**Development of Professionalism in Practical Nursing Students**

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## Abstract

The purpose of this study was to explore the development of professionalism in practical nursing students enrolled in a community college career program. The study was conducted to address the development of specific professional attributes including belief in the use of the professional organization as a major referent, belief in self-regulation, and a sense of calling to the field.

While there is extensive research about the development of professionalism in registered nursing and other occupations, there are no studies about the development of professionalism in student practical nurses. In fact, there is limited research about practical nursing in general. This study was conducted to address a gap in research.

A quantitative research design was employed to address three research questions, each of which contained one hypothesis. Archival data collected from Hall's Professionalism Scale (1968) as adapted by Snizek (1972) were analyzed. Descriptive data analyses included the mean and standard deviation for each subscale on the survey. An independent-samples *t* test was conducted on three of the survey constructs using the dependent variable of semester in the program.

The results of the study indicated that there were no statistically significant differences in the use of the professional organization as a major referent, belief in self-regulation, or in sense of calling to the field in student practical nurses between students entering the program and students completing the program. These results were similar to results in research involving other disciplines which suggested that professional development must continue and be refined post-graduation.

## Dedication

This dissertation is dedicated to my children, Michael, David, and Nichole Nesbihal, who encouraged me to pursue a life-long dream of earning a doctorate. The effort and drive to succeed in this endeavor is in loving memory of my son, Tom Nesbihal (10/18/1986 - 8/03/2012), who was such a champion for us all.

The results, findings, and recommendations of this study are for the benefit of practical nursing students past, present, and future. May they always be valued for their vital role and contribution to health care!

## Acknowledgements

My life has been blessed in so many ways that it is difficult- if not impossible- to acknowledge all who have helped me become who I am today.  I am grateful that I was born to parents who nurtured me and encouraged the development of my God-given talents and abilities.  I am grateful for my K – 12 Catholic education that prepared me academically and instilled in me the values I needed to make life choices and to persevere in the face of adversity.  It was there that I learned to respond to my vocation, rather than to merely seek a career path.  I learned that service to others provides a sense of fulfillment that is priceless. I learned the importance of community, self-sacrifice, responsibility and accountability. I am grateful for my nursing education, especially my initial education at a diploma school of nursing, as I was well-prepared to enter the profession I love.  I am grateful for my family, especially my children, as motherhood has been my greatest joy of all!

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assisted with the student learning outcomes assessment project from which the data were

drawn.

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**Chapter One**

**Introduction**

Definitions of professionalism in the healthcare field abound.  Thompson et al. (2008) reported professionalism, as a concept, is a "complex composite of structural, attitudinal, and behavioral fields" (p. 9).  In their study, Thompson et al. demonstrated professionalism was addressed in pharmacy education across the four frames of Bolman and Deal's leadership model.  They also noted professional socialization might be impacted by values formed prior to program entry, and faculty have a role to play in the development of professionalism through their interactions with students.  The American Association of Colleges of Nursing (2008) defined professionalism as the "consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability" (p. 26).

Wuest (1994) postulated "the evolution of nursing knowledge, and nursing as a practice discipline has been stunted by the quest for professionalism" (p. 357).  She believed professionalism, as defined by Flexner in 1915, was patriarchal in nature due to a focus on scientific standards and objectivity commonly associated with the 'masculine ethos', and nursing was unable to meet Flexner's criteria for professions for a variety of reasons.

The American culture has become rather informal.  This informality is reflected in the manner in which people address one another, their attire, and other aspects of personal appearance and decorum.  Beane (2015) described the American lifestyle as

being casual. For example, students may attend class in shorts and t-shirts, male teachers may wear jeans and seldom wear a tie, and female teachers often wear pants and comfortable walking shoes. She also noted greetings are usually friendly, short, and informal. Because the United States promotes the ideals of equality, there may be a general lack of deference to people in authority. Titles such as "sir" and "madam" are seldom used. Supervisors, presidents, and university instructors are often addressed by their first or given name.

Keeling and Templeman (2013) observed, from a historical perspective, professionalism in nursing has been "congruent with the nurse's uniform" (p. 21). Lehna et al. (1999) examined how the change in nursing attire from the traditional white uniform with cap to varied-colored scrubs has impacted the image of nursing to the public, and which aspects of the uniform were associated with professionalism. Findings from both of these studies suggested a positive relationship between professionalism, attire, and the perception of competency. In addition, it was determined that consumers felt it was important to easily differentiate nurses from other healthcare workers by their attire.

Keeling and Templeman (2013) concluded "professionalism in nursing may be considered an evolving concept, in what appears to be a challenging dichotomy of views between professionalism per se and the concept of a nurse being a *carer*"(p. 21). They referenced the values of altruism, caring, and honesty expressed by Florence Nightingale, the founder of modern nursing, as being at the core of what professionalism in nursing was all about. Wuest (1994) noted that Florence Nightingale wanted to establish autonomous schools of nursing controlled by nurses who would share power with

physicians in healthcare settings. Wuest believed this intent contributed to the development of elitism in nursing, aligning nursing educators and administrators in exulted positions above the bedside nurse. In addition, physicians and hospital administrators supported the development of hospital-based schools built on an apprenticeship model as a means of obtaining inexpensive labor.

Hall (1968) identified five specific attitudes of professionalism: belief in the importance of a professional organization, belief in public service, belief in self-regulation, a sense of calling to the field of study, and a feeling of autonomy. Practical nurses are educated in community colleges and technical institutions, rather than within the university system. There are two professional organizations for licensed practical nurses, the National Association for Practical Nurse Education and Service and the National Federation of Licensed Practical Nurses. Practical nursing is regulated by State Boards of Nursing. Practical nurses are unable, by virtue of licensure, to practice autonomously.

> The practice of nursing as a licensed practical nurse means the performance
> for compensation or gratuitously…of tasks and responsibilities…within the
> framework of supportive and restorative care under the direction of a registered
> professional nurse, a person licensed to practice medicine and surgery or a person
> licensed to practice dentistry. (Kansas Nurse Practice Act, § 65-1113, 2015, d2)

While university education and autonomous practice are two characteristics that contribute to the classification of an occupation as a profession, it is possible for practical nursing students to develop traits associated with professionalism including a sense of calling, altruisim, caring, commitment to service, honesty, and integrity. Licensed

practical nurses are actively engaged in bedside nursing, and provide service to others. To ensure graduate practical nurses are equipped with the skill set deemed desirable by an employer, it is essential that practical nursing curricula be designed to promote the development of professionalism in addition to technical skills.

**Statement of the Problem**

Professionalism is nebulous, difficult to define, and subjective in nature. Kelley, Stanke, Rabi, Kuba, and Janke (2011) believed professionalism was hard to objectively evaluate because it is both attitudinal (internal to the individual) and behavioral (observable by others). Wynd (2003) noted that the professional status of nursing was subjected to both internal and external debate. This may be due in part to the many avenues of entry to practice afforded to this field. Practical nurses (LPNs) and registered nurses (RNs) are all engaged in the practice of nursing. The scope of practice for each group is determined by the Nurse Practice Act of the state in which they are employed; however, education and credentials factor into how professionalism is defined globally. The ongoing controversy about entry-level nursing education continues to affect the acceptance of nursing as a profession.

Practical nurses are vital to healthcare. Employment of licensed practical nurses is expected to grow exponentially through 2022 in response to the needs of an aging population. The Bureau of Labor Statistics predicts a 25% growth in job openings nationally for LPNs by 2022; and the Kansas Department of Labor predicts a 22% increase in job openings for LPNs in Kansas by 2022 (Career Info Net, 2014). LPNs work in assisted living and skilled nursing facilities, home health and hospice agencies, day surgery and urgent care settings, clinics and physicians' offices, mental health and

correctional facilities, and other settings outside of the acute care hospital. Advances in technology have made it possible to perform complex medical procedures in outpatient settings commonly staffed by LPNs. Behavioral norms and expectations relative to professionalism vary among these diverse healthcare settings due to the nature of the services provided and the demographics of the consumers served.

Employers vary in their perceptions about what constitutes professional behavior, how it relates to place of employment, and their expectations of the community college in preparing graduates in marketable soft skills. Students entering practical nursing programs represent a diverse population, and arrive with their own preconceived notions about practical nursing. In addition, practical nursing is a vocational, certificate program, which is primarily nursing skills-based. Some practical nursing students intend to become career LPNs, while others plan to bridge over to registered nursing immediately following the completion of the practical nursing program. These factors present a variety of challenges for practical nursing educators who are responsible for ensuring student success through the program, on the National Council Licensure Exam for Practical Nurses (NCLEX-PN), in the workplace, and in articulation to the next level of education.

Miller's Wheel of Professionalism in Nursing (Adams & Miller, 2001) proposed professional nursing education should occur in a university setting, supported the need for a scientific basis for nursing, and described basic tenets of professionalism for registered nurses. Miller identified nine specific tenets of professionalism: adherence to a nursing code of ethics; development and application of nursing theory; orientation to community service; life-long learning and competence; development and application of

research; autonomy and self-regulation; participation in professional organizations; publication and communication; and education in a university setting.

There is limited research involving any aspect of practical nursing. While there is extensive research regarding professionalism in medicine, pharmacy, registered nursing, and other fields, no research exists regarding the development of professionalism in practical nursing. Therefore, this study was conducted to address the gap in research by exploring the development of professionalism in practical nursing students.

**Purpose of the Study**

The purpose of this study was to explore the development of professionalism in practical nursing students enrolled in a community college career program. The study was conducted to address the development of specific professional attributes including belief in the professional organization, belief in self-regulation, and a sense of calling to the field.

**Significance of the Study**

This study is significant for several reasons. Limited research exists about practical nursing education in general. In addition, while there is extensive research about the development of professionalism in registered nursing and other occupations, there are no studies about the development of professionalism in student practical nurses. This study was conducted to address a gap in research.

Since the Institute of Medicine (2008, 2011) issued its reports on building the healthcare workforce to meet the needs of aging Americans and its recommendations for the future of nursing, most of the efforts of the nursing profession have been directed toward advancing the education of entry level registered nurses and increasing the

number of doctorally-prepared nurses. There has been no attempt to address the role of the LPN within the evolving healthcare system of the 21$^{st}$ century.

The National League for Nursing has included the word professional in describing the licensed practical nurse.

> While not professional registered nurses, LPNs are licensed professionals who share with the entire nursing community a commitment to providing safe, quality, cost-effective care and whose practice behavior is gounded in those shared values. We must ensure that *all* nurses, who touch patients daily in varied health care settings, are acknowledged as essential partners to meet the varied needs of today's complex health care system. (National League for Nursing, 2014b, p. 1)

This study was conducted to illustrate the professional growth of student practical nurses, and to support the use of the word professional in conjunction with LPNs.

The results of this study will provide an opportunity to examine professionalism from the perspective of student practical nurses and to identify gaps in the development of professionalism in these students. Findings from this study may be used to inform curriculum for practical nursing education, to assist in the development of a model of professionalism for LPNs, and to guide the development of self-initiated or employer-facilitated professional development plans for LPNs.

**Delimitations**

Lunenburg and Irby (2008) defined delimitations as "self-imposed boundaries set by the researcher on the purpose and scope of the study" (p. 134). The delimitations used in this study were related to a specific interest in the development of professionalism in student practical nurses. The delimitations of this study were as follows:

1.  The sample was limited to student practical nurses enrolled in either the full-time day program or the part-time evening program at a large Midwestern suburban community college from 2014 through 2016.

2.  The sample was further limited to student practical nurses entering the program and those who were close to graduating from the program.

3.  Student cohorts included full-time 10-month and part-time 19-month cohorts.

**Assumptions**

Lunenburg and Irby (2008) defined assumptions as the "postulates, premises, and propositions that are accepted as operational for purposes of the research" (p. 135). The current study included the following assumptions:

1.  Student practical nurses answered survey questions honestly and completely.

2.  Items contained on the selected survey tool measured professionalism.

3.  The survey tool was valid and reliable.

4.  Faculty provided instruction in concepts pertaining to professionalism as included on course syllabi.

5.  Interpretation of the data accurately reflected the perceptions of participants.

**Research Questions**

According to Lunenburg and Irby (2008), research questions and hypotheses provide direction for the study. "Research questions and hypotheses narrow the purpose statement and become major signposts for readers" (Creswell, 2014, p. 151). The following research questions were used to explore the development of professionalism in student practical nurses at a large Midwestern suburban community college:

**RQ1.** To what extent did students in a practical nursing program use a professional organization as a resource?

**RQ2.** To what extent did students in a practical nursing program believe practical nurses engage in self-regulation?

**RQ3.** To what extent did students in a practical nursing program feel a sense of calling to the field?

**Definition of Terms**

For the purposes of this study, the following definitions of key terms and concepts were applied.

**Autonomy.** Autonomy is a belief in the centrality of the patient as the practical nurse makes informed care decisions independently or interdependently as a member of a team. It reflects acceptance of responsibility and accountability for one's actions, as well as a commitment to patient advocacy (Wade, 1999). This attribute is structural when related to the responsibility to make decisions as described within a job description. It is attitudinal when the nurse exercises his/her freedom to employ clinical judgment as a member of the profession.

**Belief in public service.** In its simplest form, a belief in public service suggests that one has the ability to help people maintain wellness and recover from illness, and to make a difference in the lives of others. In a broader sense, it refers to the ability to make a meaningful contribution to society, one's community, or one's chosen field (Hall, 1968; Lai & Lim, 2012).

