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**SUPPORT GROUP EFFECTS
ON PERCEIVED EASE OF
TRANSITION OF THE LPN TO AD STUDENT**

by

Illa Haugen Reeve

A Thesis

**Submitted in partial fulfillment
of the Requirements for the degree of
Master of Science, Major in Nursing
South Dakota State University**

1986

**Master's Program In Nursing
College of Nursing
South Dakota State University
Brookings, S.D. 57007**

SUPPORT GROUP EFFECTS
ON PERCEIVED EASE OF
TRANSITION OF THE LPN TO AD STUDENT

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 Advisor

Date

Academic Advisor

Date

TABLE OF CONTENTS

	Page
LIST OF FIGURES	vi
LIST OF TABLES	vii
Chapter	
1. STATEMENT OF THE PROBLEM AND OBJECTIVES OF THE STUDY	1
Introduction	1
Statement of the Problem	3
Significance	4
Objectives of Study	4
Definition of Terms	5
Organization of Thesis	6
2. REVIEW OF LITERATURE	8
Entry into Practice Issue in Nursing	8
Nontraditional Students	10
Stress: Effects on Education Experience	16
Support Groups	18
Summary of Literature Review	25
Conceptual Framework	26
3. METHODOLOGY	28
Approach	28
Sample	28
Research Tools	29
Method of Collecting Data	31

Chapter	Page
Procedure for Analysis of Data	32
4. ANALYSIS OF THE RESEARCH FINDINGS	33
Personal Data	33
Expectations of the Support Group	34
Outcomes of the Support Group	38
Change in Type and Degree of Stressors	41
5. SUMMARY, CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS	55
Summary of the Research Problem and Design	55
Major Findings and Conclusions	56
Implications of the Research	57
Limitations of the Study	58
Recommendations for Future Study	59
REFERENCES	61
APPENDICES	
A. Pre-group Questionnaire	68
B. Post-group Questionnaire	77
C. Permission to Gather Data	84

LIST OF FIGURES

Figure	Page
1. Conceptual Framework	27

LIST OF TABLES

Table		Page
1.	Pre Group Expectations of Group Members by Frequency	36
2.	Strength of Agreement Among Respondents Regarding Expectations of the Support Group by Frequency and Percentage	37
3.	Post Group Reported Benefits to Members by Frequency	39
4.	Outcomes of the Support Group Reported by Subjects by Frequency and Percentage	40
5.	Degree of Stress Reported from Academic Stressors by Frequency and Percentage	44
6.	Reported Effect of the Support Group on Academic Stressors by Frequency and Percentage	46
7.	Pre Group Degree of Stress Reported from Personal Stressors by Frequency and Percentage	49
8.	Reported Effect of the Support Group on Personal Stressors	52

CHAPTER 1
STATEMENT OF THE PROBLEM AND
OBJECTIVES OF THE STUDY

Introduction

One of the trends across the nation reflects an increase in college enrollment of women over 25 (Carter, 1982). This trend is attributed to a variety of factors. A change in women's values resulting in a desire for independence and autonomy, economic necessity, and an increase in the availability of college programs are a few of the factors contributing to this return to school (Malarkey, 1979).

The return to school of nontraditional students has also been evident in the field of nursing. Zorn (1980) states that older, female, married individuals with prior post secondary education are entering schools of nursing with a variety of motivations. A propelling force for a number of women is the entry into practice issue in nursing. This issue was first evidenced 20 years ago in 1965 when the American Nurses Association (ANA) took a position recommending that the bachelor of science in nursing be the minimal preparation for the professional nurse. The present ANA position is that there will be two levels of nursing, the baccalaureate degree nurse and the two-year associate degree (AD) nurse. These requirements for the nursing

profession have placed the licensed practical nurse (LPN) in a precarious position as it implies that there will be no nurse at the LPN level.

In addition, many hospitals are employing staff at only the registered nurse (RN) level. As a result, LPNs are being dismissed from employment and replaced by RNs (Williams, 1983). Such action necessitates that LPNs return to educational institutions to pursue the associate degree or baccalaureate degree in nursing.

The LPN student may face an array of potential stressors. This nontraditional student already has previous post secondary education that may contribute to success or present conflict related to role expectations, role conception and role performance (Rheiner, 1982). This is attributed to the assumption that one's "role orientation" as a nurse is a result of socialization which occurs initially as a consequence of participating in an academic program (Turner, 1978). The LPN may believe she/he has educational and practical experience at a level believed to be sufficient. Upon entry into an associate degree in nursing (AD) program, the person must acquire a new role, that of student nurse. This has potential for stress as the LPN begins to perceive that her/his present concept of nursing is no longer appropriate to the nursing role for which she/he is presently preparing (Shane, 1982).

In addition to the stress associated with internalizing a new nursing role, the LPN student also faces the same potential stressors of any nontraditional student who has returned to school. Academic pressures associated with a history of academic underachievement, the study of difficult material, long hours of classroom instruction, and the pressures of student clinical practice may combine to intensify psychological stress associated with the normal pressures of college life (Coburn, 1975). In addition to those related to academics, an inventory of potential stressors might include family responsibilities, economic difficulties, learning deficiencies and a heavy work schedule (Dwinnell, 1981).

A support group for students is one way that may lessen the detrimental effects of the stressors and ease the transition from the LPN role to the student role (Davidson, 1978). It then becomes necessary to determine if support groups have an effect on the stress level of the student and ease transition into a new role.

Statement of the Problem

The problems under investigation were:

1. What are the expectations of members entering a support group developed for the purpose of easing the transition from LPN to AD student?
2. To what extent are those expectations met by participation in the support group?

3. To what extent do perceived stressors change after participation in the support group as related to:

- a. type of identified stress
- b. degree to which an identified stressor is a source of stress.

Significance

Identification of potential stressors facing students is the assessment phase of a problem that nursing educators must recognize. Students should be helped to adapt to stress or it may lead to such consequences as withdrawal from school over psychological and/or physical distress, or impairment of intellectual function (Francis, 1983). Nursing education has a responsibility to the student to assist with the transition of individuals with previous post secondary education into a program of higher level education and to attempt to lessen the detrimental effects of stress. This applies to the LPN student as well as to the graduate of AD and diploma programs who are pursuing a baccalaureate degree in nursing.

Objectives of the Study

The objectives of this study were:

1. To determine the expectations of the members entering a support group developed for the purpose of easing the transition from LPN to AD student.
2. To determine the extent those expectations are met by participation in the support group.

3. To determine the extent perceived stressors change after participation in the support group as related to:

- a. type of identified stressor
- b. degree to which an identified stressor is a source of stress

Definition of Terms

This study uses the following terms and definitions:

Nontraditional Student. Individual entering a program of higher education after interrupting formal education after high school for a period of one or more years. In this study the nontraditional student refers to the Licensed Practical Nurse (LPN) Student. An individual who has completed a practical nurse program, is licensed by the State Board of Nursing as a practical nurse, and is currently enrolled in a program that prepares students to become a registered nurse at the AD level.

Ease of Transition. Change in the number and degree of stressors experienced by the individual who is experiencing a change in educational preparation.

Associate of Science Degree in Nursing (AD) Program. A two-year educational program that prepares the individual to write the National Council for Licensure Exam for licensure as a registered nurse. In this study, the program is located in a community college in a midwestern community of less than 30,000 population.

Support Group. A limited number of persons who communicate with one another at regular specified times about changes in life and the stresses of living, in order to enhance individual growth and the ability to cope with these changes. In this study, the support group consisted of LPN students and was developed for the purpose of enhancing the students' adjustment to the academic institution and to the role change from LPN to student.

Stressor. An agent or condition capable of producing stress in an individual. In this study, stressors shall be categorized as personal/family, financial and academic.

Stress. A physical and emotional state always present in a person as a result of living. It is intensified in a nonspecific response to an internal or external change or threat.

Organization

The remainder of this thesis will be organized as follows:

1. Chapter II will be a review of selected literature pertinent to the study, the theoretical perspective and the research hypothesis.
2. Chapter III will present the research design and the methodology.
3. Chapter IV will report on the analysis of the research data.

4. Chapter V will include a summary of the thesis, conclusions and implications of the findings, limitations of this study, and recommendations for further research.

CHAPTER 2

REVIEW OF SELECTED LITERATURE

This chapter, divided into four sections, cites literature relevant to the development of a background for this study. The first section will contain a review of literature relevant to the Entry into Practice Issue in nursing. The second section will discuss literature pertinent to the nontraditional student. The third section will contain a review of literature related to stressors of students and the effects of stress. Section four will discuss literature pertinent to support groups.

