

NURSE ROLE CONCEPTIONS OF  
BEGINNING STUDENTS, GRADUATING STUDENTS AND FACULTY  
IN A BACCALAUREATE NURSING PROGRAM

A Thesis

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by

Connie L. Clark

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Nurse Role Conceptions of  
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by

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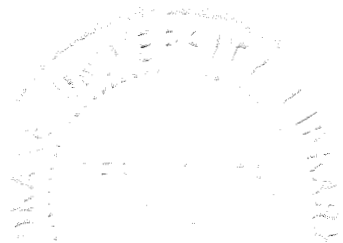
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An abstract of a Thesis by  
Connie L. Clark  
April 1991  
Advisor: Dr. Barbara Haag

The problem. The purpose of this study was to determine ideal and actual nurse role conceptions and role discrepancies of beginning students, graduating students and faculty in a baccalaureate nursing program.

Procedure. Twenty four beginning students, nineteen graduating students and fifteen faculty at two private baccalaureate nursing programs completed Pieta's 1976 tool, "Nursing Role Conceptions", measuring bureaucratic, professional and service role conceptions. Student subjects also completed a demographic data questionnaire designed by the researcher.

Findings. Significant differences existed between: the bureaucratic ideal and actual, professional ideal and actual and service ideal nurse role conception scores of beginning and graduating nursing students; the bureaucratic role discrepancy scores of beginning nursing students and nursing faculty; the bureaucratic role discrepancy scores of graduating nursing students and nursing faculty; the professional role discrepancy scores of beginning nursing students and graduating nursing students; the professional role discrepancy scores of beginning nursing students and nursing faculty; the service role discrepancy scores of beginning nursing students and graduating nursing students and the professional ideal role score of nursing faculty and beginning nursing students.

Conclusions. Socialization into a professional role orientation appeared to be occurring at these baccalaureate nursing programs. Students' nurse role conceptions changed as they progressed through their education.

Recommendations. Examples of recommendations for further research include: (1) replicating this study using a larger and more heterogeneous sample and (2) carrying out a longitudinal study measuring one group of subjects at various points in their educational process.

## Acknowledgments

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## Chapter I

### DIMENSIONS OF THE PROBLEM

Students who enter schools of nursing often have unclear, if not contradictory conceptions of the nursing role. Nurse role conceptions, which are not fixed entities, are affected by nursing experience and knowledge of nursing (Brotherton, 1988). According to scholars who have studied the socialization process in nursing, nursing students acquire the knowledge, skills, attitudes, values, and behaviors necessary for professional practice through a combination of interacting with faculty members, studying the curriculum and gaining experience in the practice of nursing (Cohen & Jordet, 1988). Nursing faculty especially affect students' conception of the nurse role. "Nurse educators play a vital role in the socialization of nursing students into the profession and at the same time, the development of the student's image of a nurse" (Marshall, 1988, p. 185). The purpose of undergraduate nursing education is to socialize students into the profession of nursing (Spickerman, 1988). It is during nursing education that the change from imitator to initiator of the nursing role takes place (Betz, 1985).

The goal of most baccalaureate programs is to produce a nurse who has a professional orientation to nursing (Martins, 1988; Moloney, 1986). Professionalism in practice is desirable and can function as a prime force in actualizing high-level health care and illness care (Whelan, 1984). A major concern of faculty in baccalaureate programs, however, is the assurance that by graduation students will have acquired the knowledge, skills, and behavior required of professional nurses in clinical practice (Spickerman, 1988).

There is evidence that the educational process influences students' attitudes concerning the role of the nurse. This influence is not always what is stated by the school as the desired outcome, however. The socialization of students in nursing often does not proceed in an automatic, painless, systematic process (Brown et al., 1974). Considering the attrition rate among nursing students, the temporary career commitment of many graduate nurses, graduates' limited participation in professional activities and the inconsistent images of the nurse's role between students and educators, there is some question as to how well nursing students are being socialized to assume their professional responsibilities (Cohen & Jordet, 1988).

Inadequate professional socialization has been found to result in attrition in both nursing education and nursing practice. "It is all too apparent that nursing programs are in crisis" (Rosenfeld, 1988, p. 202). Though most types of BSN programs have either improved or maintained their net retention rates since 1978, 38% of BSN programs in public institutions and 47% of BSN programs in private institutions still reported in 1986 they were having trouble with retention (Rosenfeld, 1988, p. 201).

The shrinking number of first-time admissions is taking its toll on the number of new graduates as well. In 1986, 85% of BSN programs in private institutions and 52% of BSN programs in public institutions reported having trouble with recruitment (Rosenfeld, 1988, p. 202). In the academic year 1985-1986, baccalaureate nursing programs nationwide, experienced a average 4.5 percent drop in enrollment (Greenleaf, 1987, p.26). The following year, baccalaureate nursing programs experienced a 12.6 percent decline (Greenleaf, 1987, p. 26). "Early indications exist that for the third year in a row enrollments in schools of nursing will again show large



drops...Many individuals simply do not perceive nursing as a career that is of high social prestige" (Greenleaf, 1987, p. 26). These trends certainly will add to the growing nursing shortage problem. Existing and new baccalaureate and graduate nursing programs will need to more than double their enrollments in order to achieve the desired number of professional nurses by the year 2000 (Naylor, 1988, p. 60).

Many believe the poor image of nursing has contributed to the decline in enrollments and subsequently to the nursing shortage (Porter et. al., 1989). Creating a better public image has become a priority for nursing in recent years. The key to a better public image for nursing is for nurses to have a clear, cognitive image of themselves, an image which is created gradually (Walker, 1985). More attention directed toward socializing the student into a professional role orientation may be one of the keys to improving nursing's image and in turn, reversing the nursing shortage.

In 1988, the Davis Commission on Nursing released the final report from its study on the nursing shortage. Concurrent with the statement that nurse retention is an industrial priority was the acknowledgement that successful retention of nurses requires more than economic rewards. When the analysis focused attention on retention of registered nurses, authority, clinical decision making, staff involvement in the organization of professional practice, and relationships with physicians became the important factors (Secretary's Commission on Nursing, 1988). All of these factors both exemplify and require a professional role orientation, a role orientation which should be established in nursing education.

If nursing students are being properly socialized, their role conceptions and faculty members' role conceptions should become similar as they advance through a program (Cohen & Jordet, 1988). The questions of if

and when students acquire a professional role orientation and the effect of faculty role orientation on students' role orientation have been studied by a number of researchers over the past three decades. Some of these studies have focused only on role development in baccalaureate students (Bevis, 1973; Brown et al., 1974; Cohen & Jordet, 1988; Crocker & Brodie, 1974; Davis & Olesen, 1964; Shortridge, 1977; and Siegel, 1968). Others have compared development of the role conception among the various types of nursing programs (Corwin & Taves, 1962; Jones & Jones, 1977; Lynn, 1981; and Pieta, 1976) or assessed the development of role conception in diploma programs alone (Gliebe, 1977; Minehan, 1977; and Stoller, 1978). Still others have considered role orientation in returning RN students (Whelan, 1984), compared nursing role orientation of nursing students, nonnursing students and nurses (Brotherton, 1988) or have studied the effect of faculty role orientation on students' role orientation (Brown et al., 1974; Cohen & Jordet, 1988; Crocker & Brodie, 1974; Davis & Olesen, 1964; Jones & Jones, 1977; Lynn, 1981; Pieta, 1976; and Siegel, 1968).

Inconsistent results have been obtained on the issue of role orientation and it appears that understanding of the topic is incomplete. Because a professional role orientation is vital to the image and the advancement of the nursing profession, this area should receive further study, especially in baccalaureate schools of nursing as the focus of these programs is preparation of the professional nurse.

#### Theoretical Orientation

The theoretical underpinnings of this study come from the work of numerous authors in the area of role theory. Role theory is not a single entity but represents a collection of concepts and a variety of hypothetical formulations that predict how actors will perform in a given role, or under

what circumstances certain types of behaviors can be expected (Hardy and Conway, 1988). Role theory proposes that individuals perceive their identity in relation to those with whom they associate, those who have similar roles and those who affect or are affected by the individual's identity and performance (Simms & Lindberg, 1978).

Much of the work on role theory was initiated by Corwin (1960) and his framework is most consistently mentioned in nursing research related to role orientation. Corwin (1961) maintained that of primary significance in the assumption of a new status is the grasping of new concepts, particularly of role, which creates a transformation in the relevant perceptions and beliefs. He conceded that conceptions of role have an abstract nature and at best are images or fantasies which set the ideal, not providing a totally realistic picture of the career.

Three conceptions of the nurse role were first described by Corwin in 1961, and are the conceptions assessed in most tools available for measuring role orientation in nursing students and nurses. These are the bureaucratic role conception, the professional role conception and the service role conception. Corwin (1961) described these three dominant conceptions of nursing as providing alternate identities for the nurse who is at the same time a hospital employee; a responsible, independent professional; and a public servant. In addition, each identity provides a different source of loyalty for the nurse leading to potential internal conflict (Corwin, 1961). This study extended the knowledge base concerning acquisition of these three nurse role conceptions.

### Purpose

The purpose of this study was to determine ideal and actual nurse role conceptions and role discrepancies of beginning students, graduating students and faculty in a baccalaureate nursing program.

### Definition of Terms

For purposes of this study terms are defined in the following way:

1. Role conception: the set of expectations that the study subjects have for the role of the nurse. There are three conceptions of the nurse role: professional, service and bureaucratic.
  - a. Professional role conception: A nurse role conception maintaining principles which transcend the location of a specific work place and suggest primary responsibility to the nursing profession.
  - b. Service role conception: a nurse role conception characteristic of a nurturant, supportive position, with primary loyalty to patients' well being and emphasis on bedside activities.
  - c. Bureaucratic role conception: a nurse role conception in which primary loyalty is given to the hospital and hospital administration. Emphasis is placed on rules, record keeping and routines.
2. Ideal nurse role conception: the expectations which the study subjects believe should exist in the practice of the nursing role. This is measured by summing the responses to the "should exist"

items on the "Nursing Role Conceptions" tool. This score is called the normative score.

3. Actual nurse role conception: the expectations which the study subjects believe do exist in the practice of the nursing role. This is measured by summing the responses to the "does exist" items on the "Nursing Role Conceptions" tool. This score is called the categorical score.
4. Role discrepancy: the extent to which the beliefs about the ideal nurse role conception differ from the beliefs about the actual nurse role conception. The role discrepancy score is obtained by subtracting the categorical mean score from the normative mean score.
6. Beginning baccalaureate nursing students: female nursing students beginning their first class in nursing, the first week of the semester after being admitted to the nursing major at two small midwestern colleges. (The study is limited to female subjects as Pieta's tool was validated only on females.)
7. Graduating senior baccalaureate nursing students: female nursing students in the final month at the end of their final year of a baccalaureate nursing education at two small midwestern colleges
8. Faculty: all classroom and clinical nursing faculty in the same two small midwestern colleges from which the student population was attained

#### Assumptions

There are three assumptions basic to this study:

1. One of the main goals of baccalaureate nursing education is to promote professional development and behavior.

2. Faculty in baccalaureate schools of nursing predominantly teach the ideal professional nurse role conception. Their desire is to instill this conception in students, observe this behavior in students and be informed that graduates maintain this conception as they become employed.

3. Role conception is a dynamic mind set, subject to change in relation to academic and work experience.

### Research Hypotheses and Rationale

Four research hypotheses were tested:

1). There will be a significant difference in the ideal and actual scores of the three nurse role conceptions between beginning nursing students and graduating senior nursing students in a baccalaureate program.

Rationale: Beginning nursing students come from a variety of socioeconomic, cultural and experiential backgrounds. These variables plus any exposure to health care situations will influence their perception of the three components of the nurse role. These conceptions, therefore, may be based on fact or fiction and will probably vary widely. Graduating senior students will all have experienced the socialization of the nursing educational program and will have been exposed to many more nurse role models, both of which will affect their conception of the three components of the nurse role. Thus, there should be a significant difference in the ideal and actual scores of the three nurse role conceptions between the two groups.

2). The role discrepancy scores will be significantly higher in graduating senior nursing students and in nursing faculty than in beginning nursing students.

Rationale: Faculty present the nursing role to students in what they believe is the ideal. Thus as students progress through the educational program they acquire this view through instruction and example. As students continue in their program, however, they also have more clinical experience and therefore, are exposed to the nurse role in real life situations. Faculty have numerous experiences in the clinical area as well, so despite their instruction on the ideal nurse role, they are made aware of actual nurse roles. Therefore, role discrepancy scores should be higher for graduating senior nursing students and faculty than for beginning nursing students.

3). The ideal professional role score will be significantly higher in nursing faculty than in nursing students and higher in graduating senior nursing students than in beginning nursing students.

Rationale: Faculty at baccalaureate programs of nursing maintain a predominantly professional ideal conception of the nurse role. This is one of the assumptions of this study. One goal of baccalaureate programs is to instill a professional role orientation in students in their program. As students progress through their baccalaureate nursing education they acquire the role conceptions of the faculty, both through instruction and observation. Therefore, by the end of their program, senior nursing students should have

developed a predominantly professional ideal role orientation. This professional orientation may not be as high as the faculty's professional role orientation however. Baccalaureate nursing faculty, as instructors and examples, maintain the ideal professional role orientation for the purpose of preparing nurses who will further the professionalization of nursing. Graduating senior nursing students' role orientations, though molded much by their instructors, will have been tempered by the clinical experience they have had throughout their education. Students will have been exposed to a variety of nurses, some of which do not portray a professional role orientation. This influence plus the possibility that students' orientations may be undergoing alteration as these students approach employment, may result in a lower ideal professional role score than the faculty's ideal professional role score. Beginning nursing students, who have not experienced the instruction and example of the faculty will not have as high an ideal professional role orientation as graduating senior nursing students.

4). The discrepancy scores of students will significantly increase in relation to the amount of patient care experience students have in excess of student clinical learning.

Rationale: Students who have experienced direct patient care through employment outside of the educational setting have been exposed to the realities of actual nursing practice



2. Registered nurses at Hospital W are encouraged to discuss with patients as much about their conditions as the nurse believes would be best for the patient to know.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

3. One registered nurse at Hospital Y modified the hospital routines and procedures to meet the needs of the patients.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

4. The nursing staff at Hospital O are encouraged to read new drug and treatment brochures and memoranda.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

5. Mrs. B was to have a quart of high protein liquid to drink during a 24 hour period. The registered nurse spaced this treatment to provide the patient with small amounts during the daytime so Mrs. B. would not be disturbed at night.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

6. In Hospital Y two registered nurses refused to do anything which they believed might jeopardize the welfare of their patients regardless of who told them to do it.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

7. At Hospital A the rules state that registered nurses are to report for duty at least 10 minutes before the hour. One registered nurse cannot report until five after the hour because of the schedule of the bus. Because of always being late, this nurse is not being considered for promotion.

- A). This is what should be done.  
 B). This is what actually is done.
- A). SA A U D SD  
 B). SA A U D SD

8. Preparing work schedules of staff is the responsibility of the supervisor of Hospital G. Registered nurses are given the opportunity to request their working hours and days but the hospital's needs always take precedence.

- A). This is the way it should be.  
 B). This is the way it actually is.
- A). SA A U D SD  
 B). SA A U D SD

9. At Hospital B the rules clearly state that patients may only take showers in the morning. The registered nurses enforce this rule even when the patients request otherwise.

- A). That is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

10. Head nurses and supervisors at Hospital A when evaluating registered nurses for promotion consider the nurse's length of experience on the job to be important.

- A). This is what should be considered important. A). SA A U D SD  
 B). This is what actually is considered important. B). SA A U D SD

11. In Hospital Y a physician ordered a patient to sit up in a wheelchair twice a day. The registered nurse caring for the patient believed that the patient was not ready to sit up in the wheelchair. The nurse discussed the patient's condition with the physician.

