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**THE LIVED EXPERIENCE OF BECOMING A PROFESSIONAL NURSE FOR
ASSOCIATE DEGREE NURSING GRADUATES:
A PHENOMENOLOGICAL STUDY**

A Thesis in

Adult Education

by

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ABSTRACT

This qualitative study used a hermeneutic phenomenological design to investigate the lived experience of becoming a professional nurse for associate degree nursing graduates. The study looked specifically at the process of acquiring a professional identity for associate degree nursing graduates. The theoretical frameworks of structural functionalism and reference group theory provided the lens which guided the study. Structural functionalism is a sociological perspective describing how groups reproduce themselves by creating members whose behaviors and values correspond to the established group norms. A reference group is the social group which an individual uses to define attitudes, beliefs, and values which the individual wishes to emulate and join. Semi-structured interviews were used to learn the essence of being socialized into the profession of nursing and taking on a professional nursing identity for the participants.

The major finding which was revealed from this study was that taking on of a professional identity for the associate degree graduates occurred through an intermeshing of four processes. The processes include: bringing of one's self; including past experiences and personality traits, to the educational programs; learning to become a nursing student; socializing into the professional nurse role; and internalizing the professional identity. This finding led to the creation of the Professional Nursing Identity Model. Additional findings include: family members within healthcare professions are instrumental in guiding individuals into the profession of nursing; nursing students assess the attitudes, skills, and behaviors of the professional nurses with whom they interact; personal development is a byproduct of professional development; and learning to balance school work and home life while a student is valuable practice for balancing

similar expectations of the professional nurse. Based on these findings, implications for nursing and adult education are discussed. Included are suggestions for future research surrounding professional identity development.

TABLE OF CONTENTS

LIST OF TABLES	ix
LIST OF FIGURES	x
ACKNOWLEDGEMENTS	xi
DEDICATION	xiii
Chapter 1. INTRODUCTION	1
Background Information	1
Professional Identity Development of Nursing Students	3
Socialization of the Student Nurse into the Professional Role	4
Educational Pathways for Professional Nurses	6
Differences in Socialization between Associate Degree and Baccalaureate Degree Students	6
Theoretical Framework	8
Purpose of the Study	10
Problem Statement	11
Research Questions	11
Overview of the Design and Methodology	11
Methodology	12
Participants	14
Data Collection and Analysis	14
Verification	15
Significance of the Study	15
Definition of Terms	17
Assumptions of the Study	19
Limitations of the Study	19
Organization of the Study	20
Chapter 2. REVIEW OF THE LITERATURE	22
Associate Degree Nursing	22
Nursing Education Overview	23
Educational Pathways	23
Historical Overview of Associate Degree Nursing Programs	24
Educational Outcomes of Associate Degree Nursing Programs	25
Theoretical Framework	27
Theoretical Overview – Structural Functionalism	28
Reference Group Theory	32

Application of Theoretical Framework to Professional Identity Development in Adult Learners	35
Professional Identity	37
Professional Identity – Overview	37
Factors Influencing Professional Identity Development	39
Attitudes and Values of the Professional Nurse	42
Knowledge and Behaviors of the Professional Nurse	43
Professional Identity Literature Related to Student Nurses	45
Professional Values in Nursing Education	47
Socialization Into the Professional Role	48
Socialization Literature Related to Nursing Students	49
Fostering Professionalism in Nursing Students	52
Summary	55
 Chapter 3. METHODOLOGY	 59
Purpose of the Study	59
Problem Statement	59
Research Design Overview	60
Qualitative Research Paradigm	60
Phenomenology	63
Hermeneutics	65
Research Questions	67
Background of the Researcher	67
Participant Selection Procedures	69
Data Collection and Analysis Procedures	70
Data Collection	70
Data Analysis	74
Verification	74
Credibility	74
Dependability	75
Confirmability	76
Transferability	76
Summary	77
 Chapter 4. RESEARCH FINDINGS	 78
Participant Profile	78
Katie	79
Mary	79
Beth	80
Carly	81

Jacquelyn	82
Jamie	83
Sarah	83
Grace	84
Adrienne	85
Greg	86
Research Findings	89
Bringing One's Self to the Nursing Program	89
Past Experiences	90
Work Experiences or Connecting with Others in the Healthcare Field	90
Defining Moments	93
Innate Qualities and Personality Traits	94
Academic Achievement	94
Motivation	95
Altruistic and Caring Attitude	96
Learning to Become a Student Nurse	98
Nursing School Culture	98
Instructor Influence	102
Positive Student/Instructor Experiences	103
Negative Student/Instructor Experiences	104
Finding a Balance	106
Socializing into the Professional Role through Connecting with Reference Group Members	107
Positive Role Modeling	110
Instructors	110
Staff Nurses	113
Negative Role Modeling	115
Instructors	115
Staff Nurses	116
Internalizing the Professional Identity	117
Meaning of Professionalism	118
Practicing as a Professional Nurse	119
Personal Development	120
Growth and Maturity	121
Esteem Building	122
Pride	123
Interconnectedness of the Four Processes	124
Summary	128
 Chapter 5 DISCUSSION AND CONCLUSIONS	 129
Relevant Findings	129
Professional Identity Model	130

Finding 1: Processes Involved in the Acquisition of a Professional Identity for Associate Degree Graduates	131
Finding 2: Family Members within the Healthcare Disciplines are Instrumental in Guiding Individuals into the Profession of Nursing.....	137
Finding 3: Nursing Students Assess the Attitudes, Skills, and Behaviors of the Professional Nurse	138
Finding 4: Personal Development is a byproduct of Professional Identity Development	139
Finding 5: Learning to be an Associate Degree Nurse Serves as Practice for the Role of the Professional Nurse	140
Implications for Practice	141
Nursing	141
Adult Education	142
Suggestions for Future Research	144
Summary	146
Reflections and Closing Thoughts	146
Reference List	148
Appendix A: Recruitment Letter	158
Appendix B: Informed Consent	160
Appendix C: Interview Guide	162

LIST OF TABLES

Table 1: Participant's Profile	88
Table 2: Processes and Sub-themes	89

LIST OF FIGURES

Professional Nursing Identity Model127

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DEDICATION

This dissertation is dedicated to:

the memory of my mother, Pearl Louise Martin, who encouraged me to be the best person that I could be. She showed me that kindness and encouragement toward others could make this world a better place. She was always there for me as a child and as an adult. She taught me how to be a loving mother and grandmother. I wish that she were here to see my doctoral journey come to a close but unfortunately she lost her battle with Alzheimer's disease one year ago. I know that she would have been very proud.

CHAPTER 1

INTRODUCTION

Chapter one of this dissertation provides an overview of a study designed to understand how student nurses take on a professional identity during their associate degree nursing program. Included in this chapter is background information related to the problem being investigated along with the theoretical framework that informs the study. An explanation of the purpose of the study, statement of the problem, and guiding research questions are provided. Incorporated into the chapter is an overview of the study's design and methodology including sample selection and management of the collected data. Finally, the chapter concludes with a discussion of the significance of the study, definition of terms, assumptions, and limitations of the study.