Entry into Practice Issue in Nursing

In 1965, the ANA took the position recommending that the bachelor of science degree in nursing be the minimal preparation for the registered nurse (ANA, 1965). In June of 1982 the ANA House of Delegates mandated that "the ANA move forward in the coming biennium to expediate implementation of the baccalaureate in nursing as the minimum educational qualification for entry into practice" (Cabinet on Nursing Education, 1985). At the 1983 convention of the National League for Nursing (NLN), the membership of the league endorsed a position statement stating that the baccalaureate degree should be the minimum preparation required for the professional registered nurse (Commission, 1983). To establish a timeline, in July of

1984 the ANA House of Delegates adopted the recommendation "that the ANA support that the requirement of the baccalaureate degree for professional nursing practice be implemented in 5 percent of the states by 1986; 15 percent of the states by 1988; 50 percent of the states by 1992; and 100 percent of the states by 1995 with the ultimate goal being congruence of professional nurse licensure with the educational base of the baccalaureate in nursing" (Cabinet of Nursing Education, 1985).

In addition, in its final report the National Commission on Nursing declares "Current trends in nursing toward pursuit of the baccalaureate degree as an achievable goal for nursing practice, and toward advanced degrees for clinical specialization, administration, teaching, and research should be facilitated."

The perceived forced return to school is often viewed by the LPN as an imposition. Also, the LPN may be pressured to return to school earlier than expected. For example, a personal perspective is offered by Janice Williams, in a guest editorial in the Journal of Practical Nursing. She states that "states are beginning to launch attacks against LPN's. The directors of nursing are attempting to implement the proposal in their own facilities before the state boards of nursing and legislators do it." This is reflected in replacement of LPN's by RN's in hospitals (Williams, 1983).

As LPNs return to school for higher degrees they become a part of the nontraditional student population.

Nontraditional Student

The entry of nontraditional students into the education arena is becoming increasingly evident. Recent figures indicate that there are nearly 1.5 million adults age 35 and over who are enrolled in U.S. institutions of higher education (U.S. Bureau of Census, 1981). Of these 1.5 million students, 65%, nearly two thirds are women (U.S. Bureau of Census, 1981). This general trend has implications for nursing education as well. The literature documents an increase in the number of associate degree and diploma prepared registered nurses returning to school for a higher degree. Zorn (1980) found the majority of registered nurse students to be females, married, with a mean age of 32.7 years. The predominance of women as nontraditional students brings with it a unique situation regarding assets and perceived barriers to success.

Assets of nontraditional students. As assets, the older student is usually highly motivated, more mature in judgement and has already gained wisdom through life experience (Cross, 1974). Very often, the nontraditional student has a strong desire to advance personally and professionally (Goodman, 1984). Additionally, Sullivan (1984) contends that the student already educated at another level of nursing brings unique assets. The student has a

history of wide and varied experience with patients, families, colleagues, and institutions, as well as personal life experiences which provide the student with a framework upon which to build an understanding of the complexities of interrelated and interactive systems in today's world.

Barriers of nontraditional students. Although the nontraditional student possesses a number of attributes that could be considered assets, this student also has a number of factors that may serve as barriers to a successful education experience, or that may be considered potential stressors.

Typically the nontraditional students are combining traditional family and home responsibilities with a return to school. This is typical of the women students as the usual career pattern for women includes multiple roles, dual commitments and occasional interruptions (White, 1981).

Many women return to school during the middle motherhood stage of development (Manis, 1981). This is relevant as Rossi (1972) states that "the older female student desires to successfully combine education with family responsibility without abandoning or interrupting either one." This inevitably leads to guilt feelings and stress as the student feels time spent on academic work puts a strain on the family (Brandenburg, 1974). A study was conducted in 1975 to determine the positive and negative effects of a woman's return to school on her and her family.

Of the 361 respondents, approximately two thirds determined the following to be problematic: time for self, time for children, time for housework and integration of roles (U. S. Dept of Labor, 1975).

This was further supported by Judith Brandenburg (1974) who assessed approximately 200 women returning to school after an interruption in their formal education. Psychological needs of these women included problems of dependency and lack of confidence, resistance from family and friends and guilt over change in the parenting role. This is relevant as many women were taught to be dependent, subordinating their needs and desires to that of the family. The resultant problems of dependency and lack of confidence may undermine the entire educational process.

Once the decision is made to return to school, success is not inevitable. A survey by Marilyn Jackson (1984) found the major barriers to success in school to be 1) insufficient funds; 2) lack of confidence in learning capabilities; and 3) the inability to be a full time student. As a student's age and work experience increased, the number of identified barriers increased. In a study of nontraditional students, Malarkey (1979) proposed that dependency and lack of confidence may undermine the student's attempt to succeed. The older student often initially expressed fear of failure and some strong feelings of anxiety about the ability to learn. This insecurity may

have been reinforced by the assumption of a secondary role in the household. A self-report inventory was used by Richardson and Sands (1984) to examine concerns experienced by women enrolled in a university in their middle years. The major obstacles identified were financial, work related, transportation and role conflict.

Further differentiating the nontraditional from the traditional student is that most of the nontraditional students are employed at least part-time. Richardson and Sands (1984) found that working while going to school affected students' assesment of the importance of school. The more hours worked, the less the woman valued going to school. Working women ranked school a higher priority than non working women. This suggests some employment is salutary, but working many hours detracts from priority. This need for employment is necessary as women returning to school may have special financial problems. These sometimes result from specific stipulations for various scholarships and fellowships that tend to exclude this group. For example, those who work part time and those who do not qualify due to the husband's income (Brandenburg, 1974).

In addition to the previously discussed assets and barriers, the nontraditional student also faces the problems of the traditional student. Huebner (1982) surveyed 633 undergraduate students utilizing an 8 part questionnaire. The most frequently reported problem area was academic:

academic concerns, fear about achievement, lack of time, study skills, trouble getting things going, vocational choice and career planning. Personal problems such as lack of privacy, depression and unhappiness were also common. Overall, students reported that 43 percent of their most important problems had improved by the second survey. In the majority of cases, students reported using nothing or no source to assist or solve their problems. When resources were used, friends ranked first, followed by parents, then university services. There was a mean reported improvement rate of 20 percent for those cases where no source was used. Use of all other sources recorded a mean improvement rate of 66 percent. A study by Coburn (1975) of 52 first year medical students at the University of Toronto showed that academic factors were perceived as the most stressful aspect of school. Social factors were perceived as the least stressful to these students. It was also reported that the nontraditional students feel more stress than their mainstream counterparts. This is further supported in a study done by Francis and Naftel (1983), where 77 allied health students at the University of Alabama in Birmingham were surveyed utilizing a stress questionnaire. Mean stress scores were calculated with a value of 3.0 reflecting a moderately stressful rating. Academic stressors ranked highest with an average mean score of 3.3. All other

sources of stress measured resulted in a mean score of less than 3.0.

The sex of the nontraditional student has also been reported as a factor contributing to stress. Female, nontraditional students experience a variety of additional stressors as identified by Dwinnell (1981). They include multiple demands on time and energy, lack of finances, inadequate academic skills, lack of peer support, family pressures and work and community responsibilities. Davidson (1978) reported that in the academic year 1975-76, women medical students utilized a psychiatric service in a medical school more than three times as often as male students. Predominantly, help was sought for problems associated with various aspects of role stress.

Sands and Richardson (1984) surveyed 74 undergraduate women students, ages 30 through 49, who were just entering a midwestern state university as full time students. Attention was directed to: the relationship between returning to school and critical developmental issues; the influence of educational experience on understanding such issues; and the stress factors experienced by mid-life university women. The major findings were:

1. Factors related to the educational experience (e.g., obstacles, academic rank) influence a woman's satisfaction with her performance in school.

2. Employment while attending school affected the rating of the importance of school positively so long as the student was not working too many hours.

3. Women's evaluation of the importance of school was related to their perception of public attitudes toward mid-life returning women.

4. The women at the highest risk of experiencing symptoms of stress (depression, anxiety, compulsivity) were younger mid-life women and women with relatively low incomes.

Re-entry students surveyed at Texas Women's University identified situational and psychological barriers as stressors. Situational barriers included exacerbated economic problems, transportation and child care problems and difficulty locating and obtaining financial aid. Psychological barriers included difficulty with the socialization process and development of female identity, role conflict, varying degrees of resentment from spouse and validity of the career choice related to aptitude, preference and values (Karr, 1984).

Stress: Effects on Education Experience

There is a need for colleges to consider ways to help women students deal with these types of stress to avoid detrimental effects. Wexler (1978) has described how the pressures of professional dental education can lead to psychological and physiological symptoms of distress among

students. Similar problems have been reported in graduate students (Kjerulff, 1976) and allied health students (Francis, 1979). Francis further states "students must adapt to psychological stress or it may lead to such consequences as withdrawal from school, overt psychological and/or physical distress or impairment of intellectual function."

This is supported by Coburn (1975), who found stress to be positively related to possible consequences of stress, such as frequency of thinking about dropping out and to the number of days of school missed due to illness. Skelton (1984) collected data from 365 students and found a direct link between the perceived influence of stress and physical symptoms and, in addition, there is a reciprocal causal link between psychological distress and physical symptoms. This demonstrates that physical symptoms are both a cause and effect of academic pressure. Results further indicated that feelings of academic pressure may represent a loss of control experience, an additional stressor.