- A). This is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

12. Registered nurses from Hospital M attend conferences outside of the hospital to learn about new techniques and to increase their knowledge of various topics.

- A). This is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

13. The head nurses and supervisors at Hospital R, when evaluating registered nurses for promotion, consider the nurses' membership in the professional association to be important.

- A). This is what should be considered important. A). SA A U D SD  
 B). This is what actually is considered important. B). SA A U D SD

14. Conferences are conducted at Hospital N with the nursing staff to review new techniques and procedures.

- A). This is what should happen. A). SA A U D SD  
 B). This is what actually happens. B). SA A U D SD

15. The head nurses and supervisors at Hospital U, when evaluating registered nurses for promotion, consider the nurses' ability to plan nursing care based upon the patient's need to be the most important.

- A). This is what should be considered most important. A). SA A U D SD  
 B). This is what actually is considered most important. B). SA A U D SD

16. Some registered nurses in Hospital E, although they administer excellent nursing care, are not being considered for promotion because they do not carry out hospital routines as established.

- A). This is the way it should be.  
 B). This is the way it actually is.
- A). SA A U D SD  
 B). SA A U D SD

17. In Hospital X patient B was scheduled for a physical therapy treatment at 9 a.m. The patient experienced some abdominal discomfort after eating breakfast so the registered nurse rescheduled the treatment.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

18. Some registered nurses at Hospital K follow all hospital routines even though they disagree with several of them.

- A). This is the way nurses should function.  
 B). This is the way most nurses actually do function.
- A). SA A U D SD  
 B). SA A U D SD

19. The regulations at Hospital D state that patients are to be transported to their cars via wheelchair upon discharge. Patient Y had been walking about for several days prior to being discharged but the registered nurse had the nurse's aide transport him to his car in a wheelchair.

- A). This is what the nurse should do.  
 B). This is what a nurse actually does.
- A). SA A U D SD  
 B). SA A U D SD

20. Registered nurses at Hospital H may only assign the duties to the practical nurse, nurse's aide, and orderly which are described in their respective job descriptions.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

21. Hospital Q attempted to recruit and employ only registered nurses who were educated in programs sponsored by a college or university which is equipped to teach the supportive biological and social science courses as well as the nursing science courses.

- A). This is what hospitals should do.  
 B). This is what hospitals actually do.
- A). SA A U D SD  
 B). SA A U D SD

22. Registered nurses in Hospital O subscribe to and read professional journals and other professional material to keep abreast of new techniques and knowledge.

- A). This is what nurses should do.  
 B). This is what nurses actually do.
- A). SA A U D SD  
 B). SA A U D SD

23. Registered nurses at Hospital L attend inservice meetings at the hospital even when they are not required to attend.

- A). This is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

24. Mrs. K had difficulty sleeping during the night so the registered nurse allowed her to sleep in the morning even though, according to the routine at Hospital Z, Mrs. K should have been awakened at 7 a.m.

- A). This is what a nurse should do. A). SA A U D SD  
 B). This is what a nurse would actually do. B). SA A U D SD

25. The policies at Hospital C state that any violation of hospital regulations must be reported. Head Nurse A observed registered nurse X violating a hospital regulation and reported the incident to the supervisor.

- A). This is what a head nurse should do. A). SA A U D SD  
 B). This is what a head nurse would actually do. B). SA A U D SD

26. Registered nurses at Hospital J place a high priority on maintaining the patient's record, completing requisitions, and ordering supplies.

- A). This is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

27. Registered nurses in Hospital V are respected by their peers for taking the time to talk with patients in an attempt to allay any of the patient's anxieties which could affect the patient's recovery.

- A). This is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

28. The head nurses at Hospital F, when evaluating registered nurses, place considerable emphasis on the nurses' ability to make decisions based upon scientific principles.

- A). This is what head nurses should do. A). SA A U D SD  
 B). This is what head nurses actually do. B). SA A U D SD

29. Registered nurses at Hospital X spend the majority of their time administering direct care to the patients.

- A). This is what nurses should do. A). SA A U D SD  
 B). This is what nurses actually do. B). SA A U D SD

30. Regulations at Hospital K state that all patients must have their baths and treatments completed by 10 a.m. Registered nurses who complete their assignments in this time are considered valued employees.

- A). This is the way it should be.  
B). This is the way it actually is.
- A). SA A U D SD  
B). SA A U D SD

31. One registered nurse at Hospital T, while distributing dinner trays to the patients, approached Mrs. J who began to cry. The nurse got another nurse to distribute the trays, pulled the curtain around the bed, and sat down and talked to Mrs. J.

- A). This is what nurses should do.  
B). This is what nurses actually do.
- A). SA A U D SD  
B). SA A U D SD

32. Registered nurses in Hospital M are active members of their professional nursing association.

- A). This is the way it should be.  
B). This is the way it actually is.
- A). SA A U D SD  
B). SA A U D SD

33. The registered nurses at Hospital Q demonstrate their ability to relate nursing practice to the scientific principles which they learned in school.

- A). This is the way it should be.  
B). This is the way it actually is.
- A). SA A U D SD  
B). SA A U D SD

34. The registered nurses at Hospital W work with the patients in developing the plan of care to be used by the nursing staff.

- A). This is what nurses should do.  
B). This is what nurses actually do.
- A). SA A U D SD  
B). SA A U D SD

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Appendix 2: Pilot Study Cover Letters

Dear Faculty Member:

I would greatly appreciate your participation in a pilot study I am conducting for my thesis. Specifically, I am requesting your help in determining how long it takes to complete the research questionnaire and to determine the clarity of the cover letter that I will be using in my study. Please read the following cover letter, complete the research questionnaire, and then answer the following questions:

1. At what time did you start the questionnaire?\_\_\_\_\_
2. When did you finish the questionnaire?\_\_\_\_\_
3. Is the cover letter clear?\_\_\_\_\_
- If not, what suggestions would you make to improve its clarity?\_\_\_\_\_
- \_\_\_\_\_
4. Comments:\_\_\_\_\_

Thank you very much for your participation!

Sincerely,

Connie L. Clark, B.S.N. R.N.

Dear Nursing Student:

I would greatly appreciate your participation in a pilot study I am conducting for my thesis. Specifically, I am requesting your help in determining how long it takes to complete the questionnaires and to determine the clarity of the cover letter that I will be using in my study. Please read the following cover letter, complete the demographic data questionnaire and research questionnaire, and then answer the following questions:

1. At what time did you start the questionnaires?\_\_\_\_\_
2. When did you finish the questionnaires?\_\_\_\_\_
3. Do you see any problems with the demographic data questionnaire?\_\_\_\_\_ If so, what are they?\_\_\_\_\_
4. Is the cover letter clear?\_\_\_\_\_ If not, what suggestions would you make to improve its clarity?\_\_\_\_\_

\*\*Please omit question # 1 on the following Demographic Data Questionnaire as it will apply only to the actual research subjects.

Thank you very much for your participation!

Sincerely,

Connie L. Clark B.S.N. R.N.



Appendix 3: Cover Letters for Study

Drake University  
Division of Nursing  
Des Moines, Iowa

Dear Faculty Member:

I am Connie Clark, a graduate nursing student in the Nursing Division at Drake University. I am conducting a study on role orientation and am requesting your participation in the study. I would greatly appreciate your participation.

The purpose of this study is to determine perceptions of the nurse role of faculty in a baccalaureate program. The perceptions of faculty will be compared with student perceptions of the nurse role. Results of the study will extend the body of knowledge on role theory and anticipatory socialization and will increase the knowledge base concerning socialization of baccalaureate nurses. These results will be available to participants and the institution sites and may be used to direct educational objectives concerning direction and strength of instruction pertaining to the nurse's role.

Your participation involves completion of a 34 item rating scale instrument: "Nursing Role Conceptions". There are no wrong answers and you are requested to answer according to your own opinion. Completion of the questionnaire takes approximately 15 minutes but you may take as much time as you need to complete it. Individual results will be anonymous as no identifying information is attached to the instrument.

Participation in this study is voluntary. You may decide at any time not to complete the instrument and withdraw from the study. Neither your decision concerning participating in the study nor your answers on the instrument will be reported or in anyway affect your faculty status.

Do not write your name on the instrument. Your consent to participate in this study is indicated by completion and return of the instrument.

If you wish to receive a copy of the results of this study you may contact me at (515)-278-1149 and the results will be mailed to you. If you have any questions please feel free to call me collect (where applicable).

I greatly appreciate your participation.

Sincerely,

Connie L. Clark, B.S.N., R.N.

and the bureaucracies of the work setting. Although they do not see all aspects of the nurse's role or experience the nurse's role in their current capacity, they form opinions about the actual nurse role from their observations. These opinions may, in many cases, not be in agreement with the ideal view of the nurse role they are learning in school. Thus, the more patient care they have in excess of student clinical learning, the higher their discrepancy score should be.

#### Significance of the Study

The significance of this study lies in the information it will add to the nursing body of knowledge pertaining to the nurse role conceptions (i.e. professional, service and bureaucratic) of beginning nursing students, graduating nursing students and faculty in two baccalaureate schools of nursing. All three components of the nurse role are found in every nurse to some degree and indeed, all three are advantageous to some degree. In a baccalaureate program, however, the professional component is emphasized. This study will add to the knowledge of whether baccalaureate programs are preparing graduates with emphasis on the professional role. In an age when a professional role orientation in baccalaureate nurses is highly sought and indeed, expected, any information as to when and how this role orientation is acquired is vital. As nursing seeks to take its place as one of the recognized professions, it must know if its baccalaureate graduates aspire to the attributes of a professional.

The present nursing shortage has prompted an even deeper need to know the minds of student nurses as they view the role of the nurse. Much has changed since the earlier studies on role orientation in student nurses.

Drake University  
Division of Nursing  
Des Moines, Iowa

Dear Nursing Student:

I am Connie Clark, a graduate nursing student in the Nursing Division at Drake University. I am conducting a study on role orientation and would greatly appreciate your participation in the study.

The purpose of this study is to determine perceptions of the nurse role of beginning nursing students, graduating nursing students, and nursing faculty in a baccalaureate program. These results will be available to participants and the institution sites and may be used to direct educational objectives concerning direction and strength of the instruction pertaining to the nurse's role.

Your participation involves completion of a short demographic data questionnaire and a 34 item multiple choice questionnaire. There are no wrong answers and you are requested to answer according to your own opinion. Completion of the questionnaires takes approximately 20 minutes but you may take as much time as you need to complete them. Individual results will be anonymous as no identifying information is attached to the questionnaire. Only I have access to the completed questionnaires.

Participation in this study is voluntary. You may decide at any time not to complete the questionnaires and withdraw from the study. Neither your decision concerning participating in the study nor your answers on the questionnaires will in anyway affect your student status.

Do not write your name on the questionnaires. You will indicate your consent to participate in this study by completing and returning the questionnaires.

If you wish to receive a copy of the results of this study you may contact me at (515)-278-1149 and the results will be mailed to you. Please feel free to call me collect (where applicable).

I greatly appreciate your participation.

Sincerely,

Connie L. Clark, B.S.N., R.N.

Appendix 4: Research Instrument Permission

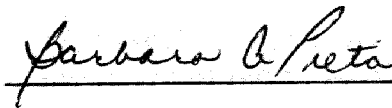
# BARBARA A. PIETA, R.N., Ed.D.

*Consultant*

1633 PARK TERRACE EAST  
ATLANTIC BEACH, FLORIDA 32233  
(904) 246-1337

April 1, 1990

I, Barbara A. Pieta, R.N., Ed.D., grant permission to Connie L. Clark to use my research instrument, NURSING ROLE CONCEPTIONS in the master's thesis project she plans to conduct at Drake University, Department of Nursing. This permission is granted with the understanding that she describe and reference the instrument accurately, use it correctly as standardized, and give appropriate recognition to me as the author. Additionally, a copy of the study must be sent to me upon completion.



Barbara A. Pieta, R.N., Ed.D.

**Appendix 5: Human Subjects Committee Approval and Permission from Individual Colleges**

14 MARCH 1990

TO: Connie Clark/Barbara Haag

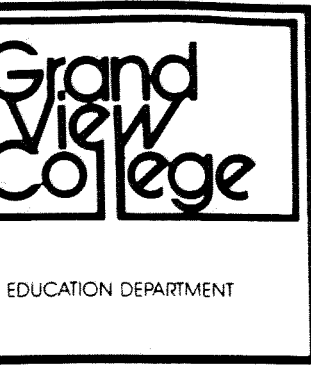
FROM: Harold Swanson, Chair, Human Subjects Subcommittee

On behalf of the subcommittee, I approve your proposed survey entitled "Nurse role perceptions...in a baccalaureate nursing program."

I apologize for the delay in consideration, caused by changes in the makeup of the subcommittee.

*Harold Swanson*





1200 Grandview Avenue • Des Moines, Iowa 50316 • (515) 263-2800

March 22, 1990

Connie L. Clark  
8114 Greenbelt Drive  
Urbandale, Iowa 50322

Dear Ms. Clark:

We have reviewed your research request and have approved your collection of data from our students. You may contact Dr. Ellen Strachota, Chair of our Nursing Division, to begin implementing your study.

Sincerely,

A handwritten signature in cursive script that reads 'Thomas Rider'.

Thomas Rider, Ph.D.  
Director of Planning and  
Institutional Research  
Grand View College

TR/lk



May 21, 1990

Connie Clark  
8114 Greenbelt Drive  
Urbandale, Iowa 50322

Dear Connie:

It is with pleasure that the Luther College Department of Nursing has agreed to participate in your graduate research at Drake University. As I explained, our senior student numbers are small this year, but I do hope you'll get a representative sample from both senior students and faculty. I understand you'll be collecting data from the sophomores next fall.

As a program we strongly support the need for nursing research. I particularly am very interested in your research on role socialization which was a part of the theoretical framework for my own dissertation on Clinical Preceptorships in Nursing Education as a model for role transition. I do hope you'll send me a copy of your completed research.

Good luck as you analyze your data this summer.

Sincerely,

Kathryn L. Vigen, Ph.D., R.N.  
Head, Department of Nursing

KLV:rg

Enc.



May 21, 1990

Connie Clark  
8114 Greenbelt Drive  
Urbandale, Iowa 50322

Dear Connie:

It is with pleasure that the Luther College Department of Nursing has agreed to participate in your graduate research at Drake University. As I explained, our senior student numbers are small this year, but I do hope you'll get a representative sample from both senior students and faculty. I understand you'll be collecting data from the sophomores next fall.

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Good luck as you analyze your data this summer.

Sincerely,

Kathryn L. Vigen, Ph.D., R.N.  
Head, Department of Nursing

KLV:rg

Enc.

Learners are different today, faculty are different, the world is different and nursing education is evolving and growing to meet the challenge of preparing caring, competent, professional graduates. Knowledge of beginning nursing students' role orientations that this study will generate will allow educators to gain a better perspective of the anticipatory socialization that has occurred prior to formal nursing education. Perhaps this will be the area to address as the profession seeks to recruit new members into itself.

In addition, understanding of graduating senior nursing students' views of the role of the nurse, will provide information useful in future endeavors to prevent the high employment attrition rates seen among baccalaureate graduates. Scores from baccalaureate students in Corwin's 1960 study, Kramer's 1966 study, and Davis' 1972 study showed that more baccalaureate students can be expected to leave the nursing profession than nurses prepared in other programs. For nurse educators wishing to find ways to increase the professional practice of nursing within the hospital bureaucracy, this information causes a great deal of concern (Hunter, 1985). Knowledge concerning role discrepancy scores of graduating senior nursing students will alert faculty to possible feelings of frustration and alienation these students may be feeling as they approach entering the workplace as graduate nurses. Similar feelings of future graduates may then be anticipated and students more knowledgeably assisted through this phase of the socialization process.

