

South Dakota State University
**Open PRAIRIE: Open Public Research Access Institutional
Repository and Information Exchange**

Theses and Dissertations

1988

Impact of Perceived Mandatory Continued Formal Education on Professional Attitudes of Licensed Practical Nurse Associate Degree Upward Mobility Students

Kathy Hankel
South Dakota State University

Follow this and additional works at: <http://openprairie.sdstate.edu/etd>

 Part of the [Nursing Commons](#)

Recommended Citation

Hankel, Kathy, "Impact of Perceived Mandatory Continued Formal Education on Professional Attitudes of Licensed Practical Nurse Associate Degree Upward Mobility Students" (1988). *Theses and Dissertations*. 665.
<http://openprairie.sdstate.edu/etd/665>

This Thesis - Open Access is brought to you for free and open access by Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. For more information, please contact michael.biondo@sdstate.edu.

IMPACT OF PERCEIVED MANDATORY CONTINUED FORMAL EDUCATION
ON PROFESSIONAL ATTITUDES OF LICENSED PRACTICAL NURSE
ASSOCIATE DEGREE UPWARD MOBILITY STUDENTS

BY

KATHY HANKEL .

A thesis submitted in partial fulfillment
of the requirements for the degree
Master of Science
Major in Nursing
South Dakota State University
April, 1988

IMPACT OF PERCEIVED MANDATORY CONTINUED FORMAL EDUCATION
ON PROFESSIONAL ATTITUDES OF NURSES

This thesis is approved as a creditable and independent investigation by a candidate for the degree, Master of Science, and is acceptable for meeting the thesis requirements for this degree. Acceptance of this thesis does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

Thesis Adviser

Date

Dean, College of Nursing

Date

Abstract

This study examines the effects of perceived mandatory continued education on professional attitudes of Licensed Practical Nurse Associate Degree Upward Mobility Students. The results indicate a statistically significant difference in the professional attitude of self-regulation. Those Licensed Practical Nurse Associate Degree Upward Mobility Students who perceived continued education as mandatory had a more positive attitude regarding self-regulation than those who chose to continue their education. Age and size of city were variables that also influenced professional attitudes.

Acknowledgements

I would like to thank Steve, Linda, Jason and Kelsie for the much needed nourishment and diversion during the long hours devoted to this project.

I would like to thank Lori, my expert typist who did an excellent job in a very short period of time.

I would like to thank Phyllis, Coral, Cindy, and Illa for the much needed encouragement along the way.

I would like to thank my Mom and my sister for their patience and understanding throughout this entire process.

Last of all, I would like to thank Carol, my best friend, mentor, and confidant for her continued support, reassurance and guidance.

Table of Contents

Chapter	Page
1. Introduction to the Research.....	1
Statement of the Problem.....	2
Importance of the Study.....	3
Objectives of the Study.....	4
Definition of Terms.....	4
Summary of Chapter.....	5
Organization of Thesis.....	5
2. Review of the Literature.....	7
Utilization of Halls Professionalism Scale.....	7
The Relationship of Differentiated Levels of Nursing Practice to Professional Attitudes.....	9
A Summary of the Literature.....	10
Theoretical Framework.....	10
Research Hypotheses.....	14
3. Methodolgy.....	16
Population.....	16
Sample.....	16
Variables.....	17
Instrumentation.....	17
Procedure for Analysis of Data.....	19

4. Results of the Study.....	20
Characteristics of the Respondents.....	20
Response Rate.....	20
Demographic Data.....	21
Age.....	21
Marital Status.....	21
Number of Children.....	22
Number of Years as a Licensed Practical Nurse.....	22
Employment Status.....	23
Student Status.....	23
Area of Employment.....	24
Membership in Professional Organizations.....	24
Size of City in Which Employed.....	25
Respondent's Choice.....	25
Hall's Professionalism Scale.....	26
Use of Professional Organization as a Major	
Referrent.....	26
Belief in Public Service.....	27
Feeling of Autonomy.....	27
Belief in Self-Regulation.....	28
Sense of Calling to the Field.....	32
5. Interpretation, Implications and Recommendations.....	33
Summary.....	33
Research Findings.....	33

Conclusions.....	35
Limitations of the Research.....	37
Recommendations for Future Research.....	37
REFERENCES.....	38
APPENDICES	
A Hall's Professionalism Scale.....	40
B Human Subjects Committee Approval.....	45

List Of Figures

Figure	Page
1. The Structural and Attitudinal Attributes of Professionalism.....	13

Table Number and Title

Tables	Page
1. Age Demographics.....	21
2. Marital State Demographics.....	22
3. Number of Children Demographics.....	22
4. Years as a Practicing Licensed Practical Nurse Demographics.....	23
5. Employment Status Demographics.....	23
6. Student Status Demographics.....	24
7. Area of Employment Demographics.....	24
8. Professional Organization Demographics.....	25
9. Size of City Demographics.....	25
10. Perceived Mandated Continued Education Demographics.....	26
11. Use of Professional Organization as a Major Referrent...	27
12. Belief in Public Service.....	27
13. Feelings of Autonomy.....	28
14. Belief in Self-Regulation.....	29
a. Age and Years of Service.....	29
b. Continued Education Choice.....	30
c. Age and Size of City.....	30
d. Years of Service and Size of City.....	31
e. Years of Service and Continued Education Choice.....	31
15. Sense of Calling to the Field.....	32

Chapter 1

Introduction

"In a world of accelerating change, learning must be a lifelong process" according to Malcolm Knowles (1980, p.19). The writer believes nowhere is this more evident than in the profession of nursing.