Background Information

While this study investigated associate degree nursing students, their quest for a professional identity is not unique to the profession of nursing. Students attend institutions of higher education with the goal of graduating and assuming an entry-level, professional position within their chosen field. However, students attending educational programs in preparation for professional roles may enter the institution without a clear sense of what it is to be a professional within the field. Over time, students undergo a metamorphosis as they begin to create meaning from their educational experiences (Cook, Gilmer, & Bess, 2003; Fagerberg & Kilgren, 2001). By the time they graduate, they should take on an appropriate professional identity. Acquisition of theoretical facts

alone does not lead to the development of a professional identity. Instead, it is through the process of socialization with faculty and mentors that students begin to make meaning of the educational experience and take on a professional identity (Atack, Comancu, Kenny, LaBelle & Miller, 2000; Gray & Smith, 2000; Harrington, 1995).

Feen-Calligan (2002) explains that identity development within higher education is important for two reasons: first, because it is related to learning and secondly, it promotes an important objective of higher education, fostering the development of the whole person. Costello (2004) explains that acquisition of a professional identity is essential if students are to be successful within their chosen career. As such, institutions of higher education have a responsibility to promote opportunities for students to learn the values, skills, and knowledge needed to successfully assume the professional role.

Professional identity refers to the deep and life-long dedication to one's profession that occurs through connection to a professional group that has an ethos of its own (Mayhew, 1971). Corvey (2003) explains that professional identity occurs as a student assumes personal ownership and places value on the norms and characteristics of a selected career. The acquisition of a professional identity occurs predominantly by socialization into the profession and is influenced by factors such as life experiences, personality traits, and development across the career and life span.

Failure to be socialized into a professional role and acquire a professional identity can have serious outcomes. For every role there is a minimum acceptable standard related to performance within the role. Inability to meet the acceptable minimum standard inhibits successful transition into the role and acceptance by the group. Kemper (1968) explains that the more complex the desired role, the more significant the need for

socialization by role models. Subsequently, it is nearly impossible to learn a professional role without role models. For professional students, it is socialization with faculty or practicing professionals that allows students to become exposed to the unique attributes of the profession. Merton (1957) describes this process as anticipatory socialization. By taking on the values and behaviors of the group of which one aspires, it promotes acceptance by the group and makes transition into the group easier (Merton, 1957).

Socialization is defined as the process of learning the skills, language, values, and behaviors of the professional group (Newman, 2005). It is the way one learns to perceive the world and interact with others. Socialization into a profession exposes students to the unique culture of a given profession. Attainment of a professional identity through socialization is important to all adult students attending professional schools including medicine, social work, education, business, nursing, and others (Cohen-Scali, 2003; Costello, 2004; Fagermoen, 1997; Feen-Calligan, 2002).

Professional Identity Development of Nursing Students

Like most students who enter college with the goal of graduating and entering a profession, nursing students often find that they undergo a process of personal and professional development during their educational program. They enter nursing school as individuals without a developed sense of professional nursing identity. Through the socialization process, nursing students begin to learn what it means to be a nurse. The students behave and react to healthcare situations in new ways. They *begin* to acquire the attitudes, values, knowledge, and behaviors needed to competently perform the role of a professional nurse. They carry themselves in a new way, demonstrate an increased

degree of confidence, show a more developed level of professional maturity, and begin to take on a professional identity. They soon learn that nursing is not what someone *does*, instead nursing is what someone *is*.

Nurses hold attitudes, values, knowledge, and skills that are specific to the profession of nursing. Some of these specific attributes of the nursing profession include the concepts of caring, patient respect, autonomy, beneficence or doing good for another, non-maleficence or doing no harm, and justice (American Nurses Association, 2001; Masters, 2005). Additionally, the National League of Nursing Council for Associate Degree Nursing (2000) identifies decision-making, communication, teaching and learning, collaboration, and managing patient care as essential competencies for the associate degree graduate. These specific nursing attributes will be discussed in greater detail in chapter 2.

Socialization of the Student Nurse into the Professional Role

The socialization process is the primary means by which the student nurse acquires a professional nursing identity. Nursing faculty members and other professional nurses who interact with students in the clinical setting are the most influential in the students' professional identity development (du Toit, 1995; Reutter et al., 1997). Through knowing and connecting with these professional nurses, students begin to be socialized into the profession of nursing and internalize the attributes of the professional nurse.

Numerous scholars have researched aspects of socialization of nursing students (Gray, Smith, 1999; Harrington, 1995) and their perceptions on what it means to "be a nurse" (Cook, Gilmer, & Bess, 2003; Fagerberg & Kilgren, 2001; Secrest, Norwood, &

Keatley, 2003). A common theme in this literature is that student nurses attempt to make meaning of the experience of being a nurse. For student nurses, identity is often formed as they are exposed to nursing faculty or nurses with whom they interact during clinical experiences (Secrest et al., 2003). Students progress in the socialization process by observing nurses and participating in the nursing role that in turn teaches them how to “act like a nurse” (Holland, 1999). Although a student enters school with a personal set of norms, values, and behaviors, through the socialization process, the norms, values, and behaviors may change as a nursing identity develops (du Toit, 1995).

Gaining a sense of professional identity is grounded in experiences in which students experience a feeling of belonging, knowing, and affirmation (Secrest, et al., 2003). Positive socialization and learning experiences are those where students have had opportunities to experience positive relationships with staff (Atack, et al., 2000). When faculty and mentors are unavailable to socialize students there is a great potential for the student to develop misconceptions about the professional role (Anderson,1993).

Nursing faculty must actively foster the professional development of the nursing students. The nursing literature shows that during the socialization experience the demonstration of values, skills, and behaviors of the professional nurse are important but equally important is the faculty and mentors use of strategies such as dialog and reflection with students to investigate perceptions that are held by the students about the profession of nursing (Atack et al., 2000).

All of these socialization experiences assist the student to learn how professional nurses function within their role. Through knowing and interacting with professional

nurses, students begin to feel like a peer with the other nurses as they emulate the attitudes, values, behaviors, and skills of the professional nurse.

Educational Pathways for Professional Nurses

Students pursuing a career as a professional nurse have three academic pathways of which they may choose. The educational pathways include: four-year collegiate nursing program; a two-year associate degree program taught in junior and community colleges; or a two-year or three-year diploma program generally associated with a hospital-based school of nursing. Associate degree graduates make up the largest number of new graduates entering the nursing profession (U. S. Department of Labor, Bureau of Labor Statistics, 2004). Graduates of all three programs are eligible to sit for the National Licensure Examination and upon successfully passing the examination; they earn their nursing license and may begin to practice as a registered nurse. Most employers offer no difference in wages or professional responsibility regardless of the degree earned for entry-level nursing positions.

