) of the preceptored group indicated on pretest and 45 (87%) on posttest that marital status made no difference in the selection of a role model.

Question eight of the instrument related to the kind of behavior that the subject was most likely to learn from the

clinical instructor. The subjects responded in question nine to who the person was in the clinical setting that most understands how the subject feels about the clinical setting. The two behaviors that were predominant were: Physical care 25 (45%) and 30 (49%) for the traditional group and 11 (21%) and 13 (26%) for the preceptored group. The subjects marked the person who most clearly understand them in the clinical setting as: traditional, RN 14 (24%) pretest and 10 (16%) posttest, clinical instructor 26 (45%) pretest and 26 (43%) posttest and a variety of answers (other) as 16 (28%) pretest and 18 (30%) posttest. The preceptored group responded RN 16 (31%) for pretest and posttests, clinical instructor 20 (38%) pretest and 17 (33%) posttest and other 11 (22%) pretest and 14 (27%) posttest. Results are reported in Table 7.

Table 7

Responses of Traditional and Preceptored Groups Regarding Desired Role Model Behavior.

Response	Traditional				Preceptored			
	pre n	%	post n	%	pre n	%	post n	%
Behavior I								
Need to Learn								
Physical Care	25	45	30	49	25	49	24	48
Emotional								
Support	7	13	6	10	9	18	6	12
Interpersonal								
Relationships	4	7	4	7	1	2	4	8
Problem Solving	16	29	14	23	11	21	13	26
Other	2	4	1	2	3	6	1	2
Person Who Most								
Clearly Understands								
Nurse Aide	1	2	5	8	2	4	2	2
Head Nurse			1	2				
Licensed Practical								
Nurse	1	2	1	2	2	4	2	2
Registered Nurse	14	24	10	16	16	31	16	31
Clinical Instructor	26	45	26	43	20	38	17	33
Other	16	28	18	30	11	22	14	27

Summary

The results of this investigation indicated there were no statistically significant differences between nursing students' perceptions of bureaucratic, and service values and of role models. Therefore, the hypotheses were not rejected. The perceptions of nursing students of professional values were significantly different by the type of supervision; therefore the hypothesis was rejected.

As indicated on the chi-square testing of the subscales of the role model instrument, significance between the

traditional and preceptored groups was demonstrated. Significant positive relationships existed between the groups on factors needed for the subject's identification of role model; e.g., older person, bachelor's degree, masters degree, doctoral degree, same sex, and classroom contact only (Table 6). Also, significance was demonstrated between groups on functions of a role model; e.g., counselor, role model, and caregiver. These previously stated findings support the need for a study to further investigate the complexity of role models.

The findings and statistical analysis have been presented in this chapter. The summary, conclusions, implications, and recommendations are presented in Chapter Five.



## CHAPTER FIVE

### Summary, Conclusions, Implications, and Recommendations

#### Summary

This chapter discusses the findings of the study in the context of the literature and summarizes the findings based on the analysis of the data. Conclusions and implications based on the findings and review of the literature are presented. Recommendations for further study are suggested.

The purpose of this study was to provide baseline and comparative data regarding student perceptions of bureaucratic, professional, and service values and of instructors/preceptors as role models for students clinical supervision, traditional and preceptored.

Role theory (Hardy and Conway, 1978) formed the theoretical framework for the study and provided distinct conceptual definitions. Role theory was related to roles that students adopt in the clinical part of nursing education and to the role models they look to help them become acquainted with and acclimated to new roles. Specifically, role theory was the basis for the bureaucratic, professional, and service values one may adapt in a new role. Bureaucratic values were defined as the principles and rules of an organization perceived by the individual. Professional values related to those ideals

which the individual holds regarding the profession and professional development. Service values were defined as those values that center around the professional's perceptions of the patient's welfare. Role theory supported the concept of role model which was defined by Hardy and Conway (1978) as a person who possesses certain skills that the individual lacks, and from whom the individual can learn.

Conceptual definitions were then operationalized through three different tools. The Nursing Role Conception Scale contained 22-items in a Likert format. The reliability of the Conception Scale was established for this sample by Cronbach's alpha. Items were subsequently deleted that did not contribute to the tool.