Economic competition in health care, increasing patient acuity levels and increasingly sophisticated technology are challenging the nursing profession to re-evaluate and redefine its many, varied and changing roles.

For forty years the nursing profession has been debating educational requirements for entry into professional practice. There have been and are four levels of education that are accepted for entry into the practice of nursing: Licensed Practical Nurse (1 year), Associate Degree (2 years), Diploma (3 years), and Bachelor of Science Nursing (4 years). Upgrading the educational requirements for entry into nursing practice is one method the nursing profession plans to meet the structural criteria of professionalism as set forth by Willensky (1964, p. 137-158). He states that preparatory schools for professionals should exist within the university setting. The 1985 American Nurses Association nursing educational proposal, if implemented, would change the entire professional structure. Barbara Stevens, using the American Nurses Association proposal (1985) as a framework, cites four inevitable changes that will occur. Firstly, the proposal calls for two levels of nursing: a Baccalaureate prepared Nurse

and a nurse prepared with an Associate Degree. Secondly, the proposal moves nursing education into the academic university setting. No longer would there be "free standing" schools of nursing, that is, schools operating outside academic settings. Thirdly, this proposal requires a uniform model for nursing education. Fourthly, the single Associate Degree category would eliminate Licensed Practical Nurse and Diploma Registered Nurse programs. The American Nurses Association's 1985 nursing education proposal made Licensed Practical Nurses and Diploma Registered Nurses aware of the need for upgrading their educational preparation and the higher expectations of them as practicing nurses. As a result, some Licensed Practical Nurses have made the choice to become graduates of an Associate Degree Program and other Licensed Practical Nurses perceive that they are being coerced to upgrade their formal education to maintain employment viability.

Statement of the Problem

The problem under systematic inquiry is: How do professional attitudes of Licensed Practical Nurses who perceive continued formal Associate Degree education as mandatory, differ from Licensed Practical Nurses who choose to continue their formal Associate Degree education? If a difference exists, which variables contribute to this difference?

Importance of the Study

The status of nursing as a profession has been debated in the nursing literature. Nurses are challenged to increase professionalism within their ranks. The consumer movement, a better educated public, government laws and regulations, and voluntary regulatory agencies require, by various methods, that quality, responsible care be given by nurses to clients. How can this best be accomplished?

One method by which the goal of quality care can be met is through better education of practitioners in the field. Nursing programs are challenged to educate professional nurses who can meet the rigorous demands of the modern nursing profession. One method by which this is being done is in upgrading Licensed Practical Nurse preparation to Associate Degree preparation. In working with such a program the writer noticed that there was a difference in how individuals perceived returning to school.

The writer believes that identifying professional attitudes of nurses about returning to school may provide information for educators in career counseling and in setting appropriate career goals for students. Knowledge of the professional attitudes of nurses who return to school help educators develop more flexible curriculums to ease the role transition from Licensed Practical Nurse to Registered Nurse. The Associate Degree program has begun the transition into the Registered Nurse role and consequent professional attitudes.

Objectives of the Study

1. To identify professional attitudes of Licensed Practical Nurses who perceive continued formal education as mandatory.
2. To identify professional attitudes of Licensed Practical Nurses who chose to continue their formal Associate Degree education.
3. To identify the differences in professional attitudes of mandated Licensed Practical Nurse Associate Degree upward mobilist students and volunteer Licensed Practical Nurse Associate Degree upward mobilist students.
4. To identify selected variables which contribute to the differences in professional attitudes of mandated and voluntary Licensed Practical Nurse Associate Degree upward mobilist students.

Definition of Terms

1. Mandated LPN: Any Licensed Practical Nurse who perceives to have been coerced to return to school to qualify for Registered Nurse licensure.
2. Volunteer LPN: Any Licensed Practical Nurse who, on own volition, has returned to school to seek an Associate Degree in Nursing.

3. Professionalism: Vollmer and Mills (1966) define professionalism as "an ideology and associated activities that can be found in many and diverse occupational groups whose members aspire to professional status"(p.viii).
4. Profession: According to Moore (1970) "an occupation whose incumbents create and explicitly utilize systematically accumulated general knowledge in the solution of problems posed by clientele either individually or collectively (pp. 53-54).

Summary of Chapter

Chapter one has presented the introduction to the study, the statement of the problem, the importance of the study, the objectives of the study and the definition of terms.

Organization of Thesis

1. Chapter 2: The review of literature, the theoretical framework and the research hypotheses.
2. Chapter 3: The research design and methodology.
3. Chapter 4: The analysis of the research data.

4. Chapter 5: A summary of the thesis, related findings, conclusions, limitations of the study, recommendations, and implications for nursing.

Chapter 2

Review of the Literature

This chapter reviews the literature and is divided into two areas.

Utilization of Hall's Professionalism Scale

Hall (1968) developed a tool to compare occupational groups (see Appendix A). The tool was used in comparing eleven occupational groups (physicians, lawyers, nurses, accountants, librarians, stockbrokers, social workers, engineers, personnel managers, teachers and advertising executives). The study found that nurses, librarians and social workers had developed stronger professional attitudes in the areas of belief in public service and sense of calling to the field than other established professions. Nurses, when compared to the other ten groups were found to be least autonomous.