Differences in Socialization between Associate Degree and Baccalaureate Degree

Students

The most significant differences related to socialization and professional identity development between associate degree and baccalaureate degree nursing programs are the issues of time, intensity, and preparation within the programs. Associate degree students have two years or four semesters to complete all required general education and clinical courses. Associate degree students take up to seventeen credits of course work and spend between eight and sixteen hours per week on clinical nursing units with faculty and other professional nurses. As such, socialization into the profession begins almost

immediately upon initiation into the nursing program. During these four semesters, the students are balancing a challenging academic course load that includes courses such as English, social sciences, mathematics, anatomy and physiology, and microbiology, along with theoretical and clinical nursing courses. In contrast, baccalaureate degree students have four years, or eight semesters, to complete their nursing education. Typically, the first two to three semesters consist of liberal arts courses and occasional nursing theory courses. During the second year of college, baccalaureate students take more nursing courses and begin to be socialized into the professional nursing role in the clinical setting. The third and fourth year of baccalaureate programs focus primarily on nursing courses and incorporate additional clinical time and socialization into the role. Baccalaureate programs focus heavily on nursing theory and research. In addition, they incorporate leadership development within their curriculum.

The differences between associate degree and baccalaureate nursing programs demonstrate that while both programs prepare the graduate to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and upon passing the exam use the designation of registered nurse, the programs are not identical. Socialization into the profession occurs in only two years for the associate degree nurse while it is extended over four years for the baccalaureate student. This time difference requires the associate degree student to more rapidly become exposed to and internalize the attitudes, values, knowledge, and behaviors of the professional nurse. Baccalaureate graduates have four years to internalize the professional nursing role. At completion of their programs, they are expected to graduate and possess the foundational knowledge needed to assume entry level roles but eventually move into leadership and management roles within the health

care setting. As the role expectations between associate degree and baccalaureate graduates differ, so too does their role socialization and professional identity.

Theoretical Framework

The theoretical framework for this study is structural functionalism. Structural functionalism is “a macrosociological perspective that examines the creation, maintenance, and alteration of enduring social practices, institutions, and entire societies” (Colomy & Ross Greiener, 2005, p. 128). The basic tenets of the theory are: (a) there exists an interrelationship between all parts of social interactions specifically among groups and societies, and (b) all interrelationships, including social organizations, groups and societies exist within recognized boundaries. It is within these boundaries that roles and institutions must be recognized as they contribute to maintaining the limits within the group or society (Eisenstadt, 1990). A key assumption within structural functionalism is that through the use of boundaries, social institutions are structured to maintain stability within a society (Newman, 2004).

Structural functionalism was a significant body of sociological theory throughout much of the 20th century. The development of the theory is generally associated with Talcott Parsons who emphasized how situations influence actions and specifically, how societal norms and values guide and regulate human behavior (Paloma, 1979). His theory focused on the large-scale social and cultural systems. It should be noted that when referring to systems, Parsons was actually describing only those aspects of a group that deal with interactions between persons (Sharrock et al., 2003). Newman (2005) explains that from a structural functionalist perspective, “the fundamental task of any society is to

reproduce itself – to create members whose behaviors, desires, and goals correspond to those that particular society deems appropriate and desirable” (p. 129). Parsons emphasized that in order to be accepted into the social order individuals need to be in conformity with the social norms and values of the desired group. Failure to do so leads to alienation and disruption of the social order (Sharrock, et al., 2003).

While Parsons is generally recognized as a leading sociological theorist of the 20th century (Walters, 1994), his student Robert Merton is recognized as being pivotal in moving forward the theory of structural functionalism. Parsons, considered a grand theorist, looked at society as a whole, while Merton, viewed as a middle-range theorist, limited his functionalism perspectives to that of groups. While moving the theory of structural functionalism forward, he continued to hold fast to its basic conceptual framework, including the notion of consensus of values and norms, the idea of the social system, and the suggestion that society is a normative arrangement (Sharrock et al., 2003).

Merton held strongly to the ideology of reference group theory which addresses socialization of individuals into groups. Reference group theory originated in the field of social psychology but offers considerable insight into the field of sociology as it relates to structure and function in social environments (Merton, 1957). Reference group theory clarifies the socialization process that individuals experience as they seek entry into a desired group. Tischler (1999) describes a reference group as a “group or social category that an individual uses to help define beliefs, attitudes, and values and to guide behavior” (p. 168). The norms and values of the reference group create a benchmark used by individuals to evaluate their own and other’s behaviors (Merton, 1981; Tischler, 1999).

Their exposure to a particular reference group leads to the formation of a specific cognitive view and aids acceptance into the group (Merton, 1957).

Reference group theory describes two possible dimensions of relationships between persons and reference groups. The first dimension, *normative* reference group behavior, describes how an individual should act within a prescribed role. This is accomplished through the group explicitly setting norms and advocating defined values (Kemper, 1968). The second dimension, *comparative* reference group behavior, serves as a basis for individuals to compare themselves against individuals or groups. Comparative reference group behavior may also influence behavior or feelings (Dawson & Chatman, 2001).

In summary, structural functionalism and reference group theory offer the theoretical lens that frame this study. These perspectives offer guidance in understanding how individuals become socialized into a particular professional role and take on that professional identity.

Purpose of the Study

The purpose of this study was to investigate the nature of the lived experiences of becoming a professional nurse and the nature of being socialized into the profession of nursing. The study will explore, describe, and ascertain the meaning of being a professional nurse for two-year associate degree graduates.

Problem Statement

Nursing researchers have questioned how students make meaning of the professional role and have investigated the socialization of student nurses. The literature supports the notion that socialization of students is a necessary component in the professionalization process. Failure to be adequately socialized into the desired professional role leads to imminent difficulty for the new professional to be successfully accepted into the profession. While a significant amount of research has been completed on socialization of nursing students attending programs predominantly completed outside of the United States, baccalaureate programs, and Registered Nurse (RN) to Bachelor of Science (BSN) completion programs, none has looked specifically at those students who attend two-year associate degree nursing programs.

Research Questions

The questions that guide this study are: (a) what is the nature of the lived experience of becoming a professional nurse? (b) what is the nature of socialization into the profession of nursing? and (c) what does it mean to be a professional nurse?

Overview of the Design and Methodology

This study was qualitative in nature. Marshall and Rossman (1999) state that the three main purposes of qualitative research are to explore, explain, or describe an area of research interest. Through interview and observation the researcher is able to gain insight into the participants' lived experiences. The research questions guide or provide a focus for the study. As this study seeks to investigate the essence of individuals' lived

experiences surrounding socialization and professional identity development of associate degree student nurses, the qualitative research paradigm is the most appropriate approach to examine these experiences.