**Carer.** The term *carer* is a noun which suggests that the healthcare provider is more care-oriented than cure-oriented, has the capacity for empathy and compassion, and

a commitment to making a difference in someone else's life (Cook, Gilmer, & Bess, 2003; Keeling & Templeman, 2013).

**Licensed practical nurse (LPN).** An LPN is a nurse who has completed a 10 to 12-month certificate program, has successfully completed the NCLEX-PN, and is licensed to perform the practice of practical nursing for compensation or gratuitously, including

> tasks and responsibilities based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry. (Kansas Nurse Practice Act, § 65-1113, 2015, d2)

**Professionalism.** For the purposes of the current study, professionalism is the ability to collaborate respectfully with others to promote patient health and wellness. This is evidenced by effective participation as a member or leader of a team; demonstration of respect for diversity; acceptance of social and civic responsibility; commitment to life-long learning; and the application of the principles of accountability, altruism, autonomy, caring, ethics, and excellence.

**Professional socialization.** According to Lai and Lim (2012), professional socialization is both a process and an outcome, which is based on role theory. It involves the transmission and learning of norms, attitudes, behaviors, skills, roles, and values of a particular occupation (Blais, Hayes, Kozier, & Erb, 2006). This can be achieved formally through class, lab, and clinical experiences, and informally through the observation of and interaction with members of the profession. It involves the "internalization of the

values and norms of the profession in the individual's own behavior and self-concept" (Lai & Lim, 2012, p. 31).

**Registered nurse (RN).** An RN is a nurse who has earned a diploma, an associate degree, or a baccalaureate degree in nursing; has successfully completed the NCLEX-RN; and is licensed to practice professional nursing

> based on substantial specialized knowledge derived from the biological, physical, and behavioral sciences as applied to the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process…and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry.  (Kansas Nurse Practice Act, § 65-1113, 2015, d1)

**Self-regulation.** Self-regulation is the ability to act in the long-term best interest of oneself as well as a patient in a manner consistent with one's values and ethics.  It reflects a belief that given the specialized body of knowledge associated with a profession only peers within the profession are truly qualified to evaluate one's work.  In addition, it affirms that the individual is engaged in self-assessment and monitoring based on current standards of practice (Hall, 1968).

**Sense of calling.** Like a vocation, a sense of calling reflects a strong yearning to become a member of a particular occupation, and a level of commitment which is independent of the amount of compensation one might expect to receive in that role (Bryan-Brown & Dracup, 2003; Sweet, 2014).

**Socialization.** Socialization is "the process of learning new roles, knowledge, skills, and characteristics…which allows the individuals to become a member of a group" (Lai, &Lim, 2012, p. 32).

**Student practical nurse.** A student practical nurse is a student admitted to a practical nursing program in a technical or community college following completion of required general education courses.

## Organization of the Study

This study is presented in five chapters. Chapter one contains the introduction, background information, and statement of the problem. The first chapter also includes the purpose statement, significance of the study, delimitations, assumptions, research questions, and definition of key terms. Chapter two includes the review of the literature, which is subdivided among six topics. Chapter two begins with a discussion about professionalism in general, followed by professionalism in healthcare and professionalism in nursing. Featured next is a brief description of the history of nursing and pertinent nursing theorists, practical nursing, and an outline of expectations of employers pertaining to professionalism in the workplace. Provided in chapter three is a description of the methodology used for this study. It includes the research design, selection of participants, measurement, data collection procedures, data analysis and hypothesis testing, and limitations of the study. The results of the study are outlined in chapter four. Provided in chapter five is a summary of the study, discussion of the findings, implications for action, and recommendations for future research.

## Chapter Two

## Review of the Literature

The Kansas Board of Regents (2014) defined Licensed Practical/Vocational Nursing programs as programs

> that prepare individuals to assist in providing general nursing care under the direction of a registered nurse, physician or dentist. These programs include instruction in taking patient vital signs, applying sterile dressings, patient health education, and assistance with examinations and treatment. (Section 1)

Nationally, there is a wide variation in the number of contact hours of instruction required to earn a practical nursing certificate. Additionally, there is variation in the content that can be included within the curriculum. On September 18, 2007, the Kansas State Board of Nursing (2007) approved a common core curriculum for practical nursing programs in Kansas. The Practical Nursing Program alignment accepted by the Kansas Board of Regents (2014) established a maximum of 48 credit hours for program completion. At the completion of the aligned practical nursing program, the graduate practical nurse will demonstrate the following outcomes in a structured setting:

- Provide nursing care within the scope of the ethical and legal responsibilities of practical nursing.

- Utilize the nursing process across the life span to identify basic human needs in health maintenance, health preservation and prevention of illness or when human needs are not being met to assist in meeting physical, spiritual and psychosocial needs.

- Provide safe and skillful therapeutic care in simple nursing situations based on knowledge of biological, psychosocial and cultural needs of the individual throughout the lifespan.

- Demonstrate effective interpersonal relationships with the client, the client's family, and members of the interdisciplinary health care team.

- Demonstrate responsibilities of the practical nurse as an individual who collaborates within the global healthcare system and the community. (Kansas Board of Regents, 2014, section 5)

In addition to the development of specific knowledge and skills, practical nursing programs are expected to socialize students to the role of the Licensed Practical Nurse. Included within this socialization process is the development of attitudes and behaviors consistent with professionalism. This chapter contains a review of the literature inclusive of the following six main topics: professionalism, professionalism in healthcare, professionalism in nursing, a historical view of nursing and nursing theorists, practical nursing, and expectations of employers related to professionalism.

**Professionalism**

Definitions of professionalism abound, have a tendency to be theoretical rather than concrete in nature, and are relative to the context of the situation in which they are manifested. This makes it difficult to measure and evaluate professionalism. Flexner (1915) observed,

The word profession or professional may be loosely or strictly used. In its broadest significance, it is simply the opposite of the work amateur. A person is in this sense a professional if his entire time is devoted to an activity, as against

one who is only transiently or provisionally so engaged…The term profession,

strictly used, as opposed to business or handicraft, is a title of peculiar distinction,

coveted by many activities. (p. 152)

Professionalism has been characterized as an attitude, a set of behaviors, or a

combination of the two. Kelley et al. (2011) noted, "professionalism is based on a set of

internally held values that are exhibited and measured through behaviors. Therefore,

professionalism can be viewed as both attitudinal (internal to the practitioner) and

behavioral (externally exhibited to the world by the practitioner)" (p. 1).

"Professionalism embraces a set of attitudes, skills and behaviors, attributes, and values

expected from those to whom society considers an expert" (Duphily, 2014, p. 126).

According to Chan, Chan, and Scott (2007),

One central feature shared among definitions of professionalism in building

professionals is the acquisition of honor, status, and power from their social

contract with society through the use of specialized knowledge and skills.

However, the solid foundation of this professionalism is built upon trust and

respect by the general public. (p. 1202)

This premise is similar to the premise held by multiple occupations that aspire to the

distinction of professionalism, including nursing.

Hall (1968) affirmed "occupational groups that have held the status of marginal

professions are intensifying their efforts to be acknowledged as full-fledged

professions….and some that have not previously been thought of as professions are also

attempting to professionalize" (p. 92). Practical nursing is a certificate/career program,

and as such does not meet the academic distinction of a profession. However, the

responsibilities of the licensed practical nurse within an interdisciplinary healthcare team warrant the development of values, attitudes, and behaviors of a professional. Hall identified two basic types of attributes that correspond with a professional model, structural and attitudinal. Structural attributes include formal education, entrance requirements to the occupation, formation of professional organizations, and the development of a code of ethics. Attitudinal attributes include a sense of calling to the work, provision of service to the public, the use of colleagues as a major work reference, belief in self-regulation, and autonomy. Most of these attributes are consistent with licensed practical nursing. However, licensed practical nurses are not autonomous in practice. In addition, while there are two professional organizations for licensed practical nurses, they are neither active nor powerful.

According to Bryan-Brown and Dracup (2003), professionals are expected to demonstrate a

> degree of special attainment, altruism, and self-sacrifice in their dealings with
> the rest of the community and in return receive privileges in the workplace and at
> large…and have been allowed to determine the makeup of their profession and
> maintain a degree of exclusivity. (p. 394)

Collegiality is promoted within the profession. In return, professionals are held accountable to a higher standard of ethics, integrity, and morality than the general public.

Flexner (1910), in his study of schools of medicine authorized by the Carnegie Foundation, found there had been an over-production of medical practitioners and the majority of those doctors were poorly trained. Flexner recommended the "needs of the public would equally require that we have fewer physicians graduated each year, but

these should be better educated and better trained" (p. 595). He advocated for medical schools to articulate with the general educational system of the time (secondary schools), and with the university. This set the stage for the development of exclusivity within medical education.

In his later work, Flexner (1915) identified six criteria that delineated a profession including the involvement of essentially intellectual operations with a large degree of individual responsibility, raw knowledge drawn from science and learning, application of this knowledge to a practical and definite purpose, an educationally communicable technique, self-organization, and an underlying altruistic motivation.

**Professionalism in Healthcare**

"The development of professional role behaviors is the result of the interplay between personal values and beliefs, socialization of the professional in the academic setting and with other like professionals, and workplace expectations, opportunities, and barriers" (Bolding, 2013, p. 2). In her qualitative study, Bolding examined the personal values and external factors that influenced the development of professional role behaviors of nurses, occupational therapists, and physical therapists with 5 to 30 years of experience employed in an acute care setting. Provocative findings from this study indicated academic curriculum related to professionalism had not made a strong impression on the study participants, and only those participants who held post-professional degrees felt they truly understood professionalism. Factors that fostered the development of professionalism included dynamic workplaces that supported life-long learning and risk-taking. Barriers to the development of professionalism included dissonance between personal values and workplace values, focus on practice

development rather than professional development, negativity or lack of engagement by peers, and a sense of separation from co-workers due to personal learning and professional activities. The participants' conceptualizations of professionalism were influenced by their personal values and opportunities in the workplace and, to a lesser extent, by academic coursework and membership in professional organizations. Those participants who had earned advanced degrees felt they had a broader perspective of their clinical practice. Professional traits and behaviors were applied to the workplace, but were not frequently applied to a broader professional community. Bolding concluded that while didactic and clinical experiences formed the basis for the development of professional behaviors in students in healthcare programs, learning outcomes may need to be more distinct and explicit across the curriculum.

Schill (2012) defined professional socialization as the "process that individuals experience as members of a profession and consists of the knowledge, attitudes, and experiences that influence and shape their professional identity" (p. xii). Schill examined the development of professionalism in clinical laboratory scientists with Hall's Professionalism Scale (1968) as adapted by Snizek (1972) and through qualitative focus groups. Specifically, she attempted to identify professional attitudes and behaviors, sense of belonging, and socialization during the early phase of their careers. Schill differentiated between new graduate clinical laboratory scientists and novice clinical scientists with one to three years of work experience. She described four stages of professional socialization in clinical lab scientists, which included pre-arrival, encounter, adaptation, and commitment. New graduates were found to be in the encounter phase, while novice clinical laboratory scientists were found to be in the adaptation phase.

Furthermore, Schill discovered successful socialization from encounter through adaptation required support from experienced colleagues. Schill believed clinical laboratory scientists acquired the appropriate technical skills needed to enter the profession during their formal education. Additionally, they had the opportunity to practice behaviors associated with their profession through their clinical internship. However, development of a sense of belonging and solidification of professional behaviors seemed to be dependent upon early work experiences and the commitment level of the new graduate. Professional socialization was identified as an ongoing and continuous process.

Thompson et al. (2008) examined the inclusion of professionalism in pharmacy education through the lens of Bolman and Deal's four-frame leadership model. When the doctor of pharmacy, PharmD, was adopted as the first professional degree, performance expectations for new graduates entering the profession were increased beyond basic communication skills, clinical knowledge of pharmacology, and dispensing medications. Thompson et al. sought to explore the aspects of curriculum that integrated professionalism themes within the context of Bolman and Deal's leadership model. Dress code, code of conduct, curriculum, and involvement in professional organizations formed the structural frame. Student leadership and examination of the gaps between role modeling and actual practice formed the political frame. Role modeling and social aspects of being a member of a student group or professional organization formed the human resources frame. White coat, pinning ceremonies, and rituals associated with professional organizations formed the symbolic frame. Competency and responsibility were two key themes that arose from this study. Students and faculty mentioned

appearance, though students discounted the impact of dress code expectations on professional image. Thompson et al. proposed that attitudes, values, and beliefs related to compassion, appropriate attire, and respect developed during an individual's formative years, and could be reinforced and improved through the academic experience.

**Professionalism in Nursing**

"Professionalism in nursing is a term freely used, but its definition and interpretation lacks uniformity" (Adams, Miller, & Beck, 1996, p. 77). Though there is little consensus among nurses regarding what behaviors reflect professionalism, most would agree that professionals are expected to have expertise in specialized areas and to be skilled decision-makers.

Pinkerton (2001) identified six characteristics which she believed were used to classify a particular job as a profession. These included education, code of ethics unique to the discipline, compensation commensurate with the work performed, service, autonomy of practice, and governmental recognition through licensure. Pinkerton opined that while nursing was recognized as a profession there were issues with both compensation and autonomy of practice. She expressed a concern that efforts to address the anticipated shortage of nurses would threaten the quality of educational preparation of new graduates, and lead to salary wars, which would artificially inflate compensation.