Monnig (1978), using Hall's tool, compared groups of Associate Degree, Diploma, Bacalaureate Degree and Master of Science Degree prepared nurses to each other as well as with physicians. She found that physicians demonstrated a higher degree of professionalism in areas of autonomy, belief in self-regulation, use of professional organizations as a major referent and sense of calling to the field than did nurses. However, nurses exhibited a higher degree of belief in public service than did the physicians. Monnig's findings demonstrated that older nurses and nurses with Master's Degrees expressed a higher

degree of professionalism in the use of the professional organization as a major referent. She also found that medical surgical nurses scored lower in autonomy than nurses in specialized areas. Nurses who were very satisfied with their positions were found to have a greater sense of calling to the field and a greater belief in self-regulation than the dissatisfied nurse. Monnig found that nurses in cities with populations of greater than 100,000 scored lower in belief in public service than did nurses from smaller cities.

Schreiner and Harris (1984) compared the relationship of educational preparation of nursing faculty to their attitudes on professionalism. Their findings support Monnig's contention that nurses with Masters' Degrees exhibited a higher degree of professionalism in the use of the professional organization than nurses prepared through an Associate Degree, Diploma or Bachelor of Science program. Schreiner and Harris conclude that "despite individual differences with groups of nurse educators, when the educators are grouped according to educational level, increased professionalism with increased educational level is shown" (p.257).

McCloskey and McCain (1987) measured professional commitment and satisfaction in nurses' attitudes during their first year of work in a hospital. They discovered that the professionalism of newly employed nurses declined slightly after the first six months of employment and remained at a slightly lower level through the first year. A decline indicated a less positive perspective at six months. A decline in

scores was also identified in the areas of belief in public service, a sense of calling to the field, and use of a professional organization as a major referent. They stated that the belief in self-regulation was rated highest while autonomy was rated the lowest. Associate Degree nurses exhibited a greater sense of calling to the field than other nurses in the study. Nurses with Master's Degrees scored higher in the use of professional organization as a major referent which was consistent with Monnig's and Schriener and Harris' findings.

The Relationship of Differentiated Levels of Nursing Practice to Professional Attitudes

Lawler and Rose (1987) compared generic Bachelor of Science nursing students, generic Associate Degree students and Associate Degree nursing graduates receiving a Bachelor of Science in Nursing using Stone's Health Care Professional Attitude Inventory. The results of this study suggest that "the Associate Degree Nurse graduate who returns to school to earn the Bachelor of Science in Nursing is a more professional product than either the generic Bachelor of Science Nurse or generic Associate Degree Nurse." (p. 21). They suggest that "the workplace is the site of socialization of nurses to a greater extent than we had previously thought." (p. 21)

A Summary of the Literature

The literature has shown the following:

1. Nurses have stronger professional attitudes in the areas of belief in public service and sense of calling to the field than other established professions.
2. There is a positive correlation between higher education and increased professional attitudes, especially so in the use of the professional organization as a major referent.
3. Nurses score consistently low in autonomy on Hall's Professionalism Scale.
4. Associate Degree nurses who return to Bachelor of Science in Nursing degree programs demonstrate a high degree of professionalism suggesting that the work environment may contribute more to socialization than was previously thought.

Theoretical Framework

The theoretical framework for this study is the professional model. The professional model consists of structural and attitudinal attributes. The structural attributes, although important to the professional model, were not studied but are included as part of the framework. The structural attributes as discussed by Willensky (1964, p. 137-158) include:

1. Creation of a full-time occupation -- this involves the performance of functions which may have been performed previously, as well as new functions, and can be viewed as a reaction to needs in the social structure.
2. The establishment of a training school -- this reflects both the knowledge base of a professional and the efforts of early leaders to improve the lot of the occupation. In the more established professions, the move is then followed by affiliation of the training school with established universities. In the new professions, university affiliation is concurrent with the establishment of training schools.
3. Formation of professional associations -- the formation of such associations often is accompanied by a change in the occupational title, attempts to define more clearly the exact nature of the professional tasks, and efforts to eliminate practitioners who are deemed incompetent by the emergent professionals. Local associations unite into national associations after a period of some political manipulations. As stronger associations are formed, political agitation in the form of attempts to secure licensing laws and protection from competing occupations becomes an important function.

4. Formation of a code of ethics -- these ethical codes are concerned with both internal (colleague) and external (clients and public) relations. They are designed to be enforced by the professional associations themselves and, ideally, are given legal support.

The attitudinal attributes of professionalism formulated by Hall (1968, p. 93) from a synthesis of several studies will serve as the specific framework for this study. The five attitudinal attributes as set forth by Hall include:

1. The use of the professional organization as a major referent-- this involves both the formal organization and informal colleague groupings as the major source of ideas and judgements for the professional in his work.
2. A belief in service to the public -- this component includes the idea of indispensibility of the profession and the view that the work performed benefits both the public and the practitioner.
3. Belief in self-regulation -- this involves the belief that the person best qualified to judge the work of a professional is a fellow professional, and the view that such a practice is desirable and practical. It is a belief in colleague control.
4. A sense of calling to the field -- this reflects the dedication of the professional to his work and the feeling

that he would probably want to do the work even if fewer extrinsic rewards were available.

5. Autonomy -- this involves the feeling that the practitioner ought to be able to make his own decisions without external pressures from clients, those who are not members of his profession, or from his employing organization.

An underlying assumption in this study is that a correlation exists between attitudes and behavior. Therefore, the attitudinal attributes of a professional will influence the approach taken in the practice of the profession. A schematic representation of the interrelatedness of structural and attitudinal attributes to professionalism is depicted in Figure 1.