Role orientations of both graduating senior nursing students and beginning nursing students may be used to guide instruction and curriculum development related to the nurse's role. Curriculum designs structured for the purpose of socializing students into a nursing role may remain the same

or be changed depending on the results of the study and the philosophies and organizing frameworks of those who may review the results.

## Chapter II

### REVIEW OF THE LITERATURE

The purpose of this study was to determine nurse role conceptions of beginning students, graduating students and faculty in a baccalaureate nursing program. The literature was reviewed regarding socialization in professional nursing, role theory and previous studies to determine role orientation. A summary concludes the chapter.

#### Socialization in Professional Nursing

A major goal of nursing education is to instill within students an understanding of their professional role as nurses (Martins, 1988). This professional orientation encompasses such behaviors as accountability; autonomy; a strong identification with standards of practice intended to ensure a meaningful, safe and productive service to society and a commitment to continued acquisition and development of knowledge germane to the field (Whelan, 1984). The nurse with a professional orientation values active membership and participation in professional organizations and the power to make suggestions about nursing care procedures (Minehan, 1977). The pursuit of nursing research to produce a specific theoretical knowledge base that can be used to provide quality care to individuals and groups and adherence to a code of ethics are also identifying marks of a professional (Moloney, 1986).

Although the goal of nursing education is to instill within students this professional role orientation, this does not always occur. When it does not, problems result. Inadequate professional socialization has been found to result in attrition in both nursing education and nursing practice. Crocker and Brodie (1974) reported failure to develop a realistic role image

resulted in nonacademic dropout, desertion from the field after graduation as well as poor clinical performance.

Graduate nurses who enter the working world with realistic expectations are more likely than others to be effective practitioners and to stay in the profession (Kramer, 1974 and Kramer & Schmalenberg, 1977). Kramer & Schmalenberg (1988) found that hospitals which recognized professional autonomy and respected the clinical competence of their nursing staffs did not experience shortages.

Not only is the issue of professional role orientation a vital consideration in the problems of attrition and clinical performance, establishing a professional role orientation in nursing students is vital for the advancement of the nursing profession itself. Martins (1988) stated: "there can be little doubt that the survival of the nursing profession is dependent on ensuring that its future practitioners are not only knowledgeable, skilled practitioners, but that they have been socialized according to professional beliefs, values, norms, motivational attitudes and ethical standards" (p. 28). She concluded: "Socialization of the student nurse cannot be left to chance but should be consciously considered in all generic nursing programs" (p. 28).

The American Nurses' Association has been striving to increase the professionalism of nurses for over 20 years (Brotherton, 1988). One of the detriments to this acquired professionalism of nurses is the lack of agreement regarding the definition of the role of the nurse. Maintenance of the various educational preparations and levels of entry into practice have no doubt contributed to this problem. Conflicting definitions of the role of the nurse continually have plagued the profession, creating a negative

influence for both the profession and individual nurses (Jones & Jones, 1977).

Although there has been division within nursing concerning this issue of defining the role of the nurse, the goal of most baccalaureate programs is to educate a nurse who has a professional orientation to nursing. Despite this expressed need and goal, there is question as to how well baccalaureate programs are socializing nursing students to assume professional responsibilities. Cohen and Jordet (1988) cite not only the attrition problem as evidence of nonsocialization professionally, but also the lack of graduates' participation in professional activities.

In addition to the issue of how well nursing students are socialized professionally, some nurses doubt that the attainment of a substantial degree of professional socialization is even possible for nursing students (Siegel, 1968). Cohen (1981) believed the nursing role develops as a result of a professional socialization process that cannot be provided by nursing education, but instead must be passed from experienced nurses to graduate nurses in the work setting.

There is debate then, as to when, how and if a professional role orientation can be acquired by students during the education process. Nevertheless, the desired goal of professional socialization in nursing education is to displace incompatible or inadequate notions of nursing by legitimized professional views and develop a professional perspective in keeping with that held by most baccalaureate nursing faculty.

#### Role Theory

In the first part of this section additional information related to the theoretical work of Corwin (1960) will be presented. A general review of the literature on role theory will follow.



A role conception provides direction for action. It prescribes the motivation and career goals for the person by whom it is accepted. Corwin and Taves (1962) assert that role conceptions, as images of the rights and obligations which persons perceive to be associated with their positions, are important because they provide expectations which guide conduct (i.e. they indicate the appropriate behavior for particular situations) and they generate attitudes, personal predispositions to act. Thus, a role not only specifies duties, but as it becomes integrated into personality, it also directs personal goals and motives (Corwin & Taves, 1962).

The three conceptions of the nurse role first described by Corwin in 1961, the bureaucratic role conception, the professional role conception and the service role conception, are the conceptions assessed in most tools available for measuring role orientation in nursing students. In a bureaucratic role orientation, when the work site is the hospital, there is strong loyalty to the hospital, hospital authorities and physicians. Routine, tenure and record keeping are considered very important and there is strong belief that a nurse should adhere to rules and regulations of the hospital as a place of employment (Corwin, 1960). Administrative and technical responsibilities are emphasized and personalized patient relationships are de-emphasized (Corwin & Taves, 1962).

A professional role conception refers to occupational principles which transcend the location of a specific workplace and suggest primary responsibility to the nursing profession. The attention of the nurse is directed more toward the maintenance of educational and professional standards through increased reading of professional literature, committee work and participation in national and local professional associations

(Corwin & Taves, 1962). Nurses with a professional role orientation consider themselves autonomous practitioners in the hospital; their reference in making a decision is the standards of their nursing profession, not the particular hospital where they work (Corwin, 1960).

The nurse with a service role orientation portrays a nurturant, supportive position, with primary loyalty to patients' well being and emphasis on bedside activities. Nurses with this role orientation above all consider the patient when making a decision viewing their role as a nurse to be a special calling to service mankind (Corwin, 1960). Corwin & Taves (1962) described a service role conception in nursing as productive of a patient-centered, almost spiritual ethos in the occupation.

In Corwin's discussion of the three conceptions of the nurse role—bureaucratic, professional and service—he conceded that these ideal types do not exist in pure form but can be held simultaneously and in varying degrees by any one individual or group; nor are the characteristics necessarily exclusive and contradictory (Corwin, 1962). There is, however, suggestion of potential conflict because of incompatible alternatives. This aspect of role conception Corwin (1961) described as role discrepancy. He also referred to it as role deprivation and described it as the extent to which an ideal conception of role is perceived to be nonoperative in practice (Corwin & Taves, 1962). Corwin further defined role discrepancy by stating: "The discrepancy score is the difference between the respondent's statement of what should be the case, ranging from 'strongly agree' to 'strongly disagree', and his perception of what is actually the case for each statement in the same scale, also ranging from 'strongly agree' to 'strongly disagree'" (Corwin, 1961, p. 610).

If nurses perceive limitations on their enacting the roles as they conceive them, they experience a feeling of frustration. The resulting internal response of the nurse to the frustration is the role discrepancy. This can be experienced by professionals prior to entering a position or on occupying a position in the bureaucratic structure (Pieta, 1976). In his 1960 study, Corwin noted that baccalaureate degree students and baccalaureate graduates experienced greater discrepancies between their idealized role conceptions and their perceptions of the way the nursing role was actually practiced in the hospital than did diploma students and diploma graduates.

Corwin (1961) believed that role-taking, that is, anticipatory socialization, is always incomplete in the educational setting and only is completely realized when graduates begin to play out their roles. He described teachers as those who project their fantasies, ideals and aspirations upon their students, sometimes tending to fuse their conceptions of what ought to be with their conceptions of what exists.

Role theory is the product of interdisciplinary work, combining physiological, psychological, and social aspects. The evolution of role theory has spanned an 85 year period and its publications come from both academic and clinical settings (Hardy & Conway, 1988).

Though the term "theory" is often used in referring to the literature on role, the work is still far from being a true theory and is instead, a conceptual framework or theoretical perspective because it basically consists of a cluster of concepts and the connection among major ideas or concepts is unspecified or ambiguous (Hardy and Conway, 1988). Of the available theoretical perspectives from the social sciences, role theory has

the potential of becoming one of the most important and useful models for health care providers (Hardy & Conway, 1988).

The concept of socialization must be considered in any discussion of role theory. In broad terms, socialization has been viewed as including a variety of processes that prepare the socializee for adult performance. Norms, motives and values are transmitted to the socializee as well as learning leading the individual to obtain the knowledge, skills and disposition appropriate to an individual of a particular age, sex and social status (Clausen, 1968; Elkin & Handel, 1984).

Hinshaw (1976) defined adult socialization as "a process through which individuals prepare for the life roles that they will enact in their society" (p. 2). Kramer (1974) noted that the concept of socialization refers to a period of time individuals spend learning the necessary changes in self-identity and the internalization process to prepare themselves for a specific role. To a great extent, socialization is a matter of learning a role or developing a role conception (Cohen, 1981).

The process of professional socialization has been described by several authors (Cohen, 1981; Conway, 1983; Gliebe, 1977; Simpson, 1967) as a sequential, developmental process, consisting of several phases or stages and resulting in development of role conceptions. Role conceptions, as the images of the rights and obligations that persons perceive to be associated with their positions, are important for two reasons: (1) they provide expectations which guide conduct; that is, they indicate the appropriate behavior for particular situations, and (2) they generate attitudes which contribute to personal predispositions to act (Corwin & Taves, 1962).

Role sending, which concurs with role taking, was discussed by Katz and Kahn (1966) as a part of the process of socialization into a role. They define role sending as a continual, cyclical process by means of which persons are socialized into their organizational role, informed about the acceptability of their role behavior and corrected as necessary. Role behavior is defined as the recurring actions of an individual, appropriately interrelated with the repetitive activities of others so as to yield a predictable result. In other words, it is the response of the focal person to the complex of information and influence received (Katz & Kahn, 1966).

Role expectations, according to Katz and Kahn (1966), are prescriptions held by members of a person's role set that help to define the person's role. These expectations may include preferences with respect to specific acts and personal characteristics; they may deal with what persons should do, what kind of people they should be, what they should think or believe and how they should relate to others.

Role expectations exist in the minds of members of a person's role set and represent standards in terms of which they evaluate the person's performance. They are communicated to the person in many ways, sometimes directly, sometimes less directly as when a colleague expresses admiration or disappointment in some behavior. The crucial point according to Katz and Kahn (1966) is that the activities which define a role are maintained through the expectations of members of the role set, and that these expectations are communicated or "sent" to the focal person.

Katz and Kahn (1966) believed that for each individual, there is not only a sent role, consisting of the influential and communicative acts of the members of the individual's role set, there is also a received role, consisting of the individual's perceptions and cognitions of what was sent.

How closely the received role corresponds to the sent role depends on numerous factors, including properties of the senders, characteristics of the focal person, the substantive content of the sent expectations and the clarity of the communication. It is the received role that arouses in the focal person a motivational force of some magnitude and direction and is the immediate influence on the person's behavior and role performance.

Katz and Kahn (1966) also proposed that people are role senders to themselves. They have a conception of their office and a set of attitudes and beliefs about what they should and should not do while in that position.

A concept discussed by Katz and Kahn (1966), which is similar to Corwin's role discrepancy concept, is role conflict. Katz and Kahn (1966) define role conflict as "the simultaneous occurrence of two (or more) role sendings such that compliance with one would make more difficult compliance with the other" (p.184). These authors defined four types of role conflict all of which seem to contain elements which could contribute to role discrepancy: intrasender conflict in which the same sender is sending two different messages; intersender conflict in which expectations from one sender are in conflict with those from one or more other senders; interrole conflict in which sent expectations for one role are in conflict with those for another role played by the same person; and person-role conflict in which role requirements violate the needs, values, or capacities of the focal person (Katz & Kahn, 1966). Hardy & Conway (1988) define role conflict as "a condition in which the focal person perceives existing role expectations as being contradictory or mutually exclusive", p. 203. They view role conflict as inevitable in organizations and therefore, a constant source of structural stress (Hardy & Conway, 1988).

Similar to Katz and Kahn's (1966) conception of role set is what Hardy and Conway (1988) define as reference group. In carrying out their professional roles, the actions of health care professionals are strongly influenced by their perceptions of the norms and values of those reference groups in which they hold membership or those groups to which they aspire. A reference group has evolved over time to mean any group, collectivity or person that an individual takes into consideration in the course of selecting a behavior from a set of alternatives or in making a judgment about a problematic issue (Hardy & Conway, 1988).

Reference groups include normative groups which explicitly set norms and standards and make these known to the socializee, and comparison groups which provide a person with standards or comparison points that one can use to make judgments and evaluations. A role model is a type of comparison group and is viewed as an individual who possesses certain skills and displays techniques that the individual lacks and from whom, by observation and comparison with one's own performance, the individual can learn (Hardy & Conway, 1988).

Internal sanctions (the internalization of dispositions and values) and external sanctions (rewards and punishments imposed by significant others) are motivational forces enhancing the learning of role prescriptions and role behaviors. The effectiveness of internal sanctioning, in which the individual rewards self for a job well done, to a large degree determines the adequacy of role learning and role performance. As the individual willingly conforms to the ways of the particular group, norms become internalized, the group's values become the individual's values and the individually acquired group norms are recognized as having worth and validity.

Many elements of a role are learned prior to the time a person actually occupies a position. This early taking on of the behaviors and attitudes of an aspired-to reference group is termed anticipatory socialization (Wheeler, 1966). According to Clausen (1968), this anticipatory socialization entails a variety of mental activities, including daydreaming, forecasting future situations and role rehearsing.

Learning a new role also has been found to be facilitated by learning roles of a similar type or occupying a position that relates in some manner to the anticipated role. Students often find numerous opportunities for role rehearsal by working in related jobs prior to entering school for formal professional education. Olesen and Whittaker (1968) found that 44 percent of the nursing class they studied had prior experiences in hospital positions such as aides, ward clerks or volunteers. An additional 23 percent had worked in blood banks, medical libraries, doctor's offices or had nursed sick relatives at home. Thus, some socialization into a professional role usually occurs before an individual enters formal schooling and most persons are introduced to a new institution or organization only after they have had time to think about and to tentatively develop their own perspective on the profession (Hardy & Conway, 1988).

Although the knowledge acquisition necessary for achieving professional status varies, the processes by which a person becomes professional are similar regardless of the profession. Along with the formal education, an individual acquires an internalized system of ethics to guide the practice of the professional role. The socialization process results in both internal and external changes such as new images, expectations, skills, values and norms. The changes to a large extent



determine how individuals view themselves and how others view them (Hardy & Conway, 1988).

Although the process of socialization is similar for all entering professions, those beginning the process by no means make up a homogeneous group. Students begin from different baselines in regard to qualifications and awareness of the profession (Hardy and Conway, 1988). Differences in age, lifestyle, social class, marital status and in outlook all affect the socialization process. The socialization process, therefore, involves taking a heterogeneous group and changing them into a more homogeneous group with respect to the knowledge, values, attitudes, behaviors and skills that they will have following socialization.

Students are exposed to multiple agents of socialization including individuals and situations. Malasanos (1976) contended that although students are molded both by intended and unplanned circumstances operating in the college and in nursing practice settings, they are particularly influenced by the role behaviors and expectations of faculty members. According to Dalme (1983), "faculty members as significant referents of behavior are critical to students' socialization process and adoption of professional values" (p. 134).

Other individuals affecting the socialization of students include clients, professional colleagues, other health professionals and family and friends who occupy roles both within and outside the formal institutional structure. One of the most powerful mechanisms of professional socialization is informal interaction with fellow students. The peer group serves as a potent reference group for the student in the development and acquisition of values and norms (Hardy & Conway, 1988).

Therefore, students have access to several sources of information concerning the professional role and socialization may either be facilitated or hindered by these extra sources of information depending on the degree of congruity between the role expectations of these multiple agents, those of the faculty and those held by the neophyte aspiring to the profession (Hardy & Conway, 1988).