The Nursing Role Conception Scale measured individual perceptions of bureaucratic, professional, and service values. The Role Models In Nursing Questionnaire contained six multiple option and 18 five-point rating scale type items. The questionnaire identified the type of role model most valued by the student and measured the various factors that influence nursing students perceptions of role model. As scoring was item-by-item tabulation, conventional reliability estimates based on total scores were not relevant.

The demographic questionnaire, developed by the researcher, was an instrument to obtain data concerning the subject's gender, age, marital status, race, last semester grade point average, and overall grade point average.

Literature review supported the importance of clinical education in nursing education. Schools of nursing use several methods to supervise students in clinical settings. Two methods, traditional and preceptored, were examined in this study. Studies have compared the effect on clinical competencies of the faculty supervision versus the preceptored supervision (Myrick and Awrey, 1988; Hsich and Knowles, 1990; and Lachat, 1991). Socialization of students supervised by preceptors substantiated the importance of clinical role models (Clayton, Broome, and Ellis, 1989; Green, 1988; and Dobbs, 1988). The literature review also substantiated the importance of the clinical practicum in the development of clinical competencies and the promotion of role socialization.

A quasi-experimental pretest/posttest design was used for this study. The nonrandom sample included 113 nursing students from two accredited baccalaureate programs in a metropolitan city. The typical respondent was a Caucasian female between 20-30 years of age. Data were collected from a homogenous group in terms of age, sex, race, marital status, last semester grade point average, and overall grade point average. All eligible subjects (113) volunteered to participate in the study. Confidentiality and anonymity of the subjects were maintained.

Four hypotheses were generated for this study. The first three hypotheses addressed the issue of differences between perceptions of bureaucratic, professional, and service values

by nursing students supervised with the traditional method versus the preceptor method. Data obtained in this study did not show a significant statistical difference between nursing student's perceptions of bureaucratic and service values. There was a significant statistical difference between nursing students perceptions of professional values. The last hypothesis tested whether or not there were differences between the perceptions of role models of nursing students supervised the traditional method versus the preceptor method. There were no significant statistical differences between groups.

As indicated on the chi-square testing of the subscales of the role model instrument, significance between the traditional and preceptored groups was demonstrated. Significant positive relationships existed between the groups on factors needed for the subject's identification of role models; e.g., older person, bachelor's degree, masters degree, doctoral degree, same gender, and classroom contact only (Table 6). Also a significant difference was demonstrated between groups on functions of a role model; e.g., counselor, role model, and care giver.

### Conclusions

The findings indicated that there were no statistically significance differences in perception of bureaucratic and service values, and role models between nursing students

supervised by the traditional method versus a preceptor method. There were statistically significant differences in the perceptions of nursing students professional values by type of supervision.

Several factors may have influenced the study and data collection. Questions on the Conception Scale's 22 hypothetical situations may have been confusing as subjects had to differentiate between ideal and observed situations. The sample consisted of junior and senior nursing students from two schools. Since their education and clinical experiences were different, some of the subjects may have already had pre-existing opinions. The type of unit and the available role model may have affected the results. There was no way to measure the effect of the unit's overall environment, the preceptors' level of expertise or the reception of the subject by the unit staff on the results.

Additionally the sample may not have been a representative sample. The 113 baccalaureate nursing students who participated in this study represented only two schools of nursing. The schools were different in size of enrollment and one school utilized preceptored supervision only. Since this was a nonrandom, convenience sample, there was no way to assure that every element of the population had some chance of being selected. On the bases of these findings and discussion, the conclusions of this study are that:

1. Bureaucratic values were not significantly affected

by the type of clinical supervision. The method of clinical supervision did not affect the subject's perceptions of the efficiency, standards, and administrative authority in the organization.

2. Professional values were significantly affected by the type of clinical supervision. The subjects' perceptions of the profession and professional development were affected by the type of supervision.
3. Service values that center around the professional's perceptions of the patient's welfare were not significantly affected by the type of clinical supervision.
4. Perceptions of role models were not significantly affected by the type of clinical supervision.

### Implications

This investigation hypothesized that there would be no significant statistical difference between the perceptions of bureaucratic, professional, and service values and of role models of nursing students supervised the traditional method versus the preceptor method. Hypotheses One, Three and Four were not rejected. Hypothesis Two was rejected.