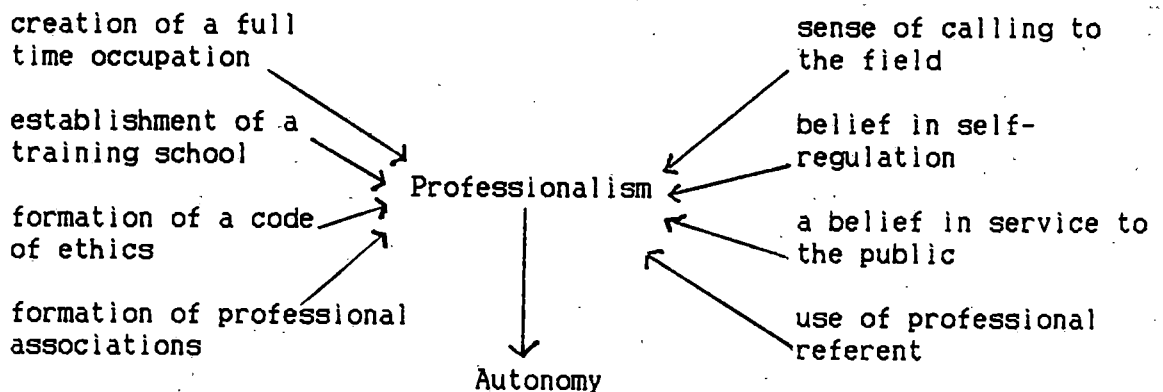


Figure 1
The Structural and Attitudinal Attributes of Professionalism

It is this combination of attitudinal and structural attributes which compose the professional model. According to Hall, "It is generally assumed that both aspects are present to a greater degree in

highly professionalized occupations while they are present to a lesser degree in the less professional organizations (p. 93).

Research Hypotheses

1. There is no difference in professional attitudes between Mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students.
2. There is no difference in the strength of belief in public service between Mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students.
3. There is no difference in belief in self-regulation between mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students.
4. There is no difference in belief in autonomy between mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students.
5. There is no difference in sense of calling to the field between mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students.

6. There is no difference in the level of use of the professional organization as a major referent between mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students.

Chapter 3

Methodology

This chapter describes the study population, sample selection, variables, instrumentation, methodology and data analysis. The study design is a nonexperimental ex post facto research.

Population

The private Associate Degree program in which this study was undertaken has an average enrollment of 50 students. This institution was selected as the setting for the study because the Licensed Practical Nurse population was sufficiently large for the study, and accessible to the researcher.

The population of this study consisted of male and female Licensed Practical Nurse students accepted into a private institution's Associate Degree in Nursing program. The population consisted of two groups: Licensed Practical Nurses who perceived they had been mandated to continue their formal education to maintain their employment viability and Licensed Practical Nurses who chose voluntarily to continue their formal education.

Sample

Students available to the researcher, and willing to participate included a total of seventy students. Participation by subjects in the study indicated consent.

Variables

Dependent Variable:

1. Professional attitudes

Independent Variables:

1. Mandated Licensed Practical Nurse
2. Volunteer Licensed Practical Nurse
3. Age
4. Sex
5. Marital status
6. Number of children
7. Years employed as a Licensed Practical Nurse
8. Employment status (part-time, full-time)
9. Student status (part-time, full-time)
10. Area of employment
11. Membership in professional organizations
12. Size of city
13. Perceived reason for continuing education

Instrumentation

The Hall Professionalism Scale, devised by Richard H. Hall in 1968 and revised by William E. Snizek in 1972, was the instrument selected to measure professional attitudes. The instrument consists of twenty-five items representing five attitudes of professionalism:

1. Use of the professional organization as a major referent
2. Belief in public service

3. Belief in self-regulation
4. Feelings of autonomy
5. Sense of calling to the field

The data for this study were collected as follows:

1. Approval from Human Subjects' Committee of participating institution (see Appendix B).
2. Approval from the South Dakota State University Human Subjects' Committee (see Appendix B).
3. The researcher approached the nursing chairperson of the participating institution to explain the proposed study, the research instrument and to obtain permission to approach the student body for participation in the study.
4. The researcher identified the study group who met the criteria with the assistance of the nursing chairperson.
5. The students were approached in regular classrooms. The purpose of the study and the role of the participants were explained. Documentation of the college's permission to conduct the research was made available to the students.
6. Each participant was guaranteed confidentiality.
 - A. No names were used
 - B. If a student refused to participate, no reprisal was to be taken by the participating institution.
 - C. Only the researcher reviewed, analyzed and coded the data.

Procedure for Analysis of Data

Analysis of variance was used to determine whether the two groups differed, as well as to determine the effect of certain demographic variables on the dependent variables. The demographic variables used were age, marital status, years as a Licensed Practical Nurse, size of town of practice and whether or not they felt they were mandated to return to school. In some cases where effects were of no importance, a reduced model was used. In those cases the reduced model is the one reported.

Chapter 4

Results of the Study

This chapter reports the findings of the study and the analysis of the data.

The purpose of this study was to determine if professional attitudes of Licensed Practical Nurses who perceive continued formal Associate Degree education as mandatory, differed from the attitudes of Licensed Practical Nurses who choose to continue their formal Associate Degree education. If a difference exists, which variables contributed to this difference? The results are presented as follows:

1. Characteristics of the sample
2. Use of professional organization as a major referrent
3. Belief in public service
4. Feelings of autonomy
5. Belief in self-regulation
6. Sense of calling to the field

Characteristics of the Sample

The characteristics of the sample are presented in terms of response rate and demographic data.

Response rate.

A total of 65 questionnaires were completed and useable. Since only three males participated in the survey, data from these questionnaires were excluded from final statistical analysis.

Demographic data.

The demographic data of the subjects is presented in Tables 1 through 10. Information regarding number of children, employment status, student status, area of employment and membership in professional organizations were not explored in this study.