Nativio (2001) identified ideals such as "doing good and putting the needs of the patient ahead of the self-interest of the nurse" (p. 71) as basic tenets of professionalism. Incorporated within this belief are basic concepts such as trust, integrity, and commitment. Nativio suggested that if nurse educators espoused altruism as an element

of professionalism, they must consistently engage in activities that demonstrate this belief.

According to White-Taylor (1992), professionalization progressed through four phases. These included recognition of attributes consistent with professionalism, modeling those who exemplify those attributes, internalizing professional behaviors, and exhibiting professionalism in practice. White-Taylor opined these phases were incorporated within the academic preparation of baccalaureate nurse, and sought to determine if there was a difference in professional attitudes among generic baccalaureate-degree nursing students (BSN) and associate degree nurses (ADN) enrolled in an ADN to BSN bridge program. Her research suggested that professional attitude scores were similar in both groups of BSN students, and there was a significant difference overall in professional attitude scores between entry and exit of a baccalaureate-nursing program.

In the American Nurses Association's (1965) first position paper on educational preparation for nurses, baccalaureate degree nurses were identified as professional nurses while associate degree nurses were described as technical nurses. The American Nurses Association declared nursing education must be provided in schools of higher education. "The distinguishing characteristic of professional education in nursing is the transmission of nursing's body of abstract knowledge arrived at by scientific research and logical analysis – not a body of technical skills" (Rogers, 1985, p. 381). Rogers clarified that this tenet did not negate the need for technical competence. While nursing has many collaborative functions, it has no dependent functions. Rogers stressed a profession must promote social values and have a responsibility to the people served. She affirmed the baccalaureate degree must be the first professional degree in nursing as this placed the

registered nurse on a peer professional level with other healthcare professionals, including the physician.

Fisher (2011) compared professional value development in pre-licensure registered nursing programs including diploma, associate degree and baccalaureate degree programs. Fisher asserted "educators have the opportunity, and the obligation, to significantly impact professional values as students engage in preparation for this profession of caring" (p. 3). Fisher's findings supported that senior nursing students in all three levels of academic preparation recognized that there was importance to each of the professional values statements. Surprisingly, study results indicated students in diploma schools of nursing had the highest overall scores in professionalism. In addition, associate degree nursing students did not demonstrate consistent advancement in professional value development throughout their pre-licensure program.

The Institute of Medicine (2011) recommended profound changes in nursing education, both pre- and post-licensure, to assist nurses in adapting to changes in the health care system of the 21$^{st}$ century, to promote seamless articulation to higher degree programs, and to incite a commitment to life-long learning. "An all-BSN workforce at the entry level would provide a more uniform foundation for reconceptualized roles for nurses and new models of care" (Institute of Medicine, 2011, p. 170). There is a definitive need to create educational pathways between certificate, undergraduate, and graduate nursing programs, and to socialize students in such a way that they develop attitudes and behaviors that support subsequent educational attainment.

Following their extensive review of the literature, MacLellan, Lordly, and Gingras (2011) surmised there were three stages in the nursing professional socialization

cycle.  The first stage, pre-socialization, was related to preconceived notions about the

profession as well as the driving forces leading a student to this profession.  Students

generally chose nursing because of a desire to help or care for others, and/or to make a

difference.  Students entered nursing school with pre-conceived attitudes and beliefs

about the profession.  Stage two, formal socialization, was believed to occur through the

students' academic experiences including classroom, lab, and clinical work.  Students

developed a set of values and beliefs based on the instruction provided by nursing

professors, the behaviors observed in those they identified as role models, and the

relationships they formed with nurses in the clinical setting.  This led students to form an

institutional perception of the nurse.  In stage three, post-socialization, the nursing

student transitioned to the role of a licensed nurse.  This stage was impacted by

workplace experiences including honing technical skills, assuming independent

responsibility for patient care, and understanding the culture of the workplace.  Post-

socialization was believed to be an ongoing process, which lasted for the duration of a

nurse's career.

Tripodina (2013) examined strategies used by clinical faculty to promote

professionalism in baccalaureate nursing students.  Her study was guided by the values

and conceptual model of professionalism espoused by the American Association of

Colleges of Nursing.  Professional values examined through this study included altruism,

autonomy, human dignity, integrity, and social justice.  Tripodina also considered civility

as a behavior, which reflected professionalism in interactions with others.  Faculty

participating in this study felt real life application, reflective conversations, small group

discussions, and role modeling were effective learning strategies for the promotion of

professionalism. Real life application is foundational to nursing. Additionally, real life application was identified as a form of experiential learning that promoted meaningful construction of knowledge through self-discovery and motivation. Reflective conversations provided a safe learning environment in which students were able to develop critical thinking skills and better understand nursing practice. Small group discussions allowed students to become contributing group members and fostered the development of collaboration. Role modeling allowed students to learn by observation of the behaviors of other professionals.

Nursing is confusing to the public because of the various pathways into the field (Adams & Miller, 2001). The general public does not distinguish nurses based on academic preparation. To a layperson, a nurse is a nurse. Blais et al. (2006) believed many continued to debate whether nursing was a profession. Therefore, they distinguished nursing as a profession based on its requirement for specialized education, orientation toward service, standards of education and practice, and inclusion of a socialization process in the curriculum.

How, then, do nurses display a professional image to the patients they serve and within the institutions in which they are employed? According to LaSala and Nelson (2005), "appearance, behavior, dress, and communication skills play an important role in the image that a nurse projects" (p. 63). Historically, nurses have had to conform to rigid dress and disciplinary codes imposed by their school or institution. The distinctive uniforms, aprons, and caps commonly worn by nurses in the past reflected their status and relationship to the organization, patients, physicians, and other staff; and, portrayed neatness and cleanliness (Lehna et al., 1999). As healthcare has evolved, nursing attire

has undergone radical transformation. Nurses no longer wear starched white uniforms, caps and severe hairstyles. Today, nurses practice in a much wider array of venues, and the traditional attire associated with nursing has been replaced with colorful scrubs, and in some settings "street clothes". However, Lehna et al. opined, "professionalism and attire are intimately connected with the notion of competency" (p. 197).

Albert, Wocial, Meyer, Na, and Trochelman (2008) believed a nurse's appearance might affect interactions with patients and family members and affect their perceptions of professionalism. Consequently, they designed a study to determine if uniform color and style affected perceptions of nurse professionalism based on 10 image traits (confident, competent, attentive, efficient, approachable, caring, professional, reliable, cooperative, and empathetic) in adult subjects and 5 image traits (competent, attentive, approachable, professional, and reliable) in pediatric subjects. The researchers concluded older adults formed a perception of nurse image based on attire, while children and young adults were not as likely to create a perception of professionalism based on uniform style or color. White uniform pant sets were most often associated with nurse professionalism traits by all groups.

Porr et al. (2014) noted patients have expressed concerns about being able to distinguish registered nurses from other healthcare workers. They found patients' perceptions of competence, caring and other traits associated with professionalism formed within the first few moments of the nurse-patient interaction, and have been adversely affected by casual nursing attire. Porr et al. asserted that because the healthcare environment was so busy, and actual encounters between the registered nurse and patient may be brief, it was essential that the nurse establish a strong first impression as a

professional. Therefore, Porr et al conducted a pilot study to examine patient perceptions of professionalism based on nursing attire. This Canadian study was similar, though smaller in scale, to the one performed by Albert et al. (2008). Results of the study performed by Porr et al. indicated solid white pantsuits scored higher for professionalism than multi-colored print or solid-colored uniforms. They further observed that professional image traits of confidence and competence were highly associated with the white uniform, while traits like caring and approachability were highly associated with solid blue uniforms and uniforms with small print tops and white pants.

**History of Nursing and Nursing Theorists**

Florence Nightingale (1820 – 1910) has been identified as the founder of modern nursing. Born to a wealthy and esteemed family, Nightingale fought against the conventions of her time to care for the ill and the poor. Sweet (2014) noted Nightingale believed nursing was a "calling" in that it required having the type of commitment to one's work that was based on an inner sense of what was right as opposed to reliance on rewards, regulations and rules. Nightingale contributed to the early development of evidenced-based practice as she utilized observations, data, and statistics to advocate for changes in hospitals and medical care during the Crimean War. Her success in improving healthcare for soldiers during the Crimean War enabled Nightingale to promote her philosophy for nursing education. Her influence was felt in North America as well as overseas. Nightingale proposed to develop schools of nursing under the control of nurses who would share power with physicians in the healthcare setting. Her vision was distorted by physicians and hospital administrators who sought to develop an inexpensive labor force for hospitals through an apprenticeship model of education. The hierarchy

Nightingale established within the school of nursing led to the formation of a division between nurse educators, administrators, and bedside nurses.

Since Nightingale's era, nursing has been largely viewed as an occupation for women. According to Wuest (1994), nursing has been dominated by the "hegemony of the patriarchal institutions of professionalism...and has been a vehicle of both liberation and oppression" (p. 375). As nursing developed as a practice-discipline it also sought to maintain the status quo, to attain equality, and to change the social order. However, those who entered nursing were more likely to be motivated by a desire to serve, rather than by a need for power.

Characteristics associated with professionalism, as described by Flexner (1915), seemed to embody the masculine ethos. In the early twentieth century, nurses wanted to be accepted as professionals. There was a concerted effort to form a scientific knowledge base, which could only be developed in a university setting. Nurses sought to have their knowledge and experience recognized as scholarship. Nursing research emerged as another divisive force leading to heated debates about which aspects of nursing were more meaningful: bedside nursing, academic nursing, or research.

According to Benner (1982), past practices including "formalization of nursing care and interchangeability of nursing personnel were easy answers to nurse turnover" (p. 402). There were few incentives to promote long-term nursing careers. As acuity and complexity of care increased, so did the acknowledgement of the need for highly experienced nurses. Benner concluded there was a need to differentiate between the novice and highly experienced nurse. Consequently, she developed a five-stage theory about the development of nurses from novice to expert based on the Dreyfus Model of

Skill Acquisition. According to Benner, novice nurses had little or no experience with the situations in which they were expected to perform. Therefore, they employed context-free rules and guidelines to direct their performance. The advanced beginner, in stage II, identified "recurrent meaningful situational aspects…or overall global characteristics that require prior experience in actual situations for recognition" (p. 403). The advanced beginner developed action guidelines based on these aspects. They were unable, however, to determine differential importance of these aspects and tended to treat them alike. The stage III competent nurse typically had two to three years of work experience. Competency was characterized by being able to examine one's actions in terms of long-range goals of plans. The competent nurse did not display a great deal of speed or flexibility, but did have a sense of mastery and ability to cope with multiple complex demands. The proficient nurse, in Stage IV, had the ability to perceive a situation as a whole, rather than in a series of components. Experience prepared the proficient nurse to anticipate what might happen in a given situation, and to modify his/her actions based on this knowledge. Level V, the expert nurse, occurred when the nurse developed a more holistic and intuitive grasp of a situation based on past knowledge and experience, possessed the ability to assess the nature of the problem, and responded swiftly and decisively. Benner affirmed, "Experience is not the mere passage of time or longevity; it is the refinement of preconceived notions and theory by encountering many practical situations that add nuances or shades of difference to theory" (p. 407).

**Practical Nursing**

The practice of "professional nursing is performed by a registered nurse…the practice of nursing is performed by a licensed practical nurse…under the direction of a registered nurse, a person licensed to practice medicine and surgery, or a person licensed to practice dentistry (Kansas Nurse Practice Act, § 65-1113, 2015, d2). According to Brown (1947), the "practical nurse with a high school education and a sound year of training in nursing techniques and in understanding human personality can well replace the graduate nurse" (p. 822). She further stated that under the supervision of a professional nurse, the practical nurse could also provide a large part of the care for an acutely ill patient.

Merton (1962) described the complex nature of the relationship between the registered nurse and the licensed practical nurse as it related to "status-needs" and the "generic occupation of nursing" (p. 71). Merton believed the role of the licensed practical nurse developed peripherally out of the role of the registered nurse. He observed that within the field of nursing, there was a clear distinction between the licensed practical nurse and the registered nurse based on the Nurse Practice Act. However, he felt patients were unable to discern the differences between licensed practical nurses and registered nurses because they were functionally interdependent in the practice of nursing. Merton opined, "with every rise in the status of professional nurses there will develop a connected drive for higher status on the part of practical nurses" (p. 72). As they aspire for upward career mobility, Merton observed licensed practical nurses employed registered nurses as reference models.

"The legality of nursing actions performed by the practical nurse depends on whether these actions were selected by a professional nurse" (Rasmussen, 1962). This statement suggested the existence of a symbiotic relationship between licensed practical nurses and registered nurses. Practical nursing is, in fact, a part of all nursing. However, there is a distinct difference in the degree of responsibility for specific nursing functions between the licensed practical nurse and the registered nurse. This has created unique and often difficult problems within organizations.

The focus of the nursing profession since the release of the Institute of Medicine's Reports on building the healthcare workforce (2008) and the future of nursing (2011) has been on advancing education for entry level registered nurses to a minimum of the BSN, allowing nurses to practice to the full-extent of their licensure, and increasing the number of doctorally prepared nurses. Noting this trend, the National League for Nursing (2014a.) opined the developmental needs of the licensed practical nurse had not been addressed for the health care system of the 21st century. Additionally, the National League for Nursing supported the "critical role of licensed practical/vocational nurses in providing quality patient-centered, evidenced-based care to vulnerable groups across the health care continuum" (p. 1). The National League for Nursing suggested this lack of focus on licensed practical nurses might lead to a significant void in the health care provider career ladder, which could directly affect care for aging adults, and other populations that need long-term, community-based care for chronic, debilitating illnesses.