The study did produce interesting findings related to the subjects responses concerning actual and ideal role models. For actual role models, the traditional subjects selected work

related role models 67% compared to 58% for the preceptored group prior to the clinical practicum. After the clinical practicum 59% of the traditional group chose work related role models to 58% of the preceptored group. The clinical practicum altered the traditional group by decreasing the number who thought the work related role model was a preferred role model. The clinical practicum did not have an effect on the preceptored group. The education related role models selected changed from 33% to 41% for the traditional group while the preceptored group remained stable with 43% to 42%.

The ideal role model changed on pre and posttesting for both the traditional and preceptored groups. The ideal work related role model responses represented 32% of the traditional group on pretest and 28% on posttest while the responses for the preceptored group on pretest were 54% to 52% on posttest. The education related role model for the traditional group was 59% on pretest and 72% posttest. For the preceptored group responses were 46% pretest and 48% posttest. The ideal education related role model was selected by 59% of subjects in the faculty supervised group and 46% of the preceptored group prior to clinical experiences. Ideal education related role model was selected by 72% of the traditional group after the clinical experience and by 48% of the preceptored group.

Other questions were designed to elicit information about the desired attributes of a role model. Fifty-two percent of

the traditional group selected broad clinical experience of a role model as the most important factor in identifying a person as a role model pre and 56% posttesting while the preceptored group were 57% pre and 62% posttesting. Age and marital status were not selected as relevant role model characteristics for the sample.

Given the findings of this research study, the following implications for nursing practice, nursing education and nursing research are presented.

Nursing Practice. Clinical education is designed to facilitate the development of clinical competence through guidance of a readily available instructor. Upon graduation, this readily available support of an expert vanishes. As a result, the development of role confusion and role frustration has been well documented. Role frustration may lead to rapid turnover of new graduates in hospitals which equate to increased costs.

Hospitals and nursing schools face tighter budgets due to increased expenditures and decreased revenues. An alternative, more cost-effective method of supervision for nursing schools may be the use of the preceptor method. For the hospital, the use of staff preceptors for nursing students may enhance the collegial relationship between practice and academe. In this study the traditional group of subjects selected the work related role model 67% on pretest to 59% posttest while the preceptored group remained stable at 58%



pretest and 58% posttest as their actual role model. From pre to posttesting the traditional group decreased in percentages for those who thought the work related role model was a preferred role model. For the education related role model, again the traditional group changed by increasing from 33% pre to 41% posttesting while the preceptored group remained stable at 43% to 42%. Overall, the preceptored group changed very little from pre to posttesting but the traditional group changed from preferring a work related role model to an education related role model. The traditional group, as a result of their clinical experience increased their opinions of the faculty as education role models.

Both the traditional and preceptored groups selected broad clinical experience of a person as the most important factor in identifying a person as a role model. The results indicate that the clinical faculty and the preceptor were seen as actual role models for nursing students. This study may provide insight for the nursing educator in teaching students the significance of the clinical setting and of role models.

Nursing Research. Further nursing research must be conducted to provide an evaluation of the nursing students' clinical education. Future research on type of supervision of nursing students could address the following questions:

1. Is there a difference in perceptions of role and role models between associate degree and baccalaureate nursing students?

2. Is there a difference in perceptions of role and role models between nursing students with different types of curriculum.
3. Is there a difference in perceptions of role and role models between senior baccalaureate students and graduates of one year?
4. Is there a difference in perceptions of role and role models among nursing students from different geographic areas?
5. Is there a relationship between type of clinical supervision and clinical competence?
6. Is there a relationship between role values and job retention among new graduates?

#### Recommendations

A quasi-experimental investigation was conducted with a subject population limited to two baccalaureate programs in a metropolitan area in a mid-Atlantic state. This research design limited the generalizability of results. If a replication of this research were performed, the following recommendations should be considered:

1. Conduct a study of perceptions of role models of senior nursing students six months before graduation and six months after graduation.
2. A study should be designed to address specific

variables which relate to outcomes (patient satisfaction, staff satisfaction, clinical competence, and classroom grades, etc.) of those nursing students supervised the traditional method versus the preceptor method.

3. A multidimensional tool which addresses the many aspects of role modeling should be developed to assess the concept of role models.
4. Conduct a longitudinal study using the same instruments with baccalaureate students tested at intervals throughout their program and six months after graduation.
5. Additional behavioral concepts such as self-esteem, self-control, and helplessness should be added to this study to enhance predictions of perception of role value.