Age

Table 1 indicates that 20 respondents or 31.3% of the population were ages 21-29. Twenty-five respondents or 41% of the population were age 30-39. The 40-56 year old respondents comprised 29.7% of the population or 19 respondents (Table 1).

Table 1

Age Demographics

<u>Age</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
20-29	20	31
30-39	25	70
40+	19	100

Marital Status

The data in Table 2 indicates there were 43 people in the married group or 66.2% of the population. One individual was separated from their spouse at the time of the survey. For purposes of statistical analysis this individual was placed in the married group. Twenty-three percent of the population, or 15 respondents, were in the single group. The divorced group contained 6 respondents or 9.2% of the population (Table 2).

Table 2Marital State Demographics

<u>Marital Status</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
Married	43	66.2
Separated	1	67.7
Single	15	90.8
Divorced	6	100.0

Number of Children

As Table 3 indicates there were 17 people or 26.2% of the respondents who did not have children. Nine people or 13.8% of the respondents had 1 child. There were 16 people or 24.6% of the respondents who had 2 children. Fifteen and four-tenths percent of the respondents or 10 people had 3 children. Nine and two-tenths percent of 6 people had 4 children. Seven people or 10.7% of the respondents had 5 or more children (Table 3).

Table 3Number of Children Demographics

<u>Dependents</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
0	17	26.2
1	9	40
2	16	64.6
3	10	80
4	6	89.2
5 or more	7	100

Number of Years Employed as A Licensed Practical Nurse

Table 4 indicates the number of years that the respondents had been employed as a Licensed Practical Nurse. Respondents were grouped

into two categories. The first category includes those people who have 10 or fewer years of employment as a Licensed Practical Nurse. Forty-two individuals or 65.6% of the Licensed Practical Nurses had 10 or fewer years of employment. Thirty-four and four-tenths or 22 individuals had 11 or more years of employment as Licensed Practical Nurses.

Table 4

Years as a Practicing Licensed Practical Nurse Demographics

<u>Years as LPN</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
10 or less	42	66
11 or more	22	100

Employment Status

There were 46 respondents or 71.9% of the Licensed Practical Nurses who were employed part time. Eighteen respondents or 28.1% were employed full time (Table 5).

Table 5

Employment Status Demographics

<u>Employment Status</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
Part Time	46	72
Full Time	18	100

Student Status

Table 6 indicates that 56 respondents or 87.5% were part time students. Seven respondents or 10.9% were considered full time students (Table 6).

Table 6Student Status Demographics

<u>Student Status</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
Part Time	56	88
Full Time	7	100

Area of Employment

Table 7 indicates the area of employment of the respondents. Seventeen Licensed Practical Nurses or 27.4% were employed in nursing homes. Three Licensed Practical Nurses or 4.8% were employed in clinics. Four Licensed Practical Nurses or 6.5% were employed in critical care areas of hospitals. Twenty Licensed Practical Nurses or 32.3% were employed in medical surgical units of a hospital. Three Licensed Practical Nurses or 4.8% were employed in maternal child health areas of a hospital. Fifteen Licensed Practical Nurses or 24.2% were employed in other areas not specified by this questionnaire.

Table 7Area of Employment Demographics

<u>Area of Employment</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
Nursing Home	17	27
Clinic	3	32
Critical Care	4	20
Medical Surgical	20	71
Maternal Child Health	3	76
Other	15	100

Membership in Professional Organizations

Table 8 indicates that 11 Licensed Practical Nurses or 16.9% belonged to professional organizations. Eighty-three and one-tenth

percent or 54 Licensed Practical Nurses did not belong to any professional organization (Table 8).

Table 8

Professional Organization Demographics

<u>Membership in a Professional Organization</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
Yes	11	17
No	54	100

Size of City in which Employed

There were 23 respondents or 35.4% that were employed in cities with populations fewer than 10,000. Five respondents or 7.7% were employed in cities with populations of 10,000-50,000. Fifty-six and nine-tenths percent or 37 respondents were employed in cities with a population of more than 50,000. For statistical analysis, two groups were formed. The first group consisted of those Licensed Practical Nurses who were employed in cities of 50,000 or less. The second group consisted of those Licensed Practical Nurses who were employed in cities with a population of greater than 50,000 (Table 9).

Table 9

Size of City Demographics

<u>Size of City</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
50,000 or fewer	28	43
50,001 or more	37	100

Respondents Choice

There were 50.8% or 33 respondents who would have chosen to go back to school regardless of the current status of the Licensed

Practical Nurse. Thirty-two respondents or 49.2% would not have chosen to go back to school (Table 10).

Table 10

Perceived Mandated Continued Education Demographics

<u>Perceived Mandatory verses Voluntary Return to School</u>	<u>Frequency</u>	<u>Cumulative Percent</u>
Yes	33	51
No	32	100

Hall's Professionalism Scale

Hall's Professionalism Scale identifies five attitudinal attributes of professionalism. Each of these attributes was compared with the following demographic data: 1) Age, 2) Marital Status, 3) Years employed as a Licensed Practical Nurse, 4) Size of City in which employed, 5) Licensed Practical Nurses who perceived their continuing education as mandatory and those Licensed Practical Nurses who did not perceive their continuing education as mandatory. Analysis of variance was used as the statistical method. All factors were considered fixed.

Use of Professional Organization as a Major Referent

Using analysis of variance, no statistically significant difference between use of professional organization as a major referent and the selected demographic data was established (Table 11).