Two related processes, legitimation and adjudication, have been proposed by Olesen and Whittaker (1968) as a framework for analyzing and understanding the experiential transactions through which students develop their professional identities. According to Olesen and Whittaker (1968), legitimation is the process by which others sanction the student's claim to the role of health professional. Adjudication is the continual refereeing and negotiating of the minute, face to face transactions between students and faculty relative to the technical, refined aspects of role performance. This adjudication process leads to legitimation (Hardy & Conway, 1988).

Olesen & Whittaker (1968) proposed that nursing students receive legitimation in encounters with a variety of sources. These include: 1) nonofficial legitimation from parents, friends, strangers or former college friends; 2) legitimation from peers; 3) formal modes of legitimation derived from grades and evaluations given by the faculty; 4) legitimation from staff nurses, physicians and supporting personnel such as aides, orderlies and licensed practical nurses; and 5) legitimation from patients or clients. Olesen and Whittaker (1968) found that in the long run, faculty won out over nonofficial legitimators as those who could most meaningfully legitimate and adjudicate student's achievements and claims.

Hardy and Conway (1988) maintained that though students in general assimilate a central core of values emphasized by the faculty and the

profession, within a collection of graduating students there may be found a wide array of professional role assimilations, degrees of self-awareness, professional behavior and knowledge. In addition, the process of socialization is not complete at the end of formal schooling, but continues as the person enters a professional career and throughout life.

#### Previous Studies to Determine Role Orientation

Role orientations of nursing students at particular points in their educational programs, of students in the various types of nursing education programs and the influence of nursing faculty role orientations on nursing student role orientations have been studied by a number of researchers. Conflicting results have been found.

Corwin (1962) used a cross-sectional design to examine the role conceptions held by students and graduates of baccalaureate degree and diploma nursing education programs as they affected the career aspirations of the study participants. In 1959, a sample of 124 staff nurses and 71 junior and senior nursing students with diploma and degree education, answered a Likert-type questionnaire ("Corwin's Nursing Role Conception Scale"), constructed by Corwin, which provided indices of bureaucratic, professional and service role conceptions and role discrepancy. Corwin's questionnaire consists of 22 hypothetical situations in which nurses might find themselves followed by two questions, one addressing the extent to which the respondent believes the situation should be practiced in nursing and one addressing the extent to which the respondent believes the situation actually does exist in nursing.

Results of Corwin's study indicated that degree students expressed a significantly ( $p < .01$ ) lower bureaucratic role orientation than did diploma students. There was not a statistically significant difference between

professional role conceptions of diploma and degree students, but the professional role conception of graduate degree nurses was higher and that of diploma nurses significantly lower ( $p < .01$ ). Results also revealed that baccalaureate degree students and graduates experienced greater discrepancies between their idealized role conceptions and their perceptions of the way the nursing role was actually practiced in the hospital than did diploma students and graduates. Role discrepancy scores were particularly high in the bureaucratic and professional scales among degree nurses.

As a predictor of role aspirations, Corwin found that students and staff nurses with professional role conceptions generally directed their ambitions outside the hospital, away from hospital promotion and toward nonhospital nursing or other types of careers. A high bureaucratic role conception was related to decreased ambition to leave hospital nursing for teaching, and sometimes increased promotion ambitions. Relative uncertainty of the role conception increased aspiration for promotion to the more secure types of supervisory positions (Corwin, 1962).

Davis & Olesen (1964) conducted a longitudinal study to test the broad hypothesis that as nursing students progress through the nursing educational program, they increasingly will discard lay and traditional professional images of nursing for professionally, more advanced images. They developed a tool based on four descriptive characterizations of nurses: lay image, traditional professional image, bureaucratic routine and advanced professional image, to identify nurse role perceptions held by baccalaureate students. Data were obtained by questionnaire from 75 baccalaureate students at the University of California School of Nursing, San Francisco, at two points in time: at entry into the school and upon completion of the first

year of the three-year curriculum. In general, the hypothesis that students would shift toward individualistic-innovative and away from bureaucratic characterizations of nursing appeared to be supported, although not uniformly. The hypothesis that students would increasingly discard lay and traditional professional images for professionally, more advanced images received much less support from the data. Nineteen characteristics of the nursing role were measured and significance levels were determined individually for each characteristic ranging from .001 to  $< .10$ . Results indicated no significant increase in consensus among students, either with respect to their characterizations of nursing or the personal importance they attached to such characterizations. Nursing faculty were found to influence the images and self-values that students came to hold in relation to nursing, though such influence was not uniform. With one or two exceptions, the attributes which a large majority of faculty (better than 75 percent) claimed to emphasize were the same ones that received large percentage increases among students from time of entry to completion of the first year. Assimilation of faculty viewpoints and standards were found in large part to be a function of the students' own values, cognitions and prior experiences. Results of this study indicate that the professional socialization process was not producing consistent or expected results in this baccalaureate program.

Brown et al. (1974) used Davis and Olesen's (1964) tool and replicated their 1960-1963 longitudinal study at the baccalaureate nursing program at the University of Oregon School of Nursing in 1972. Instead of a longitudinal design, however, the questionnaire was administered to three different groups: two groups of students (a group of sophomores recently arrived on campus and a group of juniors who had completed one year of the

nursing curriculum) and a group of faculty. The sample consisted of 74 students and 21 faculty. The data revealed considerable stability over the year in the conceptions of nursing held by students. The fact that fewer rather than more students viewed nursing in advanced professional terms at the conclusion of the year ran counter to expectation. Nursing faculty were found to influence the images and self-values of students: those preconceptions and values least like the faculty's were most readily relinquished though not uniformly over time. Again, these findings indicated that the professional socialization process was not consistently producing expected and desired results at this baccalaureate program. Brown et al. (1974) recommended Davis and Olesen's (1964) tool receive fresh examination concerning its ability to distinguish between various role orientations.

Siegel (1968) used the questionnaire developed by Davis and Olesen (1964) to assess the degree to which professional socialization occurred in two baccalaureate nursing education programs and the relationship between faculty role orientations and student orientations. A sample of 297 students and 49 undergraduate faculty members was obtained from two midwestern universities. The questionnaire was administered to sophomores both before and after their first professional courses, to seniors prior to graduation and to undergraduate nursing faculty. The investigation was limited to one academic year. "In developing the plan for the study it was assumed that the findings from sophomore and senior comparisons would be similar to those that might have been obtained had the same subjects been retested in a longitudinal study" (Siegel, 1968, p. 404). As hypothesized, seniors' perceptions of nursing corresponded closely to those of faculty. However, sophomore-faculty perceptions were not

divergent enough to support the hypothesis that the process of professional socialization resulted in more similarity between student and faculty perceptions. Support was not found for the predicted endorsement of advanced professional views at later points in students' education. In only one of the four comparisons was a significant difference ( $p=.05$ ) found: sophomores in one of the colleges selected more items reflecting this advanced professional view after their first professional courses.

Other studies have supported the notion of professional socialization as a function of progression in a nursing education program. Sharp and Anderson (1972), using a sample of 117 nursing students and 14 faculty members in the School of Nursing of the University of Wyoming, during the 1966 school year, conducted a study to test the hypothesis that as nursing students progress in their educational programs, their descriptions of the personality traits of the ideal nurse will become progressively similar to the faculty's description of the ideal nurse. The "Adjective Check List" (Gough & Heilbrun, 1965), a standard inventory consisting of 24 scales to measure personal attributes, was administered during the first nursing class period of the 1966 fall semester to freshmen nursing students. Responses by sophomores, juniors, seniors and faculty to this same instrument were gathered by mail during August 1966. The analysis of variance indicated that the faculty and student groups differed significantly ( $p < .05$  and  $p < .01$ ) on several aspects of the scale. The variations of the personality traits of the ideal nurse followed a consistent pattern from class to class. This pattern suggested that as the students progressed through their nursing curriculum, they came to perceive the ideal nurse as a more flexible, creative, responsible and worthy professional (Sharp & Anderson, 1972).

The results of a study by Crocker and Brodie (1974) supported Sharp and Anderson's (1972) findings. Though the primary objective of Crocker and Brodie's (1974) study was to construct a homogeneous scale which could measure the congruence between nursing students' perceptions and faculty views of the professional nursing role (the Nurses' Professional Orientation Scale (NPOS)), the scores of the 244 nursing students at three midwestern four-year baccalaureate nursing programs revealed a shift in the students' view of the profession that was positively related to the length of the educational experience. Scoring weights for the response to each item on the scale were determined by administering the scale to a sample of 94 faculty members from the same baccalaureate nursing programs. The NPOS was designed such that a student could achieve a high score only by rating the traits in the same way that a high proportion of faculty members had rated those traits. Analysis of variance indicated that the observed differences between freshmen, sophomore, junior and senior class mean scores were highly significant ( $f=34.7$ ,  $df=3/240$ ,  $p < .01$ ). "Pairwise comparisons between mean scores of freshmen and sophomores, between sophomores and juniors and between juniors and seniors, etc., were made using Scheffe's test" (Crocker & Brodie 1974, p. 234). Results showed that the mean score of each class on the NPOS was significantly greater ( $p < .05$ ) than the mean of the class below, revealing a definite trend for the student to endorse the faculty view of the profession as graduation neared. Crocker and Brodie (1974) stressed that scores on their scale measure only the degree of students' conformity to the faculty's professional standards. Potential users of the scale need to examine the content of the items to determine whether conformity to the professional views covered by these items is desirable in their own setting.



Cohen & Jordet (1988) used Crocker & Brodie's (1974) scale, (NPOS), to measure the congruence between nursing students' perceptions and faculty members' opinions of the professional nurse role. A sample of 309 students from all four years (freshmen, sophomore, junior, senior) and 23 full-time faculty at a baccalaureate nursing program were surveyed. Students' congruency scores reflected the similarity between their responses and those of the faculty members with a high score indicating a high degree of similarity. Mean congruency scores increased with each year in the baccalaureate program and analysis of variance identified significant ( $f=34.511$ ,  $df=4/304$ ,  $p < .0001$ ) differences. The further students had advanced in the program, the more closely their responses correlated with those of the faculty members. Cohen and Jordet (1988) also found a statistically significant relationship between students' congruency scores and the following variables: previous work experience as a nurses' aide; post-high school education before enrolling in the program; Scholastic Aptitude Test (SAT) scores; grade point averages; and scores on the state board examination.

Although there is evidence of professional socialization occurring in baccalaureate programs of nursing, conflicting results have been found. Shortridge (1977) conducted a study to determine the attitude toward professional nursing behaviors of entering freshman and graduating senior baccalaureate nursing students. A 50 item questionnaire on professional roles in nursing was administered to 339 freshmen and 332 seniors in National League of Nursing accredited four-year baccalaureate programs in New York, New Jersey and Connecticut. Although analysis of the data revealed that the attitude toward professional nursing behaviors of the graduating seniors was significantly ( $p < .001$ ) more favorable than the

attitudes of entering freshmen, there were areas in which the seniors scored lower than the freshmen and lower than would be expected for performance as professional nurses. These areas related to a service orientation in nursing and to the professional nurse as a giver of direct bedside care. Seniors' answers also revealed an unfavorable view of management of client care by the professional nurse when presented as collecting a complete data base, writing nursing orders, delegating certain tasks and evaluating staff. Another behavior of professional nurses for which seniors did not hold favorable attitudes was conducting nursing research. There were no statements in the scale specifically related to use of research findings in the care of clients or assistance in conducting research, however, so the students' views on these areas are unknown. Shortridge (1977) recommended that additional research is needed to determine the influencing factors in developing a professional attitude toward nursing.

Jones and Jones (1977) conducted a study to determine variations in nursing students' role conceptions across different levels of nursing programs (i.e. associate degree programs, diploma programs, four-year baccalaureate and five-year baccalaureate programs). A modification of Corwin's Role Conception Instrument (1960) was used to determine bureaucratic, service and professional orientations. Students from the different levels of nursing programs differed significantly ( $p < .01$ ) on the bureaucratic aspect of the tool with those students in shorter programs demonstrating a more bureaucratic orientation. Significant differences ( $p < .01$ ) also were found among the four levels of nursing programs on the professional subscale. To the greatest extent, five-year students valued professionalism for nursing practice, next were the four-year students,

followed by the two-year students. The three-year students least valued the professional orientation for nursing practice. There were no significant differences among the levels of nursing programs' scores on the service subscale. The large majority of students in each level of nursing program (except for the associate program in which 57 percent said the staff nurse was the most influential) reported that it was the instructor, especially the instructor encountered early in the program, who was the most influential as a source of student role conceptions of nursing.

The professional socialization process of RN students returning to school to receive a BSN degree also has also been studied. Whelan (1984) measured a convenience sample of 74 entering and exiting students by a modification of Corwin's Role Orientation Instrument (1960) for professional, service and bureaucratic role orientations. Results indicated that graduating students held a role orientation which was significantly ( $p < .01$ ) less bureaucratic, more professional and more service oriented than their entering counterparts.

Role orientations of graduate nurses have been studied and compared with pregraduation role orientations. Green (1988), using a convenience sample of 25 generic, senior, baccalaureate nursing students pregraduation and again at one year post-employment, found a significant ( $p = .05$ ) decrease in professional orientation from pregraduation to post-employment. These results indicated that professional role orientations acquired through schooling are not stable and may not be of sufficient strength to withstand socialization within the workplace.

Brotherton (1988) used a tool developed by Stoller (1978) to compare sophomore nursing students at a large midwestern university to nonnursing students at the university and graduate nurses employed at the medical

center of this same university. (Stoller's (1978) tool was developed to assess conceptions of the nursing role which entering freshmen bring into the educational setting and the change in attitudes that takes place as the process of socialization progresses.) In addition to comparing nursing role orientations of nursing students to nonnursing students and graduate nurses, Brotherton (1988), evaluated nursing students with Stoller's (1978) instrument before and after taking a professional role development course. Although there were no significant pretest-posttest differences, the factors generated by the responses of the nursing students indicated greater knowledge of nursing professionalism after completing the course. Findings of Brotherton's (1988) study identified that Stoller's (1978) questionnaire did not appear to be measuring the proposed role orientations, but brought out other orientations based on the respondent's knowledge of nursing.

Pieta (1976) conducted a study to examine three role conceptions of nursing- bureaucratic, professional and service- as perceived by senior nursing students and their faculties from three types of nursing education programs (associate degree, baccalaureate degree, and diploma) and as perceived by head nurses practicing in non-profit general hospitals. She sought information concerning perceptions of the ideal nursing role conception for each group, perception of the actual practice of the nursing role conception for each group and the difference between the ideal and actual role conceptions (role discrepancy) for each group. Pieta also gathered information related to differences across each of the groups in perceptions of ideal, actual and role discrepancies.

Pieta (1976) used the role conception scales- bureaucratic, professional and service- designed by Corwin (1960) as the basis for the development of her tool, "Nursing Role Conceptions", which measures ideal

and actual role conceptions and role discrepancy in nursing. Originally Pieta modified Corwin's questionnaire by changing each question into a statement. Pretesting revealed low reliability coefficient alpha for each scale and therefore the situations from Corwin's scales were revised and additional situations developed by Pieta. The format and the three role conceptions—bureaucratic, professional and service—used in Corwin's questionnaire were retained.

The sample in Pieta's (1976) study consisted of senior nursing students, nursing faculty and head nurses from nursing education programs and nonprofit general hospitals in the State of New York. The study was limited to female participants as the tool Pieta developed was validated only on females. Three types of undergraduate nursing education programs were used: associate degree, baccalaureate degree and diploma programs. Hospitals were nonprofit general hospitals of over 100 beds that provided clinical experience for at least one of the three types of nursing education programs. A total of 1,077 questionnaires were mailed to three groups of participants: 530 to students, 357 to faculty and 190 to head nurses. There were 880 or 81.7% of the questionnaires returned of which 838 (78%) were usable: 418 from students (79%), 279 from faculty (78%), and 141 from head nurses (74%).