Malarkey (1976) states that in addition to recognizing the stressors faced by the nontraditional student and the potential detrimental effects of stress, effort needs to be made to lessen the stressors or offset the detrimental effects of stress. A support group is offered as a possible intervention in this area (Blaska, 1976).

Support Groups

Syre (1981) conceptualizes a support group as a main source of help, relying on its own members' efforts, knowledge and concern. These members share a common core of life experiences and problems. The positive effects of support groups for a variety of populations have been documented in the literature.

A faculty-student support program at the Indianapolis campus of Indiana University School of Medicine was established to provide advice and support to freshmen students. The program consisted of ten groups of students with two faculty members assigned to each group. A survey to evaluate the program documented the three areas in which the support groups were most helpful; a) in becoming better acquainted with their peers, b) in becoming close to some classmates, and c) in helping students with the anxieties of starting school (Ficklin, 1982).

At the Albert Einstein College of Medicine, 26 students active in student support groups were surveyed to collect data on the groups. The preliminary descriptive findings reveal that medical students seek out support groups primarily for the purpose of fulfilling social affiliation needs such as finding friends, to feel less lonely, and to develop a feeling of belongingness in the new and often threatening environment of medical school. They are also attracted to such groups because they see them as

an arena where they can express their frustrations in a safe, nonthreatening environment and because they hope to gain better self-understanding.

Students report that the greatest benefits derived from these groups were amelioration of loneliness and insight into ways of dealing with problems. Students generally found the groups meaningful and perceived them as allowing expressiveness, self-discovery, and group cohesion. The principal benefits derived from the sessions included nonprofessional contact with faculty, support and help from fellow students, and involvement in stimulating discussions on topics of interest (Goetzel, 1983).

At the University Hospital, University of Washington, Seattle, a support group was developed for respiratory therapists. It was an attempt to provide an arena where the respiratory therapist participants could share with their peers their concerns and frustrations. It was hoped that the interaction would help lower their sense of isolation and frustration through positive reinforcement from their fellow workers. Co-leaders of the group administered a pre test and a post test. The post test indicated that the group had provided a safe place to air personal feelings and clarify issues resulting in a concomitant increase in the group members' sense of effectiveness in their jobs and work relationships (Fielder, 1983).

In a study by Weiner (1983-84), a 20 month old support group for twelve nurses of a pediatric intensive care unit was described. A questionnaire was used to survey the participants regarding the outcome of the group. The positive aspects of the group were seen as mutual support and praise, resolution of problems between group members, expression and sharing of feelings, open communication and getting better acquainted. The negative aspects were personal reactions to negative feeling expressed about group members and outsiders, the group being seen as a clique, delving into personal issues, the pain of honesty and a sense of being pressured to talk.

A pilot support group of seven interns at Boston City Hospital was developed to deal with the personal and professional issues arising out of the stress of internship. After ten weeks, written and verbal participant evaluation, and group leader evaluation was done. The authors were satisfied that the group was beginning to address many perceived needs for personal and professional growth and to provide a vehicle for the expression of feelings (Siegel, 1978).

In an article published in the Journal of Medical Education, Ficklin et al reported on a five year experience with process oriented discussion groups that met at annual four day, off campus retreats. These retreats were attended by students, their significant others and faculty members.

Group sessions comprised 17 hours of each retreat, which also included community activities and recreation time. In response to questionnaires sent from one-two months after the retreats, participants rated group experiences highly, although they also considered a significant amount of instructional time and recreation important (Plaut, 1982).

Friedlander and Watkins (1984) reported on eight students in a College Scholars Program participation in a six session support group. No objective survey was done but the authors report that participants in the group believe that the support group approach was a very viable means of stimulating gifted students growth and development.

A study of 167 college students demonstrated clear differences in the impact of supportive interventions. The subjects who were provided with coping skills in a peer discussion setting performed significantly better than those who simply interacted with others or those who were provided with coping skills information alone (Sarason, 1984).

DeBasio and Rodenhausen (1984) report on a support group developed for patients with ventricular tachycardia. Although there was no formal survey of patient responses to the support group, the authors report numerous positive statements from clients. Patients frequently describe a desire to return to the group after their initial session. Patients report a decrease in their sense of isolation and an increase in their feelings of camaraderie and support.

An article in Oncology Nurse Forum described two adolescent support groups of oncology patients. No pre group and post group testing was done but the authors report subjective findings which indicate members did not feel so alone and realized they could share their concern with others (Byrne, 1984).

A model for a support system for first-year women medical students at the University of North Carolina is presented by the authors of an article in the Journal of Medical Education (Hilberman, 1975). The students met with women faculty members from the Department of Psychiatry in weekly small group sessions. Evaluation by students and faculty assessed the program as having provided a needed and constructive setting to explore the problems and identities of women professionals and to develop close supportive relationships with women colleagues.

Judith Brandenbrug, Assistant Professor and Counseling Psychologist, Queens College of the City University of New York in an article entitled "On Women Returning to School" discusses a group developed there called WING (Women Involved in New Goals). WING was organized in an attempt to assess and meet the needs of women returning to school. It offers two weekly meetings for opportunity to develop friendships with peers, discuss problems, gain support and obtain information specific to their needs. This attempts to satisfy the need most

frequently stressed by women returning to school: to meet others in the same situation. The women need support and friendship from other women in a similar situation regardless of other support available to the individual. Participants have shared that the relief of knowing that others are also having difficulty in dealing with various stresses is comforting in itself and that sharing may be a first step in finding solutions.

The author reports that WING has been very successful in that it provides support to returning women and an atmosphere in which they can articulate their needs and work out solutions to their problems (Brandenburg, 1974).

In spite of documented positive effects of support groups, McKay (1978) contends that nursing schools have not done enough to encourage peer support. The author believes that a systematic program of peer support in nursing schools could decrease feelings of alienation and competition and increase opportunities to work out developmental concerns.

Donna Shane, Coordinator of undergraduate RN students at the University of New Mexico, supported the peer support concept by suggesting a weekly meeting of students with a faculty member (Shane, 1980). The purpose of the peer support group was to:

1. provide an ego support system
2. provide a clear picture of interpersonal tasks

3. draw students into a cohesive group for support and

4. assure members that emotional turmoil is a predictable crisis that occurs to some degree in all who return to school.

Davidson (1978) recommends support groups be available to students who desire them as a part of the curriculum. This is to enhance the establishment of sustaining friendships among the students and creation of an environment where they can examine their concern about themselves. Goodman and Alexander (1982) agree and continue that formal and informal communication among students and between students and faculty should be encouraged and provided for as part of the curriculum design. Students often state that the support they received from peers and faculty enabled them to achieve their goals and complete the program as well as develop colleague relationships.

Loomis (1978) contends that group members can achieve a sense of hope through the realization that others have experienced a similar feeling or event and have learned to cope with the situation.

It has been observed that previous educational experience may not have provided the student with the study skills expected of the university student. The provision of specific orientation programs and counseling services and the development of peer support groups can assist these

students to develop needed learning skills, set realistic goals, organize realistic time tables and utilize university and community resources (Jackson, 1984).

Lorna Lord, an LPN in a nursing program, offers a personal perspective which supports the peer support group concept; "friends at school supported me. We formed study groups and shared our problems as well as our knowledge. I don't think I could have finished without them" (Lord, 1982).

Summary of Literature Review

In summary, review of the literature reveals specifically that:

1. The baccalaureate degree as the education requirement for the professional nurse is supported by the nursing professional groups. The current ANA recommendation is that 100% of the states support the baccalaureate in nursing as the educational base by 1995. This is perceived as a threat by many LPNs.

2. There is an increasing number of nontraditional students in nursing education. The nontraditional student has assets that usually enhance the educational experience. The nontraditional student also, typically has a number of attributes that may be perceived as barriers to success. Female, older students encounter additional stressors such as family responsibilities, financial difficulties and academic barriers.

3. Prolonged stress can lead to psychological and physical symptoms of distress among students. The symptoms of distress may include days of school missed due to physical illness, impairment of intellectual function and withdrawal from school.

4. Positive effects of support groups have been documented in the literature. The concept of the support group is that it is a source of help to members by a sharing of knowledge and concern by members. The members develop a peer group, feel less lonely and anxious, gain self-understanding and problem solve.

5. The peer support group concept is supported by nursing educators to draw students into a cohesive group. provide ego support and provide a picture of interpersonal tasks.

Conceptual Framework

The conceptual framework for this study was based on a review of literature. In this study, four concepts are described as impacting the ease of transition of the LPN student. These four concepts in figure 1 are perceived stressors, student characteristics, career ambitions and the support group.