Methodology

While there are numerous methodological designs within the qualitative research paradigm, phenomenology is the most appropriate design to answer the questions of this study. Phenomenology is the study of structures of consciousness as experienced from an individual's point of view. Parse (2001) explains that the primary purpose of phenomenology is to get to the essence of reality related to lived experiences such as socialization into a professional identity.

Phenomenology can be viewed as both a philosophy and a research method. Phenomenology as a philosophical approach is generally associated with German philosopher Edmund Husserl (1859-1938) who believed strongly in the notion that "we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness" (Patton, 2002, p. 105-106). Husserl believed that the structure of these experiences was directed toward consciousness. He referred to this as "intentionality" (Smith, 2003). Also associated with the phenomenological approach are Shultz, Heidigger, Sartre, Merleau-Ponty, and others (Denzin & Lincoln, 2005).

Phenomenology as a research methodology is used to understand the essence and underlying meaning structure of the phenomenon through inductive analysis, which identifies common themes and provides rich descriptive accounts of the findings (Merriam, 2002). It brings to light the meaning of human experiences. The approach focuses on exploring how individuals make sense of an experience and convert that

experience into consciousness, both individually and, as shared meaning. This can only be accomplished through “capturing and describing how people experience some phenomenon – how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk about it with others” (Patton, 2002, p. 104). Phenomenology is retrospective in nature. That is, a person can not reflect on an experience while living through it. Reflection on lived experiences is always recollective of an experience that has already passed.

Heidegger, a student and colleague of Husserl, believed that the meanings associated with the phenomenon of study are best arrived at through the researcher sharing assumptions when appropriate with the participants. He believed that individuals cannot bracket out personal biases as had previously been suggested by Husserl. Instead these personal biases create the lens from which the researcher views the phenomenon (Parse, 2001). Heidegger’s departure from the phenomenology of Husserl is known as Hermeneutic phenomenology.

It was the hermeneutical approach that was used in this study. As such, the researcher’s personal beliefs surrounding socialization of associate degree student nurses were not bracketed out. Instead, they served as a lens and perspective for the study. The hermeneutical approach requires that the researcher peel away the layers of meaning in order to understand the essence of the phenomenon. In addition, it incorporates the viewpoint that the researcher’s interpretation of a phenomenon is influenced by the individual’s background, past experiences, and the world that they live in (Koch, 1995)

Participants

A criterion-based-selection procedure was used for selection of participants for this study. In a phenomenological study, the challenge lies in identifying subjects who are able to effectively articulate their experience. Participants were selected from multiple two-year associate degree nursing programs located within a hundred mile radius of the researcher's home. All participants were associate degree nursing graduates from schools in south central Pennsylvania. The sample size of graduates was limited to the point of saturation when no new themes emerged.

Data Collection and Analysis

A pilot study using one associate degree nursing graduate was completed prior to the actual study. This pilot validated interview protocols and interview questions to determine if they were appropriately worded to elicit study data.

A semi-structured interview guide was used to focus questions that peeled away the layers of meaning and ultimately got to the essence of the experience of being socialized and taking on a professional identity for the associate degree nursing graduates. All interviews were audiotaped and transcribed verbatim after obtaining permission from the participants. An audit trail was kept throughout the data collection process. Participant member checks were used to verify accuracy of the verbatim transcripts and resultant meanings and findings (Parse, 2001). A second interview was completed to allow participants to address any concerns, add additional thoughts, or correct researcher misconceptions.

Interpretation of meanings require that the researcher become immersed in the data (Hostein & Gubrium; 1985; Parse, 2001). This required the listening of the

participant's verbal description, reading and rereading of transcripts, and then the pulling out of significant statements that identified the layers of meanings identified by the participants. Through a constant comparative method, essential themes were identified and an exhaustive description of the layers of meanings surrounding the socialization process was completed (Streubert & Carpenter, 1999).

Verification

In phenomenology, validity is seen as a general principle that inspires confidence in the findings. Validity is verified within a phenomenological study by the researcher demonstrating that the collected data was done so in an authentic and thorough manner and that rigor was maintained during the collection and analysis. In order to further assure verification, the strategies of credibility, dependability, confirmability and transferability, was utilized throughout this study. A detailed discussion of all verification strategies will be included in chapter three.

Significance of the Study

The profession of nursing, the largest healthcare occupation in the United States, (U. S. Department of Labor, 2004) is facing a severe shortage that is expected to intensify over the next two decades. As a result of this shortage, nursing programs throughout the United States are being challenged to increase their enrollments. Associate degree nurses make up the largest percentage of RNs in the United States and is the fastest growing of all types of nursing programs (Conroy, 2003). Students attending associate degree programs have only two short years to adopt a professional identity that allows them to

graduate and be prepared to assume the beginning role of a registered nurse. Failure to adequately socialize into the RN role can lead to difficulty with transition and acceptance into the profession of nursing.

The nursing research shows there is a paucity of research that informs the topic of socialization into the professional role as it relates to two-year nursing students. With the ever-increasing number of students entering associate degree nursing programs, it is imperative that the field gain a greater understanding of how professionalization occurs in this population. Upon graduation, the associate degree nurse must possess a professional identity and be ready to assume the professional nursing role. A clearer understanding of the students' lived experience of taking on a professional identity is necessary if nurse educators are to successfully prepare the associate degree students for the role.

This study also contributes to the field of adult education. The adult education literature has recognized the need to more fully understand how socialization occurs from the learners' perspective (Baskett & Marsick, 1992). Additionally, adult educators recognize that professionals need to possess more than formal knowledge taught in higher education. Professionals need to learn the tacit professional knowledge that is taught in the field (Baskett & Marsick, 1992; Schön, 1987). This study offers insight into students' perceptions of how they are socialized into values, attitudes, behaviors, and overt and tacit knowledge needed to assume a professional nursing role.

On a personal level, this study is significant to me as the researcher for several reasons. First, as a registered nurse, I recognize the importance of having a well-defined professional nursing identity. This identity directs ones' professional nursing practice as it guides all levels of critical thinking and decision-making. As autonomous professional

practitioners, nurses must possess the knowledge, skills, values, and attitudes necessary to competently care for the injured and sick patients for whom we serve. Patients have placed their trust and, more importantly, their lives in our hands. We have a responsibility to our patients and society to be the best nurse possible. In addition, as a nurse educator who works with two-year associate degree nursing students, I feel a strong obligation to afford my students all possible opportunities to be socialized into the professional role. For this reason, I enthusiastically completed this study in order to learn more about the professionalization process of associate degree nursing students.

Definition of Terms

The following terms used throughout this study are identified below.

Associate Degree Nurse is a registered nurse whose basic nursing education is taught in a junior or community college over four semesters during a two-year period. Upon completion of their education, students earn an associate degree in nursing (ADN) or associate of science in nursing (ASN).

Professional Identity is the deep and life-long dedication to one's profession that occurs through connection to a professional group (Mayhew, 1971). Attainment of a professional identity occurs as a student assumes personal ownership and places value on the norms and characteristics of a selected career (Corvey, 2003). Professional identity is more a reflection of what one *is* rather than what one *does*.