Results of the study revealed that the service role conception was perceived by each of the groups (students, faculty and head nurses) as the most ideal for nursing; the professional role conception was next; and the bureaucratic role conception was perceived as the least ideal. Each of the student groups perceived that the bureaucratic role conception was practiced to the greatest extent. Baccalaureate degree and diploma students perceived that the service role conception was practiced to a

lesser extent than the bureaucratic role conception, and that the professional role conception was practiced to the least extent. Associate degree students perceived the professional role conception was practiced more than the service role conception. Each of the faculty groups perceived that the bureaucratic role conception was practiced to the greatest extent, service role conception next in amount of practice and to the least, the professional role conception. Head nurses perceived that the service role was practiced to the greatest extent, the bureaucratic role was next and the professional role conception the least (Pieta, 1976).

Cornell (1984) used Pieta's (1976) tool as one of six tools used in a study to describe the relationship between specific characteristics and attitudes of nursing students and their level of satisfaction with the educational experience. Northeast Missouri State University nursing students (n=81) participated in the study. Aspects of professional socialization as measured by the "Nursing Role Conceptions" scale was one of the predictor variables along with perceived professional competency, care orientation, self-concept, time on task, and certain demographic characteristics (age, sex, race, class and grade point average). The statistical analysis of the data collected on the nursing students, using stepwise multiple regression, indicated that the most parsimonious model of eight predictor variables accounted for 25.39 % of the variance in the criterion, nursing student satisfaction. The orientation of the student to the bureaucratic and service role orientations of nurses contributed more to the variance in the satisfaction of the nursing student than the orientation to the professional role. "Nursing faculty should be concerned with the wide discrepancy scores between the real and ideal and how the discrepancy increases from the Freshman through the Junior year" (Cornell, 1985, p. 146).

In a study to examine role conceptions and restructuring ability as predictors of integrative resolution, Burrows (1982) administered Pieta's (1976) tool as one of three tools to 126 staff nurses. In this study dilemma situations were presented in which needs or preferences of clients conflicted with hospital regulations. Staff nurses' solution responses were considered integrative if they accommodated both the requirements of the client and the requirements of the hospital. Results of the study revealed that restructuring ability and integrative resolution were significantly associated,  $p < .05$ . Independent curvilinear relationships, however, were revealed between professional role conceptions and integrative resolution,  $p < .05$ , and between bureaucratic role conception and integrative resolution,  $p < .05$ . Baccalaureate degree, associate degree and diploma graduates did not differ in role conceptions or in integrative resolution, with the exception that baccalaureate graduates were significantly higher,  $p < .05$ , in professional role conception. Findings in this study suggest that certain levels of commitment to professional and bureaucratic values may be necessary for integrative resolution. Results of this study prompted recommendations that measures be taken in undergraduate programs to foster commitments to both professional and bureaucratic values, and to enable students to perceive nursing care dilemmas, not as situations requiring a choice between professional and bureaucratic values, but as opportunities for effective integration of both value orientations (Burrows, 1982).

Hunter (1985) used Pieta's (1976) tool to measure and compare role conceptions of entering and exiting RN students from three baccalaureate two-plus-two nursing programs in Tennessee, 1982-83. These exiting students also were compared with exiting students from generic

baccalaureate nursing programs. In addition to the impact of the educational program, the impact of work experience, educational involvement and demographic variables on role conception scores were assessed. Seven findings evolved: (a) exiting baccalaureate two-plus-two nursing students differed significantly from entering students on ideal professional role conceptions but did not differ significantly on ideal humanitarian and bureaucratic roles; (b) two-plus-two and generic baccalaureate nursing graduates held similar scores on ideal professional role conceptions; (c) for ideal bureaucratic role conceptions, two-plus-two students held significantly higher scores than generic nursing graduates; (d) for ideal humanitarian role conceptions, two-plus-two students held significantly lower scores than generic nursing graduates; (e) all groups agreed on the rank order of the three ideal roles: the humanitarian (service) role first, the professional role second and the bureaucratic role third; (f) variability among groups on all role conceptions proved similar; and (g) work experience and selected demographic data did not relate significantly to role conception scores.

Scharf (1985) conducted a study to examine the relationship between self-concept, perception of professional role discrepancy, and intensity of burnout among professional nurses employed in hospital settings. The Pieta (1976) "Role Conception Scale" along with two other scales measuring self-concept and burnout, was voluntarily completed by 129 female staff nurses employed in seven medical centers in the New York metropolitan area. Findings of Scharf's (1985) study revealed professional role discrepancy was positively related to the Emotional Exhaustion and Depersonalization phases of burnout at the  $p = .05$  level. Contrary to expectation, professional role discrepancy was not related to the Personal Accomplishment phase of



burnout. The combination of self-concept and professional role discrepancy was a better predictor of burnout for the Emotional Exhaustion phase of burnout than either parameter independently. Ancillary data analyses of this study indicated that nurses perceived significant ( $p < .001$ ) levels of professional, bureaucratic and service role discrepancy. Findings indicated that these nurses perceived that the professional and service role conceptions were practiced to a lesser extent than they perceived they should be practiced. The bureaucratic role conception was practiced to a greater extent than they perceived it should be practiced (Scarf, 1985).

Using a population ( $n = 655$ ) of upperclass students in the College of Nursing at Northeastern University during the fall quarter of 1984, Finn (1985) conducted a study to determine the effect of organizational socialization as a component of cooperative education on the process of professional socialization in a baccalaureate nursing program. Cooperative education alternates periods of school and work, thereby exposing the nursing student to both professional and organizational socialization and creating potential for role conflict. Pieta's (1976) tool, "Nursing Role Conceptions" was used to gather data regarding role concepts (professional, bureaucratic and service) and role conflict. Results of Finn's (1985) study indicated that the professional role concept increases and bureaucratic role concept decreases ( $p < .01$ ) from sophomore to senior year, with no difference by division. Role conflict also increases ( $p < .01$ ) with students in school more likely than students on coop to express role conflict ( $p < .01$ ).

In a study to compare role orientation, accountability and descriptive variables of hospital and supplemental agency employed nurses, Pierce (1981) used Pieta's (1976) tool as part of a three-part questionnaire. Fifty-eight registered nurses employed by hospitals and 28 registered nurses

employed by supplemental agencies returned the questionnaires. (The return rate was 42% as 208 questionnaires were distributed.) An examination of the difference between ideal and actual role orientation mean scores revealed significant differences on all three role orientations for hospital and agency nurses ( $p < .0001$  for service and professional and  $p < .05$  for bureaucratic). Results revealed the patient-centered nursing service role was considered to be the ideal by nurses from both employment methods. Hospital nurses tended to be slightly more bureaucratic oriented than agency nurses but bureaucratic aspects of practice were not as important as were service and professional components. Agency nurses responded that too much emphasis was placed on bureaucratic role components in the practice setting.

#### Summary

According to role theory, individuals in an educational program designed to prepare them to assume a professional role, go through a socialization process. They develop a role conception which generates attitudes and guides conduct. Norms, motives, values, knowledge, skills and disposition are all transmitted from the individual's reference group to the individual. This occurs both through planned educational experiences and unplanned interactions. The process of socialization into a professional role has been described as proceeding in stages and is affected by a number of factors, including the educational program, behaviors and attitudes of faculty and peers, individual characteristics and work experience. The influence of faculty, in particular, is thought to be critical to students' socialization process and adoption of professional values.

Role theory has provided the basis for a number of studies concerning role orientation of students in baccalaureate schools of nursing. There is

some evidence in the literature that the educational process influences students' attitudes toward the role of the nurse. Determining the influence of faculty as a source of student role conceptions and students' acquisition of a professional role orientation in relation to progression through the baccalaureate educational process particularly has been the direction of several studies. Many of these studies are old, however, and the results are conflicting and confusing. The reader is left confused, wondering if it is possible for students in baccalaureate schools of nursing to acquire a professional role orientation and if it is possible, when and how this socialization takes place.

Much has changed since many of these studies were done. Learners are different today, faculty are different, indeed the whole nursing world is different. The goal of a professional role orientation for the baccalaureate prepared nurse remains but is set against the backdrop of an extreme nurse shortage and the needs of an often sicker, but wiser consumer. The professional image of nursing needs much improvement in the eyes of the public and nursing itself both for the advancement of the profession and recruitment of more students into the field.

As previous studies concerning the baccalaureate nursing student's acquisition of a professional role orientation have yielded conflicting and confusing results, more research must be done in this area. Specifically, there is a need to determine how role perceptions change as students progress through the educational process, when and if socialization into a professional nurse role orientation occurs in a baccalaureate program and the relationships between faculty role perception and student role perception. Therefore, this study is indicated.

### Chapter III

#### METHODOLOGY

The purpose of this study was to determine ideal and actual role conceptions and role discrepancies of beginning students, graduating students and faculty in a baccalaureate nursing program. In this chapter the design, subjects, sampling method, data collection tools, data gathering procedure, and methods of analysis are described.

#### Design

This is a descriptive study. "Descriptive studies are not concerned with relationships among variables. Their purpose is to observe, describe, and document aspects of a situation" (Polit & Hungler, 1987, p. 42). Descriptive studies obtain information about the current status of phenomena of interest. This is a univariate descriptive study as opposed to a descriptive correlational study. Univariate descriptive studies are not necessarily focused on only one variable, but describe what exists in terms of frequency of occurrence (or its presence versus absence) rather than to describe the relationship of variables (Polit & Hungler, 1987).

The advantages of a descriptive study are that it allows for collection of information on multiple variables from a fairly large group at a reasonable cost. The data in this study are quantifiable and are answerable in questionnaire form. Though no cause and effect or relationship can be inferred from data obtained in descriptive studies, information obtained in these studies may be the basis of determining cause and effect or relationships in future studies.

#### Sampling Method

A purposive sampling technique was used. All beginning nursing students in their first nursing class after being admitted to the nursing

program, all graduating senior nursing students who were completing the program and all nursing faculty in the two baccalaureate schools of nursing were requested to participate.

### Subjects

Subjects were beginning baccalaureate students enrolled in their first nursing courses preparing for initial RN licensure, graduating baccalaureate nursing students preparing for initial RN licensure, and nursing faculty in two small midwestern colleges. Both colleges are private, liberal arts institutions, affiliated with the Lutheran Church, drawing heavily from the state in which they are located. Both nursing programs are accredited by the National League of Nursing and the Iowa Board of Nursing. In both schools, students are accepted into the nursing program at the beginning of their sophomore year. Both colleges are on a semester system.

College I is largely a commuter school, located in a large metropolitan area, with an average enrollment of approximately 1300 students. Its nursing program received initial National League for Nursing accreditation in 1975. The average number of graduates from the nursing program each year for the past five years (1985-1989) was 27 (graduate records, Nursing Division).

College II is primarily a resident school, located in a rural area, with an average enrollment of approximately 2300 students. Its nursing program received initial accreditation from the National League for Nursing in 1979. The average number of graduates from the nursing program each year for the past five years (1985-1989) was also 27 (graduate records, Nursing Division).

In the spring of academic year 1989-1990, there were 17 graduating senior nursing students (one a male and thus not part of the sample) from

College I, and 13 graduating senior nursing students (one a male and thus not part of the sample) from College II. For the fall of academic year 1990-1991 there were 19 beginning nursing students at College I (three males and thus not part of the sample) and 24 beginning nursing students at College II. College I has 12 nursing faculty and College II, 8 nursing faculty, generating a possible sample size of 28 graduating senior nursing students, 40 beginning nursing students and 20 faculty. Actual numbers and percentages of return of useable questionnaires from each group for each college are shown in Table 3.1.

TABLE 3.1  
Subjects in the Study  
N= 58

	College I		College II	
	n	%	n	%
Beginning Students	12	75	12	50
Graduating Students	13	81	6	50
Faculty	9	75	6	75

There was a larger percentage of participation by the student groups in College I than in College II. The percentage of faculty participation was equal in both schools.

Table 3.2, page 48 provides demographic data collected from the student subjects, i.e. age, marital status and patient care experience.

TABLE 3.2  
Demographic Data of Student Subjects  
Beginning Students      Graduating Students  
n = 24                      n = 19

AGE:	n	%	n	%
18-23	19	79	13	68
24-29	1	4	4	21
30-35	2	8	2	11
36-41	1	4	0	0
42 and older	1	4	0	0
<b>MARITAL STATUS:</b>				
single	18	75	10	53
married	3	12.5	9	47
separated	0	0	0	0
divorced	3	12.5	0	0
widowed	0	0	0	0
<b>PATIENT CARE EXPERIENCE:</b>				
none	12	50	6	32
some (less than a year)	7	29	5	26
a year or more	5	21	8	42

The largest percentages of beginning and graduating nursing students were in the age range of 18-22. The median age for beginning students was 20, the mode 19 and the mean 22.79. The median age for the graduating students was 22, the mode 22 and the mean 23.74.

The majority of students were single. The number of married and single students in the graduating students group was nearly equal.

Subjects were mainly traditional college students. Beginning students were single, a year or two out of high school. The graduating students were approximately three years older than beginning students and some married before their schooling was completed.

One half of the beginning nursing students had no patient care experience while the other half had some or a year or more. In the graduating students group, a larger percentage had patient care experience.

### Data Collection Tools

Two questionnaires were used to collect data. These were: Pieta's (1976) "Nursing Role Conceptions" instrument and a demographic data questionnaire. A copy of each questionnaire is found in Appendix 1. A description of each follows.

Pieta's tool, "Nursing Role Conceptions", measured ideal and actual role conceptions and role discrepancy in nursing. Pieta (1976) used the role conception scales—bureaucratic, professional and service—designed by Corwin (1960) as the basis for the development of the tool. Corwin's questionnaire consists of 22 hypothetical situations followed by two questions, one addressing the extent to which the respondent believes the situation should be practiced in nursing and one addressing the extent to which the respondent believes the situation actually does exist in nursing. Originally, Pieta modified Corwin's questionnaire by changing each question into a statement. Pretesting revealed low reliability coefficient alpha for each scale and therefore the situations from Corwin's scales were revised and additional situations developed by Pieta. The format and the three role conceptions (bureaucratic, professional and service) used in Corwin's questionnaire were retained.

Content validity was determined by having the 36 original items classified with regard to whether they fit bureaucratic, professional or service roles. A panel of nurse experts with experience in teaching and in nursing administration were given definitions of the three role concepts and a randomly ordered list of the items. Only situations selected at least 75% of the time as measuring the role conception for which they were designed were retained. Thus, two items were omitted and 34 retained. The items



are divided into three subscales: bureaucratic role concept (12 items), professional role concept (10 items) and service role concept (12 items).

The "known group" method was used to determine the predictive validity of the developed instrument (Pieta, 1976). Three groups of nurses, collegiate nurse faculty members (n=15), nurses in administration positions (n=17) and nurses with a religious commitment (n=16), were asked to complete Pieta's developed tool. Results indicated that nurse faculty obtained the highest mean score on the professional role conception scale, nurses in administrative positions in hospitals had the highest mean score on the bureaucratic role conception scale and nurses with a religious commitment had the highest mean score on the service role conception scale.

The internal consistency of the three scales was computed using the Cronbach coefficient alpha formula (Pieta 1976). The internal consistency computed for each role conception was .84 for the bureaucratic scale, .63 for the professional scale and .58 for the service scale. To test stability of the instrument, test-retest coefficients were calculated using a group of eight nurse faculty members who responded to the instrument twice with one week intervening. The Pearson-Product Correlation computed was .83 for the bureaucratic scale, .86 for the professional scale, .81 for the service scale and .92 for the total questionnaire.