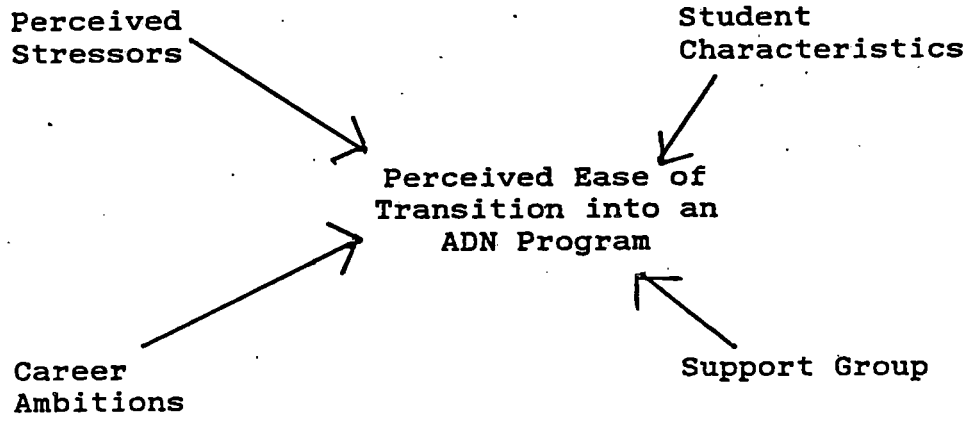


Figure 1
Conceptual Framework

CHAPTER III

METHODOLOGY

The research methodology used in this study will be reviewed in this chapter. This includes a discussion of the approach, sample research tool, method of collecting data, procedure used in analysis of data, and the identification of variables.

Approach

The research approach for this descriptive study was a survey, utilizing two questionnaires. A group of LPN students who participated in an LPN Support group during their freshman year at a designated junior college were asked to complete a pre group questionnaire in October of 1985 and a post group questionnaire in January of 1986.

Sample

The accessible population was the LPN student enrolled in the nursing program at a designated junior college. The designated private junior college grants an Associate Degree in Science and is located in the north central midwestern part of the country.

The purposive sample for this study was twelve LPN students participating in the LPN Support group. Twelve LPN students began the support group and completed the pre group questionnaire. Eleven LPN students completed the LPN support group and the post group questionnaire. One student

left the nursing program so did not complete the group sessions.

Research Tools

The pre group questionnaire (Appendix A) was developed by the researcher based on a review of literature and the conceptual framework. The purpose of the questionnaire was to determine expectations of the group participants and the perceived degree and type of stress from a list of potential stressors in these areas. Personal data related to personal and professional attributes were also collected.

The questionnaire consisted of four sections. Section I requested the participants to list three expectations of the LPN support group.

Section II of the questionnaire consisted of statements related to the participants' expectations of the LPN support group experience. The level of agreement with the stated expectations were measured, using a seven point, Likert type scale. Responses ranged from a strongly agree (a value of 7) to strongly disagree (a value of 1). An undecided response was indicated by a value of four.

Section III of the questionnaire consisted of statements related to potential sources and degrees of stress. The degree of stress experienced by the person at time of completion was measured using a four point, Likert type scale. Responses were no stress (a value of 1),

minimal stress (a value of 2), moderate stress (a value of 3) and great stress (a value of 4). Not applicable was also offered as an option. The statements reflected personal, academic and financial factors which may be sources of stress.

Section IV of the questionnaire consisted of questions related to demographic data such as sex, age, marital status, number of children, number of children living at home, years of experience as an LPN and reasons for returning to school. Section IV also included an open-ended question designed to gather information about the faculty group leader role in the group. This was not included as data for the study.

The post group questionnaire (Appendix B) was developed by the researcher based on a review of literature and the conceptual framework. The purpose of the questionnaire was to survey success of the group experience and the degree to which the expectations of the group participants were met. It consisted of two sections. Section I consisted of open-ended questions designed to gather information about the outcomes of the group experience.

Section II of the questionnaire consisted of statements related to whether expectations had been met. The effect of group experience on the degree of perceived stress experienced was surveyed by statements reflecting the

type and degree of potential stressors. The level of agreement with the statements was measured using a seven point, Likert type scale. Responses ranged from a strongly agree (a value of 7) to strongly disagree (a value of 1). An undecided response was indicated (a value of 4). Not applicable was also an option.

A face sheet accompanied each questionnaire. The face sheet identified the researcher, explained the purpose of the study, assured confidentiality and informed the respondent that consent to participate in the study was evidenced by completion and return of the questionnaire by a designated time.

The questionnaires were pretested with three LPN students of a previous class for content validity. Revisions and modifications were made with information obtained from the students.

Method of Collecting Data

The data for this study were collected during the 1985-86 academic school year based on the following process:

1. Written permission to involve the LPN students as subjects was obtained from the director of the nursing program and the Academic Dean of the junior college where the study took place (Appendix C).
2. The pre group questionnaire was given to each of the twelve LPN students at the first group session on October 7, 1985. The subjects were asked to place the

completed form in the box marked "Support Group." All twelve LPN students consented to participate in the study.

3. On January 17, 1986, the post group questionnaire was given to the eleven LPN students remaining in the support group. The subjects were asked to place the completed questionnaire in the box marked "Support Group." The analysis reflects data collected from 11 subjects as one subject left school and the group before completion.

Procedure for Analysis of Data

The data from the pre and post group questionnaires were analyzed to: 1) provide a descriptive analysis of the subjects as a group; 2) provide a descriptive analysis of the expectations of the group participants and 3) provide a descriptive analysis of the effects of the support group on the perceived ease of transition into an AD program.

CHAPTER 4

ANALYSIS OF THE RESEARCH FINDINGS

This chapter presents a descriptive analysis of the data. The descriptive analyses were based on frequencies and percentage listing of the data obtained from the eleven females who completed both the pre group and post group questionnaires.

Personal Data

Age. Two (18.2 percent) respondents were in each of the following age groups: 20-25 years, 26-30 years, 31-35 years, 36-40 years, and 41-45 years. One (9.1 percent) respondent was in the range of 51-55 years.

Marital Status. Ten (90.9 percent) respondents were married and one (9.1 percent) respondent was single.

Children. Seven (63.6 percent) respondents reported having 1-3 children. One (9.1 percent) respondent each reported having no children; having 4-6 children; having 7-9 children and having more than nine children. Of the eleven respondents, two (18.2 percent) reported having no children at home; eight (72.7 percent) reported 1-3 children living at home and one (9.1 percent) reported 4-6 children living at home.

Experience as an LPN. Two (18.2 percent) respondents reported 4-6 years experience as LPN; four (36.4 percent) respondents reported 7-9 years experience as LPN;

one (9.1 percent) respondent reported 10-12 years experience as an LPN; one (9.1 percent) respondent reported 13-15 years experience as LPN; and three (27.3 percent) reported more than 15 years experience as LPN.

Reasons for Return to School. Respondents were asked to state all reasons explaining why they had returned to school. Ten (90.9 percent) respondents indicated they returned to school to increase knowledge; nine (81.8 percent) respondents because of increased job opportunities; eight (72.7 percent) respondents for career advancement; ten (90.9 percent) respondents to increase salary; and six (54.5 percent) respondents returned to school to gain employment.

Knowledge of Nursing. Eleven (100 percent) respondents felt they would gain knowledge of nursing from the Associate Degree program.

Significant Other Support. Ten (90.9 percent) respondents indicated that their significant other supported their return to school and one respondent was undecided.

Employer Support. Nine (81.8 percent) respondents indicated their employer supported their return to school. One (9.1 percent) respondent each indicated her employer did not support her return to school and was undecided.

Expectations of the Support Group

Objective one of the study was to determine the group members' expectations of the support group which had been developed for the purpose of easing the transition from

LPN to AD student. Respondents were asked to list three important expectations of the support group. As indicated by Table one, ten of the respondents expressed a desire to give and receive peer support; eight respondents requested explanation of nursing class content and expectations; six respondents expected assistance in adjusting to the student role; four respondents reported an expectation of assistance in understanding and meeting personal needs; two respondents reported the expectation of an answer source for services and resource people within the college; one respondent reported an expectation of understanding and meeting the needs of family and one respondent reported an expectation of making friends.

Ten (90.9 percent) respondents agreed that they would benefit from being a member of the support group and one (9.1 percent) respondent was undecided. Nine (81.8 percent) respondents agreed that the support group would meet their expectations and two (18.2 percent) respondents were undecided whether the support group would meet their expectations.

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Table 1
Pre Group Expectations of Group Members
by Frequency

Expectation	Frequency ^a
Give and receive peer support.	10
Receive explanation of nursing course content and requirements.	8
Receive assistance adjusting to student role.	6
Receive assistance meeting and understanding personal needs.	4
Receive information regarding services and resource people.	2
Understand and meet family needs.	1
Make friends.	1

a. Subjects could list more than one response.