Professional Nurse is a nurse who has successfully passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN) which measures the basic nursing knowledge, decision making, and critical thinking ability of the graduate. The

professional nurse has all the rights and responsibilities associated with the registered nurse role. One avenue of obtaining the registered nurse designation is through completion of a two-year associate degree nursing program.

Professionalization for this study is considered the process in which the student becomes socialized into the professional role and thereby identifies him or herself as a professional.

Reference group is defined as a “group or social category that an individual uses to help define beliefs, attitudes, and values and to guide behavior” (Tischler, 1999, p. 168). The norms and values of the reference group create a benchmark used by individuals to evaluate their own and other’s behaviors (Merton, 1981).

Socialization is the process of learning the skills, language, and culture of the professional group (Newman, 2005). It is the way one learns to perceive the world and interact with others. In this study, it is assumed that through knowing and connecting with professional nurses, the nursing student is socialized into the profession and acquires a professional nursing identity.

Staff Nurse, also referred to as a clinical nurse, is a professional nurse who works in a clinical setting such as a hospital nursing unit. In this study, the staff nurse serves as a reference group member for the nursing student.

Structural Functionalism is a sociological perspective on social structure and its influence on maintenance of norms within groups. This perspective suggests that a group will consistently reproduce itself by creating members whose behaviors, desires, and goals correspond with those considered acceptable and desirable by the group (Newman,

2005). In order to be accepted by the group, an individual must conform to the social norms and values of the group (Sharrock, et al., 2003).

Assumptions of the Study

Assumptions made by the author at the onset of this study were as follows:

1. During the time that students attend schools of nursing, they learn what it means to be a professional nurse, including the attitudes, values, skills, and behaviors of a professional nurse. In doing so, they take on a professional identity.
2. Socialization of students with professional role-models and/or faculty is an essential component of the development of a professional identity.
3. Socialization of students is a powerful tool that has the capacity to promote a professional identity that is either positive or negative.
4. Failure to become socialized into the professional role may interfere with a graduate's ability to assume a beginning role as a professional nurse after graduation.

Limitations of the Study

The limitations of this study include the following:

1. As a faculty member of an associate degree nursing program, the researcher could have influenced the responses of the graduates during the interviewing processes.
2. On a personal level, I feel very strongly that all nurses should conform to the professional values and attributes of an RN, as identified by the ANA Code of Ethics. These values and attributes include respect, autonomy, beneficence, non-maleficence, and justice. It is through socialization with the reference group,

more specifically, other professional nurses that the associate degree nursing student learns the attitudes, values, and behaviors of the professional nurse. I recognize that because I have intense feelings associated with what I view as acceptable traits of a professional nurse, my feelings could be evident to the participants and therefore may persuade them to answer as they believe I would expect. Therefore, I had to remain cognizant of my biases throughout the interview process.

3. The use of the phenomenological approach design in qualitative research is not expected to obtain generalizable data and therefore, the results of this study may not be generalizable to all associate degree nursing students. Nevertheless, the same rich descriptive data describing associate degree nursing students', graduates', and faculty perspectives surrounding the professionalization obtained from this study could not be obtained using any other research approach.

Organization of the Study

This first chapter provides a brief background of the study. Included is the conceptual framework which articulates the lens which guides the study along with the purpose statement, statement of the problem, and research questions. Also provided is a brief overview of the design and methodology for the study, significance of the study, definition of terms, assumptions and limitations of the study. Chapter 2 provides a discussion and analysis of the relevant literature. Chapter 3 provides a detailed explanation and rationale for the methodology utilized during the study. Chapter 4 presents a biographical sketch of the participants and the findings of the investigation.

Finally, chapter 5 includes the discussion and conclusions from the research, implications for nursing and adult education practice, and recommendations for future research.

Chapter 2

REVIEW OF LITERATURE

The purpose of this study was to investigate the nature of the lived experiences of becoming a professional nurse and the nature of what it is to be socialized into the profession of nursing. The study examined the meaning of being a professional nurse for two-year associate degree graduates.

This chapter provides a comprehensive review of the literature related to the four areas that inform this study. The first section provides contextual information about associate degree nursing. Included is a historical description of the evolution of associate degree nursing programs and the educational competencies required of graduates from the associate degree nursing programs. The second section describes structural functionalism and reference group theory which provide the theoretical framework of the study. The third section examines the literature on professional identity development and attends to the factors that influence the development of a professional identity. Included is the nursing research that specifically addresses the professional identity development of nursing students. The final section reviews the literature pertaining to socialization of students into the profession of nursing.

Associate Degree Nursing

This section provides a brief overview of associate degree nursing. Included is a discussion about the options available to adult learners who choose to pursue an education leading to a professional nursing career, a historical overview of the evolution

of associate degree nursing programs, and the educational outcomes of the associate degree nursing programs.

Nursing Education Overview

There are currently more than 2.3 million registered nurses in the United States. They represent the largest health care occupation (U. S. Department of Labor, 2004). Even with this seemingly large number of nurses, the profession is experiencing a severe shortage of nurses that is expected to continue throughout the next two decades. Professional nursing is a career that is well respected and currently in great demand. Adult learners who choose this career have several options available that will lead them to their goal of becoming a registered nurse.

Educational Pathways

Students pursuing a career as a professional nurse have three academic options from which they may choose. These educational pathways include: a four-year collegiate nursing program that results in the student obtaining a bachelor's of science degree in nursing (BSN); a two-year associate degree program taught in junior and community colleges which earns the student an associate degree in nursing (ADN) or associate of science in nursing (ASN); or a two-year or three-year diploma program generally associated with a hospital-based school of nursing. In 2002, there were 678 BSN programs in the United States, 700 associate degree programs, and a small but declining number of diploma programs (U. S. Department of Labor, Bureau of Labor Statistics, 2004). Graduates of all three programs are eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and upon successfully

passing the examination they earn their nursing license and may begin to practice as a registered nurse.

Associate degree nurses make up the largest percentage of RNs in the United States. Currently, forty percent of the entry-level nurses are associate degree graduates (Conroy, 2003). The associate degree in nursing frequently serves as a stepping stone for those nurses who choose to continue their education and earn a bachelors, masters, or doctorate degree in nursing or other fields.

Historical Overview of Associate Degree Nursing Programs

Associate degree (AD) nursing programs have been in existence for more than fifty years. The development of associate degree nursing programs occurred in response to a severe shortage in nursing that was experienced due to advances in diagnosis and treatment of illnesses, growth of hospitals, and increases in private health insurance during the post World War II era (Coxwell, & Gillerman, 2000). Dr. Mildred Montag's dissertation, *The Education of Nursing Technicians*, Teacher's College, Columbia University, provided the framework for the associate degree nursing curriculum. As part of her research project, Montag proposed educating technical nurses in two-year educational programs. Montag envisioned the two-year educated nurse serving the role of a technical nurse, assisting the professional nurse whom she assumed would be baccalaureate prepared. As a result of her research project, in 1952, AD programs were instituted. The programs had two objectives: (a) to alleviate a critical nursing shortage by decreasing the length of nursing education programs to two years, and (b) to provide a reliable educational process by placing it in community or junior colleges. In 1958,

seven programs were piloted through the funding of the W. K. Kellogg Foundation (National Organization for Associate Degree Nursing, 2005).