Each item on Pieta's (1976) tool describes a hypothetical situation in which nurses might find themselves and is followed by two statements, one addressing the extent to which the individual believes the situation should be practiced in nursing (ideal) and the other the extent to which the respondent perceives it is actually practiced in nursing (actual). The difference between these two provides information about the role

discrepancy the respondent could experience. A 5-point rating scale follows each statement and respondents are asked to indicate the degree to which they agree or disagree with the statement by circling one of the alternative answers: strongly agree, agree, undecided, disagree or strongly disagree.

The research instrument was scored on a 5-point scale. The five alternative responses were assigned values from 5 indicating strongly agree to 1 indicating strongly disagree. The three role conception scales in the tool consisting of twelve bureaucratic items, ten professional items and twelve service items, were scored separately. Three scores (normative, categorical and role discrepancy) were derived for each scale (bureaucratic, professional and service). The normative score was calculated by summing responses to the "should exist" items. The categorical score was calculated by summing responses to the "does exist" items. Total scores were then divided by the number of items for each role conception to arrive at a mean score value which was used to determine significant differences. The role discrepancy score was obtained by subtracting the categorical mean score from the normative mean score. The numerical mean difference ( $M$ ) for each situation can range from +4 to -4. The sum of these differences yields the role discrepancy mean score for the specific scale. Positive role discrepancy scores indicate that the respondent perceives that the situation does not exist to the extent that the individual thinks it should. Negative role discrepancy scores indicate that the respondent perceives the situation exists to a greater extent than the individual thinks it should (Pieta, 1976). Permission was obtained from Pieta to use the tool. See Appendix 5.

The demographic data questionnaire was designed by the researcher. It asked the student sample groups to give their age, gender, marital status, and patient care experience. (As this study is limited to female

participants, questionnaires obtained from male students were discarded.) Students also were asked if they were a beginning nursing student or a graduating nursing student and if they had previously completed education for a practical or registered nurse license.

A pilot study was done to determine clarity of the cover letters and data gathering questionnaires and length of time needed to complete the questionnaires. Twelve nursing students and four faculty from a private university who were similar to the subjects but not included in the study were asked to complete the questionnaires. There was an 83% return of usable questionnaires from the students and 100% return from the faculty. The cover letters for this pilot study can be found in Appendix 2. Students and faculty were asked to record the time taken to complete the questionnaires and space was provided on the pilot study cover letter for questions or comments. Following the pilot study, slight modifications were made in the wording of the study cover letters. Several questions on the demographic data questionnaire were reworded for clarification and one question was subdivided to elicit more specific data. Students and faculty participating in the pilot study were thanked for their time and cooperation.

#### Data Gathering Procedure

Permission to conduct this study was obtained from the Drake University Human Subjects Committee. The approval is found in Appendix 3. Permission to conduct the study in each of the colleges was obtained from the appropriate person or group at these colleges. These permissions are also found in Appendix 3.

Graduating nursing students and faculty at both colleges were given the questionnaires to complete in April of academic year 1989-1990 and beginning nursing students at both colleges were given the questionnaires to

complete in September of academic year 1990-1991. The tools were administered at a time and manner mutually acceptable to both researcher and institution.

Human rights of the study subjects were maintained. A cover letter with introductory comments about the nature and purpose of the study accompanied each questionnaire, protecting the subjects' right to informed consent. Information on the cover letter included what would be done with the results of the study, how participants could receive a copy of the results of the study and words of thanks to the participants.

Explanation of how the participants' right to privacy would be maintained was also given in the cover letter. The names of subjects were not asked. This ensured anonymity for the participants. (Questionnaires were randomly numbered after completion to allow for reference to a particular questionnaire at a later time.)

The right of freedom from harm was also protected. Subjects were assured that their participation was voluntary and that they had the right to refuse to participate or to withdraw at any time. They were assured that refusal to participate or withdrawal would not affect their status in anyway. Subjects were instructed that they would give their consent by completing and returning the questionnaires. There was a separate cover letter to students and faculty. Cover letters can be found in Appendix 4.

Instructions on how to complete the demographic data questionnaire and the research questionnaire were given on each of these instruments. Each cover letter and questionnaire were placed in an envelope. In College I, faculty received the research envelope in their mailboxes and were asked to return them to a box which was placed directly below the faculty mailboxes and was marked with the researcher's name. Graduating senior nursing

students in this college were requested to participate in the study at a class in the last month of the academic year. The envelopes containing the cover letter and questionnaires were distributed to the students in the class by their instructor. The students were requested to complete the questionnaires, return them to the envelope and place the envelope in a box at the door as they left.

In College II, the director of the nursing program distributed the envelopes to the faculty at a faculty meeting and they were requested to return them to a specified box placed in the nursing office. Graduating senior nursing students at this college were requested to participate in the study by the director of their program at a class which they were all scheduled to attend in the final month of their program. The envelopes containing the cover letter and questionnaires were distributed at the end of the class. Students were requested to return the completed questionnaires to the envelope and place the envelope in a marked box in the nursing office.

#### Methods of Analysis

The Minitab Statistical package was used for data analysis. An alpha level of .05 was used. For statistical purposes the research hypotheses were cast in the null form.

Hypothesis one: Independent t-tests were done to test the differences between the means of the ideal scores of the three nurse role conceptions of beginning nursing students and the means of the ideal scores of the three nurse role conceptions of graduating senior nursing students in a baccalaureate program and to test the differences between the means of the actual scores of the three nurse role conceptions of beginning nursing students and the means of the actual scores of the three nurse role

conceptions of graduating senior nursing students in a baccalaureate program. "Given the assumption that both populations sampled have normal distributions, any hypothesis about a difference can be tested using the  $t$  distribution, regardless of sample size" (Hays, 1981, p. 286).

An analysis of variance (ANOVA) was done to test hypotheses two, three and four. In most statistical testing of differences of means among more than two groups, the analysis of variance, testing a single meaningful hypothesis at a known rate of Type I error, is preferred (Hays, 1981). Post hoc testing of differences between means was done using the Tukey HSD (honestly significant difference) statistical test. Hays (1981) states that the Tukey HSD is simple, widely used and flexible in application.

## Chapter IV

### FINDINGS

The purpose of the study was to determine ideal and actual nurse role conceptions and role discrepancies of beginning students, graduating students and faculty in a baccalaureate nursing program. Four hypotheses were tested. In this chapter the results of statistical testing for each of the hypotheses are presented.

#### Hypothesis One

Hypothesis one stated that: There will be a significant difference in the ideal and actual scores of the three nurse role conceptions between beginning nursing students and graduating senior nursing students in a baccalaureate program. Table 4.1 on page 57 depicts the findings.

As predicted, there was a significant difference in the bureaucratic ideal scores,  $t(41) = 2.52, p < .05$ ; the bureaucratic actual scores,  $t(41) = 2.02, p < .05$ ; the professional ideal scores,  $t(41) = -2.03, p < .05$ ; the professional actual scores,  $t(41) = 3.32, p < .05$  and the service ideal nurse role conception scores,  $t(41) = -3.13, p < .05$  between beginning and graduating students. Beginning students scored higher than graduating students in the bureaucratic ideal, the bureaucratic actual and the professional actual scales and lower than graduating students in the professional ideal and service ideal scales. There was not a significant difference in the service actual nurse role conception scores between beginning and graduating students,  $t(41) = 1.12, p < .05$ . Therefore hypothesis one was partially supported.

TABLE 4.1  
Comparisons of Ideal and Actual Scores of the Three Nurse Role Conceptions  
Between Beginning and Graduating Nursing Students

Scales	Beginning Students		Graduating Students		t-value	p	DF
	n=24		n=19				
	X	S.D.	X	S.D.			
Bureau- cratic Ideal	3.601	.488	3.187	.587	2.52	.016*	41
Bureau- cratic Actual	3.583	.386	3.329	.436	2.02	.05*	41
Profes- sional Ideal	4.279	.344	4.505	.387	-2.03	.049*	41
Profes- sional Actual	3.092	.547	2.537	.541	3.32	.0019*	41
Service Ideal	4.185	.534	4.623	.331	-3.13	.0032*	41
Service Actual	3.267	.524	3.074	.607	1.12	.27	41

\*p<.05

#### Hypothesis Two

Hypothesis two stated that: The role discrepancy scores will be significantly higher in graduating senior nursing students and in nursing faculty than in beginning nursing students. Tables 4.2, 4.3 and 4.4 depict the



differences of role discrepancy scores for the three role conceptions among the three subject groups. Table 4.2 depicts the findings for comparison of the bureaucratic role discrepancy scores.

TABLE 4.2  
Comparison of Bureaucratic Role Discrepancy Scores

SS	df	MS	F
4.322	2	2.161	6.71*
17.721	55	0.322	
22.044	57		

\*Significant at .001

As seen in Table 4.2 the analysis of variance indicated a significant difference in bureaucratic role discrepancy scores:  $F(2,55) = 6.71, p < .001$ . Post hoc testing of differences between means using the Tukey HSD (honestly significant difference) statistical test, indicated a significant difference between the beginning nursing students and nursing faculty at the .01 level, and, contrary to what was predicted, a significant difference between graduating nursing students and nursing faculty at the .05 level. Nursing faculty had a higher role discrepancy score than beginning nursing students and graduating nursing students. No significant difference was found between graduating nursing students and beginning nursing students.

Table 4.3 depicts the findings for comparison of the professional role discrepancy scores.

TABLE 4.3  
Comparison of Professional Role Discrepancy Scores

SS	df	MS	F
8.313	2	4.157	10.68*
21.403	55	.389	
29.717	57		

\*Significant at .001

As seen in Table 4.3 the analysis of variance indicated a significant difference in professional role discrepancy scores:  $F(2,55) = 10.68, p < .001$ .

Post hoc testing of differences between means using the Tukey HSD statistical test, indicated a significant difference between graduating nursing students and beginning nursing students at the .01 level and between nursing faculty and beginning nursing students at the .01 level. Nursing faculty and graduating nursing students had higher role discrepancy scores than beginning nursing students. This had been predicted.

Table 4.4 depicts the findings for comparison of the service role discrepancy scores.

TABLE 4.4  
Service Role Discrepancy

SS	df	MS	F
4.313	2	2.156	5.66*
20.956	55	.381	
25.269	57		

\*Significant at .001

As seen in Table 4.4 the analysis of variance indicated a significant difference in service role discrepancy scores:  $F(2,55) = 5.66, p < .001$ . Post hoc testing of differences between means using the Tukey HSD statistical test, indicated a significant difference between beginning nursing students and graduating nursing students at the .01 level as predicted. As predicted, the graduating nursing students had higher role discrepancy scores than beginning nursing students. Contrary to what was predicted, there was not a significant difference between nursing faculty and beginning nursing students. Hypothesis two was partially supported.

### Hypothesis Three

Hypothesis 3 stated that: The ideal professional role score will be significantly higher in nursing faculty than in nursing students and higher in

graduating senior nursing students than in beginning nursing students.

Table 4.5 depicts the findings.

TABLE 4.5  
Comparison of Ideal Professional Role Conception Scores Among Nursing Faculty, Graduating Nursing Students and Beginning Nursing Students

SS	df	MS	F
1.640	2	0.820	7.03*
6.418	55	0.117	
8.059	57		

\*Significant at .01

As shown in Table 4.5 the analysis of variance revealed a significant difference in scores:  $F(2,55) = 7.03, p < .01$ . Post hoc testing of differences between means using the Tukey HSD statistical test indicated a significantly higher ideal professional role score was found in nursing faculty than in beginning nursing students at the .01 level as predicted. Contrary to what was predicted, the ideal professional role score of nursing faculty was not significantly higher than the ideal professional role score of graduating nursing students and the ideal professional role score of graduating nursing students was not significantly higher than the ideal professional role score of beginning nursing students. Hypothesis three was partially supported.

#### Hypothesis Four

Hypothesis 4 stated that: The discrepancy scores of students will significantly increase in relation to the amount of patient care experience students have in excess of student clinical learning. Each student subject was categorized into one of three groups according to patient care experience in excess of student clinical learning. The groups were: none, some (less than a year), and a year or more. Tables 4.6, 4.7 and 4.8 depict

the findings for each of the three nurse role conceptions. Table 4.6 depicts the findings for the bureaucratic discrepancy scores.

TABLE 4.6  
Comparison of Bureaucratic Discrepancy Scores to Patient Care Experience  
in Excess of Student Clinical Learning

DF	SS	MS	F
2	1.780	0.890	2.59
40	13.733	0.343	
42	15.513		

As Table 4.6 indicates there was not a significant increase in bureaucratic discrepancy scores in relation to patient care experience in excess of student clinical learning:  $F(2,40) = 2.59, p < .05$ .

Table 4.7 depicts the findings for the professional discrepancy scores.

TABLE 4.7  
Comparison of Professional Discrepancy Scores to Patient Care Experience  
in Excess of Student Clinical Learning

DF	SS	MS	F
2	0.092	0.046	0.07
40	24.623	0.616	
42	24.714		

As Table 4.7 indicates there was not a significant increase in professional discrepancy scores in relation to patient care experience in excess of student clinical learning:  $F(2,40) = .07, p < .05$ .

Table 4.8 depicts the findings for the service discrepancy scores.

TABLE 4.8  
Comparison of Service Discrepancy Scores to Patient Care Experience in  
Excess of Student Clinical Learning

DF	SS	MS	F
2	0.686	0.343	0.67
40	20.599	0.515	
42	21.285		

As Table 4.8 indicates there was not a significant increase in service discrepancy scores in relation to patient care experience in excess of student clinical learning:  $F(2,40) = .67, p < .05$ . Hypothesis 4 was not supported.

## Chapter V

### DISCUSSION, IMPLICATIONS and RECOMMENDATIONS

The purpose of the study was to determine ideal and actual nurse role conceptions and role discrepancies of beginning students, graduating students and faculty in a baccalaureate nursing program. Four hypotheses were tested. In this chapter the major findings of the study are discussed, implications for nursing are presented and recommendations for further investigation are suggested. Limitations of the study are discussed first.

#### Limitations

One limitation was the lack of total participation of the students and faculty in the two colleges. While the participation rate for faculty was 75%, 68% of graduating nursing students and 60% of beginning nursing students returned completed questionnaires. Three of the subjects from the student groups began the questionnaire, did not complete it, and returned it partially completed. These incomplete questionnaires were not used in the study. The possibility exists that the findings could have been different with total participation.

A limitation that must be considered is that some responses may be due to maturity in general, rather than to the nursing socialization process occurring on these campuses. The college years are crucial to formation of values, ideals and views on life. Much change may occur within a student in these years of change from adolescence into adulthood.

The testing situation is another limitation. It has been documented in a number of studies, especially those dealing with attitudes and opinions, that just the act of collecting information from people changes them (Polit & Hungler, 1987). The responses recorded by the participants may not represent their true feelings, but may demonstrate a desire to respond in a

way acceptable to the investigator. The environment in which the participants completed the questionnaires was not consistent among all groups. Faculty received their questionnaires in their mail boxes and could complete them at their leisure in the privacy of their offices. In each of the student groups, a faculty member administered the questionnaire in a classroom setting. The researcher had previously instructed the faculty member as to what instructions to give the students, and the cover letter accompanying the questionnaires in which written instructions were given was identical for all student groups. Yet the fact that the administrator of the questionnaire was not the same person in each situation may affect the validity of the study. The familiarity of the instructor administering the questionnaire with the students may have had an affect on the students' desire to accurately and completely fill out the questionnaire. No time constraints were placed upon the students, but the act of completing a questionnaire in a group setting may have caused students to be aware of those who had completed the questionnaire and those who were still writing and could have caused the questionnaire to be completed in a hurried manner by some.