In general, as indicated in Table two, all the respondents indicated an expectation that the support group would provide information regarding the curriculum and nursing course requirements, would provide emotional support and an environment to express reactions to the educational experience, would provide a means to form new friendships and develop a peer group, would be a place to find persons to serve as study partners and would provide a means to form a network to gain information on a variety of issues. Table

2 indicates the strength of agreement among respondents regarding expectations of the support group.

Table 2
Strength of Agreement Among Respondents Regarding
Expectations of the Support Group
by Frequency and Percentage

Expectation	Frequency			Percentage			Total %
	SA	A	MA	SA	A	MA	
The support group will:							
Provide information regarding the curriculum.	4	2	5	36.3	18.2	45.5	100.0
Provide information regarding nursing course requirements.	3	5	3	27.3	45.4	27.3	100.0
Provide emotional support.	6	3	2	54.5	27.3	18.2	100.0
Provide a means to form new friendships.	1	8	2	9.1	72.7	18.2	100.0
Provide a means to develop a peer group.	1	7	3	9.1	63.6	27.3	100.0
Provide an environment to express reactions to my educational experience.	4	6	1	36.4	54.5	9.1	100.0
Be a place to find persons who may serve as study partners.	2	4	5	18.2	36.3	45.5	100.0
Provide a means to form a network to gain information on a variety of issues.	2	7	2	18.2	63.6	18.2	100.0

Outcomes of the Support Group

Objective two of the study was to determine the extent the expectations were met by participation in the support group. On the post group questionnaire, participants were asked to describe outcomes of their participation in the group. As indicated by Table 3, ten respondents indicated the greatest benefit of the support group was peer support and understanding; seven reported sharing problems and solutions as a positive outcome of the support group participation; four respondents cited meeting people and making friends as a positive outcome of the support group experience; four respondents reported the attainment of information as a positive outcome of the support group; one respondent each reported assistance with the transition to student role and enhanced student faculty relationships as positive outcomes of the support group.

The majority of the respondents agreed that the support group had met their expectations because it had provided information regarding nursing requirements; provided emotional support; provided a means to form new friendships and allowed for development of a peer group. Table 4 indicates the responses among respondents regarding the outcomes of the support group.

Table 3
Post Group Reported Benefits to Members by Frequency

Benefit	Frequency ^a
Received peer support and understanding.	10
Sharing problems and solutions.	7
Meeting people and making friends.	4
Obtained information.	4
Assisted transition from LPN to student.	1
Enhanced faculty student relationship.	1

a. Subjects could list more than one response.

Ten (90.9 percent) respondents agreed that the support group had provided information regarding the curriculum, that it had provided an environment to express reactions to the educational experience and that it had provided an opportunity to gain information on a variety of issues. One (9.1 percent) respondent reported being undecided on these outcomes.

Eight (72.7 percent) respondents reported that the support group had provided an opportunity to find persons to serve as study partners and three were undecided.

Table 4
Outcomes of the Support Group Reported by
Subjects by Frequency and Percentage

Outcome	SA		A		MA		U		Total %
	f	%	f	%	f	%	f	%	
The Support Group:									
Provided information regarding the curriculum.	2	18.2	1	9.1	7	63.6	1	9.1	100.0
Provided information regarding nursing course requirements.	1	9.1	4	36.4	6	54.5	0	0.0	100.0
Provided emotional support.	3	27.3	5	45.4	3	27.3	0	0.0	100.0
Provided a means to form new relationships.	2	18.2	5	45.4	4	36.4	0	0.0	100.0
Allowed for development of a peer group.	1	9.1	8	72.7	2	18.2	0	0.0	100.0
Provided an environment to express reactions to my personal experience.	1	9.1	6	54.5	3	27.3	1	9.1	100.0
Provided an opportunity to find persons to serve as study partners.	1	9.1	2	18.2	5	45.4	3	27.3	100.0
Provided an opportunity to gain information on a variety of issues.	1	9.1	2	18.2	7	63.6	1	9.1	100.0

Nine (91.8 percent) respondents agreed that the support group should be required of all LPN students entering the AD nursing program. One (9.1 percent) respondent each disagreed or was undecided that the support group should be required of all LPNs entering the AD nursing

program. Eight (72.7 percent) respondents agreed that the support group should be required of all students entering the AD nursing program. Two (18.2 percent) respondents disagreed that the support group should be required of all students entering the AD nursing program and one (9.1 percent) respondent was undecided.

Nine (81.8 percent) respondents agreed that the support group helped them feel a part of the nursing program, while one (9.1 percent) respondent each did not agree or was undecided.

Nine (81.8 percent) respondents agreed that in general, the support group helped them adjust to being a student and two (18.2 percent) respondents were undecided. Eight (79.8 percent) respondents agreed that the support group had eased the transition from LPN to the role of student nurse at the AD level. One (9.1 percent) respondent disagreed that the support group eased the transition from LPN to the role of student nurse at the AD level and two (18.2 percent) were undecided.

Change in Type and Degree of Stressors

Objective three of the study was to determine the extent perceived stressors changed after participation in the support group as related to: a) type of identified stressor and b) degree to which an identified stressor was a source of stress.

Academic Stressors: Pre Group. Respondents were asked on the pre group questionnaire to indicate their degree of stress from a list of potential stressors. As indicated by Table 5, a number of academic stressors were identified. Eight (72.7 percent) respondents reported great stress and three (27.3 percent) respondents reported moderate stress from studying for examinations. Four (36.4 percent) respondents reported great stress and seven (63.6 percent) respondents reported moderate stress from the amount of required classwork and the difficulty of classwork. Lack of knowledge of class schedules was reported as causing no stress by four (36.4 percent) respondents, minimal stress by four (36.4 percent) respondents, moderate stress by two (18.2 percent) respondents and great stress by one (9.1 percent) respondent. Moderate stress from lack of knowledge of nursing program requirements was reported by three (27.3 percent) respondents, minimal stress by six (54.5 percent) respondents and no stress by two (18.2 percent) respondents. Fear of not maintaining passing grades was reported by five (45.4 percent) respondents as causing great stress, moderate stress by four (36.4 percent) respondents and minimal stress by two (18.2 percent) respondents. Two (18.2 percent) respondents reported no stress from attempting to maintain standards of the group; seven (63.6 percent) respondents reported minimal stress and one (9.1 percent) respondent

each reported moderate and great stress from attempting to maintain standards of the group.

Seven (63.6 percent) respondents reported minimal stress from difficulty meeting due dates; one (9.1 percent) respondent reported moderate stress and three (27.3 percent) respondents reported great stress from difficulty meeting due dates. Two (18.2 percent) respondents reported no stress from the scheduling of classes; three (27.3 percent) respondents reported minimal stress; five (45.4 percent) respondents reported moderate stress and one (9.1 percent) respondent reported great stress from class schedules. Four (36.4 percent) respondents reported minimal stress from meeting the requirements of AD education; five (45.4 percent) respondents reported moderate stress and two (18.2 percent) respondents reported great stress from meeting the requirements of AD education.

One (9.1 percent) respondent reported no stress from administrative response to student needs; six (54.5 percent) respondents reported minimal stress; three (27.3 percent) respondents reported moderate stress and one (9.1 percent) respondent reported great stress from administrative response to student needs.

Academic Stressor: Post Group. The effect of the support group on identified academic stressors as identified on the post group questionnaire is depicted in Table 6.

Six (54.6 percent) respondents agreed the support group enhanced their ability to study for exams. Three (27.3 percent) respondents did not agree and one (9.1 percent) respondent was undecided.

Table 5

Degree of Stress Reported from Academic Stressors
by Frequency and Percentage

Source of Stress	No Stress		Minimal Stress		Moderate Stress		Great Stress		Total %
	f	%	f	%	f	%	f	%	
Amount of required classwork.	0	0.0	0	0.0	7	63.6	4	36.4	100.0
Difficulty of classwork.	0	0.0	0	0.0	7	63.6	4	36.4	100.0
Studying for examination.	0	0.0	0	0.0	3	27.3	8	72.7	100.0
Lack of knowledge of class schedule.	4	36.4	4	36.4	2	18.2	1	9.1	100.0
Lack of knowledge of nursing program requirements.	2	18.2	6	54.5	3	27.3	0	0.0	100.0
Attempting to meet standards of the group.	2	18.2	7	63.6	1	9.1	1	9.1	100.0
Ability to meet due dates.	0	0.0	7	63.6	1	9.1	3	27.3	100.0
Administrative response to student needs.	1	9.1	6	54.5	3	27.3	1	9.1	100.0
Scheduling of classes.	2	18.2	3	27.3	5	45.4	1	9.1	100.0
Meeting the requirements of AD education.	0	0.0	4	36.4	5	45.4	2	18.2	100.0
Fear of not maintaining passing grades.	0	0.0	2	18.2	4	36.4	5	45.4	100.0

Seven (63.7 percent) respondents agreed that the support group provided opportunity to gain knowledge of class schedules. Three (27.3 percent) respondents were undecided and one (9.1 percent) respondent did not agree the support group provided opportunity to gain knowledge of class schedules.