Table 11Use of Professional Organization as a Major Referent

<u>Source</u>	<u>Degrees of Freedom</u>	<u>Mean Squares</u>
AGE	2	0.10023960
MARS	1	0.18951150
AGE/MARS	2	0.20842200
YRSLPN	1	0.25552980
CITY	1	0.16358036
BACK	1	0.00016540
AGE/CITY	2	0.58930108
MARS/CITY	1	0.21416814
YRSLPN/CITY	1	0.43825547
REMAINDER	43	0.17961900

Belief in Public Service

Using analysis of variance, no statistically significant difference between belief in public service and the selected demographic data was determined (Table 12).

Table 12Belief in Public Service

<u>Source</u>	<u>Degrees of Freedom</u>	<u>Mean Squares</u>
AGE	2	0.13340290
MARS	1	0.00854191
YRSLPN	1	0.03460771
CITY	1	0.00471714
BACK	1	0.00326462
AGE/BACK	2	0.63955130

Feelings of Autonomy

Using analysis of variance, no statistically significant relationship between feelings of autonomy and the selected demographic data was established (Table 13).

Table 13Feelings of Autonomy

<u>Source</u>	<u>Degrees of Freedom</u>	<u>Mean Squares</u>
AGE	2	0.18488151
MARS	1	0.00805703
YRSLPN	1	0.01208818
CITY	1	0.90876515
BACK	1	0.01240181
AGE/BACK	2	0.37571323

<u>MARS</u>	<u>YRSLPN</u>	<u>MEANS</u>
1	1	3.085
1	2	3.571
2	1	3.493
2	2	3.101

The significant interaction between Marital Status and Years as a Licensed Practical Nurse (Table 13) indicate that the married Licensed Practical Nurse with fewer than 10 years of service had a more positive attitude. The single Licensed Practical Nurse with more than 10 years of service also had a more positive attitude. No other effects were significant.

Belief in Self-Regulation

Using analysis of variance, several statistically significant relationships were determined between self-regulation and the selected demographic data utilized (Table 14).

Table 14Belief in Self-Regulation

<u>Source</u>	<u>Degrees of Freedom</u>	<u>Mean Squares</u>	<u>ANOVA</u>
AGE	2	0.53429820	0.0688
MARS	1	0.61589005	0.0764
AGE/MARS	2	0.53776684	0.0677
YRSLPN	1	0.18823980	0.7514
AGE/YRSLPN	2	1.20474312	0.0039
CITY	1	0.62433460	0.5647
BACK	1	0.80669041	0.0440
AGE/CITY	2	1.08309770	0.0064
AGE/BACK	2	0.43801510	0.1082
MARS/CITY	1	0.30071660	0.2104
YRSLPN/CITY	1	1.78101643	0.0038
YRSLPN/BACK	1	1.27205677	0.0128

Those Licensed Practical Nurses who were older than 40 years of age and had less than 10 years of service had a more positive attitude toward self-regulation than those who had been Licensed Practical Nurses for 10 years or more (Table 14a)

Table 14aAge and Years of Service

<u>AGE</u>	<u>YRSLPN</u>	<u>MEAN SQUARE</u>	<u>ANOVA</u>
20-29	<10 years	2.30832881	0.6780
20-29	>10 years	1.69527308	0.2348
30-39	<10 years	2.62851624	0.6031
30-39	>10 years	2.43361366	0.9951
>40	<10 years	1.37282601	0.0008
>40	>10 years	2.43177454	

Those Licensed Practical Nurses who perceived their continuing education as mandatory had a more positive attitude toward self-regulation than those Licensed Practical Nurses who chose to go back to school (Table 14b).

Table 14bContinued Education Choice

<u>CHOSE TO CONTINUE EDUCATION</u>	<u>MEAN SQUARE</u>	<u>ANOVA</u>
Yes	2.33597823	0.0440
No	1.95413255	

Those Licensed Practical Nurses who were 40 years of age or more and lived in cities with populations greater than 50,000 had a more positive attitude toward self-regulation than those Licensed Practical Nurses who lived in cities with populations fewer than 50,000. Those Licensed Practical Nurses, aged 20-29, who lived in cities with populations greater than 50,000 had a more positive attitude toward self-regulation than those Licensed Practical Nurses who lived in cities of less than 50,000 (Table 14c).

Table 14cAge and Size of City

<u>AGE</u>	<u>SIZE OF CITY</u>	<u>MEAN SQUARE</u>	<u>ANOVA</u>
20-29	<50,000	2.17620392	0.6659
20-29	>50,000	1.82739797	0.2021
30-39	<50,000	2.67450445	0.5251
30-39	>50,000	2.38762545	0.9964
>40	<50,000	1.41857946	0.0127
>40	>50,000	2.38602109	

Those Licensed Practical Nurses who live in towns less than 50,000 and had fewer than 10 years of service had a more positive attitude toward self-regulation than those who lived in cities with populations greater than 50,000. Although not statistically significant, there is a trend indicating that those Licensed Practical

Nurses who lived in cities with populations greater than 50,000 and have more than ten years of service had a more positive attitude toward self-regulation than those Licensed Practical Nurses who lived in cities with fewer than 50,000 people (Table 14d).

Table 14d

Years of Service and Size of City

<u>YRS LPN</u>	<u>SIZE OF CITY</u>	<u>MEAN SQUARE</u>	<u>ANOVA</u>
<10 years	<50,000	1.75628464	0.0179
<10 years	>50,000	2.45016273	0.0550
>10years	<50,000	2.42324059	0.0719
>10years	>50,000	1.95053361	.