The National League for Nursing (2014a.) described licensed practical nurses as "licensed professionals who share with the entire nursing community a commitment to providing safe, quality, cost-effective care and whose practice behavior is grounded in

those shared values" (p. 1). Professional identity for the licensed practical nurse included personal and professional development, internalization of an ethical code of conduct and core values integral to the art and science of nursing, patient advocacy and commitment to improving patient outcomes, and sustaining and advancing the nursing profession (National League for Nursing, 2014b).

There are numerous studies about the development of professionalism in a wide array of academic disciplines, including nursing. However, none of these studies examined the development of professionalism in practical nursing students.

**Expectations of Employers pertaining to Professionalism**

Sullivan (Sullivan & Benner, 2005) suggested that democratic societies rely upon the skills and moral sources of professions. Specifically, he opined within the

ascendant business model of institutions today, professions are vital reminders that human welfare ultimately depends upon the cultivation of values such as care and responsibility, which cannot be produced by self-interest alone. By focusing on the quality of their craft and the inventiveness of their practice, professionals provide an alternative model that work can be: a contribution to public value…as well as a source of deep personal satisfaction. (p. 78)

Sullivan noted academia has not been successful in teaching skillful practice and wise judgment in complex settings outside of the classroom, and has therefore failed to address professional performance within the context of the workplace. He further suggested there was a need to educate for integrity as well as competence, and to assist students in learning generalizable principles to promote creative problem solving in novel situations.

Multiple levels of entry and practice in nursing have impeded professional role socialization and have resulted in disagreement regarding role differences among different levels of nurses. There is a significant gap between nursing educators and employers regarding performance and role expectations of newly graduated nurses. Employers expect licensed nurses to require little training and orientation, to perform essential functions of their job independently, and to be able to supervise unlicensed assistive personnel. These expectations are particularly true in the types of settings in which licensed practical nurses are employed. These divergent expectations often result in role incongruity in the work setting which may be difficult for the licensed practical nurse to overcome.

The Institute of Medicine (2011) observed nursing was "unique among other health care professions in the United States in that it has multiple educational pathways leading to an entry-level license to practice" (p. 165). Specifically, the Institute of Medicine outlined three traditional pathways to a license as a registered nurse. These pathways include the diploma, associate degree, and baccalaureate degree, and a recent option, an accelerated second-degree bachelor's program for students with bachelor's degrees in another field. The Institute of Medicine mentioned the role of licensed practical nurses in long-term care facilities, and stressed practical nurses were neither academically prepared nor licensed to make independent patient care decisions. The Institute of Medicine opined this "multiplicity of options" (p. 165) has fragmented the nursing profession and created confusion regarding performance expectations for graduates of each of these different programs. The Institute of Medicine recommended transformation in nursing education to prepare novice nurses in working collaboratively

with other health care professionals in an ever-increasing variety of practice settings, including community and public health settings. Traditionally, education of registered nurses has been geared toward practice in the acute care setting. In fact, the licensure exam is skewed toward evaluating competencies in the acute care setting. In addition, the Institute of Medicine noted there needed to be a greater emphasis in increasing diversity of the student population to include more men and underrepresented racial and ethnic minority groups.

In addition to technical skill attainment, employers expect licensed nurses to think critically and to problem-solve in relatively complex healthcare environments. Emerging competencies in the nursing profession include quality improvement, systems thinking, and team leadership in meeting the needs of an increasingly complex and diverse patient population (Institute of Medicine, 2011). Pena (2009) outlined the Dreyfus Model of Skills Acquisition as a means of understanding the acquisition of skills in problem solving. The Dreyfus Model proposed a progression through five levels of attainment: novice, advanced beginner, competent, proficient, and expert. The primary referent for this model was the psychological effect of perception, learning, and reasoning. Pena illustrated that a division of knowledge, explicit knowledge ("know-that") and tacit or implicit knowledge ("know-how"), was relevant when analyzing the Dreyfus Model. Tacit knowledge was described as intuitive, subjective, and contextual. Explicit knowledge must be understood and applied. According to Pena, the Dreyfus brothers postulated performance of a technical skill reflected execution of implicit knowledge acquired through practice without a connection to explicit knowledge. This theory may be relevant in outlining the acquisition of skills in solving well-defined, direct problems

with a clear path to a solution. Healthcare problems, however, are often inverse, ill-defined, complex, and variable. Thus, the Dreyfus Model may not be sufficient to explain acquisition of the clinical reasoning skills needed in the healthcare setting. In any event, both the Dreyfus Model and the Novice to Expert Nurse Model proposed by Benner (1982) suggested employers might hold unrealistic expectations of nurses who are just launching their careers.

Dalton, Thompson, and Price (1977) described four stages of a professional career. The first stage occurred as a new professional joined an organization. This stage resembled an apprenticeship. Early career professionals engaged in learning how to perform tasks competently, identifying critical elements of the work, navigating formal and informal channels of communication, and performing routine tasks under supervision. The second stage in a professional's career involved a display of competence through individual contributions to the workplace. In this stage, professionals may have identified areas of specialization and/or may have been assigned an area of responsibility. In the third stage, professionals assumed increased responsibilities within the organization and began to serve as a mentor to others. There was an emphasis at this point on broadening interests and abilities. In the final phase, professionals assumed leadership roles either formally or informally. In most cases, the leadership roles were executed as mid-level managers, internal entrepreneurs, or innovative thought leaders. Dalton, Thompson, and Price observed "individuals needed a longitudinal framework within which to form their own career decisions…managers needed a framework for predicting some of the long-term consequences of short-term career decisions" (p. 38). Their research indicated that job assignment was the most

important variable in career development for new professionals. They opined organizations needed to develop pathways that promoted smooth transitions to the workplace.

**Summary**

Professionalism is an elusive construct. Occupations may be deemed professional by virtue of academic preparation, autonomy of practice, referent organizations, and/or compensation. Individuals may aspire to be characterized as professionals. In addition to technical ability, employers desire employees with a skill set that enables them to effectively communicate, collaborate, and make decisions in complex situations as members of an engaged, innovative team.

Health care systems have undergone radical transformation. In addition to rapid changes in medical technology and knowledge about wellness and disease states, the current health care environment requires intra- and inter-professional collaboration and practice. While practical nursing does not meet the status of a profession by virtue of either academic preparation or licensure, Licensed Practical Nurses play an essential role within this transformed healthcare system particularly in improving the quality of health care for vulnerable populations including the elderly.

Licensed practical nurses "can earn the right to public recognition of their growing capabilities…greater knowledge, enlarged skills, capacity for self-criticism, and ever deepened social responsibility as…sound foundations for improved social status" (Merton, 1962, p. 73). While there has been substantial research about the development of professionalism in many fields, it has not been studied in practical nursing. In order to support and sustain the role of the licensed practical nurse in the 21$^{st}$ century health care

system, it is essential that academia consider the socialization of student practical nurses

to assume their rightful place within an interdisciplinary care team comprised of

professionals from multiple disciplines.

## Chapter Three

## Methods

This study was designed to measure the development of three attitudinal attributes of professionalism in student practical nurses. The attitudinal attributes of interest for this study included use of a professional organization as a major referent, belief in self-regulation, and a sense of calling to the field. This chapter is divided into six sections: (a) research design; (b) selection of participants; (c) measurement, including validity and reliability; (d) data collection procedures; (e) data analysis and hypothesis testing; and (f) limitations.

### Research Design

A descriptive research design was employed for this study. Degrees of professionalism were measured quantitatively by administering Hall's Professionalism Scale (1968) as adapted by Snizek (1972) at two key points in the practical nursing program: upon admission and immediately prior to graduation. Data were analyzed to determine if there were differences in the manifestation of professionalism between students entering the program and students completing the program. This type of study is consistent with the survey method described by Creswell (2014) in that it provided a quantitative description of attitudes and behaviors reported by the population being studied. According to Lunenberg and Irby (2008), this type of research involves "the description of phenomenon in our world (p. 30)". In this case, the researcher examined professionalism from the perspective of the participants in the study. Though the survey was administered to students beginning and completing the program, the design was

Participants were members of the following cohorts of student practical nurses at the community college at which the study was conducted:

1. Day students upon entry to the program in August 2014.

2. Evening students at graduation in December 2014.

3. Evening students upon entry to the program in January 2015.

4. Day students at graduation in May 2015.

5. Day students on entry in August 2015.

6. Evening students at graduation in December 2015.

7. Evening students entering in January 2016.

8. Day students graduating in May 2016.

9. Evening students graduating in July 2016.

**Measurement**

The quantitative instrument used for this study was Hall's Professionalism Scale (1968) as adapted by Snizek (1972) (see Appendix A). Hall's Professionalism Scale (1968) is an attitude scale, which was developed to measure the degree of professionalism of individuals in a variety of occupations. Hall identified five attributes of professionalism. These included use of a professional organization as a major referent, belief in public service, belief in self-regulation, a sense of calling to the field, and a feeling of autonomy. Hall's scale contained 10 items for each construct for a total of 50 survey items. Snizek revised the scale to include only five items for each attribute. The survey consisted of three sections including demographic information, an introduction to the survey instrument, and 25 survey items.

The demographic section included six multiple-choice questions pertaining to the participant's background. It began with a description of participant protection with respect to confidentiality, anonymity, and voluntary participation. Participants were asked to select their gender, age range, group membership, cohort type, semester in the program, and goals following program completion. For purposes of this study, the researcher included data pertaining to the following demographic information: age, gender, and semester in the program.

The introduction to the survey provided background information, described the purpose, and outlined the context within which the participant should respond. For each item on the scale, participants identified how well a specific attitude or behavior represented their own attitude or behavior in that context. Participants were asked to respond by considering how strongly each survey item corresponded with their own behavior or attitude using a 5-point Likert scale: *Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree.* If a participant did not agree or disagree with a statement, he/she selected "N" for *Neutral.* The following numeric rating was assigned to the responses: *Strongly Agree* (1), *Agree* (2), *Neutral* (3), *Disagree* (4), *or Strongly Disagree* (5). There were eleven reverse items on the survey instrument. These included items 2, 8, 10, 12, 13, 15, 16, 17, 19, 21 and 25. Scoring low on a particular item or sub-scale indicated strong agreement with a professional behavior or attitude and reflected a positive viewpoint of practical nursing within the specific construct. The researcher examined the average response within each construct.

Depicted in Table 1 are the professional attributes measured, and the corresponding survey items.

Table 1

*Attributes of Professionalism and Corresponding Survey Items*

| Attribute Measured | Survey Item Number | Survey Item Number | Survey Item Number | Survey Item Number | Survey Item Number |
|---|---|---|---|---|---|
| Professional Organization | 1 | 4 | 11 | 15 | 17 |
| Public Service | 2 | 5 | 8 | 12 | 22 |
| Self-Regulation | 6 | 13 | 16 | 21 | 23 |
| Sense of Calling | 7 | 9 | 14 | 18 | 24 |
| Autonomy | 3 | 10 | 19 | 20 | 25 |

Note. Adapted from "Hall's Professionalism Scale: An Empirical Reassessment," by W. E. Snizek, 2014, *American Sociological Review, 37*(1), p. 111.

Snizek (1972) utilized Hall's original survey instrument to gather data from 566 aeronautical, nuclear and chemical engineers, physicists, and chemists. Using these data as well as Hall's data on 328 subjects from 11 occupations (physicians, nurses, accountants, teachers, lawyers, social workers, accountants, stock brokers, engineers, personnel managers, and advertising executives), Snizek analyzed the degree of fit of the items used to measure attributes of professionalism. Findings from Snizek's study indicated that approximately one-half of Hall's items had less than an acceptable factor

loading on their corresponding theoretical dimensions. Snizek revised the scale to include five, rather than 10, items for each attribute. Both Hall (1968) and Snizek (1972) demonstrated content and construct validity. Snizek demonstrated shortening the survey had minimal impact on the total reliability of the scale.

"Reliability is the degree to which an instrument consistently measures whatever it is measuring" (Lunenburg & Irby, 2008, p. 182). Kuder-Richardson and Cronbach's alpha were used to assess internal consistency reliability. According to Lunenburg and Irby (2008), these types of reliability estimates evaluated how items on an instrument related to all other items as well as to the total instrument. "An internal consistency coefficient of .80 is acceptable for an instrument containing 40 items...instruments containing fewer items and subscales will typically have smaller reliability coefficients" (Lunenburg & Irby, 2008, p. 183). Snizek (1972) computed reliability coefficients (see Table 2) for his scale as compared to Hall's original scale with the use of Kuder-Richardson Formula 20.

Table 2

*Stratified Reliability Coefficients: Hall v. Snizek's Dimensions of Professionalism*

| Dimensions of Professionalism | Hall 10 items | Data 5 Items | Snizek 10 Items | Data 5 Items |
|---|---|---|---|---|
| 1 | 0.674 | 0.686 | 0.620 | 0.621 |
| 2 | 0.676 | 0.742 | 0.656 | 0.640 |
| 3 | 0.694 | 0.731 | 0.596 | 0.699 |
| 4 | 0.711 | 0.703 | 0.455 | 0.583 |
| 5 | 0.776 | 0.760 | 0.730 | 0.738 |
| All Dimensions | 0.860 | 0.843 | 0.799 | 0.783 |

*Note.* From "Hall's Professionalism Scale: An Empirical Reassessment," by W. E. Snizek, 2014, *American Sociological Review, 37*(1), p.112.