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## APPENDIXES

APPENDIX A  
ORAL PRESENTATION

1. My name is Jan Hylton. I am a doctoral student at Old Dominion University. I would like to have each of you participate in a research study that I am conducting.
2. The purposes of the study are:
  - A. To evaluate the effectiveness of clinical learning experiences of nursing students.
  - B. To provide baseline data regarding specific outcomes of clinical learning experiences related to nursing student.
3. You will be asked to complete three tools: A Role Conception Scale, A Role Model Questionnaire, and a Personal Data Form. There are no right or wrong answers.
4. You will no benefit directly from the study since all of you will be graduating soon; however, there are many indirect effects. Hopefully, this study will have an impact on nursing education, nursing practice and nursing research. Your participation will help others and your profession.
5. There are not risks involved. Participation is strictly voluntary. Participation in the study or lack of participation will have no effect on your classroom or clinical practicum grades. You may withdraw at any time without penalty. You have the right to not answer any question on the instruments.
6. Anonymonity will be maintained. Your name will not be used. Your name should not be written on any of the instruments. You are asked only to use a four-digit code number to facilitate pre-post testing. Data will not be given any individual faculty. All data will be kept confidential. All responses will be kept by the researcher and will be destroyed after a reasonable length of time.
7. Your participation will be equal to 30 minutes of your time at the beginning of the semester and 30 minutes at the end of the rotation.
8. You may call me at any time. My number is 479-2535. Any questions that you may have regarding this study may be asked.
9. Thank you for your time and willingness to help me.

APPENDIX B  
CONSENT FORM

I agree to participate in the research study conducted by Janice P. Hylton, a doctoral student at Old Dominion University. The purpose to this study will be to evaluate the effectiveness of clinical learning experiences. The nature of my participation has been explained to me. I understand that I may withdraw from the study at any time without penalty. I understand that my participation in this study will have neither benefit or detract my grade. I also understand that participation in this research study is voluntary.

I understand that the study will take approximately thirty (30) minutes of my time at the beginning and at the end of the rotation. I understand that I am free to withhold any answer to specific questions in the questionnaire submitted to me for this study. Furthermore, I understand that the answers to all questions will remain confidential with regard to my identify. No names will be given. I will place a four-digit number on the instrument to facilitate pre and post-testing. Data will not be given to any individual faculty. Only aggregate data will be available to the institution. Finally, I understand that my responses to the questionnaire will be kept strictly confidential and destroyed at the conclusion of the study.

I acknowledge that I have been informed that I can receive upon request and at no charge a copy of the results of this study. If I should want to contact Mrs. Hylton. I understand that I can contact her at (804) 479-2535.

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

I would like to receive a one page summary of the results.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

APPENDIX C  
PERMISSION LETTERS

# OLD DOMINION UNIVERSITY

College of Health Sciences  
School of Nursing  
Norfolk, Virginia 23529-0500  
804-683-4297

90

April 20, 1992



Jan Hylton  
5417 Pepper Place  
Virginia Beach, VA 23464

Dear Ms. Hylton:

On behalf of Old Dominion University's School of Nursing, I agree for you to approach senior nursing students regarding participation in your study. One-half of the students have been assigned to a clinical preceptor while the other half will have a faculty member. The School of Nursing will assign students to groups. Students have the right to not participate or withdraw without any penalty.

The data obtained may provide useful insight into benefits of different educational techniques. I would appreciate you sharing the results with the faculty at an appropriate time.

Please call me (683-4299) to arrange contacts with faculty and students in the Fall.

Sincerely,

A handwritten signature in cursive script that reads "Brenda S. Nichols".

Brenda S. Nichols, RN, DNSc  
Chair

BSN/bmg





NORFOLK STATE UNIVERSITY  
2401 Corprew Avenue  
Norfolk, Virginia 23504

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Department of Nursing  
(804) 683-8525

April 15, 1992

Ms. Jan Hylton  
5417 Pepper Place  
Virginia Beach, VA 23464

Dear Ms. Hylton:

I have read with interest your proposal to investigate several variables related to role socialization, which might be influenced by method of clinical instruction of baccalaureate nursing students. I believe that there will be no harm inflicted to those students wishing to participate in the study. Further, I believe that the information obtained could be of value to nurse educators as we continue to struggle with burgeoning enrollments in the face of limited resources during this recession.