Those Licensed Practical Nurses who perceived continuing education as mandatory and had more than 10 years of service had a more positive attitude toward self-regulation than those Licensed Practical Nurses who perceived their continuing education as voluntary. There were no statistically significant relationships established for Licensed Practical Nurses who had been practicing for 10 years or fewer (Table 14e).

Table 14e

Years of Service and Continued Education Choice

<u>YRS LPN</u>	<u>CHOSE TO CONTINUE EDUCATION</u>	<u>MEAN SQUARE</u>	<u>ANOVA</u>
<10 years	YES	2.03732014	0.3407
<10 years	NO	2.16912723	0.2786
>10years	YES	2.63463633	0.0018
>10years	NO	1.73913786	.

Sense of Calling to the Field

Using analysis of variance, no statistically significant difference between a sense of calling to the field and the selected demographic data was established (Table 15).

Table 15

Sense of Calling to the Field

<u>SOURCE</u>	<u>DEGREES OF FREEDOM</u>	<u>MEAN SQUARES</u>
AGE	2	0.30780650
MARS	1	0.00293261
AGE/MARS	2	1.21827980
YRSLPN	1	0.99647051
MARS/YRSLPN	1	0.99647051
CITY	1	1.32387299
BACK	1	1.53470914
MARS/CITY	1	2.14507938
MARS/BACK	1	1.16255617

Chapter 5

Interpretation, Implications and Recommendations

This chapter provides a summary, research findings, conclusions, limitations, recommendations and implications of this study for nursing.

Summary

The purpose of this study was to identify professional attitudes of two groups of Licensed Practical Nurses who were enrolled in a two-year program. Hall's Professionalism Scale was utilized to delineate five attitudinal attributes. Demographic characteristics of the sample were obtained to describe the sample. The objectives of the study were to determine if a difference exists in professional attitudes of the two groups and to identify which variables may contribute to this difference. A sample of convenience was used for this study. Students voluntarily agreed to participate in the study.

The questionnaires were then prepared for statistical analysis by the researcher.

Research Findings

The major research findings will be presented in the same sequence as the objectives of the study which are stated in Chapter 1.

1. The attitudes of Licensed Practical Nurses who perceive formal education as mandatory were identified utilizing Hall's Professionalism Scale.

2. Attitudes of Licensed Practical Nurses who chose to continue their formal Associate Degree education were identified using Hall's Professionalism Scale.

3. Differences in professional attitudes between both groups were also identified. In the areas of belief in public service, feelings of autonomy, sense of calling to the field, and use of the professional organization as a major referent, there were no statistically significant findings. However, in the area of self-regulation there was a difference in professional attitudes. Those Licensed Practical Nurses who perceived the continuing education as mandatory had a more positive attitude toward self-regulation than those Licensed Practical Nurses who chose to go back to school

4. Variables were identified that contributed to belief in self-regulation. Those variables were age, years of practice choosing to continue formal education and size of city. Those Licensed Practical Nurses who were older than 40 years of age and have been Licensed Practical Nurses for fewer than 10 years had a more positive attitude toward self-regulation than those who had been Licensed Practical Nurses for 10 years or more. Those Licensed Practical Nurses who lived in cities with a population of fewer than 50,000 have a more positive attitude toward self-regulation than those Licensed Practical Nurses who lived in cities with populations greater than 50,000. The data

suggest that age as well as number of years of practice may influence this finding. The last statistically significant finding revealed that those Licensed Practical Nurses who perceived the continued education as mandatory and had 11 years or more of service had a more positive attitude toward self-regulation than those Licensed Practical Nurses who chose to continue their formal education.

Conclusions

In this section the research hypotheses will be reviewed and discussed.

Hypothesis 1 states that there is no difference in professional attitudes between mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students. The statistics demonstrate that there is a difference in the area of self-regulation only. Therefore, this hypothesis is rejected at the .05 level of significance.

Hypothesis 2 states that there is no difference in the strength of the belief in public service between mandate Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students. This hypothesis is not rejected at the .05 level of significance.

Hypothesis 3 states that there is no difference in belief in self-regulation between Mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse

Associate Degree Upward Mobilist Students. This hypothesis is rejected at the .05 level of significance.

Hypothesis 4 states that there is no difference in belief in autonomy between mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students. This hypothesis is not rejected at the .05 level of significance.

Hypothesis 5 states that there is no difference in sense of calling to the field between Mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students. This hypothesis is not rejected at the .05 level of significance.

Hypothesis 6 states that there is no difference in the level of use of the professional organization as a major referent between Mandated Licensed Practical Nurse Associate Degree Upward Mobilist Students and Volunteer Licensed Practical Nurse Associate Degree Upward Mobilist Students. This hypothesis is not rejected at the .05 level of significance.

Professional attitudes of Voluntary Licensed Practical Nurses and Mandated Licensed Practical Nurses do not appear to vary in the areas of autonomy, sense of calling to the field, belief in public service and use of the professional organization as a major referent. There does appear to be a statistically significant difference between the groups in the area of self-regulation. Variables that contribute to

this difference are age, years of practice, size of city and choosing to continue formal education. Those Licensed Practical Nurses who perceived continued education as mandatory have a more positive attitude toward self-regulation than those who chose to continue their formal education. This finding can further be influenced by the age of the Licensed Practical Nurse.

Limitations of the Research

Limitations of this study include the following:

1. The non-random sample of convenience does not permit generalizations of the findings beyond the sample group.
2. The researcher knew a majority of the Licensed Practical Nurse Upward Mobilist Student subjects which may have resulted in biased responses.
3. There is the possibility that respondents may have misinterpreted the questions.