In the current study, the researcher calculated Cronbach's alpha to assess internal consistency reliability for the participants of the survey. Cronbach's Alpha for subscale 1, use of the professional organization as a major referent, was .522. Deleting question # 15 increased Cronbach's Alpha to .608. Since the survey was administered to student practical nurses, the researcher opted to delete this question, which required experience within a professional organization over time to evaluate the ongoing benefits to members. The remaining four items were used in the hypothesis testing. Cronbach's Alpha for subscale 3, belief in self-regulation, was .611. Cronbach's Alpha for subscale 4, sense of calling to the field, was .464. Deleting question #24 on the survey increased Cronbach's Alpha to .600. Since the wording on this item was unclear, the researcher opted to delete it. The remaining four items were used in hypothesis testing.

Cronbach's Alpha for subscale 2, belief in public service was .444. This subscale was not included in this study due to low reliability. Cronbach's Alpha for subscale 5, belief in autonomy, was .330. This subscale was not included in this study due to low reliability. Additionally, student practical nurses are unable to practice autonomously, which further supported eliminating subscale 5 from the current study.

**Data Collection Procedures**

The application to obtain permission from Baker University to conduct the study was submitted to the Institutional Review Board (IRB) at Baker University on June 6, 2016 (see Appendix B). The Baker University IRB committee approved the study on July 13, 2016 (see Appendix C). Permission to conduct the study in the large suburban Midwestern community college Practical Nursing Program was obtained from the community college Research Participant Review Program (RPRP) (see Appendix D). The RPRP application was submitted on July 13, 2016. The Community College Research Participant Review Program approved the request to conduct the study on August 16, 2016 (see Appendix E).

For purposes of this study, archival data from Hall's Professionalism Scale as adapted by Snizek were gathered from the Institutional Research Department at the community college. These data emerged from a multi-year student learning outcomes assessment project completed by the practical nursing program. The administration of Hall's Professionalism Scale as adapted by Snizek took place using Scantron data collection forms, which facilitated administration and data management of surveys. The survey instrument was typed onto a Scantron data collection form on which the research participants could indicate their responses. Survey forms were distributed to students at

the end of a scheduled class period. Participation in the survey was voluntary. Completion of the survey by the participants was considered their consent to participate.

**Data Analysis and Hypothesis Testing**

Archival data collected from the revised Hall's Professionalism Scale (1968) as adapted by Snizek (1972) were analyzed quantitatively. Data were imported into an Excel spreadsheet in preparation for analysis in IBM® SPSS® Statistics Faculty Pack 23 for Windows. Descriptive data analysis included the mean and standard deviation for each subscale on the survey.

The demographic variables collected with this survey included gender, age range, and semester in the program. An independent-samples *t* test was conducted on three of the survey constructs, professional organization, self-regulation, and sense of calling to the field, using the dependent variable of semester in the program. First semester students were identified as students entering the program while graduating students were identified as those completing the program.

This study was conducted to address three research questions. Each of these questions contained one research hypothesis.

**RQ1.** To what extent did students in a practical nursing program use a professional organization as a resource?

*H1.* There was a difference in the use of a professional organization as a resource by student practical nurses between entering the program and completing the program.

An independent-samples *t* test was conducted to test hypothesis 1. The average response for entering students was compared with the average response for those completing the program. The level of significance was set at .05.

**RQ2.** To what extent did students in a practical nursing program believe practical nurses engage in self-regulation?

*H2.* There was a difference in the belief that practical nurses engage in self-regulation between student practical nurses entering the program and those completing the program.

An independent-samples *t* test was conducted to test hypothesis 2. The average response for entering students was compared with the average response for students completing the program. The level of significance was set at .05.

**RQ3.** To what extent do students in a practical nursing program feel a sense of calling to the field?

*H3.* There was a difference in the sense of calling to the field in student practical nurses between beginning the program and completing the program.

An independent-samples *t* test was conducted to test hypothesis 3. The average response for entering students was compared with the average response for graduating students. The level of significance was set at .05.

**Limitations**

According to Lunenburg and Irby (2008), limitations are factors "not under the control of the researcher...that may have an effect on the interpretation of the findings or on the generalizability of the results" (p. 133). This study had the following limitations:

1. Nationally, there is a wide variation in the number of contact hours of instruction required to earn a practical nursing certificate. Additionally, there is variation in the content included within the curriculum. The practical nursing curriculum

offered at the community college was consistent with the practical nursing common core curriculum from a single state.

2. Results may not be generalizable on a national basis.

3. This study relied upon self-reported data. Validity of the data was dependent upon accurate responses of the participants to the survey items.

4. The sample size was small.

**Summary**

A quantitative research design was used for this study. The population for this study included practical nursing students attending a large Midwestern suburban community college. Hall's Professionalism Scale (1968) as adapted by Snizek (1972) was used to measure three attributes of professionalism in students entering and those graduating from the practical nursing program. Chapter three included a description of the research design, selection of participants, and measurement used in the study. Data collection procedures, data analysis and hypothesis testing, and limitations were also described. The results of the study are presented in chapter four.

## Chapter Four

## Results

This quantitative study was designed to measure the development of three attitudinal attributes of professionalism in student practical nurses. The attitudinal attributes of interest for this study included use of a professional organization as a major referent, belief in self-regulation, and a sense of calling to the field. Archival data collected from the revised Hall's Professionalism Scale (1968) as adapted by Snizek (1972) were analyzed to address three research questions, each of which contained one research hypothesis. The results of the study are outlined in this chapter including a summary of the descriptive statistics and hypothesis testing.

### Descriptive Statistics

The demographic variables collected with this survey included semester in the program, gender and age range. Data from 115 surveys were included in the study. The survey was offered to all students in the practical nursing program during academic years 2014-2015 and 2015-2016. Respondents included 59 students who were entering the program and 56 students who were graduating from the program. There were 14 male participants and 101 female participants. Table 3 depicts the age ranges of the participants. More than 68% of the students were under the age of 34.

Table 3

*Age Range of Student Practical Nurses*

| Age range | Frequency | Percent | Cumulative Percent |
|-----------|-----------|---------|--------------------|
| < 25      | 38        | 33.0    | 33.0               |
| 25-34     | 41        | 35.7    | 68.7               |
| 35-44     | 18        | 15.7    | 84.3               |
| >45       | 18        | 15.7    | 100                |
| Total     | 115       | 100     |                    |

## Hypothesis Testing

This study was conducted to address three research questions, each of which contained one research hypothesis. Presented next are the results from the analysis for each of these.

**RQ1.** To what extent did students in a practical nursing program use a professional organization as a resource?

*H1.* There was a difference in the use of a professional organization as a resource by student practical nurses between entering the program and completing the program.

An independent-samples *t* test was conducted to test hypothesis 1. The average response for entering students was compared with the average response for those completing the program. The level of significance was set at .05. Data from twenty outliers were excluded from analysis. Levene's Test for Equality of Variances supported the assumption that the two groups were similar, $F = .924$ and $p = .339$. The results of the independent-samples *t* test indicated no statistically significant difference between the

two groups, $t = .743$, $df = 92$, and $p = .459$. As depicted in Table 4, the sample mean for beginning students ($M = 2.99$, $SD = .419$) was not different from the sample mean for graduating students ($M = 2.93$, $SD = .345$). Beginning students used a professional organization to an extent similar to graduating students. Hypothesis 1 was not supported.

Table 4

*Group Statistics pertaining to Use of a Professional Organization as a Major Referent*

| Professional Attribute | Semester in program | $N$ | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| Use of the Professional Organization | Beginning Students | 46 | 2.9946 | .41995 | .06192 |
| | Graduating Students | 48 | 2.9358 | .34520 | .04982 |

**RQ2.** To what extent did students in a practical nursing program believe practical nurses engage in self-regulation?

*H2.* There was a difference in the belief that practical nurses engage in self-regulation between student practical nurses entering the program and those completing the program.

An independent-samples $t$ test was conducted to test hypothesis 2. The average response for entering students was compared with the average response for students completing the program. The level of significance was set at .05. Data from twelve outliers were excluded from analysis. Based on the results of Levene's Test for Equality of Variances, $F = 8.474$ and $p = .004$, equal variances were not assumed. The results of the independent-samples $t$ test indicated no statistically significant difference between the two values, t = .298, $df = 92.742$, and p = .767. As depicted in Table 5, the sample mean

for beginning students ($M = 3.827$, $SD = .392$) was not different from the sample mean for graduating students ($M = 3.807$, $SD = .282$). Beginning students held the belief that practical nurses engage in self-regulation to an extent similar to graduating students. Hypothesis 2 was not supported.

Table 5

*Group Statistics pertaining to the Belief in Engagement in Self-Regulation*

| Professional Attribute | Semester in program | $N$ | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| Belief in Self-Regulation | Beginning Students | 52 | 3.8279 | .39263 | .05445 |
| | Graduating Students | 51 | 3.8078 | .28273 | .03959 |

**RQ3.** To what extent do students in a practical nursing program feel a sense of calling to the field?

*H3.* There was a difference in the sense of calling to the field in student practical nurses between beginning the program and completing the program.

An independent-samples $t$ test was conducted to test hypothesis 3. The average response for entering students was compared with the average response for graduating students. The level of significance was set at .05. Data from eleven outliers were excluded from analysis. Levene's Test for Equality of Variances supported the assumption that the two groups were similar, $F = 2.428$ and $p = .122$. The results of the independent-samples $t$ test indicated no statistically significant difference between the two groups, $t = .417$, $df = 102$, and p = .678. As depicted in Table 6, the sample mean for beginning students ($M = 3.976$, $SD = .465$) was not different from the sample mean for

graduating students ($M$ = 3.941, $SD$ = .3766). Beginning students felt a sense of calling to the field to an extent similar to graduating students. Hypothesis 3 was not supported.

Table 6

*Group Statistics pertaining to a Sense of Calling to the Field*

| Professional Attribute | Semester in program | $N$ | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| Sense of calling to the field | Beginning Students | 57 | 3.9766 | .46578 | .06169 |
| | Graduating Students | 47 | 3.9415 | .37667 | .05494 |

**Summary**

The results of the quantitative study pertaining to the development of three attitudinal attributes of professionalism in student practical nurses were provided in chapter four, including a summary of the descriptive statistics and hypothesis testing. The results of the study indicated that there were no statistically significant differences in the use of a professional organization as a major referent, belief in self-regulation, or in a sense of calling to the field between students entering the practical nursing program and those graduating from the program. Included in chapter 5 are a summary of the study, an interpretation of the results, a discussion of the findings in relationship to the literature, and recommendations for future research.

**Chapter Five**

**Interpretations and Recommendations**

This study was conducted to explore the development of specific attributes of professionalism in student practical nurses. Chapter one contained the background and purpose of the study, statement of the problem, significance of the study, delimitations, assumptions, research questions, and definition of key terms. Chapter two included a review of the literature, which encompassed six topics. These included a discussion of professionalism in general, professionalism in healthcare, professionalism in nursing, the history of nursing including pertinent nursing theorists, a description of practical nursing, and an outline of expectations of employers pertaining to professionalism in the workplace. An overview of the methodology of this study was provided in chapter three including research design, selection of participants, measurement, data collection procedures, data analysis and hypothesis testing, and limitations of the study. Chapter four outlined the results of the study including descriptive statistics and hypothesis testing. Chapter five consists of a summary of the study, discussion of the findings, implications for action, and recommendations for future research.

**Study Summary**

Students in practical nursing programs hold pre-conceived ideas about what nursing is and what constitutes professionalism (MacLellan et al., 2011). Employers have expectations of academia regarding the development of marketable soft skills in addition to technical competencies. This study was designed to measure the use of a professional organization as a major referent, belief in self-regulation, and the sense of calling to the field in student practical nurses to determine if there was a difference in the

expression of these attributes of professionalism between beginning students and students graduating from the practical nursing program.

**Overview of the problem.** Professionalism is nebulous, difficult to define, and subjective in nature. Kelley et al. (2011) noted professionalism is hard to objectively evaluate because it is both attitudinal (internal to the individual) and behavioral (observable by others). Behavioral norms vary among the diverse healthcare settings in which licensed practical nurses are employed. "These norms define the behaviors that are most desirable and conducive to the provision of quality care" (Ray, 2014, p. 66). Practical nurses are vital to healthcare. Employment for licensed practical nurses is expected to grow through 2022 in response to the needs of an aging population (Career Info Net, 2014).

Employers vary in their perceptions about what constitutes professional behavior and how it relates to place of employment. Adams et al. (1996) observed, "professionalism in nursing is a term freely used, but its definition and interpretation lack uniformity" (p. 77). Practical nursing students are a diverse group. In fact, statistics reported by the National League for Nursing indicated that approximately 40% of newly licensed LPNs in 2012 were from minority backgrounds (2014b). Students enter the practical nursing program with pre-conceived ideas about nursing and professional decorum (MacLellan et al., 2011). The practical nursing curriculum is laden with competencies, most of which are technical skills. Nurses tend to believe competence in clinical skills is the most important aspect of their education. Consequently, there is less emphasis on collaboration and communication during the formal academic preparation for the workplace (Ray, 2014).

There is limited research involving any aspect of practical nursing. While there is extensive research regarding professionalism in many different occupations, no research exists regarding the development of professionalism in practical nursing. Therefore, this study was conducted to address the gap in research by exploring the development of professionalism in practical nursing students.

**Purpose statement and research questions.** The purpose of this study was to explore the development of professionalism in practical nursing students enrolled in a community college career program. The study was conducted to determine if there was a difference between students entering the practical nursing program and those graduating from the practical nursing program in the expression of specific attributes of professionalism including belief in the professional organization as a major referent, belief in self-regulation, and a sense of calling to the field.