Eight (72.7 percent) respondents agreed the support group did lessen their fear of not maintaining the standards of the group and three (27.3 percent) were undecided. Six (54.6 percent) respondents agreed the support group lessened their fear of failing. Three (27.3 percent) were undecided and two (18.2 percent) respondents did not agree the support group lessened their fear of failing.

Eight (74.6 percent) respondents agreed the support group provided administrative response to their needs. Two (18.2 percent) respondents did not agree and one (9.1 percent) respondent was undecided that the support group provided administrative response to needs.

Eleven (100 percent) respondents agreed that the support group helped them perceive the role of the AD nurse. Nine (81.8 percent) agreed that the support group supported their decision to study nursing at the AD level and one (9.1 percent) respondent each did not agree or was undecided.

Table 6

Reported Effect of the Support Group on Academic
Stressors by Frequency and Percentage

	SA		A		MA		U		MD		D		SD		TOTAL
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	%
Enhanced ability to study for exam.	1	9.1	0	0.0	5	45.4	1	9.1	2	18.2	1	9.1	0	0	100.0
Provided opportunity to gain knowledge of class schedule.	1	9.1	1	9.1	5	45.5	3	27.3	1	9.1	0	0.0	0	0	100.0
Lessened fear of not maintaining standards of the group.	2	18.2	1	9.1	5	45.5	3	27.3	0	0.0	0	0.0	0	0	100.0
Lessened fear of failing.	1	9.1	1	9.1	4	36.4	3	27.3	1	9.1	1	9.1	0	0	100.0
Provided administrative response to needs.	2	18.2	2	18.2	4	36.4	1	9.1	2	18.2	0	0.0	0	0	100.0

Personal Stressors: Pre Group. As indicated by Table 7, personal stressors were identified by participants completing the pre group questionnaire. Five (45.4 percent) respondents reported no stress from the perceived attitudes of the traditional student; four (36.4 percent) respondents reported minimal stress and two (18.2 percent) respondents reported great stress from the perceived attitudes of the traditional student.

Three (27.3 percent) respondents reported time spent traveling to classes as not stressful; one (9.1 percent) respondent reported minimal stress; six (54.5 percent) respondents reported moderate stress and one (9.1 percent) respondent reported great stress from time spent traveling to classes. One (9.1 percent) respondent reported minimal stress from available time for study; five (45.5 percent) respondents reported moderate stress from this time factor and five (45.4 percent) respondents indicated great stress from available time for study. Four (36.4 percent) respondents reported minimal stress from their study habits; six (54.5 percent) respondents reported moderate stress and one (9.1 percent) respondent reported great stress from study habits.

Four (36.4 percent) respondents indicated no stress from reconsideration of nursing as profession choice; one (9.1 percent) respondent reported minimal stress from this reconsideration; five (45.5 percent) respondents reported moderate stress and one (9.1 percent) indicated great stress from reconsideration of nursing as profession choice.

One (9.1 percent) respondent indicated minimal stress from time spent away from children; two (18.2 percent) indicated moderate stress and seven (63.6 percent) reported great stress from time spent away from children. One (9.1 percent) respondent reported minimal stress from parenting responsibilities; six (54.5 percent) indicated

moderate stress and three (27.3 percent) reported great stress from parenting responsibilities. One (9.1 percent) respondent reported no stress from maintaining a relationship with a significant other; four (36.4 percent) reported minimal stress from maintaining this relationship; three (27.3 percent) indicated moderate stress and three (27.3 percent) reported great stress from maintaining a relationship with a significant other.

Three (27.3 percent) respondents reported no stress from personal physical health; five (45.4 percent) reported minimal stress and three (27.3 percent) indicated moderate stress from personal physical health. One (9.1 percent) respondent reported physical health of family members as causing no stress; six (54.5 percent) respondents indicated minimal stress from physical health of family members; two (18.2 percent) attributed moderate stress to physical health of family members and two (18.2 percent) indicated great stress from the physical health of family members.

Table 7

Pre Group Degree of Stress Reported from Personal Stress
by Frequency and Percentage

Source of Stress	No Stress		Minimal Stress		Moderate Stress		Great Stress		Total %
	f	%	f	%	f	%	f	%	
Perceived attitude of the traditional student.	5	45.4	4	36.4	0	0.0	2	18.2	100.0
Time spent traveling to classes.	3	27.3	1	9.1	6	54.5	1	9.1	100.0
Available time for study.	0	0.0	1	9.1	5	45.4	5	45.4	100.0
Personal study habits.	0	0.0	4	36.4	6	54.5	1	9.1	100.0
Nursing as a career choice.	4	36.4	1	9.1	5	45.4	1	9.1	100.0
Time spent away from children.	0	0.0	1	9.1	2	18.2	7	63.6	100.0
Parenting responsibilities.	0	0.0	1	9.1	6	54.5	3	27.3	100.0
Maintaining a relationship with a significant other.	1	9.1	4	36.4	3	27.3	3	27.3	100.0
Personal physical health.	3	27.3	5	45.4	3	27.3	0	0.0	100.0
Physical health of family members.	1	9.1	6	54.5	2	18.2	2	18.2	100.0

Personal Stressors: Post Group. Participants were asked to respond to items on the post group questionnaire designed to determine the effect of the support group on perceived personal stressors. The data depicted in Table 8

demonstrates the effect of the support group on perceived stressors and the respondents level of agreement. Seven (63.7 percent) respondents agreed that the support group had helped lessen their stress and four (36.4 percent) respondents were undecided. Five (45.5 percent) respondents felt the support group was worth their time; four (36.4 percent) respondents were undecided and two (18.2 percent) respondents did not feel the support group was worth their time.

Seven (63.7 percent) respondents reported the support group provided ideas for more efficient use of time; two (18.2 percent) respondents were undecided and two (18.2 percent) respondents did not feel the support group provided ideas for more efficient use of time. Ten (90.9 percent) respondents agreed that the support group had provided information on improving their study habits and one (9.1 percent) respondent was undecided.

Ten (90.9 percent) respondents indicated that the support group had lessened their stress from the perceived attitudes of the traditional student and one (9.1 percent) respondent disagreed.

Seven (63.7 percent) respondents indicated that the support group had supported nursing as their career choice and two (18.2 percent) respondents each did not agree and were undecided that the support group had supported nursing as their career choice.

Seven (63.7 percent) respondents agreed that the support group had helped them to better solve their personal problems; one (9.1 percent) respondent was undecided and three (27.3 percent) disagreed that the support group had helped them to better solve their personal problems. Six (54.6 percent) agreed the support group helped lessen stress resulting from the amount of time spent away from family; two (18.2 percent) were undecided and three (27.3 percent) respondents disagreed the support group had lessened their stress resulting from time spent away from the family.

Financial Stressors. One (9.1 percent) respondent reported minimal stress from the financial cost of school; four (36.4 percent) respondents indicated moderate stress from the financial obligation and six (54.5 percent) perceived great stress from the financial cost of school. Data on the effect of the support group on the stress resulting from the financial cost of school was not gathered.

Objective one: Summary of Descriptive Analysis.

The previous analysis suggests that the responding students come to a support group with specific expectations. These expectations address academic, professional and personal concerns. These expectations are within the norm for accomplishment through a support group as the predominant expectation was to give and receive peer support.

Table 8
Reported Effect of the Support Group on
Personal Stressors

	SA		A		MA		U		MD		D		SD		TOTAL	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Helped lessen stress.	2	18.2	2	18.2	3	27.3	4	36.4	0	0.0	0	0.0	0	0	0	100.0
Was worth my time.	2	18.2	1	9.1	2	18.2	4	36.4	1	9.1	1	9.1	0	0	0	100.0
Provided ideas for more efficient use of time.	1	9.1	3	27.3	3	27.3	2	18.2	2	18.2	0	0.0	0	0	0	100.0
Provided information on improving study habits.	1	9.1	1	9.1	8	72.7	1	9.1	0	0.0	0	0.0	0	0	0	100.0
Lessened stress from perceived attitudes of traditional students.	2	18.2	2	18.2	6	54.5	0	0.0	1	9.1	0	0.0	0	0	0	100.0
Supported nursing as career choice.	2	18.2	2	18.2	3	27.3	2	18.2	2	18.2	0	0.0	0	0	0	100.0
Helped to better solve personal problems.	1	9.1	1	9.1	5	45.4	1	9.1	2	18.2	1	9.1	0	0	0	100.0
Lessened stress from time spent away from family.	1	9.1	1	9.1	4	36.4	2	18.2	2	18.2	1	9.1	0	0	0	100.0

Objective two: Summary of Descriptive Analysis.

The previous analysis suggests a favorable response to the

support group in that many of the participants' expectations were met. The majority felt their expectations had been met, that the experience was worthwhile and should be required of other students, both LPN and traditional. Data suggested that the greatest benefit of the support group was peer support and understanding. The support group was cited as helpful in the adjustment to the student role and eased the transition to the new role.