Therefore, it is with pleasure that I grant permission for you to approach the senior baccalaureate students at NSU for inclusion in your doctoral research. If I can be of further assistance, please do not hesitate to call on me.

Best wishes on your research.

Sincerely yours,

A handwritten signature in cursive script that reads "Rebecca B. Rice".

Rebecca B. Rice, EdD, RN  
Department Head

APPENDIX D  
NURSING ROLE CONCEPTION SCALE

Instructions

This consist of a list of 22 hypothetical situations in which a nurse might find herself.

(A) the extent to which you think the situation should be the ideal nursing.

(B) the extent to which you have observed the situation in your hospital.

Notice that two (2) questions must be answered for each situation. Consider the questions of what ought to be the case, and what is really the case separately; try not to let your answer to one question influence your answer to the other question. Give your opinions; there are no "wrong" answers.

Indicate the degree to which you agree or disagree with the statement by checking one of the alternative answers, ranging from: STRONGLY AGREE, AGREE, UNDECIDED, DISAGREE, and STRONGLY DISAGREE.

STRONGLY AGREE indicates that you agree with the statement with almost no exceptions.

AGREE indicates that you agree with the statement with some exceptions.

UNDECIDED indicates that you could either "agree" or "disagree" with the statement with about an equal number of exceptions in either case.

DISAGREE indicates that you disagree with the statement with some exceptions.

STRONGLY DISAGREE indicates that you disagree with the statement with almost no exceptions.

Here is an example:

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
Some graduate nurses in New York hospitals believe that doctors are more professional than nurses.					
A. On the basis of the facts graduate nurses <u>should</u> believe doctors are more professional.					
B. Graduate nurses at my hospital actually <u>do</u> believe that doctors are more professional.					

Suppose that, almost without exception, you agree that nurses should regard doctors as more professional. Then check (X) column four (STRONGLY AGREE) for question A.

Suppose that, with some exceptions, you disagree that nurses in your hospital do believe that doctors are more professional. Then check (X) column four (DISAGREE) after question B.

Be sure you place a check mark (X) after both questions A and B.

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
<u>Bureaucratic Items</u>					
1. One graduate nurse, who is an otherwise excellent nurse except that she is frequently late for work, is not being considered for promotion, even though she seems to get the important work done.					
A. Do you think this is the way it <u>should</u> be in nursing?					
B. <u>Is</u> this the way things are at your hospital?					

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
2. A head nurse at one hospital insists that the rules be followed in detail at all times, even if some of them do seem impractical.					
A. Do you think this is the way head nurses and supervisors <u>should</u> act?					
B. <u>Is</u> this the way head nurses and supervisors at your hospital actually <u>do</u> act when the occasion arises?					
3. A graduate staff nurse observes another graduate staff nurse, licensed practical nurse, or aide who has worked in the hospital for months violating a very important hospital rule or policy and mentions it to the head nurses or supervisor.					
A. Do you think that this is what graduate nurse <u>should</u> do?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> when the occasion arises?					
4. When a supervisor at one hospital considers a graduate for promotion, one of the most important factors is the length of experience on the job.					
A. Do you think this is what supervisor <u>should</u> regard as important?					
B. <u>Is</u> this what supervisors at your hospital actually <u>do</u> regard as important?					
5. In talking to acquaintances who aren't in nursing, a graduate nurse gives her opinions about things she disagrees with in the hospital.					
A. Do you think this is what graduate nurses <u>should</u> do?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> when the occasion arises?					

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
6. A graduate nurse is influenced mainly by the opinions of hospital authorities and doctors when she considers what truly "good" nursing is.					
A. Do you think this is what graduate nurses <u>should</u> consider in forming their opinions?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> consider in forming their opinions?					
<u>Professional Items</u>					
7. One graduate nurse tries to put her standards and ideals about good nursing into practice even if hospital rules and procedures prohibit it.					
A. Do you think that this is what graduate nurses <u>should</u> do?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> when the occasion arises?					
8. One graduate nurse does not do anything which she is told to do unless she is satisfied that it is best for the welfare of the patient.					
A. Do you think that this is what graduate nurses <u>should</u> do?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> when the occasion arises?					
9. All graduate nurses in a hospital are active members in professional nursing associations, attending most conferences and meetings of the association.					
A. Do you think this <u>should</u> be true of all nurses?					
B. <u>Is</u> this true of nurses at your hospital?					