Mildred Montag envisioned that the associate degree nurse would serve in a defined technical position and assist the professionally prepared (baccalaureate) nurse. She believed that hospitals would employ associate degree nurses along with professional nurses who would perform at a higher level than the associate degree nurse. However, Montag's predicted plan did not occur for two reasons. First, associate degree programs increased more quickly than baccalaureate programs and therefore, there were insufficient numbers of baccalaureate nurses available for hire. Secondly, and most significantly, it became apparent that there was no distinguishable technical or skill differentiation between the roles of the AD and BSN graduates (Walters & Limon, 1987). Today, associate degree programs continue to provide nursing education along with a firm liberal arts foundation. This broad-based education prepares the AD nurse to assume the professional nursing role (Coxwell & Gillerman, 2002).

Educational Outcomes for Associate Degree Programs

The most recently published educational outcomes for associate degree programs were developed in 1998 by a task force appointed by the National League of Nursing (NLN) Council for Associate Degree Programs. Their recommended outcomes were developed in response to an evolving healthcare system and increasingly complex competencies needed for competent professional nursing practice. The task force sought input from nursing educators, administrators, and clinicians in the development of the document. In addition, they considered factors such as current nursing trends and assumptions related to nursing practice, and completed an extensive literature review

prior to revising previous NLN educational outcomes and competencies for associate degree programs (Coxwell & Gillerman, 2000). According to Coxwell and Gillerman (2000), the purpose of the final document developed by the task force:

...is to delineate consistent expectations regarding the education and practice of graduates of associate degree nursing programs in the emerging healthcare environment. Graduate competencies will provide associate degree nursing educators with benchmarks for graduate assessment, as well as guidelines for curriculum development and revision. Nursing administrators will find the associate degree nursing graduate competencies useful in hiring, job placement, and evaluation (p. 1).

The final document, *Educational Competencies for Graduates of Associate Degree Nursing Programs*, identifies eight core components and competencies which must be attained by students prior to graduation from associate degree nursing programs. The competencies are: professional behaviors, communication, assessment, clinical decision-making, caring interventions, teaching and learning, collaboration, and managing care (Coxwell & Gillerman, 2000). In order to master each of these competencies, the student requires a theoretical foundation along with clinical practice in the healthcare environment. The clinical practice component of associate nursing education occurs in actual healthcare settings where students are afforded opportunities to practice theoretically-based concepts under the guidance of experienced professionals. This approach allows students to be prepared to meet the required competencies needed for NCLEX-RN examinations and entry-level practice by the time of graduation.

The American Nurses Association (ANA) Code of Ethics provides another guide for determining required attitudes, values and behaviors for all registered nurses regardless of the type of educational program from which they graduate. “A code of ethics is a set of ethical principles that are generally accepted by all members of a profession” (Potter & Perry, 1999, p.166). The ANA Code of Ethics offers direction related to acceptable conduct for both registered nurses and students aspiring to become registered nurses. The fundamental principles of the ANA Code of Ethics are: responsibility for actions and their consequences, accountability for competent practice, and advocacy for the patient (Potter & Perry, 1996). The ANA Code of Ethics helps to create values associated with the nursing profession and provides a normative standard for the profession (Masters, 2005). A detailed explanation of how associate degree nurses practice these competencies and are socialized into them will be included later in this chapter.

In summary, associate degree nursing programs offer comprehensive foundational education for entry into the professional nursing role. These demanding two-year adult education programs offer learners a challenging and exciting healthcare career that is both well respected and currently in great demand.

Theoretical Framework

Structural functionalism and reference group theory offer a theoretical lens that guide this study and explain how groups create stability within themselves and how individuals become socialized into the desired professional role and lead to the acquisition of a professional identity.

Theoretical Overview – Structural Functionalism

Broadly speaking, structural functionalism, also referred to as functionalism or societal functionalism, is “a macrosociological perspective that examines the creation, maintenance, and alteration of enduring social practices, institutions, and entire societies” (Colomy & Ross Greiener, 2005, p. 128). The basic canons of the theory assume that: (a) there exists an interrelationship between all parts of social interactions specifically among groups and societies, and (b) that these interrelationships, including social organizations, groups and societies exist within recognized boundaries. Within these defined boundaries, roles and institutions are recognized and contribute to maintaining the limits within the group or society. Society, a complex system made up of various parts, must work together to maintain stability within the structure. Structural functionalism presumes that it is through the use of boundaries that social institutions are structured to maintain stability within a society (Newman, 2004).

Throughout much of the 20th century, structural functionalism significantly informed sociological theory. Its development is generally associated with Talcott Parsons, who was influenced by the diverse writing of social scientists Emile Durkheim (sociologist), Alfred Marshall (economist), Vilfredo Parato (engineer), and Max Weber (sociologist/economist). Through analysis of their writings, Parsons developed a theory that emphasizes how situations influence actions and specifically, how societal norms and values guide and regulate human behavior (Paloma, 1979). His theory focused on the large-scale social and cultural systems. Parsons, 1951, as cited in Ritzer (2000), described that a social system:

consists in a plurality of individual actors *interacting* with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms of a tendency to the ‘optimization of gratification’ and whose relations to their situation, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols (p. 100).

It should be noted that when referring to systems, Parsons was actually describing only those aspects of a group that deal with interactions between persons (Sharrock et al., 2003). According to Ritzer and Goodman (2004), Parsons’ assumptions related to structural functionalism are as follows:

1. Systems have the quality of order and interdependence of parts.
2. Systems strive for self-maintaining order and equilibrium.
3. Systems may be static or progressing in an orderly progression of change.
4. The nature of one part of a system influences other parts of the system.
5. Systems maintain boundaries within their environments.
6. Allocation and integration are fundamental to maintain equilibrium of a system.
7. Systems promote self-maintenance by controlling boundaries, relationships of parts to the whole, management of environmental differences, and control of tendencies to change the system from within.

Ultimately, systems strive for survival of the social system through homeostasis.

This can best be accomplished through the socialization of members of the society into the norms and values of the society. Newman (2005) explains that from a structural functionalist perspective, “the fundamental task of any society is to reproduce itself – to

create members whose behaviors, desires, and goals correspond to those that particular society deems appropriate and desirable” (p. 129). Socialization can be defined as a process of learning the skills, language, and culture of a group. It is the way one learns to perceive the world, interact with others and determine what it means to function in a given role. Essentially, it is how one learns to internalize one’s culture (Newman, 2005). Parsons emphasized that in order to be accepted into the social order, individuals need to be in conformity with the social norms and values of the desired group. Failure to do so leads to alienation and disruption of the social order (Sharrock et al., 2003).