Objective three: Summary of Descriptive Analysis.

Academic and personal stressors were identified as causing the greatest stress. The majority of the respondents indicated that the support group had lessened their stress from both academic and personal factors. Data did not support a decrease in the number of stressors but did support a decrease in the perceived degrees of stress resulting from the stressors.

CHAPTER 5

SUMMARY, CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS.

This chapter will present a summary of

1. The research problem and design;
2. The major findings and conclusions as related to the objectives of the study;
3. A statement of implications derived from the research findings and conclusions;
4. A statement of limitations of the study and
5. Recommendations for further research.

Summary of the Research Problem and Design

The entry into practice issue in nursing has provided the impetus for many LPNs to return to school to obtain a higher degree. The LPN returning to school is faced with potential stressors typical of the non-traditional student in addition to the stressors associated with being a student of any age group. Because the individual may experience detrimental effects as a result of this stress, nursing educators are seeking ways to help students adapt to stress. One method utilized to lessen the effects of stress and ease the transition of the non-traditional student into the new role of AD student is a support group. In this study the support group was developed for the purpose of enhancing the students'

adjustment to the academic institution and to the role change from LPN to student.

A review of the selected literature indicated that a bachelors degree is supported by the nursing professional groups as the education requirement for the professional nurse. There will be no role for the LPN as is currently practiced. As a result, the LPN must return to school for a nursing degree and becomes a part of the nontraditional student population. The nontraditional student enters the education setting with a variety of assets but also faces an array of potential stressors and barriers to success. Support groups have been found to be effective in lessening the detrimental effects of stress in a variety of populations. Therefore, the problems under investigation in this study were to determine the entry expectations of LPNs of a support group that had been developed for the purpose of easing the transition from LPN to AD student; to determine the extent those expectations were met by participation in the support group; and to determine the extent perceived stressors changed after participation in the support group.

Data collected from the eleven participants provided a descriptive analysis of the expectations, outcomes and effect on perceived stressors of the support group participants.

Major Findings and Conclusions

The major findings and conclusions of the study are as follows:

Major findings. Objective one of the study was to determine the expectations of the members entering a support group that was developed for the purpose of easing the transition from LPN to AD student. The data indicated that the expectations addressed academic, professional and personal concerns. The primary expectation of the group was to give and receive peer support.

Objective two of the study was to determine the extent those expectations were met by participation in the support group. The data indicated that the majority of the respondents believed that their expectations had been met. The greatest benefits of the support group were peer support and understanding and that the support group had eased the transition to the new role of AD student.

Objective three of the study was to determine the extent that perceived stressors change after participation in the support group. The majority of respondents believed that the support group had lessened their stress caused by academic and personal factors. Data did not support a decrease in the number of stressors. Descriptive analysis from the post group questionnaire indicated that the support group had lessened the degree of stress from the identified stressors.

Conclusions. An analysis of the data indicated that participation in a support group may have eased the transition of the LPN to AD student.

Implications of the Research

The major implications of the research are:

1. The LPN returning to school experiences stress from personal, financial and academic factors. The expectations of the LPN of a support group fall within the norm established by the literature for accomplishment through a support group and reflect the effect of academic and personal stressors in that the primary expectation is to give and receive peer support.

2. Participation in the support group resulted in peer support and understanding. The participants also reported a decrease in the perceived degree of stress from identified stressors. The original purpose of the support group was to ease the transition from LPN to AD student and the majority of participants contended that this purpose had been accomplished. This may be an indication for nursing education to continue to develop and implement support groups for students that focus on easing the transition to a new role and minimizing stress from the academic and personal sources. The support group may be helpful for the AD or diploma prepared RN who is returning to school for a higher degree as well as the LPN returning to school.

3. The LPN student participants indicated that the support group was helpful in solving their personal problems. This may be an indication for nursing education to continue to develop and implement support groups for students that focus on resolution of personal problems.

4. The use of support groups may be helpful for all students. This was reflected in the agreement by LPN students that the group experience should be required of all students.

5. The participants indicated that the support group served to support nursing as their career choice. This may be an indication for nursing education to develop and implement support groups for students early in their educational experience. This may decrease attrition and provide early recognition by some students that a change in career plan is needed.

Limitations of the Study

The limitations of the study were:

1. The sample was non random; therefore, the generality of the findings and conclusions are restricted to the sample.

2. The questionnaires were administered to one group of AD students attending a junior college in a north central midwestern state. Therefore, statistical power was limited. Findings reflected responses of nursing students who may be homogenous in their values and characteristics.

3. The sample size was small which leads to low statistical power.

4. The wording of the questionnaires may have produced variations in response due to individual interpretation of the questions.

5. The role of the researcher as instructor in the junior college setting may have produced variations in response related to the student instructor relationship.

6. The research design provided evaluation of the group experience at one time only. A time series design may have strengthened the evaluation of the group experience.

Recommendations for Future Study

The author recommends the following areas for future study:

1. This study should be replicated using a large random sample and control group selected from a variety of institutions.

2. A number of variables were not included in this study. A study to determine the relationship of career goals and number of hours worked per week to perceived stressors would be beneficial.

3. The support group was cited as effective in assisting the LPN students solve their personal problems. A study to determine the effect of the support group on personal concerns should be done.

4. A study to determine if the support group reduces time spent with a counselor may be beneficial in determining cost effectiveness of the support group.

5. The use of the support group concept with the traditional student should be investigated to determine value.

6. A study to determine the effect of the support group on the attrition rate of both nontraditional and traditional students would be of importance.

7. A longitudinal study with a time series design should be done to further evaluate effectiveness of the support group.

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APPENDIX A
Pre-group Questionnaire

October 7, 1985

The Licensed Practical Nurse (LPN) support group was organized because of a need identified by the Nursing Faculty of Presentation College and by students who have challenged nursing courses in the past. The purpose of this survey is to obtain your opinion related to a number of functions of the support group. Your input will assist the Department of Nursing in meeting the needs of future students.

To maintain anonymity and confidentiality we ask that you not sign your name. The numbers in the upper right hand corner are for second contacts only. The numbers will be removed when the survey has been returned.

Your willingness to participate in this study will be evidenced by completing this form and returning it to the box marked "Support Group" in NU 27 by 5 p.m. on Monday, October 7, 1985.

Thank you for your assistance.

Illa Reeve

DEFINITION OF TERMS:

The following items are used in this study and are defined as follows:

Support Group - A limited number of persons who communicate with one another at specified times about normal changes in life and crises of living, in order to enhance individual growth and the ability to cope with these changes.

Stress - A physical and emotional state always present in a person as a result of living; it is intensified in a nonspecific response to an internal or external change or threat.

Significant Other - A spouse, fiance or special friend who is important to you and affects your life.

SECTION I

Please state three important expectations that you have of the support group. List your expectations in order of importance. Number one will reflect the greatest importance.

1.

2.

3.

Please return and obtain Section II.

Thank you.

Whenever an individual becomes a member of a group, she/he has expectations regarding that group. Please indicate the extent to which you believe the support group will help meet your expectations. (Use the following code and circle your response.)

SA - strongly agree

A - agree

MA - moderately agree

U - undecided

MD - moderately disagree

D - disagree

SD - strongly disagree

NA - not applicable

It is my expectation that the support group will:

- | | | | | | | | | | |
|------|----|---|----|---|----|---|----|---|----|
| (3) | 1. | Provide information regarding the curriculum. | SA | A | MA | U | MD | D | SD |
| (4) | 2. | Provide information regarding nursing course requirements. | SA | A | MA | U | MD | D | SD |
| (5) | 3. | Provide emotional support. | SA | A | MA | U | MD | D | SD |
| (6) | 4. | Provide a means to form new friendships. | SA | A | MA | U | MD | D | SD |
| (7) | 5. | Provide a means to develop a peer group. | SA | A | MA | U | MD | D | SD |
| (8) | 6. | Provide an environment to express reactions to my educational experience. | SA | A | MA | U | MD | D | SD |
| (9) | 7. | Be a place to find persons who may serve as study partners. | SA | A | MA | U | MD | D | SD |
| (10) | 8. | Provide a means to form a network to gain information on a variety of issues. | SA | A | MA | U | MD | D | SD |

- | | | | | | | | | |
|--|----|---|----|---|----|---|----|----|
| (11) 9. It is my belief that I will gain knowledge of nursing from this Associate Degree in Nursing Program. | SA | A | MA | U | MD | D | SD | |
| (12) 10. My significant other supports my being in school. | SA | A | MA | U | MD | D | SD | NA |
| (13) 11. I believe that I will benefit from being a member of this support group. | SA | A | MA | U | MD | D | SD | |
| (14) 12. My present employer supports my return to school. | SA | A | MA | U | MD | D | SD | NA |
| (15) 13. I believe that this support group will meet my expectations. | SA | A | MA | U | MD | D | SD | |

The professional education experience can be a stressful experience. In addition, what may be a stress at one time in our lives is not a stress at another time. Please use the following code and circle the extent to which the following cause stress in your life at this time.