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
10. All graduate nurses in a hospital spend, on the average, at least six hours a week reading professional journals and taking refresher courses.					
A. Do you think this <u>should</u> be true of all nurses?					
B. <u>Is</u> this true of nurses at your hospital?					
11. Some nurses try to live up to what they think are the standards of their profession, even if other nurses on the ward or supervisors don't seem to like it.					
A. Do you think that this is what graduate nurses <u>should</u> do?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> when the occasion arises?					
12. Some graduate nurses believe that they can get along very well without a lot of formal education, such as required for a B.S., M.S., or M.A. college degree.					
A. Do you think that this is what graduate nurses <u>should</u> believe?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> believe?					
13. At some hospitals when a graduate nurse is considered for promotion, one of the most important factors considered by the supervisor is her knowledge of, and ability to use, judgment about nursing care procedures.					
A. Do you think this is what supervisors <u>should</u> regard as important?					
B. <u>Is</u> this what supervisors at your hospital actually <u>do</u> regard as important?					

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
14. Some hospitals try to hire only graduate nurses who took their training in colleges and universities which are equipped to teach the basic theoretical knowledge of nursing science.					
A. Do you think this is the way it <u>should</u> be in nursing?					
B. <u>Is</u> this the way things are at your hospital?					
<u>Service Items</u>					
15. At one hospital graduate nurses spend more time at bedside nursing than any other nursing task.					
A. Do you think this is the way it <u>should</u> be in nursing?					
B. <u>Is</u> this the way things are at your hospital?					
16. Head nurses and doctors at one hospital allow the graduate nurse to tell patients as much about their physical and emotional condition as the nurse thinks is best for the patient.					
A. Do you think this is the way it <u>should</u> be in nursing?					
B. <u>Is</u> this the way things are at your hospital?					
17. A doctor orders a patient to sit up in a wheel chair twice a day, but a graduate nurse believes that he is not emotionally read to sit up; the doctor respects her opinion and changes the treatment.					
A. Do you think this is the way it <u>should</u> be in nursing?					
B. <u>Is</u> this the way things are at your hospital?					



	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
18. Doctors and head nurses at the hospital respect and reward nurses who spend time talking with patients in an attempt to understand the hostilities, fear, and doubts which may effect the patient's recovery.					
A. Do you think this is what doctors and head nurses <u>should</u> regard as important?					
B. <u>Is</u> this what doctors and head nurses at your hospital actually <u>do</u> regard as important?					
19. A graduate nurse believes that a patient ought to be referred to a psychologist or a public health nurse and tries to convince the doctor of this, even though he is doubtful.					
A. Do you think this is what graduate nurses <u>should</u> do?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> when the occasion arises?					
20. At one hospital the nurse's ability to understand the psychological and social factors in the patient's background is regarded as ore important than her knowledge of such other nursing skills as how to give enemas, IVs, or how to chart accurately.					
A. Do you think this is the way it <u>should</u> be in nursing?					
B. <u>Is</u> this the way things are at your hospital?					
21. Some graduate nurses believe that the professional nurse who should be rewarded most highly are the ones who regard nursing as a calling in which ones's religious beliefs can be put into practice.					
A. Do you think that this is what graduate nurses <u>should</u> believe?					
B. <u>Is</u> this what graduate nurses at your hospital actually <u>do</u> believe?					

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
<p>22. At some hospitals the graduate nurses who are most successful are the ones who are realistic and practical about their jobs, rather than the ones who attempt to live according to idealistic principles about serving humanity.</p> <p>A. Do you think this is the way it <u>should</u> be in nursing?</p> <p>B. <u>Is</u> this the way things are at your hospital?</p>					

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APPENDIX E  
ROLE MODEL QUESTIONNAIRE

The following questions (1-4) concern role models in nursing. By role model we mean a person that a student wishes to pattern him/herself after because the role model is capable of providing high quality patient care.