The following research questions were used to explore the development of professionalism in student practical nurses at a large Midwestern suburban community college:

**RQ1.** To what extent did students in a practical nursing program use a professional organization as a resource?

**RQ2.** To what extent did students in a practical nursing program believe practical nurses engage in self-regulation?

**RQ3.** To what extent did students in a practical nursing program feel a sense of calling to the field?

**Review of the methodology.** A quantitative research design was used for this study. Degrees of professionalism were measured by administering Hall's Professionalism Scale (1968) as adapted by Snizek (1972) to student practical nurses during a student learning outcomes assessment project at a large Midwestern community college. Hall (1968) outlined five attributes of professionalism: belief in the use of a professional organization as a major referent, belief in public service, belief in self-regulation, a sense of calling to the field, and a feeling of autonomy of practice. There were five items per subscale on the survey pertaining to each of the five attributes of professionalism. For each item on the scale, student practical nurses identified how well a specific attitude or behavior represented their own attitude or behavior in that context using a 5-point Likert scale. Archival data obtained during a student learning outcomes assessment project were analyzed to determine if there were differences in the manifestation of specific attributes of professionalism between students entering the program and students completing the program. An independent-samples $t$ test was conducted on three of the survey subscales, belief in the professional organization as a resource, belief in self-regulation, and feeling a sense of calling to the field, using the dependent variable of semester in the program. Subscales 2 and 5 were excluded from the current study due to low reliability. Cronbach's Alpha for subscale 2, belief in public service, was .444 and Cronbach's Alpha for subscale 5, belief in autonomy, was .330.

**Major findings.** An independent-samples $t$ test was conducted to explore each of the three hypotheses:

*H1.* There was a difference in the use of a professional organization as a resource by student practical nurses between entering the program and completing the program.

*H2.* There was a difference in the belief that practical nurses engage in self-regulation between student practical nurses entering the program and those completing the program.

*H3.* There was a difference in the sense of calling to the field in student practical nurses between beginning the program and completing the program.

The results of the study indicated that there were no statistically significant differences in the use of a professional organization as a major referent, belief in self-regulation, or in a sense of calling to the field between students entering the practical nursing program and those graduating from the program. The three hypotheses were not supported.

Participants were asked to respond to survey items by determining how well a specific attitude or behavior corresponded to their own behavior or attitude using a 5-point Likert scale. Scoring low on a particular subscale indicated strong agreement with a professional behavior or attitude and reflected a positive viewpoint of practical nursing within that construct. Both groups of students appeared to value the professional organization. The lowest group mean was associated with the subscale pertaining to the use of a professional organization as a major referent. Student practical nurses are required to research topics in peer-reviewed nursing journals and through websites sponsored or endorsed by professional organizations. In addition, professors use resources from various nursing organizations, including the National League for Nursing, to inform curriculum, develop simulation experiences, and conduct debriefing. This finding may reflect the impact of curriculum and coursework.

The highest group mean was associated with the subscale pertaining to a sense of calling to the field. This finding suggested student practical nurses might not have a strong yearning or intrinsic commitment to become a nurse independent of the salary they might expect to earn as described by Bryan-Brown and Dracup (2003) and Sweet (2014). Employment growth, earning potential and the diversity of opportunities within the field of nursing are common reasons students select this career pathway. Day (2005) noted people choose nursing because of the "secondary goods of the job: security, shift flexibility, a limited workday, and a relatively high salary" (p. 434). Day (2005) also observed that the concept of a career ladder along with efforts to streamline the path to the BSN in order to address the nursing shortage have also motivated students to select this occupation. Nativio (2001) suggested that nurse educators must consistently engage in altruistic activities if they believed that "doing good and putting the needs of the patient ahead of the self-interest of the nurse were basic tenets of professionalism" (p. 71). Depicted in Table 7 is a comparison of the Mean scores for each of the subscales of professionalism for both groups of students.

Table 7

*Group Means for Subscales of Professionalism*

| Semester in the program | Professional Organization | Belief in Self-Regulation | Sense of Calling to the Field |
|---|---|---|---|
| Entering Students | M=2.9946 | M=3.8279 | M=3.9766 |
| | SD .41995 | SD .39263 | SD .46578 |
| Graduating Students | M=2.9358 | M=3.8078 | M=3.9415 |
| | SD .34520 | SD .28273 | SD .37667 |

The implications of these results compared to the literature are contained in the next section.

**Findings Related to the Literature**

The results of the study indicated that there were no statistically significant differences in the expression of specific attributes of professionalism between students entering the practical nursing program and those graduating from the program. These attributes included the use of a professional organization as a major referent, a belief in self-regulation, and a sense of calling to the field.

Thompson et al. (2008) in their study involving pharmacy students concluded that professional socialization may be impacted by values formed prior to program entry. This finding seems congruent with the findings of the current study since there were no statistically significant differences in the expression of attributes of professionalism between students entering the program and those graduating from the program. The results from a study conducted by Bolding (2013) may explain the findings of the current study. Bolding examined the development of professional role behaviors of nurses,

occupational therapists, and physical therapists with 5 to 30 years of experience. Results of this study indicated academic curriculum related to professionalism had not made a strong impression on the participants.

Schill (2012) concluded clinical laboratory scientists acquired the appropriate technical skills needed to enter the profession and had the opportunity to practice behaviors associated with their profession through their education. However, solidification of professional behaviors seemed to be dependent upon early work experiences and the commitment level of the new graduate. Schill used Hall's Professionalism Scale (1968) as revised by Snizek (1972) in the quantitative portion of her study. Similar to the current study, Schill's (2012) findings suggested there were no statistically significant differences in the use of a professional organization as a major referent, in a belief in self-regulation, or in a sense of calling to the field between new clinical laboratory graduates and novice clinical laboratory scientists.

The practical nursing curriculum places a stronger emphasis on the development of technical skills and promotion of patient safety than on the development of relationship skills such as communication, collaboration and professionalism. In addition, the practical nursing program is short – ten months of full-time instruction on average – which may be an insufficient amount of time for the development and maturation of professionalism. The total number of credit hours permitted by the Kansas Board of Regents (2014) is 48 credits, which includes pre-requisite general education courses. The course of study for the student practical nurses in the current study included: three pre-requisite courses, which included 14 credit hours of instruction; seven practical nursing lecture courses, which included 21 credit hours of instruction;

five practical nursing clinical courses, which included 10 credits hours of instruction; and one nursing simulation course, which included three credit hours of instruction. Contact hours in the nursing program consisted of 450 hours of clinical practicum, 315 hours of lecture, and 60 hours of simulation. Benner affirmed, "Experience is the refinement of preconceived notions and theory by encountering many practical situations that add nuances or shades of difference to theory" (p. 407). Additionally, Pinkerton shared a concern that efforts to address the nursing shortage would threaten the quality of educational preparation of entry level nurses.

Several researchers described sequential phases of professional development that began during a student's academic experience and extended into the workplace. White-Taylor (1992) opined professionalization progressed through four phases: (a) recognition of attributes consistent with professionalism, (b) modeling those who exemplify those attributes, (c) internalizing professional behaviors, and (d) exhibiting professionalism in practice. Practical nursing students learn about attributes of professionalism through their course work and have the opportunity to observe role modeling of professionalism by the faculty and the nursing staff at the clinical sites at which they complete their clinical experiences. Faculty provide feedback related to technical skill attainment and evidence of professionalism during clinical coursework and simulated patient care experiences. White-Taylor's (1992) research supported the findings of this study as it suggested a lengthy process for professional socialization, which extended beyond mere exposure to specific concepts.

MacLellan et al. (2011) identified three stages in the nursing professional socialization cycle: (a) pre-socialization, (b) formal socialization, and (c) post-

socialization. The pre-socialization phase occurs prior to program admission and includes the formation of ideas about what the student's field of study may be like. Benner (1982) developed a five-stage theory about the development of nurses from novice to expert based on the Dreyfus Model of Skill Acquisition: (a) novice, (b) advanced beginner, (c) the competent nurse, (d) the proficient nurse, and (e) the expert nurse. It is important to note that competent nurses in stage c had two to three years of work experience as licensed nurses. Benner affirmed "experience is not the mere passage of time or longevity; it is the refinement of preconceived notions and theory by encountering many practical situations that add nuances or shades of difference to theory" (p. 407). These models also suggested that professional development extends beyond academia into the workplace.

Pena (2009) illustrated a division of knowledge, explicit knowledge ("know-that") and tacit or implicit knowledge ("know-how"), was relevant when analyzing the Dreyfus Model. Tacit knowledge is intuitive, subjective, and contextual. Explicit knowledge must first be understood and then applied. Practical nursing education focuses on technical skill attainment. According to Pena (2009), the Dreyfus brothers postulated that performance of a technical skill reflected "execution of implicit knowledge acquired through practice without a connection to explicit knowledge" (p. 5). Practical nursing students repetitively practice technical skills in a lab setting. Day (2005) noted that the focus on technical skill attainment might lend itself to a procedural approach to education, which, while necessary at times, is not useful in the development of professional behaviors and attitudes. Therefore, one may not expect to see a significant change in professionalism during a relatively short program of instruction.

**Conclusions**

Professionalism is intangible. Occupations may be deemed professional and individuals may aspire to be characterized as professionals. Employers desire employees with a skill set that goes beyond academic and technical knowledge in their field of study. Health care systems have undergone radical transformation that requires intra- and inter-professional collaboration and practice (Institute of Medicine, 2011). While practical nursing does not meet the status of a profession by virtue of either academic preparation or licensure, Licensed Practical Nurses play an essential role within this transformed healthcare system particularly in improving the quality of health care for vulnerable populations (National League for Nursing, 2014b).

The results of the study indicated that there were no statistically significant differences in the use of a professional organization as a major referent, belief in self-regulation, or in a sense of calling to the field between students entering the practical nursing program and those graduating from the program. Possible reasons for these results include the following. The sample size was small, consisting of only 115 participants. This may not have been a large enough sample to evaluate these questions. The average program length for practical nursing is ten months and consists of approximately 825 contact hours of instruction. The length of time in the program may not be sufficient to affect a significant change in pre-existing attitudes and behaviors. The survey tool itself may not have been appropriate for this group of students. The survey items were developed in 1968, and the verbiage may need to be updated to include terminology more familiar to students in the 21st century. For example, the term sense of calling is often associated with a religious vocation. Students might better relate to

verbiage that reflects a greater emphasis on a sense of personal fulfillment or the ability to make a difference in the lives of others than on earning potential. Additionally, the term public service is often associated with politics, government or services associated with federal, state or local government such as public safety, sanitation and clean water. Content items associated with this attribute should reflect caring, kindness, compassion and putting the needs of others before one's own. Two items were excluded from the subscales due to low reliability. For example, item #15 for subscale 1, use of a professional organization, was excluded, as it required experience within a professional organization over time. The wording of item #24 for subscale 4, sense of calling to the field, was unclear and was consequently deleted.

**Implications for action.** In 2014, the Kansas Board of Regents adopted a common core curriculum for practical nursing programs that limited the total number of credits for program completion to 48 credit hours. The curriculum for the practical nursing students at the large mid-western community college at which this study was conducted contained a range of 11 – 14 credits in pre-requisite courses and 34 credits in practical nursing. After completion of the pre-requisite courses, there were approximately 825 contact hours for nursing instruction. Contact hours for instruction were sub-divided as follows: 450 contact hours were spent in clinical practicum, 315 hours in lecture and 60 hours in simulation. Practical nursing programs strive to assist students in developing knowledge, skills, behaviors, and attitudes that are transferable to employment within a highly complex, global healthcare system. Results of this study suggested a need for practical nurse educators to reassess the practical nursing core curriculum, which has not changed substantively since implementation in 2007.

The National Council of State Boards of Nursing (2016) reviews the NCLEX-PN

test plan every three years. This test plan review includes a detailed nursing practice

analysis and input from multiple stakeholders to assist the National Council in identifying

essential knowledge, skills and abilities for the entry-level practical nurse. The National

Council asserts that within their scope of practice, LPNs display professional behaviors

such as adherence to standards of practice, accountability and the use of legal and ethical

principles. Since the implementation of the PN curriculum alignment in Kansas, the

NCLEX-PN test plan has been revised four times. In April 2017, the most recent test

plan will be implemented.

Licensed practical nurses "can earn the right to public recognition of their

growing capabilities...greater knowledge, enlarged skills, capacity for self-criticism, and

ever deepened social responsibility as...sound foundations for improved social status"

(Merton, 1962, p. 73). In order to support and sustain the role of the licensed practical

nurse, it is essential that academia consider socialization of student practical nurses to

assume their place within an interdisciplinary care team comprised largely of

professionals with advanced degrees.

Student practical nurses observe their professors and clinical preceptors as they

progress through their program of study. Nursing educators have the opportunity,

potential, and responsibility to affect professional role development of their students.

The Institute of Medicine (2011) recommended profound changes in nursing education to

assist nurses in adapting to changes in the health care system of the 21st century and to

prepare novice nurses to work collaboratively with other health care professionals in an

ever-increasing variety of practice settings, including community and public health

settings. The findings of this study suggested that there was no significant difference in the expression of specific attributes of professionalism between students entering and those graduating from a practical nursing program. Therefore, novice practical nurses might have a difficult transition to the complex healthcare system of the 21st century. Placing an emphasis on life-long learning might encourage newly licensed practical nurses to assume responsibility for their own professional development following graduation.