- 1 - no stress
- 2 - minimal stress
- 3 - moderate stress
- 4 - great stress
- NA - not applicable

Potential sources of stress at this time:	no stress	minimal stress	moderate stress	great stress
(16) 14. Amount of required classwork.	1	2	3	4
(17) 15. Difficulty of classwork.	1	2	3	4
(18) 16. Studying for examinations.	1	2	3	4
(19) 17. Fear of not maintaining passing grades.	1	2	3	4
(20) 18. Lack of knowledge of class schedules.	1	2	3	4
(21) 19. Lack of knowledge of nursing program requirements.	1	2	3	4
(22) 20. Attempting to maintain standards of the group.	1	2	3	4
(23) 21. Perceived attitudes of the traditional student.	1	2	3	4
(24) 22. Time spent traveling to classes.	1	2	3	4
(25) 23. Study habits.	1	2	3	4
(26) 24. Ability to meet due dates.	1	2	3	4
(27) 25. Available time for study.	1	2	3	4
(28) 26. Administrative responses to student needs.	1	2	3	4
(29) 27. Reconsideration of nursing profession choice.	1	2	3	4
(30) 28. Time spent away from children.	1	2	3	4 NA

(31)	29.	Maintaining a relationship with significant other.	1	2	3	4	NA
(32)	30.	Financial cost of school.	1	2	3	4	
(33)	31.	Parenting responsibilities.	1	2	3	4	NA
(34)	32.	Personal physical health.	1	2	3	4	
(35)	33.	Physical health of other family members.	1	2	3	4	NA
(36)	34.	Scheduling of classes.	1	2	3	4	
(37)	35.	Meeting the requirements of Associate Degree education.	1	2	3	4	
(38)	36.	Other personal problems. Please specify.					
(39)		_____					
(40)		_____					
(41)		_____					

SECTION IV

Please check or fill in the blanks as appropriate.

(42) SEX _____ male
_____ female

(43) AGE _____ 20 - 25 years
_____ 26 - 30 years
_____ 31 - 35 years
_____ 36 - 40 years
_____ 41 - 45 years
_____ 46 - 50 years
_____ 51 - 55 years
_____ more than 55 years

(44) MARITAL STATUS _____ married
_____ single
_____ widowed
_____ divorced

(45) NUMBER OF CHILDREN _____ 0
_____ 1 - 3
_____ 4 - 6
_____ 7 - 9
_____ more than 9

(46) NUMBER OF CHILDREN
LIVING AT HOME _____ 0
_____ 1 - 3
_____ 4 - 6
_____ 7 - 9
_____ more than 9

(47) YEARS OF EXPERIENCE AS AN LPN

76

- 1 - 3 years
- 4 - 6 years
- 7 - 9 years
- 10 - 12 years
- 13 - 15 years
- more than 15 years

(48) REASONS FOR RETURNING TO SCHOOL.
Please check (✓) all that apply.

- to increase knowledge
- to increase job opportunities
- for career advancement
- to increase my salary
- to gain employment
- Other. Please specify

(49) _____

(50) _____

In your opinion, what do you think a future faculty group leader might do to facilitate the support group meeting student needs?

Thank you for completing this questionnaire.

APPENDIX B
Post-group Questionnaire

January 17, 1986

The Licensed Practical Nurse (LPN) support group was organized because of a need identified by nursing faculty and by former students. The purpose of this survey is to obtain your opinion related to the outcome of the support group. Your input will assist the Department of Nursing in meeting the needs of future students.

To maintain anonymity and confidentiality there is no need to sign your name.

Your willingness to participate in this study will be evidence by completing this form and returning it to the box marked "Support Group" in NU 27 by 5 p.m. on Friday, January 17, 1985.

Thank you for your assistance.

Illa Reeve

DEFINITION OF TERMS:

The following items are used in this study and are defined as follows:

Support Group - A limited number of persons who communicate with one another at specified times about normal changes in life and crises of living, in order to enhance individual growth and the ability to cope with these changes.

Stress - A physical and emotional state always present in a person as a result of living; it is intensified in a nonspecific response to an internal or external change or threat.

SECTION I

Please describe three positive outcomes of your participation in the LPN support group. List the outcomes in order of importance. Number one will reflect the greatest importance.

1.

2.

3.

In your opinion, what was the greatest benefit of the support group to you?

Was there an expectation that was not met by the support group? If so, please state the most important unmet expectation?

In your opinion, what do you think the nursing department might do in the future to facilitate the support group in meeting student needs?

What do you perceive as your greatest difficulty in your return to school?

Please check or fill in the blanks as appropriate.

- (3) AGE 20-25
 26-30
 31-35
 36-40
 41-45
 46-50
 51-55
 more than 56

- (4) Years of EXPERIENCE AS AN LPN
 1-3
 4-6
 7-9
 10-12
 13-15
 more than 16

Master's Program In Nursing
College of Nursing
South Dakota State University
Brookings, S.D. 57007

SECTION II

81

Participation in a support group may or may not meet the expectations of the participants. Please indicate the extent to which you believe the support group accomplished the following. (Use the following code and circle your responses.)

SA - strongly agree

MD - moderately disagree

A - agree

D - disagree

MA - moderately agree

SD - strongly disagree

U - undecided

NA - not applicable

The support group:

- | | | | | | | | | | |
|------|---|----|---|----|---|----|---|----|----|
| (5) | 1. Provided information regarding the curriculum. | SA | A | MA | U | MD | D | SD | NA |
| (6) | 2. Provided information regarding nursing course requirements. | SA | A | MA | U | MD | D | SD | NA |
| (7) | 3. Provided emotional support. | SA | A | MA | U | MD | D | SD | NA |
| (8) | 4. Provided a means to form new friendships. | SA | A | MA | U | MD | D | SD | NA |
| (9) | 5. Allowed for development of a peer group. | SA | A | MA | U | MD | D | SD | NA |
| (10) | 6. Provided an environment to express reactions to my educational experience. | SA | A | MA | U | MD | D | SD | NA |
| (11) | 7. Provided an opportunity to find persons to serve as study partners. | SA | A | MA | U | MD | D | SD | NA |
| (12) | 8. Provided an opportunity to gain information on a variety of issues. | SA | A | MA | U | MD | D | SD | NA |
| (13) | 9. Helped lessen my stress. | SA | A | MA | U | MD | D | SD | NA |
| (14) | 10. In general, helped me adjust to being a student. | SA | A | MA | U | MD | D | SD | NA |

(15)	11.	Should be required of LPN students entering the AD nursing program.	SA	A	MA	U	MD	D	SD ^{SD}	NA
(16)	12.	Met my expectations.	SA	A	MA	U	MD	D	SD	NA
(17)	13.	Supported nursing as my career choice.	SA	A	MA	U	MD	D	SD	NA
(18)	14.	Helped me feel a part of the nursing program.	SA	A	MA	U	MD	D	SD	NA
(19)	15.	Was worth my time.	SA	A	MA	U	MD	D	SD	NA
(20)	16.	Provided administrative response to my needs.	SA	A	MA	U	MD	D	SD	NA
(21)	17.	Helped me so I could better solve my personal problems.	SA	A	MA	U	MD	D	SD	NA
(22)	18.	Supported my decision to study nursing at the AD level.	SA	A	MA	U	MD	D	SD	NA
(23)	19.	Helped lessen my fear of failing.	SA	A	MA	U	MD	D	SD	NA
(24)	20.	Enhanced my ability to study for exams.	SA	A	MA	U	MD	D	SD	NA
(25)	21.	Provided knowledge of class schedules.	SA	A	MA	U	MD	D	SD	NA
(26)	22.	Lessened my fear of not maintaining the standards of the group.	SA	A	MA	U	MD	D	SD	NA
(27)	23.	Should be required of <u>all</u> nursing students entering the AD program.	SA	A	MA	U	MD	D	SD	NA
(28)	24.	Eased my transition from LPN to the role of student nurse at the AD level.	SA	A	MA	U	MD	D	SD	NA
(29)	25.	Lessened my stress from the perceived attitudes of the traditional student.	SA	A	MA	U	MD	D	SD	NA
(30)	26.	Provided ideas for more efficient use of my time.	SA	A	MA	U	MD	D	SD	NA

- | | | | | | | | | | |
|------|--|----|---|----|---|----|---|---------------------|----|
| (31) | 27. Provided information on improving my study habits. | SA | A | MA | U | MD | D | SD
83 | NA |
| (32) | 28. Helped me perceive the role of the AD nurse. | SA | A | MA | U | MD | D | SD | NA |
| (33) | 29. Helped lessen my stress resulting from amount of time spent away from my family. | SA | A | MA | U | MD | D | SD | NA |

Thank you for completing this questionnaire.

APPENDIX C

Permission to Gather Data