Recommendations for Future Research

1. A larger sample, from other geographical areas, selected at random would be more representative of the population.
2. Administer a locus of control tool at the future date to determine if there is a relationship between self-regulation and locus of control.
3. Administer a self-concept scale at a future date to determine if there is a relationship between self-concept and professional attitudes.

References

- Christman, L. (1978). Alternatives in the role expression of nurses that may affect the future of the nursing profession. In N.L. Chaska (ed.), The Nursing Profession: Views through the mist. (pp. 359-365). New York: McGraw Hill.
- Hall, R.H. (1968). Professionalism and Bureaucratization. American Sociological Review. 33, 92-104.
- Knowles, M. (1980). The Modern Practice of Adult Education (p. 19). Chicago: Follett Publishing Company.
- Lawler, T.G. and Rose, M.A. (1978). Professionalization: A Comparison Among Generic Baccalaureate, ADN and RN/BSN Nurses. Nurse Educator 12 (3), 19-22.
- McCloskey, J.C. and McCain, B.E. (1978). Satisfaction, Commitment and Professionalism of Newly Employed Nurses. Image. 19 (1), 20-24.
- Monnig, Sister Gretta (1978). Professionalism of Nurses and Physicians. N.L. Chaska (ed.). The Nursing Profession: Views through the mist. (pp. 35-49). New York: McGraw Hill.
- Regoli, R.M. and Poole, E.D. (1980). Police Professionalism and Role Conflict: A comparison of Rural and Urban Departments. Human Relations. 33(4), 241-252.
- Schriner, J.G. and Harris, I. (1984). Professionalism Among Nurse Educators. Journal of Nursing Education. 23(b), 252-258.
- Snizek, W. (1972). Hall's Professionalism Scale: An empirical reassessment. American Sociological Review. 37. 109-114.

Stevens, B. (1985). Does the 1985 Nursing Education Proposal Make

Economic Sense? Nursing Outlook. 33(3), 124-127.

Willensky, H. (1964). The Professionalization of Everyone? American

Journal of Sociology. 70, 137-158.

Appendix A

Hall's Professionalism Scale

Demographic Data

- _____ 1. Age
- _____ 2. Sex
 F (1)
 M (2)
- _____ 3. Marital Status
 Married (1) Single (3) Divorced (5)
 Separated (2) Widow (4)
- _____ 4. Number of Children
- _____ 5. Years of employed as a Licensed Practical Nurse
- _____ 6. Employment Status
 Part-time (1)
 Full-time (2)
- _____ 7. Student status
 Part-time (1)
 Full-time (2)
- _____ 8. Area of employment
 Nursing Home (1)
 Clinic (2)
 Hospital - Critical Care (3)
 Hospital - Medical-Surgical (4)
 Hospital - Maternal Child Health (5)
 Other - Please specify (6) _____
- _____ 9. Do you belong to any professional organizations?
 Yes (1)
 No (2)
- _____ 10. Size of city in which employed
 Less than 10,000 (1)
 10,000 - 50,000 (2)
 Greater than 50,000 (3)
- _____ 11. I would have chosen to go back to school regardless of
 the current status of the LPN.
 Yes (1)
 No (2)

Hall's Professionalism Scale

The following questions are an attempt to measure certain aspects of what is commonly called "professionalism." The questions refer to the nursing profession. Each item then, should be answered in light of the way you yourself both feel and behave as a member of the nursing profession.

There are five possible responses to each item. If the item corresponds VERY WELL (VW) to your own attitudes and/or behavior, circle that response. Place the number of your response in the blank space at the left. If it corresponds WELL (W), POORLY (P), OR VERY POORLY (VP), mark the appropriate response. The middle category (?) is designed to indicate an essentially neutral opinion about the item.

Example:

5

1. The weather during a blizzard is:

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

Please answer ALL items in one fashion or another, making sure that you have NO MORE THAN ONE RESPONSE FOR EACH ITEM.

_____ 1. I systematically read the professional journals.

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

_____ 2. I regularly attend the professional meetings at the local level.

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

_____ 3. I believe that the professional organization should be supported.

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

- _____ 4. The professional organization does not really do a lot for the average nurse.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 5. Although I would like to, I do not read the nursing journals too often.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 6. Other professionals are actually more vital to society than mine.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 7. I think my profession, more than any other is essential for society.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 8. The importance of being a nurse is sometimes overstressed.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 9. Some other occupations are actually more important to society than mine is.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 10. If ever an occupation is dispensable, it is this one.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 11. I make my own decisions in regard to what is to be done in my work.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 12. I do not have much opportunity to exercise my own judgement.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 13. My own decisions are subject to review.
- (1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

- _____ 14. I may my own boss in almost every work-related situation.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 15. Most of my decisions are reviewed by other people in the organization.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 16. My fellow nurses have a pretty good idea about each other's competence.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 17. A problem in this profession is that no one really knows what his/her fellow nurses are doing.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 18. There is really no way to judge fellow nurse's competence.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 19. There is not much opportunity to judge how another nurse does his/her work.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 20. My fellow nurses pretty well know how well we all do in our work.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 21. People in this profession have a real "calling" for their work.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 22. The dedication of nurses in this profession is most gratifying.
(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR
- _____ 23. It is encouraging to see the high level of idealism which is maintained by nurses in this organization.

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

_____ 24. Most nurses would remain in the profession even if their incomes were reduced.

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

_____ 25. There are very few nurses who do not really believe in their work.

(1) VERY WELL (2) WELL (3) ? (4) POOR (5) VERY POOR

Appendix B
Human Subjects Committee Approval