There is a gap between nursing educators and employers regarding performance and role expectations of newly graduated nurses. Sullivan (Sullivan & Benner, 2005) noted academia has not been successful in teaching skillful practice and wise judgment in complex settings outside of the classroom, and has therefore failed to address professional performance within the context of the workplace. He further suggested there was a need to educate for integrity as well as competence, and to assist students in learning generalizable principles to promote creative problem solving. The results of the current study indicated that there was not a statistically significant difference in expression of specific professional attributes in student practical nurses between entering and graduating from the program. These findings suggested a need to reevaluate curriculum to facilitate transition to the workplace and to educate employers about professional development needs of newly licensed practical nurses. Academia should promote the development of curriculum that is relevant and effective, and contribute to the formation of professional development programs that support workplace needs and transition.

**Recommendations for future research.** The study of the development of professionalism in student practical nurses was a worthy endeavor since this group of nurses has not been studied extensively. Future research efforts should include the identification or development of a survey instrument that may be more relevant for practical nursing students, the use of a qualitative research design, and the exploration of the impact of pre-program experiences on professional ideation.

**Concluding remarks.** The current study explored the development of three attributes of professionalism in practical nursing students. The results of the study suggested there were no significant differences between students entering the program and those graduating from the program in the use of a professional organization as a major referent, belief in self-regulation, or in a sense of calling to the field. These results were similar to results in studies involving other disciplines, which indicated that professional development extended into the workplace. These findings have implications for practical nurse educators due to their vital role in the professional socialization of student practical nurses. The findings also have implications for employers. Professional development extends beyond graduation from the practical nursing program. Thus, there is a need for mentoring for graduate practical nurses as they transition to the workplace.

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# Appendices

**Appendix A: Hall's Professionalism Scale (1968) as Adapted by Snizek (1972)**

# Hall's Professionalism Scale (1968) as Adapted by Snizek (1972)

## The Development of Professionalism in Student Practical Nurses

Please answer each of the following questions. All responses are confidential and will not be linked to individual students. Your completion of the survey instrument will be considered your consent to participation. Please place completed surveys in the envelope provided to your class representative.

Thank you for your time to complete the survey. If you have any questions about this survey tool please contact me directly at jzaccard@jccc.edu, or at (913) 469-2383.

Select the answer that best describes your demographics:

| Gender: | Please select your Practical Nursing Program Schedule Type |
|---|---|
| ○ Male<br>○ Female | ○ Full-Time Day<br>○ Evening/Weekend |
| **Age:**<br><br>○ < 25<br>○ 25 – 34<br>○ 35 – 44<br>○ 45 and over | **Please select your current program status:**<br><br>○ First semester Day Program<br>○ Second Semester Day Program<br>○ First semester Evening Program<br>○ Second Year Evening Program<br>○ Graduating Day Student<br>○ Graduating Evening Student |
| **Are you a member of any or all of the following:**<br><br>○ National Federation for Licensed Practical Nurses<br>○ Phi Theta Kappa<br>○ "Dudes in Nursing"<br>○ Other related group<br><br>Please note organization _____ | **After program completion do you plan to: (Select all that apply)**<br><br>○ Immediately seek employment as an LPN<br>○ Seek employment in healthcare in another role such as Patient Care Technician or Surgical Technician<br>○ Apply for an LPN – ADN Bridge Program<br>○ Apply to an LPN – BSN Bridge Program |

**Hall's Professionalism Scale (1968) as Adapted by Snizek (1972)**

The following questions are an attempt to measure certain aspects of what is commonly called "professionalism." All items should be answered with respect to practical nursing as your chosen profession and should be based on how you feel and behave as a member of that profession and on the direct observations you have made in lab, simulation, and clinical experiences.

There are five possible responses to each item. If you feel the statement strongly corresponds to your own attitudes and/or behavior, circle for **STRONGLY AGREE (SA)**. If you simply agree, mark **AGREE (A).** The middle category indicates you have a **NEUTRAL** opinion about the statement, so if you don't agree or disagree, choose **(N).** If you find that you disagree with the statement, choose **DISAGREE (D).** If you strongly disagree with the statement, choose **STRONGLY DISAGREE (SD).**

Please answer **ALL** items, making sure that you have **NO MORE THAN ONE RESPONSE FOR EACH ITEM**.

| | SA | A | N | D | SD |
|---|---|---|---|---|---|
| 1. I systematically read the professional journals. | O | O | O | O | O |
| 2. Other professions are actually more vital to society than mine. | O | O | O | O | O |
| 3. I make my own decisions in regard to what is to be done in my work. | O | O | O | O | O |
| 4. I attend professional meetings at the local level. | O | O | O | O | O |
| 5. I think that my profession, more than any other, is essential for society. | O | O | O | O | O |
| 6. My fellow professionals have a pretty good idea about each other's competence. | O | O | O | O | O |
| 7. People in this profession have a real "calling" for their work. | O | O | O | O | O |
| 8. The importance of my profession is sometimes over stressed. | O | O | O | O | O |
| 9. The dedication of people in this field is most gratifying. | O | O | O | O | O |
| 10. I don't have much opportunity to exercise my own judgment. | O | O | O | O | O |
| 11. I believe that the professional organizations should be supported. | O | O | O | O | O |
| 12. Some other occupations are actually more important to society than is mine. | O | O | O | O | O |
| 13. A problem in this profession is that no one knows what his colleagues are doing. | O | O | O | O | O |
| 14. It is encouraging to see the high level of idealism maintained by people in this field. | O | O | O | O | O |
| 15. The professional organization doesn't really do much for the average member. | O | O | O | O | O |

|                                                                                          | SA | A | N | D | SD |
|------------------------------------------------------------------------------------------|----|---|---|---|----|
| 16. We really have no way of judging each other's competence. . . . . . . . . . . . .     | ○  | ○ | ○ | ○ | ○  |
| 17. Although I would like to, I really don't read the journals too often. . . . . . . .   | ○  | ○ | ○ | ○ | ○  |
| 18. Most people would stay in the profession even if their incomes were reduced.          | ○  | ○ | ○ | ○ | ○  |
| 19. My own decisions are subject to review. . . . . . . . . . . . . . . . . . . . . . . . | ○  | ○ | ○ | ○ | ○  |
| 20. I am my own boss in almost every work-related situation. . . . . . . . . . . . . .    | ○  | ○ | ○ | ○ | ○  |
| 21. There is not much opportunity to judge how another person does his work. . .          | ○  | ○ | ○ | ○ | ○  |
| 22. If ever an occupation is indispensable, it is this one. . . . . . . . . . . . . . . .  | ○  | ○ | ○ | ○ | ○  |
| 23.  My colleagues pretty well know how well we all do in our work. . . . . . . . .        | ○  | ○ | ○ | ○ | ○  |
| 24. There are very few people who don't really believe in their work. . . . . . . . .     | ○  | ○ | ○ | ○ | ○  |
| 25. Most of my decisions are reviewed by other people. . . . . . . . . . . . . . . . .     | ○  | ○ | ○ | ○ | ○  |

**Richard Hall's (1968) Professionalism Scale as Adapted by Snizek (1972)**

<u>Five Dimensions of Attitudinal Attributes of Professionals</u>

(Corresponding survey items)

1.  Use of the professional organization as a major referent

    Items: 1, 4, 11, 17

2.  Belief in public service

    Items: 2, 5, 8, 12, 22

3.  Belief in self-regulation

    Items: 6, 13, 16, 21, 23

4.  Sense of calling

    Items: 7, 9, 14, 18, 24

5.  Belief in autonomy

    Items: 3, 10, 19, 20, 25

**Appendix B:  IRB Application Baker University**

Date:

IRB PROTOCOL NUMBER _____

(irb USE ONLY)

**IRB Request**
**Proposal for Research**
**Submitted to the Baker University Institutional Review Board**

**I.** **Research Investigator(s)** (Students must list faculty sponsor first)

**Department(s)** <u>**School of Education Graduate Department**</u>

Name                    Signature

1. Tes Mehring, Ph.D.          _____ ,     Major Advisor

2. Chen-Bouck Li, Ph.D.        _____ ,     Research Analyst

3.                                                     University Committee Member

4. Sheri Barrett, Ed.D.        _____ ,     External Committee Member

Principal Investigator:  Jane Zaccardi
Phone: (816) 718-2285
Email: janezaccardi@stu.bakeru.edu
Mailing address:  22571 W. 112th Street, Olathe, Kansas, 66061

Faculty sponsor: Dr. Tes Mehring
Phone:
Email: Tes.Mehring@bakeru.edu

Expected Category of Review: ___Exempt  X Expedited  ___Full

**II: Protocol:  (Type the title of your study)**

<u>Development of Professionalism in Practical Nursing Students</u>

# Summary

**In a sentence or two, please describe the background and purpose of the research.**
The purpose of this study is to explore the development of professionalism including belief in the professional organization, belief in public service, belief in self-regulation, sense of calling to the field, and a sense of autonomy in practical nursing students enrolled in a community college. An additional purpose is to explore student practical nurses' descriptions and definitions of professionalism, and the perceived impact of curriculum in promoting their professional development.

**Briefly describe each condition or manipulation to be included within the study.**
There will be no condition or manipulation included within this study.

**What measures or observations will be taken in the study? If any questionnaire or other instruments are used, provide a brief description and attach a copy.**
Archival data from Hall's Professionalism Scale (1968) as adapted by Snizek (1972) will be used for the quantitative portion of this study. Hall's Professionalism Scale is an attitude scale which was developed to measure the degree of professionalism of individuals in a wide range of occupations. Specifically, the scale was designed to measure use of a professional organization as a major referent, belief in public service, belief in self-regulation, sense of calling to the field, and a feeling of autonomy. Semi-structured focus group interview questions developed by the primary researcher will be utilized for the qualitative portion of this study. These questions will explore student definitions and perceptions about professionalism, and which aspects of the practical nursing program supported their development of professionalism. Hall's Survey (1968) as adapted by Snizek (1972) and the focus group interview questions are attached.

**Will the subjects encounter the risk of psychological, social, physical, or legal risk? If so, please describe the nature of the risk and any measures designed to mitigate that risk.**
Subjects will not encounter any psychological, social, physical or legal risk associated with this study.

**Will any stress to subjects be involved? If so, please describe.**
The subjects will not be exposed to any stress in this study.

**Will the subjects be deceived or misled in any way? If so, include an outline or script of the debriefing.**
Subjects will be informed of the nature and purpose of this study. They will not be deceived or misled in any way.

**Will there be a request for information which subjects might consider to be personal or sensitive? If so, please include a description.**
Identities of the participants will be protected at all times during the study. The survey tool is anonymous. Identities will be protected during focus groups through the use of pseudonyms. Demographic information gathered during this study will include age,

gender, membership in professional organization, and progress in the practical nursing program. Interview questions will be limited to the concept of professionalism and to the student experience in the practical nursing program as it relates to developing professionalism. Participants may opt out of answering any question on the survey or during the focus group interview.

**Will the subjects be presented with materials which might be considered to be offensive, threatening, or degrading? If so, please describe.**
The participants will not be presented with any materials which might be considered offensive, threatening, or degrading.

**Approximately how much time will be demanded of each subject?**
Hall's Professionalism Scale (1968) as adapted by Snizek (1972) contains 25-items. Completion of this tool took less than 30 minutes. Focus group sessions will be limited to no longer than 50 minutes.

**Who will be the subjects in this study? How will they be solicited or contacted? Provide an outline or script of the information which will be provided to subjects prior to their volunteering to participate. Include a copy of any written solicitation as well as an outline of any oral solicitation.**
Subjects in this study will include student practical nurses enrolled in the practical nursing program at ~~████████████████████████~~ All students in the practical nursing program were provided with copies of Hall's Professionalism Survey (1968) as adapted by Snizek (1972) to complete during the academic years of 2014-2015 and 2015-2016. As noted in the introduction to the tool, completion of the survey instrument was considered their consent to participate. Subjects for the focus groups will be contacted by e-mail with an invitation to participate. A copy of the e-mail communication is attached. Focus group participants will sign an informed consent document prior to the start of the focus group interview. In order to maintain confidentiality, signed consent forms will be secured in a locked cabinet in the primary researcher's home office.

**What steps will be taken to insure that each subject's participation is voluntary? What if any inducements will be offered to the subjects for their participation?**
Participants will be informed that completion of the survey instrument and acceptance of an invitation to participate in a focus session are voluntary. Participants will be informed that they may withdraw from the study at any time. Subjects who participate in a focus group session will be given a $ 15.00 gas card as a token of appreciation for their participation.

**How will you insure that the subjects give their consent prior to participating? Will a written consent form be used? If so, include the form. If not, explain why not.**
As noted on the survey tool, completion of the survey instrument was considered the consent to participation. Focus group participants will sign an informed consent form affirming their consent to participate. The consent form is attached.

**Will any aspect of the data be made a part of any permanent record that can be identified with the subject? If so, please explain the necessity.**
None of the data will be made part of any permanent record that can be identified with a subject.

**Will the fact that a subject did or did not participate in a specific experiment or study be made part of any permanent record available to a supervisor, teacher or employer? If so, explain.**
No information regarding the participation in the study will be made part of any permanent record available to a supervisor, teacher, or employer.

**What steps will be taken to insure the confidentiality of the data? Where will it be stored? How long will it be stored? What will be done with it after the study is completed?**
Archival data for the quantitative portion of the study will be gathered by the primary investigator. No names or identifiers will be collected or included with this data. Participants in the focus group interviews will be assigned pseudonyms to maintain their anonymity. Data, recordings, and transcripts will be secured in a locked cabinet in the primary investigator's home office. Data, recordings and transcripts will be destroyed three years after the completion of this dissertation. The principal researcher will share raw data only with the research committee.