1. Who would you identify as being your primary role model for providing quality nursing care?

<input type="checkbox"/> Staff nurses (RN's)	<input type="checkbox"/> Clinical Instructors
<input type="checkbox"/> Head nurses	<input type="checkbox"/> Non-Clinical nursing
<input type="checkbox"/> Clinical specialists	<input type="checkbox"/> faculty
<input type="checkbox"/> Supervisors or Directors of Nursing	<input type="checkbox"/> Other (please specify) _____

2. Under ideal conditions, who do you think should function as the primary role model for students?

<input type="checkbox"/> Staff nurses (RN's)	<input type="checkbox"/> Clinical Instructors
<input type="checkbox"/> Head nurses	<input type="checkbox"/> Non-clinical nursing
<input type="checkbox"/> Clinical specialists	<input type="checkbox"/> faculty
<input type="checkbox"/> Supervisors or Director of Nursing	<input type="checkbox"/> Other (please specify) _____

3. How much do each of the following factors influence your identification of someone as a role model? Circle the response which best indicates your belief about each factor. The scale range is: No Influence at All; Little Influence; Neutral; Some Influence; and Strongly Influenced.

	No Influence at all	Little Influence	Neutral	Some Influence	Strongly Influenced
A. Role model is close in age to students	1	2	3	4	5
B. Role model is an older person	1	2	3	4	5
C. Role model wears a uniform in the clinical area	1	2	3	4	5
D. Role model actually gives nursing care	1	2	3	4	5
E. Role model has a bachelor's degree	1	2	3	4	5
F. Role model has a master's degree	1	2	3	4	5
G. Role model has doctoral degree	1	2	3	4	5
H. Role model has had a broad clinical experience background	1	2	3	4	5
I. Role model works in the specialty area I would like to work in	1	2	3	4	5
J. Role model is of the same sex as myself	1	2	3	4	5
K. Role model has contact with me in the classroom only	1	2	3	4	5

4. Of all the factors which might influence a person's ability to function as a role model for you, what is the most important factor? 104
- 

5. We would like your opinion about the functions a clinical instructor in nursing performs. For each item, circle the response which best indicates your idea of what the clinical instructor actually does. The scale is: Never; Hardly Ever; Sometimes; Usually; and Always.

	Never	Hardly Ever	Sometimes	Usually	Always
A. Functions as a Counselor	1	2	3	4	5
B. Functions as an Evaluator	1	2	3	4	5
C. Functions as a Role Model	1	2	3	4	5
D. Functions as a Supervisor	1	2	3	4	5
E. Functions as an expert on nursing care	1	2	3	4	5
F. Functions as a Consultant	1	2	3	4	5
G. Functions as a client/patient caregiver	1	2	3	4	5

6. The ideal clinical instructor is in his/her:

\_\_\_\_\_ Twenties      \_\_\_\_\_ Forties  
\_\_\_\_\_ Thirties      \_\_\_\_\_ 50 or older      \_\_\_\_\_ Age is not relevant;  
makes no difference

7. The ideal clinical instructor is:

\_\_\_\_\_ Married with children  
\_\_\_\_\_ Married with no children  
\_\_\_\_\_ Single  
\_\_\_\_\_ Divorced or separated  
\_\_\_\_\_ Marital status makes no difference

8. The kind of behavior I am most likely to learn from my clinical instructors is skills concerning:
- ☐ Physical care
  - ☐ Emotional support of clients/patients
  - ☐ Interpersonal relations with health team members
  - ☐ Location and use of resource material and other intellectual or study habits.
  - ☐ Problem solving
  - ☐ Other (Please specify) \_\_\_\_\_
9. The person who most clearly understands how I feel in the clinical setting is a (an):
- ☐ Nurse's Aide
  - ☐ Head Nurse
  - ☐ Licensed Practical Nurse (LPN)
  - ☐ Registered Nurse (RN)
  - ☐ Clinical Instructor
  - ☐ Other (Please specify) \_\_\_\_\_

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APPENDIX F  
DEMOGRAPHIC QUESTIONNAIRE



The following information is necessary for research purposes. Please read each question carefully and check the answer that applies to you. If a blank follows a question, please write in the answer.