Another variable in the testing situation was that beginning nursing students were given the questionnaire in the fall, at the beginning of their nursing education. The graduating nursing students were given the questionnaire in the spring, just at the completion of their nursing education. The time of the year and position in the educational process may have altered the impetus toward responsibility and concentration of the students and thus affected their response rate and choices. Graduating students usually have their minds on graduation. They may be focusing on the new roles they will face following completion of their program. Thus,

they may not have given their total attention to the research questionnaire. Beginning students, on the other hand, are usually enthusiastic, less tired than graduating students and eager to please faculty. Therefore, they may have given the questionnaire more thorough attention.

A further limitation to consider in this study is that paper and pencil tests do not always indicate what a person actually would believe or do in practice. In testing situations such as these it is expected that the individual subjects are stating to the best of their abilities what they believe they would do in actual practice. In reality, they themselves do not know if this is how they would actually respond.

Students and faculty at these two private baccalaureate programs may not represent the ethnic, socioeconomic or age groups of students and faculty at other baccalaureate programs. These colleges are small in size and have a religious orientation. Only the female students were accepted as part of the sample. Therefore, generalization of the results of this study should be done with caution. Consideration of the characteristics of the participants must be taken when reviewing the results of the study.

#### Discussion of Findings

The major findings are presented in separate discussions for each of the four hypotheses. Possible rationale as to why the hypothesis was or was not supported is given.

Hypothesis one stated: There will be a significant difference in the ideal and actual scores of the three nurse role conceptions between beginning nursing students and graduating senior nursing students in a baccalaureate program. As predicted, there was a significant difference in the bureaucratic ideal, bureaucratic actual, professional ideal, professional actual and the service ideal nurse role conception scores between beginning



and graduating students. Beginning students scored higher than graduating students in the bureaucratic ideal and bureaucratic actual scales and lower than graduating students in the professional ideal, professional actual and service ideal scales.

Beginning nursing students in a baccalaureate program, though they are college sophomores, are just entering the nursing program. They come from a variety of socioeconomic, cultural and experiential backgrounds. Some may have parents who are nurses or they may have friends who have chosen nursing as a career. Others may not know anyone personally who is a nurse and their beginning experiences as nursing students may be the only exposure other than the way nursing is portrayed in the media that they have had to the nursing profession. Some have worked as nurses' aids and therefore have had direct observation of the nurse's role. All of these variables influence beginning nursing students' perceptions of the three components of the nurse role. These conceptions, therefore, may be based on fact or fiction and vary widely.

Graduating senior students have experienced the socialization of the nursing educational program and have been exposed to more nurse role models than beginning nursing students. In their formal nursing classes, they have discussed nursing theorists, nursing issues, nursing ethics and nurse practice acts. They have listened to instruction concerning proper conduct of the nurse and have observed instructors role model content presented in classroom lecture. They have had opportunity to debate and discuss the nurse's role in small group settings and individually with each other. All of these factors affect their conception of the three components of the nurse role. Thus, the significant difference in most areas of the

three nurse role conceptions between the two groups is possibly due to this difference in exposure to and experience with nursing.

There was not a significant difference in the service actual nurse role conception score between beginning and graduating students. This may perhaps be due to the fact that the service role conception of the nurse's role is characteristic of a nurturant, supportive position, with primary loyalty to patients' well being and emphasis on bedside activities. As the service role conception emphasizes loyalty to the patient as a person and places the focus of nursing care on direct bedside care, it represents the traditional role of the nurse more than the bureaucratic or professional roles. This may have caused both graduating and beginning nursing students to equate this particular role with the role of the nurse. This role is often portrayed in books, television and other media, allowing both beginning and graduating nursing students to have had equal exposure to this role and thus have a similar view of this role.

Beginning nursing students had significantly higher scores than graduating nursing students in both ideal and actual parts of the questions measuring the bureaucratic role conception. Perhaps this is due to naivete in regard to hospital rules, regulations and what measure of choice and decision making nurses have within the hospital setting. Whether or not beginning nursing students are employed in the health care setting, the view of the hospital bureaucracy may be a much more powerful and authoritarian one for them than for graduating students who have had more experiences in clinical learning. In addition, beginning nursing students have not yet had the instruction in regard to the need for autonomy, decision making and responsibility to nursing that characterizes the baccalaureate nursing

program, and therefore, may be more prone to supporting the bureaucratic role conception.

In nursing education, clinical objectives focus more on service and professional role characteristics than the administrative tasks typical of the bureaucratic role (Pieta, 1972). Students practice in hospitals with the primary objectives of developing skills that are essential to nursing care and interacting with clients and families. As students progress through their nursing education, their focus becomes more like that of their instructors'. Graduating students would have had content related to leadership and management concepts, and would have discussed the need for autonomy, decision making and responsibility. Therefore, the focus of their orientation becomes more professional. As many of the aspects of the bureaucratic role are seemingly in contrast to aspects of the professional role, it can be understood that student's perceptions of the bureaucratic role would change from more desirable to less desirable in direct relation to their position in the nursing education program.

The fact that the graduating students had a significantly higher ideal professional role conception than the beginning nursing students is consistent with the previous discussion. One goal of baccalaureate education is to instill in nursing students this professional role orientation characterized by autonomy, decision making, responsibility and application of theory and research to practice. Therefore, by the end of their education, senior nursing students should have developed a predominantly professional ideal role orientation. Though not as high as graduating nursing students, the beginning nursing students did rate the ideal professional role conception high ( $M = 4.279$  on a scale of 1-5). This may be due to the desire to be "professional" persons. Those students entering baccalaureate

programs of nursing usually have reasons for choosing that type of program rather than an associate degree program or a diploma program. Part of that reasoning may be the "professional" career they are seeking.

Though the graduating nursing students did rate the ideal professional role conception high ( $M = 4.505$ ), this same group rated the ideal service role conception even higher ( $M = 4.623$ ). An explanation might be that though professionalism in nursing is taught and accepted in baccalaureate schools of nursing, traditional service to humankind as the basic foundation of nursing may be seen as equally and even slightly more vital. In Pieta's 1972 study, senior student groups from associate, diploma and baccalaureate programs, faculty from these programs and head nurses practicing in non-profit general hospitals also perceived that the service role should be practiced to the greatest extent.

A significant difference was found between the beginning nursing students' actual professional scores and the graduating nursing students' actual professional scores. However, this difference was in the opposite direction than the difference between the ideal professional scores. Beginning students saw the professional role conception as actually being carried out in the work setting more than the graduating nursing students.

Graduating nursing students have had more clinical experience and as a group, more patient care experiences outside of clinical learning than beginning nursing students. The percentage of graduating nursing students in this study that reported a year or more of patient care experience outside of clinical learning was 42% as opposed to 21% of beginning nursing students. Therefore, these graduating nursing students have had more exposure to the nurse role in real life situations. Though they ascribe to the professional role, the role especially emphasized in their baccalaureate

programs, they understand more of the reality of the current status of nursing, the time constraints placed upon nurses in the hospital setting and the bureaucratic aspect that is a part of any organizational structure. Perhaps this the reason for beginning nursing students demonstrating a significantly higher actual professional score than graduating nursing students. The fact that graduating nursing students' professional actual score was the lowest score of all the role conception scores may be a statement that this role is not being found in the hospital setting to the degree these graduating students believe it should be found.

The significantly higher service ideal score in graduating nursing students than in beginning nursing students may be due to the education the graduating students have received. Nursing faculty rated the service ideal role ( $M = 4.6$ ) just slightly lower than the professional ideal role ( $M = 4.69$ ). Graduating students would have been exposed to the instruction and example of their faculty for three years. Also, the clinical learning they have had has allowed them first hand experience in caring for individuals. The graduating students' high score on the service ideal score may be a statement that they believe this is the true reason for nursing to exist. The service ideal score was the highest score of all the role conception scores in the graduating nursing students. Another variable that must be considered, is the fact that the subjects were taken from two private, religious colleges. The philosophies of these two colleges do include statements of dedication to serve God and humankind. Students that choose these programs may possess a higher service orientation in general than students who choose to obtain their education at a public university.

Hypothesis two stated: The role discrepancy scores will be significantly higher in graduating senior nursing students and in nursing

faculty than in beginning nursing students. Each of the role conceptions are discussed separately.

As predicted, the bureaucratic role discrepancy scores of nursing faculty were significantly higher than the bureaucratic role discrepancy scores of beginning nursing students. Contrary to what was predicted, there was not a significant difference in bureaucratic role discrepancy scores between graduating nursing students and beginning nursing students.

The mean of the faculty bureaucratic role discrepancy score was  $-.6567$  in comparison to the mean of the beginning students bureaucratic role discrepancy score ( $M = .0175$ ). Positive role discrepancy scores indicate that the respondent perceives that the situation does not exist to the extent that the individual thinks it should. Negative role discrepancy scores indicate that the respondent perceives the situation exists to a greater extent than the individual thinks it should (Pieta, 1976). Thus, as a group, the beginning nursing students perceive that the bureaucratic role is not practiced in nursing situations as much as it should be and the nursing faculty perceive that the bureaucratic role orientation is practiced in nursing situations more than it should be.

Pieta found that "each student group perceived that the ideal bureaucratic role conception should be practiced to a greater extent than did its respective faculty group" (Pieta, 1972, p. 137). This is similar to the present study's findings. However, the student groups in Pieta's (1972) study were senior nursing nursing students only. Similar to Pieta's (1972) study, each group in the present study perceived that the bureaucratic role conception should be practiced to the least extent. Also, similar to Pieta's findings, the beginning nursing students and graduating nursing students perceived that the bureaucratic role conception is practiced to the greatest

extent. Faculty in the present study rated the actual practice of the bureaucratic and service role conceptions virtually equally, whereas faculty groups in Pieta's study, perceived that the bureaucratic role conception was practiced to the greatest extent.

Perhaps the reason for the significant difference in bureaucratic role discrepancy scores between beginning nursing students and nursing faculty in the present study is the faculty's orientation toward the professional role orientation. In some ways the professional role orientation and the bureaucratic role orientation are in direct opposition. In a baccalaureate program especially, the professional role orientation is the focus of teaching. Students are encouraged to be decision makers, to be responsible and to make use of research in practice. Service role attributes, with their focus on patient care and patient advocacy are also taught; the bureaucratic role orientation is perhaps the least emphasized. Faculty in a baccalaureate program especially are encouraging nurses to grow in professional attributes and thus, would possibly see situations in which a bureaucratic role orientation is followed as occurring more than they should.

Beginning students, many new to hospital work settings and all being new to role conceptions in nursing, do not yet have the overall picture in mind as to what nursing is about, and as beginning students are in a mind set of "obeying the rules". They possibly see the authoritarian bureaucratic role orientation as being important and thus rated this role as occurring less than it should.

Contrary to what was predicted, a significant difference in bureaucratic role discrepancy scores was found between graduating nursing students and nursing faculty, and no significant difference in bureaucratic

role discrepancy was found between graduating nursing students and beginning nursing students. The graduating nursing students did have a negative bureaucratic role discrepancy score ( $M = -.1421$ ), indicating they believed the bureaucratic role occurs more in actual situations than it should, but not to the extent that their score was significantly different than the beginning nursing students. This is perhaps due to limited clinical exposure, patient care experiences in health care settings other than the hospital and the fact that graduating nurses have not yet worked as registered nurses. They perhaps have not experienced the degree of discrepancy that faculty have experienced between what they believe is the ideal for the bureaucratic role conception and what is the actual display of this role in the work setting.

As predicted, there was a significant difference in the professional role discrepancy scores between graduating nursing students and beginning nursing students and between nursing faculty and beginning nursing students. All of the groups' means were positive numbers indicating a perception that the situation does not exist to the extent that the groups believe it should exist. The nursing faculty and graduating senior's significantly higher scores however, seem to indicate a deeper conviction of this belief. Faculty in baccalaureate schools of nursing emphasize the professional role orientation and seek to advance the professionalization of nursing by instilling these convictions in their students. Graduating nursing students have experienced the instruction and example of their faculty for three years and have studied and discussed these concepts in a variety of situations. Discussion as to what actually occurs in the work setting is probably a part of this presentation of the professional role orientation. The graduating students' views are very likely a reflection of their instructors'



views. In addition, all the graduating students have had experience in clinical learning settings and many of them have had experience in other patient care settings. Thus, it seems consistent with previous rationale and discussion that faculty and graduating nursing students' professional role discrepancy scores would be higher than beginning nursing students who have not yet had education in this professional role conception of nursing and who have not yet had clinical learning experience. All three groups perceived that of the three role conceptions, the professional role conception is practiced to the least extent. Pieta (1972) also found that baccalaureate senior nursing students and their faculties believed that of the three role conceptions, the professional role conception was practiced to the least extent.

As predicted, there was a significant difference in the service role discrepancy scores between beginning nursing students and graduating nursing students. Beginning nursing students' service actual scores were higher than graduating nursing students' service actual scores indicating that they believe this role orientation occurs in the work situation more often than graduating students do. This may be due to projections of the nurse's role these students have seen on television, read in books, or obtained from other media. On the other hand, the beginning nursing students' service ideal scores were lower than the graduating nursing students' service ideal scores indicating that they do not see this role as the ideal to the extent that the graduating students do. The graduating students' service ideal score was the highest of all the role conception scores, possibly indicating a desire to serve and get on with the occupation they have been educationally prepared to do. Limited clinical learning time and a desire to practice the skills and techniques acquired in school may be

the reason for the high service ideal score in the graduating nursing students. The fact that these students have chosen to attend a religious oriented college may also indicate a desire to serve others and may be reflected in their service role scores. Beginning nursing students, who may not have experienced patient care in any situation may believe that the highest priority of all nurses is to serve their patients, and thus, their role discrepancy score was lower. Graduating nursing students, being exposed to the patient care setting, have seen what occurs in reality, and thus, their service role discrepancy scores are significantly higher. Pieta (1972) found that baccalaureate seniors and faculty had the greatest role discrepancy for the service role conception.

Contrary to what was predicted, there was not a significant difference in service role discrepancy scores between nursing faculty and beginning nursing students. The fact that the faculty's service role discrepancy scores were not significantly higher than the beginning nursing students relates to the faculty's service actual score. Though faculty rated the service ideal as high as the graduating nursing students ( $M=4.6$ ), they rated the service actual higher than the graduating nursing students, seeing this role orientation as occurring in the work setting more often than the graduating nursing students see it occurring. Thus, their role discrepancy score is smaller and not significantly higher than beginning nursing students' service role discrepancy score. This differs from Pieta's (1972) results which found that the baccalaureate faculty group had the greatest role discrepancies for all three role conceptions.

Faculty have been exposed to more clinical situations than graduating nursing students in which they may have seen the expression of the service role orientation. Graduating nursing students, not having as much clinical

experience, may not have had the opportunity to see service role orientation carried out in the work setting to the degree they believe it should be and may not have had as much opportunity themselves to carry out this role orientation. This may be the reason for the lower service actual score in graduating nursing students which led to their higher service role discrepancy score.

Hypothesis three stated: The ideal professional role score will be significantly higher in nursing faculty than in nursing students and higher in graduating senior nursing students than in beginning nursing students. As predicted a significantly higher ideal professional role score was found in nursing faculty than in beginning nursing students. Nursing faculty in baccalaureate nursing programs emphasize the professional aspect of nursing. Beginning nursing students, though evidencing their belief in professionalism in nursing by their high ideal professional score ( $M = 4.28$ ), have not yet had the educational instruction related to this role conception, have not witnessed their instructors' example in this area and have not yet discussed the importance of professionalism in nursing as it relates to the image of nursing. Thus, a significant difference in the ideal professional role scores between nursing faculty and beginning nursing students is expected.