**If there are any risks involved in the study, are there any offsetting benefits that might accrue to either the subjects or society?**
There are no risks, nor offsetting benefits associated with this study.

**Will any data from files or archival data be used? If so, please describe.**
Hall's Professionalism Scale (1968) as adapted by Snizek (1972) was employed during a multi-year (2014-2015 and 2015-2016) student learning outcomes assessment project at ██████████ Community College. Archival data from that study will be used.

**Appendix C:  Baker University Approval**

July 13, 2016

Dear Jane Zaccardi and Dr. Mehring,

The Baker University IRB has reviewed your research project application and approved this project under Expedited Status Review. As described, the project complies with all the requirements and policies established by the University for protection of human subjects in research. Unless renewed, approval lapses one year after approval date.

Please be aware of the following:

1. Any significant change in the research protocol as described should be reviewed by this Committee prior to altering the project.
2. Notify the IRB about any new investigators not named in original application.
3. When signed consent documents are required, the primary investigator must retain the signed consent documents of the research activity.
4. If this is a funded project, keep a copy of this approval letter with your proposal/grant file.
5. If the results of the research are used to prepare papers for publication or oral presentation at professional conferences, manuscripts or abstracts are requested for IRB as part of the project record.

Please inform this Committee or myself when this project is terminated or completed. As noted above, you must also provide IRB with an annual status report and receive approval for maintaining your status. If you have any questions, please contact me at CTodden@BakerU.edu or 785.594.8440.

Sincerely,

*Chris Todden EdD*
Chair, Baker University IRB

Baker University IRB Committee
    Verneda Edwards EdD
    Sara Crump PhD
    Erin Morris PhD
    Scott Crenshaw

**Appendix D:  RPRP Application**

*Research Participant Protection Program*
*Application for Expedited Research Involving Human Subjects*

## A. GENERAL INFORMATION

1. Principal Investigator(s): Jane Zaccardi

2. Department/Program: Practical Nursing Program

3. Campus Address: OHEC 221

4. Phone Extension: c/o Lenora Cook 3410

5. E-mail Address: janezaccardi1018@gmail.com

6. Faculty Supervisor (if student project): Lenora Cook

7. Title of Project: Development of Professionalism in Practical Nursing Students

8. Type of Project:

   Faculty/Staff Research ☐

   Student Research ☑

   Class Project (Please specify class) Dissertation for Ed.D. in Higher Education

   Other (Please explain)

9. Expected Project Start Date: 07/25/2016

10. Expected Project Completion Date: 12/31/2016

11. Is this a funded project?    ☐ Yes    ☑ No

    If yes, please specify:

    Funding Source:

    Duration of Funding:

Are there any potential financial conflicts of interest which need to be declared? In other words, are you, any other project personnel, or family members of you or project personnel in the position to gain financially from the results of the research?

☐ Yes    ☑ No

If yes, please explain:

12. Has this project been submitted and/or reviewed by another Human Subjects Protection Program (HSPP) or Institutional Review Board (IRB)?    ☑ Yes    ☐ No

If yes, please specify:

Name of HSPP or IRB and its decision: Baker University IRB approved the research

*Please include a copy of approval letter if applicable*

13. Will this project take place at ▇▇▇ or on ▇▇▇property?    ☐ Yes    ☑ No

14. Will your subjects include ▇▇▇students, faculty or staff?    ☑ Yes    ☐ No

*Please be aware that if your project includes the collection of personal information, you may be subject to the Family Educational Rights and Privacy Act (FERPA) and/or the Health Insurance Portability and Accountability Act (HIPAA) guidelines as well. Failure to comply may result in the revocation of your right and ability to conduct research at ▇▇▇ and/or with ▇▇▇ students, faculty and/or staff, as well as make you liable for local, state and/or federal civil and criminal penalties.*

## B. RESEARCH CLASSIFICATION

Please indicate by checking the appropriate box(es) the reasons you believe your proposed research is expedited. If your research is not within one of the categories listed below, you will need to complete the appropriate application for either Exempt or Full Review.

1. ☐ Clinical studies of drugs and medical devices only when condition (a) or (b) is met.

    a. ☐ Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)

    b. ☐ Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

2. ☐ Collection of blood samples by finger stick, heel stick, ear stick or venipuncture as follows:

    a. ☐ From healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period, and collection may not occur more frequently than 2 times per week; or

b. ☐ From other adults and children, considering the age, weight and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period, and collection may not occur more frequently than 2 times per week.

3. ☐ Prospective collection of biological specimens for research purposes by noninvasive means.
   a. ☐ Hair and nail clippings in a non-disfiguring manner;
   b. ☐ Deciduous teeth at the time of exfoliation or if routine patient care indicates a need for extraction;
   c. ☐ Permanent teeth if routine patient care indicates a need for extraction;
   d. ☐ Excreta and external secretions (including sweat);
   e. ☐ Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
   f. ☐ Placenta removal at delivery;
   g. ☐ Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
   h. ☐ Supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth, and the process is accomplished in accordance with accepted prophylactic techniques;
   i. ☐ Mucosal and skin cells collected by buccal scraping or swab, skin swab or mouth washings;
   j. ☐ Sputum collected after saline mist nebulization; or
   k. ☐ Other (explain below):

   _____

4. ☐ Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving X-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)
   a. ☐ Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;
   b. ☐ Weighing or testing sensory acuity;
   c. ☐ Magnetic resonance imaging;
   d. ☐ Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow and echocardiography;
   e. ☐ Moderate exercise, muscular strength testing, body composition assessment and flexibility testing where appropriate given the age, weight and health of the individual; or
   f. ☐ Other (explain below):

   _____

5. ☑ Research involving materials (data, documents, records or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects [45 CFR 46.101(b)(4)]. This listing refers only to research that is not exempt.)

6. ☐ Collection of data from voice, video, digital or image recordings made for research purposes.

7. ☐ Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protections of human subjects [45 CFR 46.101(b)(2) and (b)(3)]. This listing refers only to research that is not exempt.)

## C.  RESEARCH PROJECT

Please address the statements and questions below as completely and thoroughly as possible.

**Project Abstract**
*Please provide a brief summary of the proposed project using language that is understandable by those not in your field/discipline. Your abstract should not exceed 350 words.*

The purpose of this research is to explore the development of professionalism in practical nursing students enrolled at a community college. The study is being conducted to examine the development of professional attributes including belief in the professional organization, belief in public service, belief in self-regulation, sense of calling to the field, and sense of autonomy. The study is being conducted to determine if there is a difference in the degree of professionalism between students entering the program and those completing the program.

Archival data from Hall's professionalsim Scale (1968) as adapted by Sinzek (1972) gathered during a student learning outcomes assessment project at ▮▮▮▮ will be used for this study. Hall's Professionalism Scale is an attitude scale which was developed to measure the degree of professionalism of individuals in a wide variety of occupations. Hall's Survey (1968) as adapted by Snizek (1972) is atteched.

## Research Question
*Please state your research question or hypothesis in plain language, using non-technical terms, if possible.*

The research questions include: 1) To what extent do practical nursing students use a professional organization as a resource; 2) To what extent do practical nursing students view practical nursing as providing service to society; 3) To what extent do practical nursing students believ practical nurses engage in self-regulation; 4) To what extent do practical nursing students feel a sens of calling to the field; and 5) To what extent do students in a practical nursing students engage in decision-making.

## Specific Aims
*What are the specific aims (goals) of the proposed research?*

There are limited research studies about practical nursing students, and none which address the development of professionalism in student practical nurses. This study was designed to address a gap in research. Additional goals of this research are to demonstrate the growth of professionalism in practical nursing students, and to support the use of the word professional as a descriptor for practical nurses.

## Study Design
*What study design will be used in this study (i.e., randomized, double-blind, two-arm, etc.)?*

Degrees of professionalism will be measured quantitaively be evaluating archival data gathered through the completion of Hall's Professionalism Scale (1968) as adapted by Snizek (1972) by students entering or completing the Practical Nursing program at ▚▚▚ from january 2013 through June 2016. This design is consistent with a survey method as the data will provide quantitative descriptions of attitudes and behaviors as reported by the popu;lation being studied.

## Study Site
*Where will the proposed research take place? Please explain the rationale for choosing this site, if formal permission is needed to use this site, and if that permission has been received, and any additional pertinent information about the study site.*

The researcher will request copies of the data from Institutional Research at ▚▚▚ with the help of the Student Learning Outcomes Assessment Office which assisted in the process of gathering this data.

## Participant Recruitment and Selection
*Please explain how research participants will be recruited and selected. For example, will participants be recruited via newspaper ads, fliers, word of mouth, etc.? If using written or visual materials, please include a copy with this application.*

All students enrolled in the Practical Nursing program at ▚▚▚ during academic years 2014 - 2015 and 2015 - 2016 were asked to voluntarily complete the Professionalism Scale. As noted on the enclosed survey instrument completion of the survey was considered their consent to participate.

## Special and Vulnerable Populations
*If special and/or vulnerable populations are a part of this proposed study, what safeguards will be employed to protect their rights. Special populations include the socio-economic disadvantaged, religious minorities, those with certain health conditions (e.g., cancer patients), etc. Vulnerable populations include minors, pregnant women, those with cognitive disabilities, individuals in correctional facilities, etc.*

NA

## Risk and Benefit Information
*Please explain the potential risks and benefits that the proposed research presents to participants, as well to the general population.*

There are no risks nor offsetting benefits associated with this study.

## Informed Consent Information
*Please explain how you will obtain informed consent from the research participants, as well as the type of consent (i.e., written, tape-recorded, video-recorded, etc.) you will be using. (NOTE: Even if you are not using written consent, you still need to follow the format on the ▓▓▓ RPPP Consent Form unless written permission has been received from the ▓▓▓ RPPP stating otherwise.)*

NA

## Privacy and Confidentiality
*What measures will be employed to protect research participant confidentiality? How will the data collected in the proposed research study be protected? Where will the data be stored? Who will have access to the data? How long will the data be kept? How will the data be destroyed? (NOTE: If you are collecting sensitive data such as information on illegal activities, sexual activities, genetic data, etc., you will need to obtain and complete a Certificate of Confidentiality from the ▓▓▓ RPPP.)*

Archival data will be collected by the primary researcher for use in this study. No names or identifiers will be collected with the data. The survey tool itself was anonymous.

**Research Personnel**

*Please provide the names, titles, roles and affiliations of all investigators, research assistants or grant personnel who will be involved with the proposed research.*

Jane Zaccardi MA, RN, GCNS-BC - doctoral student at Baker University is the primary researcher.
Tes Mehring, Ph.d. - Program Chair doctoral program in Higher Education at Bker university is my faculty advisor
Chen-Bouck Li, Ph.D. - Research Analyst doctoral program in Higher Education at Baker University

## D. CERTIFICATIONS

As the Principal Investigator:

1.  I agree that this application reflects the proposed research in an accurate and truthful manner.
2.  I agree to report any problems with the research to the RPPP immediately.
3.  I agree to report any changes in the research protocol to the RPPP immediately.
4.  I comprehend and agree to follow all RPPP guidelines and protocols.
5.  I am familiar with and agree to follow the ethical guidelines and standards for research and the treatment of human subjects associated with my particular discipline.
6.  I agree not to begin the proposed research until action is taken on this application and I am notified of this action by the RPPP.

Signature *Jane Zaccardi*                    Date *07/13/2016*

As Department Chair, Program Facilitator, Assistant Dean and/or an Official Representative of the Principal Investigator's Department, Division or Program, I approve the submission of this application and certify that the Principal Investigator (or Faculty Supervisor in the case of a student application) is capable and qualified to conduct and/or supervise this research.

Signature_____        Date_____

SUBMIT

E.  ▮▮▮▮ RPPP *ONLY*

Expedited ☐ Yes    ☐ No

Signature_____

Date _____

Recommendations/Comments_____

_____

_____

# Appendix E:  RPRP Approval

Exemption Date: 08/16/2016

Jane Zaccardi
816-718-2285

RE: Protocol # 160720 – Development of Professionalism in Practical Nursing Students

Dear Investigator:

Thank you for submitting your research protocol. Your study was reviewed through the RPPP's exempt review process and has been granted exemption under Category 4.

The RPPP does not grant approval for exempt studies but instead issues a determination that a study meets the criteria for exemption in at least one of the federal exempt categories. Please read and observe the guidelines below regarding continuation of your study:

1. Exempt research does not require continuing review from the RPPP. However, in order to keep our files current, we ask that you inform the RPPP chair if you plan to continue your study beyond August 16, 2017. *Unless you request an extension, your study will terminate on this date.* Please contact the RPPP chair if you have questions about this.

2. *Changes to your research design may result in re-classification of your study as non-exempt.* If you want to make *any change* to the study, you must obtain the RPPP's prior approval of the change, including alterations of selection and recruitment methods, changes to consent form, changes in research personnel, or changes in instruments used.

3. If a participant in your study is injured *in connection with their participation*, you must inform the RPPP immediately regarding this adverse event.

Please inform the RPPP when you complete your research. If the RPPP can be of assistance, do not hesitate to contact Eve Blobaum, RPPP Chair, at 913-469-8500 ext. 4965 or eblobaum@jccc.edu.

Best wishes for a successful study.

Thanks,

Eve M. Blobaum

Chair, Research Participant Protection Program