While Talcott Parsons is generally recognized as a leading sociological theorist of the twentieth century (Walters, 1994), his student Robert Merton is recognized as being pivotal in moving forward the theory of structural functionalism. Parsons, considered a grand theorist, looked at society as a whole, while Merton, viewed as a middle-range theorist, limited his functionalism perspectives to that of groups. While moving the theory of structural functionalism forward, he continued to hold fast to its basic conceptual framework, including the notion of consensus of values and norms, the idea of the social system, and the suggestion that society is a normative arrangement (Sharrock et al., 2003).

Merton did not agree with all facets of structural functionalism. Merton reportedly criticized some of the more extreme aspects of the theory. First, was the postulate of functional unity of society. This principle implies that all social and cultural beliefs are functional for both individuals and the society as a whole. Merton believed that this generalization was inappropriate for complex societies (Ritzer, 2000). In addition, Merton disagreed with the structural functionalist view that *all* standardized societal

forms and structures have positive functions. He maintained that this was not what is seen in the real world. Lastly, he objected to the notion of indispensability which implies that all standardized functions within a society are both necessary and have positive functions. Merton believed that there are structural and functional alternatives within society (Ritzer, 2000).

Merton held the view that early postulates of structural functionalism failed to utilize empirical findings to validate theoretical assumptions. As such, he developed the paradigm of structural-functional analysis to guide integration of theory and research through empirical evaluation (Ritzer, 2000). Merton used empirical studies to examine what he termed “middle range theory.” He defined middle-ranged theories as those “that lie between the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop unified theory that will explain all the uniformities of social behavior, social organization and social change” (Merton, 1967, p. 39). Merton investigated limited areas of social life such as “deviance.” An example of one such study is Merton’s “Social Structure and Anomie” which investigated deviant behavior that occurs when individuals are unable to attain goals expected by society (Sharrock et al., 2003). Anomie, derived from the work by Durkheim, refers to those social conditions where individuals lack adequate moral restraint. The condition generally occurs during times of social and economic crisis (Ritzer & Goodman, 2004). Another middle-range theory which Merton investigated is reference group theory which addresses socialization of individuals into groups. This theory is helpful in explaining how students are influenced by interaction within their

desired professional group. Interaction or socialization of students and professionals provides an avenue for professional development.

At this point, it is important to clearly differentiate structural functionalism and reference group theory. Structural functionalism relates to a group's ability to reproduce itself through the maintenance of norms within the group by setting clearly delineated boundaries. It is the expectation of all members to conform to the prescribed norms. In contrast, reference group theory, which is elaborated in the following section, recognizes how individuals utilize the norms of the desired group to establish acceptable beliefs, attitudes, and values which ultimately guides behavior and acceptance into the group.

Reference Group Theory

Reference group theory originated in the field of social psychology but offers considerable insight into the field of sociology as it relates to structure and function in social environments (Merton, 1957). Reference group theory offers an explanation of how adult students attending schools of higher education become exposed to the unique skills, language, and culture of a profession and ultimately take on a professional identity. Professionals do not work alone; instead, they are part of an ensemble that involves interactions with peers (Baskett & Marsick, 1992). It is through this interaction with individuals who are actually practicing within the desired profession that students/novices begin to define and interpret the desired role. Reference group theory clarifies the socialization process that *individuals* experience as they seek entry into a desired group.

A reference group is a “group or social category that an individual uses to help define beliefs, attitudes, and values and to guide behavior” (Tischler, 1999, p. 168). Individuals may serve the same purpose as a reference group but are then referred to as

reference individuals (Merton, 1957). The norms and values of the reference group create a benchmark used by individuals to evaluate their own and other's behaviors (Merton, 1981; Tischler, 1999). Their exposure to a particular reference group leads to the formation of a specific cognitive view. Merton (1957) explains that:

For the individual who adopts the values of a group to which he aspires but does not belong, this orientation may serve the twin function of aiding his rise into that group and of easing his adjustment after he has become part of it (p. 265).

Reference group theory describes two possible dimensions of relationships between persons and reference groups. The first dimension, *normative* reference group behavior, describes how an individual should act within a prescribed role. This is accomplished through the group explicitly setting norms and advocating defined values (Kemper, 1968). The second dimension, *comparative* reference group behavior, serves as a basis for individuals to compare themselves against individuals or groups. Comparative reference group behavior may also influence behavior or feelings (Dawson & Chatman, 2001).

For every role there is a minimum acceptable standard related to performance within the role. Failure to meet the acceptable minimum standard inhibits successful transition into the role and acceptance by the group. Kemper (1968) explains that the more complex the desired role, the more significant the need for role models. Consequently, it is nearly impossible to learn a professional role without role models. For professional students, it is socialization with reference group members and role models including faculty, mentors, or practicing professionals, that allows students to become exposed to the unique attributes of the profession which they must assume if they

are to be successful in their chosen role. Merton describes this process as *anticipatory socialization*. By taking on the values and behaviors of the group of which one aspires, it promotes acceptance by the group and makes transition into the group easier (Merton, 1957).

Parsons believed that in order for socialization to be successful, the norms and values need to be internalized. In doing so, the socialization serves not only the interests of the individual, but also of the group or social system, and helps to maintain equilibrium of the social system (Ritzer & Goodman, 2004). Professionals create commonness among members of the group and set them apart from other members of society (Dawson & Chatman, 2001). Through socialization of students and interaction with reference group members, students begin to take on the group identity and recognize themselves as members of the reference group. Taking on norms of a reference group signifies that an individual has established a positive orientation toward the reference group. Additionally, this implies conformity toward the reference group's frame of reference and continuation of group norms, values, and behaviors. Failure to ascribe to the norms is considered dysfunctional and signifies nonconformity toward the group (Merton, 1957). In current practice, nonconformity leads to non-acceptance of the individual into the group.

Structural functionalism and reference group theory provide a method of assuring stability within professional groups. But in creating this stability, professions risk establishing a hegemony that stifles change within the profession. Critics of structural functionalism have argued that structural functionalism fails to recognize that modern society and its group are neither perfect nor stagnant. Consequently, change and growth

within all groups is a reality and a necessity. Structural functionalism has been further criticized for its propensity to accept social norms within a given societal group without examining how those norms may negatively oppress or exploit other groups or individuals within a society (Newman, 2004).

In spite of the critiques surrounding structural functionalism, the theory offers a firm foundation for this study. Parson's assumptions related to systems promoting self-maintenance by controlling boundaries and maintaining equilibrium, accurately describes how the profession of nursing continues to assure that the long-held beliefs such as caring, patient respect, human dignity and others remain embedded within the profession. Ultimately, it is nursing leaders including educators, administrators, and expert clinicians who establish the expectations and regulate the profession of nursing. In addition, reference group theory further explains how attitudes, values, skills, and beliefs within the profession are able to replicate themselves through socialization of students into the profession and how professional identity is developed within nursing students.