Contrary to what was predicted, the ideal professional role score of nursing faculty was not significantly higher than the ideal professional role score of graduating nursing students and the ideal professional role score of graduating nursing students was not significantly higher than the ideal professional role score of beginning nursing students. This differs from Pieta's (1972) finding that baccalaureate faculty perceived that the ideal professional role conception should be practiced to

a greater extent than senior baccalaureate students, and with Finn's (1985) study that indicated that professional role concept increases and bureaucratic role concept decreases ( $p < .01$ ) from sophomore to senior year. It does seem to be consistent with Seigel's (1968) finding that, as hypothesized, seniors' perceptions of nursing corresponded closely to those of faculty, however, sophomore-faculty perceptions were not divergent enough to claim substantiation of the hypothesis that the process of professional socialization resulted in greater correspondence between student and faculty perceptions. Crocker and Brodie's (1974) results revealed a definite trend for the student to endorse the faculty view of the profession as graduation neared. Cohen and Jordet's (1988) study also found that the further students had advanced in the program, the more closely their responses correlated with those of the faculty members.

Previous discussion has focused on baccalaureate nursing education and has pointed out that the professional role orientation is emphasized in this type of nursing education program. Graduating nursing students have been taught these concepts for three years, have discussed the implications of professionalism in nursing and have seen the professional role orientation modeled by their instructors. Though nursing faculty rated the professional ideal conception higher than graduating students, there was not a significant difference. Perhaps this is because graduating students have acquired many of the same role orientations as their faculty. Graduating nursing students, though they rated the ideal professional role more highly than beginning nursing students (means were 4.51 and 4.28, respectively), may still be in the process of assimilating the role orientations exhibited by nursing faculty. Also, though they see the professional role as important, they may be seeing this only in relation to developing the character of the

individual nurse and may not be thinking of nursing and its need for advancement as a profession. This, along with the fact that beginning nursing students rated the professional ideal conception highly, perhaps for reasons discussed earlier, may be the reason the ideal professional scores between nursing faculty and graduating nursing students and between graduating nursing students and beginning nursing students were not significantly different.

Hypothesis four stated: The discrepancy scores of students will significantly increase in relation to the amount of patient care experience students have in excess of student clinical learning. There was not a significant increase in any of the three nurse role conception discrepancy scores in relation to patient care experience in excess of student clinical learning. Cohen and Jordet (1988) found a statistically significant relationship between students' congruency scores with faculty perceptions of the professional nurse and previous work experience as a nurses' aid.

The rationale behind the hypothesis was that students who have experienced direct patient care through employment outside of the educational setting have been exposed to the realities of actual nursing practice and the bureaucracies of the work setting. Although they do not see all aspects of the nurse's role or experience the nurse's role in their current capacity, they form opinions about the actual nurse role from their observations. These opinions may, in many cases, not be in agreement with the ideal view of the nurse role they are learning in school. Thus, it was hypothesized, the more patient care they have in excess of student clinical learning, the higher their discrepancy score would be. Perhaps the results of this hypothesis were not as predicted because students, as undergraduates working in patient care settings, are not experiencing the

full role of the registered nurse with all of its responsibilities, realities and rewards. Baccalaureate students have a variety of patient care experiences in their work situations and not all these situations allow students to observe the full role of the nurse. In addition, as students, they have not completed their instruction in regard to role conception, have not perhaps had time to think about their own views on the role of the nurse or perhaps have not made any final decisions as to what should be the role of the nurse. Thus, more patient care experience outside of clinical learning while allowing students to be observers of some of the current situations in the work setting does not necessarily mean that they are making judgments and experiencing role discrepancy.

#### Implications for Nursing

The findings provide information that should be considered by both baccalaureate nursing educators and administrators in the service setting. The findings of this study suggest that the educational and socialization processes are effective in these two baccalaureate schools of nursing. The ideal professional score of graduating nursing students' in particular, being higher than that of beginning nurses and not being significantly lower than the nursing faculty's, seems to indicate that the goal of most baccalaureate schools is being met in these educational programs. That is to educate a nurse to a professional orientation to nursing (Martins, 1988; Moloney, 1986). This finding coupled with the significant differences found in all but the actual service role score of beginning and graduating nursing students again indicates that the socialization process is occurring in these two schools of nursing. Cohen and Jordet (1988), state that if nursing students are being properly socialized, their role conceptions and faculty members' role conceptions should grow more and more alike as they advance through a

program. Faculty should examine their own beliefs and the organizing framework of their programs to ensure that what is taught is what they want to be taught because students are assimilating it and becoming more like faculty as they progress in their educational process. If the goals remain the same the methods and experiences should remain the same as they are effective.

Educators must be knowledgeable of the various nurse role orientations identified in the nursing literature, must know the positive and negative aspects of each role and must be prepared to present these to students in both classroom and clinical settings. Role orientations should be deliberately presented and explained and the relationship of maintaining a professional role orientation to improving nursing's image explained. Nursing educators should be aware of the students' role conceptions and ideals so that instruction as to how to handle role conflict and stress may be given before the students have completed their education.

As the service ideal role orientation was rated highly by the graduating students, they should be encouraged to continue with primary care nursing. This would allow them to work in situations where they are able to manifest their loyalty to clients' well-being.

Strategies of change should be included in the nursing curriculum so that graduates will know how to go about the process of incorporating more professional elements into a primarily bureaucratic setting. At the same time, information needs to be provided about how a bureaucracy functions and the need for rules and routines in the hospital setting. Educators should arrange for more communication between administrators of community health settings and students. Students need to be warned that they may experience role conflict and stress.

Nursing educators need to encourage students to maintain a professional attitude following graduation, to not be caught up in an established system but to stay true to their ideals. They should teach students to support each other, to stay involved in professional organizations and to stay in touch with their colleagues. Faculty might recommend that graduates start a journal club in which recent research articles could be reviewed. Students could also be invited to participate in research projects conducted by faculty members, possibly to assist in data collection so that the research process could be observed directly.

Faculty also need to display professional role orientations when working with students in the hospital setting. Research results or nursing theory applicable to clinical situations should be presented to students. Faculty should model knowledge of current literature by pointing out articles which pertain to clinical situations. Faculty should model and encourage independent nursing judgements. In addition, collaboration with physicians and other health team members should be exemplified.

Another recommendation to faculty is to provide students with opportunities to develop professional role orientations through assigned activities. These include leadership responsibilities, use of research and theory in written papers, a required statement of individual conceptual framework, contracting for grades and independent studies. These activities would provide students with an opportunity to practice and develop professional characteristics before entering the world of employment as a graduate.

Because patient care experience in excess of student clinical learning did not significantly affect the role discrepancy scores, it is concluded that role conceptions are formed from the educational process rather than the



experience in patient care settings outside of clinical learning. The educational program brings to students' consideration conditions that should exist and conditions that do exist in nursing. Nursing educators should make use of this opportunity and should not rely on students' outside experiences to socialize them into the profession of nursing.

Results of this study have implications for administrators of service settings as well. In a very short time, graduating nursing students will be graduate nurses employed in service settings. Employers of these graduates should be aware of the students' role conceptions and ideals so that they understand the rationale and desires behind their employees' actions. Graduating nursing students' ideal service role conception was the highest score of any of their scores. Administrators in service settings should recognize that this may imply that graduates of baccalaureate programs in nursing, though frequently not placed in positions of bedside care, may still see this as the primary reason for nursing and may desire to be giving this type of care. The implication to administrators may be to allow these soon to be graduates of baccalaureate programs to give direct bedside care, to fulfill their desire to serve the patient to the extent they feel is appropriate.

This insight into graduates' role conceptions should also alert nursing administrators to the possibility of role discrepancy occurring in the work setting resulting in dissatisfaction and job turnover. Discrepancy scores of graduating students for each role conception indicated dissatisfaction with the current condition in the hospital setting. The bureaucratic role was perceived to be practiced too much, and the professional and service roles were perceived not to be practiced as much as they should be practiced. Again, this indicates that graduating nursing students, soon to be newly

employed graduates, will be entering the workplace with already existing dissatisfaction with the system. Whether this dissatisfaction will lead to action on their part resulting in change in the health care system, whether they will internalize the conflict and experience stress and burnout or whether they will leave the hospital setting to seek employment in situations in accord with their ideal conceptions will remain to be seen.

Though the graduating nursing students' ideal professional score was high ( $M = 4.51$ ), their actual professional score was low ( $M = 2.54$ ), the lowest actual score in any role conception and in any group, making a strong statement that what they view as the professional ideal they do not view as occurring in the workplace. The results of this discrepancy may be hesitation to take a job in a patient care setting or job dissatisfaction if a position in this type of setting is taken. If this level of discrepancy continues to exist, graduate nurses who become registered nurses may have reduced career commitment and the result may be attrition from nursing practice. The implications for administrators are apparent. Graduates must be given opportunity to practice their beliefs if they are to be retained in the workplace. They must be given opportunity to exhibit responsibility, autonomy, decision making, use of theory and research in clinical practice, if they are to remain satisfied and effective caregivers.

A third consideration from this study is one that is discussed often in the literature: how to improve nursing's image. This study seems to indicate that graduates of baccalaureate programs are acquiring a professional conception of nursing. By developing this and educating the public regarding the orientation of baccalaureate nurses, more students may be attracted into the nursing profession. Graduating nursing students from these programs may take their ideals into the workplace and institute

change toward a more professional position for nursing, thus further advancing nursing's goal. By continuing the professional socialization of nursing students in baccalaureate nursing programs and encouraging these students to exhibit professional qualities in the workplace and in any discussion of nursing in the public arena, the image of nursing may be enhanced. This would not only encourage those presently employed as nurses, but could result in more individuals being recruited into the profession.

#### Recommendations for Further Research

The investigator recommends that this study be repeated with a larger sample size using a more heterogeneous group. The private college settings used in this study in which the majority of students were traditional college students may have had a bearing on the role conceptions of students. Thus, repeating the study in one or several university settings where the average age of the student population is older and the sample more diverse would be beneficial in determining if role conceptions would be altered with differences in race, religion, age, socioeconomic background, educational background and marital status. It is also recommended that another study similar to this study be done using a tool validated with male students as well as female students so that male students could be included in the sample.

A longitudinal study using the same subjects throughout the study is also recommended to minimize extraneous variables and to determine at what point in the educational process students develop a greater professional and service role conception and at what point their bureaucratic role conception begins to decline.

It is also recommended that graduate nurses be followed in their nursing practice to see whether those students with high discrepancy scores have found job fulfillment and satisfaction, and to determine if role orientations change after six months of employment. This would give educators information related to the strength of the socialization process and could direct educational objectives concerning direction and strength of instruction pertaining to the nurse's role.

Other studies recommended are a comparison of baccalaureate faculty role orientations with faculty demographic data, including educational and practice backgrounds; and a comparison of role orientations of hospital administrators and baccalaureate educators.

As Pieta's questionnaire "Nurse Role Conceptions" was constructed in 1972, it is recommended that a similar study be done to determine nurse role conceptions with a more recently developed tool. Nursing is constantly changing and students live in a much different world and social climate today than 20 years ago. Therefore, a more discriminating tool may be needed to measure the nurse role conceptions of today.

#### Summary

This comparative study investigated differences in ideal and actual role conceptions and role discrepancies in three groups: beginning students, graduating students and faculty in a baccalaureate nursing program. The statistically significant differences as hypothesized were:

1. A difference between beginning and graduating nursing students' scores of the bureaucratic ideal, bureaucratic actual, professional ideal, professional actual and the service ideal nurse role conceptions.
2. A difference between the bureaucratic role discrepancy scores of beginning nursing students and nursing faculty.

3. A difference between the professional role discrepancy scores of beginning nursing students and graduating nursing students and between the professional role discrepancy scores of beginning nursing students and nursing faculty.
4. A difference between the service role discrepancy scores of beginning nursing students and graduating nursing students.
5. A higher ideal professional role score in nursing faculty than in beginning nursing students.

A significant difference which was contrary to what was hypothesized was:

A difference between the bureaucratic role discrepancy scores of graduating nursing students and nursing faculty.

Nonsignificant differences contrary to what was hypothesized were:

1. No difference between the actual service role conception score between beginning and graduating nursing students.
2. No difference between bureaucratic role discrepancy scores of beginning nursing students and graduating nursing students.
3. No difference between service role discrepancy scores of beginning nursing students and nursing faculty.
4. No difference between the ideal professional role score between nursing faculty and graduating nursing students or between graduating nursing students and beginning nursing students.
6. No increase in bureaucratic, professional or service role discrepancy scores in relation to patient care experience in excess of student clinical learning.

In this chapter findings were discussed and implications for baccalaureate nursing faculty and administrators in agencies that employ

new graduates were given. Recommendations for further research were also suggested.

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### Appendix 1: Data Gathering Instruments



Demographic Data Questionnaire

Please complete the following questions by placing a check in the appropriate space:

1). Student status:

- I am a beginning nursing student.  
 I will graduate in the spring of 1990.

2). Gender:

- female  
 male

3). Marital Status:

- single  
 married  
 separated  
 divorced  
 widowed

4). Patient care experience prior to entering the nursing education program (direct patient care-- e.g. nurse's aid, home health aid):

- none  
 some (less than a year)  
 a year or more

5). I have completed a practical nurse program.

- yes  
 no

6). I have completed an associate degree nursing program.

- yes  
 no

7). I have completed a diploma nursing program.

- yes  
 no

Please complete the following question by filling in the blank:

8). What was your age at your last birthday? \_\_\_\_

NURSING ROLE CONCEPTIONS

**INSTRUCTIONS:** This questionnaire consists of a list of 34 situations in which nurses might find themselves. You are asked to indicate both:

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

(B) The extent to which you think the situation actually exists in the hospital.

Notice that two statements require answers for each situation. Consider the statements of what should be the case and of what is actually the case separately; try not to let your answer to one statement influence your answer to the other statement. Give your opinions; there are no "wrong" answers.

Indicate the degree to which you agree or disagree with the statement by circling one of the alternative answers: STRONGLY AGREE (SA), AGREE (A), UNDECIDED (U), DISAGREE (D), and STRONGLY DISAGREE (SD).

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

AGREE (A) indicates that you agree with the statement with some exceptions.

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

DISAGREE (D) indicates that you disagree with the statement with some exceptions.

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

**HERE IS AN EXAMPLE:**

Registered nurses in Hospital Z consider the patient's physical, social, and psychological needs when developing a plan of nursing care.

A). This is the way nurses should plan nursing care.

A). SA A U D SD

B). This is the way nurses actually do plan nursing care.

B). SA A U D SD

**BE SURE TO CIRCLE A RESPONSE AFTER BOTH STATEMENTS A AND B ACCORDING TO YOUR DEGREE OF AGREEMENT WITH IT.**

YOU MAY BEGIN NOW.

1. One head nurse at Hospital F insists that all procedures be performed as described in the procedure manual.

A). This is what a head nurse should do.

A). SA A U D SD

B). This is what a head nurse actually does.

B). SA A U D SD

Among sociologists, one of the frameworks used to explain the phenomenon of socialization has been role theory. From the role theorist's viewpoint, socialization has been defined largely in terms of the learning of social roles that prepare the socializee for adult role performances such as occupational, marital and parental roles (Hardy & Conway, 1988).

Brim (1966) has given a definition of socialization as the "process by which persons acquire the knowledge, skills and dispositions that make them more or less able members of their society" (p. 3). He maintained that the content of socialization is acquired through learning that occurs within the interactional context. Socializees will learn the content of socialization with varying degrees of success and will fulfill the outcome of the socialization process by becoming able members of their society (Brim, 1966).

Depending on the source of the information, socializees will derive varied role prescriptions which specify the feelings relevant to their particular status in society; (Brim, 1957). Other factors influencing variations in role behavior include individual personality need, expressive features or degrees of proficiency in role performance (Colomy & Rhoades, 1983).

Developing the capacity to take the role of the other is one of the prerequisites to learning a role (Hardy & Conway, 1988). Role taking has been defined by several authors (Brim, 1966; Corwin, 1961; Couto, 1951; Denzin, 1977; Heiss, 1976; Kerckhoff, 1972), but common to all definitions of role taking is the fact that individuals anticipate the response of others to their own behavior; that is, they appraise their own behavior in view of others' responses, and perform their own role accordingly.