1. What is your gender?

Male \_\_\_\_\_

Female \_\_\_\_\_

2. What was your age at your last birthday?

\_\_\_\_\_ Years

3. What is your present marital status?

Never Married \_\_\_\_\_

Married \_\_\_\_\_

Separated \_\_\_\_\_

Divorced \_\_\_\_\_

Widowed \_\_\_\_\_

4. What is your race?

White \_\_\_\_\_

Black \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian \_\_\_\_\_

Other \_\_\_\_\_

5. What was your last semester GPA?

\_\_\_\_\_

6. What is your overall GPA?

\_\_\_\_\_

APPENDIX G  
HUMAN SUBJECTS APPROVAL

COLLEGE OF HEALTH SCIENCES

Registration/Review of Research Involving Human Subjects

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Section 1

For  
Committee  
Use

4-23-92

Date of Submission

- ( ) 1. Name of Research or Project A Quasi-Experimental Study of 2 Types of Clinical Supervision of Nursing Students
- ( ) 2. Name(s) of Researchers and School  
Tanice Hylton Phone No. 683-4299 Faculty ( ) Student ( )  
Nursing Phone No. \_\_\_\_\_ UG ( ) Grad ( )  
 Phone No. \_\_\_\_\_ Faculty ( ) Student ( )  
 UG ( ) Grad ( )
- ( ) 3. This research is being conducted as part of: (check one)  
 a. Faculty Research ( )  
 b. Master's Thesis ( )  
 c. Doctoral Dissertation (X)  
 d. Graduate Student Research ( )  
 e. Undergraduate Program Research Project ( )  
 f. Other (specify) ( ) \_\_\_\_\_
- ( ) 4. Where will research be conducted or data be gathered?  
OSU School of Nursing

Section 2

Please be informed that your research proposal has been reviewed by the committee and was:

Approved: yes

Approved, contingent upon the following modifications:

1. Use one standard consent form for all subjects. There  
doesn't seem to be a need for informed and oral consent.  
Please explain to us if this is necessary.

Disapproved. This project cannot be implemented because:

Do not hesitate to contact me should you desire further clarification of the committee's decision.

Lynn Talle-Watts  
 Chairperson, Committee for the Protection of Human Subjects

4-23-92

APPENDIX H  
PERMISSION FROM AUTHORS OF INSTRUMENTS

April 7, 1992

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Ronald G. Corwin, Ph.D.  
Department of Sociology  
Ohio State University  
300 Bricker Hall  
Columbus, OH 43210

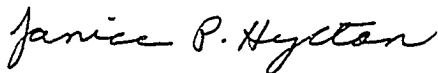
Dear Dr. Corwin:

Your secretary informed me that you have granted me permission to use the Nursing Role Conception Scale in my dissertation.

I understand that the Scale is now public domain. However, please confirm that fact by letter for my dissertation committee.

I look forward to your reply.

Sincerely,



Janice P. Hylton  
Doctoral Student  
Old Dominion University



RICHARD C. SURLES, Ph.D., Commissioner

JOHN M. OLDHAM, M.D.  
Acting Chief Medical Officer

April 20, 1992

Janice P. Hylton  
5417 Pepper Place  
Virginia Beach, VA 23464

Dear Ms. Hylton:

You have my permission to use the Role Models in Nursing Student Questionnaire. Best wishes as you undertake your dissertation.

Sincerely,

Mary E. Evans, RN, Ph.D.  
Principal Research Scientist

## VITAE

Janice Parks Hylton was born in Harborton, Virginia on March 26, 1936. She attended grade school and high school in Cape Charles, Virginia. In 1953, she entered the Norfolk General Hospital School of Nursing Diploma Program and graduated in 1956. After graduation, she attended the University of Virginia Registered Nurse Baccalaureate Program and graduated in 1958. In 1987 she completed requirements for the Masters of Science in Nursing degree at Hampton University in Hampton, Virginia.

She co-authored an article in 1990 entitled Modular Nursing: Partners in Professional Practice, which was published in Nursing Management, 21, 3, 20-24. She is a member of Phi Kappa Phi and Sigma Theta Tau honor societies. Professional memberships include the American Nurse Association and Virginia Nurses Association.

During her 25 years of nursing experience, she has been involved in education and administrative positions. She is currently the Nurse Administrator for the PHP Healthcare Corporation project at the Naval Regional Medical Center, Portsmouth, Virginia.