Application of Theoretical Framework to Professional Identity Development to Adult Learners

Professionals must possess more than knowledge related to their area of specialty. Society expects professionals to be "more knowledgeable, ethical, socially oriented, and independent in their judgments than are nonprofessionals" (Baskett & Marsick, 1992 p. 7). For adult learners attending institutions of higher education, it is more than the acquisition of theoretical facts that leads to the development of a professional identity. It is the interaction with established professionals that allows the students to learn what it means to function in a given role. Essentially, it is how one learns to internalize the

professional culture. This socialization is especially necessary as one seeks entry into a profession. For students entering schools in preparation for assuming a professional role, it is imperative that they be socialized into the profession. Structural functionalism offers insight into how students attain a professional identity.

Parsons viewed socialization as a life-long experience, begun in childhood and supplemented in adulthood. Young children are taught the fundamental norms, values, and behaviors of their culture. The norms and values learned in childhood tend to be stable and remain in force throughout life. They serve as a means of rehearsal for the roles they will assume in adulthood and lead to the development of sense of self (Newman, 2004). However, the socialization of childhood fails to adequately prepare an adult for all situations and therefore, more specific socialization is necessary (Ritzer, 2000). It is through *resocialization* that adults leave behind old social contexts or roles and assume roles, such as spouse, parent, employee, or professional. This resocialization brings with it a new set of norms, values, and expectations (Newman, 2004).

For students preparing for a professional role, resocialization requires the exposure to the professional values, methods, language, and ideology associated with the profession. Sharrock et al. (2003) suggests that it is through occupational training and experiences that members of established professions perceive themselves as worthy of the occupational power, prestige, or status of the profession as recognized by society. Ultimately, it is through interaction and identification with the professional group or reference group that students adopt their professional identity.

Structural functionalism and reference group theory provide the *theoretical perspective* that guides development of a professional identity. The next section of this

chapter introduces the scholarly literature related to the acquisition of a professional identity and demonstrates how the theory is seen in professional practice.

Professional Identity

This section reviews the literature defining professional identity and the multiple factors that influence the acquisition of an individual's professional identity. Since this study investigated the meaning of being a professional and the lived experiences of becoming a professional for two-year associate degree graduates, a discussion of the required attitudes, values, knowledge and behaviors that are inherent in the professional identity of the professional nurse is included. The section concludes with a review of the empirical literature related to professional identity within nursing students.

Professional Identity - Overview

The rhetoric surrounding professional identity development can be seen in the educational literature across most professional disciplines including nursing, medicine, education, social work, and others. This interest in professional identity development is a reflection of the high standards placed upon professionals by society. Professionals are expected to be more knowledgeable, have higher morals and values, and independently use decision-making to solve complex issues and dilemmas (Baskett & Marsick, 1992). Professionals create their own norms of practice, are generally licensed, have a standard of education, and are strongly identified and affiliated with their profession (du Toitt, 1995). Furthermore, a professional identity is a necessary attainment if an individual is to be successful in a professional career (Costello, 2004). Failure to acquire a professional identity can have serious outcomes. Generally speaking, the inability to meet the

acceptable standards of a profession will inhibit the successful transition into the role, acceptance by the professional group, and lead to an inability to connect with the desired profession (Costello, 2004).

A review of the literature finds that the terms professional identity and professionalism are frequently used synonymously. Professionalism implies providing a service to the community, having a distinct body of knowledge, autonomy, exclusivity, a code of ethics, and a commitment for life-long learning (Bryan-Brown & Dracup 2003; Lawler & Rose, 1987; Secrest, Norwood, Keatley, 2003).

Professional identity is the deep and life-long dedication to one's profession that occurs through a connection to a professional group that has an ethos of its own (Mayhew, 1971). Corvey (2003) states "professionalism and professional identity are processes of the interaction between a practitioner and society. In the process of developing a professional identity the practitioner experiences a transformation from skill performance to professionalism" (p. 56). For adult learners attending institutions of higher education in the pursuit of a professional career, professional identity is obtained as the student assumes personal ownership and places value on the norms and characteristics of the desired career (Corvey, 2003). In doing so, there is an integration of the professional norms, behaviors, skills, and values into the conception of the role (Stark, Lowther, Haggerty, & Orczyk, 1986). As part of the professional education, adult learners begin to test and accept the traditions of the profession and in doing so, a sense of professional self emerges (Stark et al., 1986).

For Öhlen and Segesten, (1998) a professional identity is intimately linked to the individual's personal identity, self-esteem, and self-image. Professional identity

development requires self-appraisal and self-monitoring along with accepting responsibility for changing personal attitudes (Glen, 1998). For many students attending higher education, gaining a sense of professional identity is grounded in experiences in which students experience a feeling of belonging, knowing, and affirmation (Secrest et al., 2003). As professional identity is formed, self-esteem is enhanced (Mannahan, 1989). Cowin (2001) suggests that “how we perceive our professional selves will ultimately affect how we view ourselves and associated happiness with what we achieve within our working lives” (p. 313). For nurses, self-perception is influential to their professional identity, recruitment, and retention within the field of nursing (Cowin, 2001).

Factors Influencing Professional Identity Development

The literature supports the notion that socialization is the primary means of acquiring a professional identity. In the final section of this chapter, a thorough review of the literature on socialization into a professional identity is reviewed. First, some of the additional factors that influence professional identity development is discussed. These factors include life experiences, personality traits, and development across the life and career span.

Along with socialization, an individual’s professional identity may be influenced by past experiences. Defining moments, described as events such as significant challenges, crises, or rewarding experiences in one’s personal or professional life, may affect the acquisition of a professional identity. In a study that analyzed papers submitted by students and professional genetic counselors who described the nature of defining moments and how they affected the professional identity and practice of the counselors,

McCathy Veach, Bartels, and LeRoy (2002) found that defining moments have pervasive effects on the individual and have the “potential to shape both present behavior and future destiny” (p. 280). Defining moments can be positive or negative events. For example, caring for an ill family member may lead an individual into a healthcare profession, while living in an abusive home may lead an individual into a career in counseling. McCathy Veach et al. (2002) found that defining moments led the counselors to further realization about oneself and influenced their professional development.

In her study on the meaning of nursing students’ experiences of choosing nursing as a career, Beck (2000) found that prior entry level work or volunteer experiences within a given discipline were common reasons for selecting a chosen career in health care. Working as support staff within a profession offers individuals an opportunity to test the waters and be sure that it is the correct choice for a career.

A predisposition to certain personality traits may influence one’s professional identity. Cutler (2003) studied student affairs professionals and found that personality traits such as being a helper or possessing a desire to do for others has been influential in leading some individuals into certain careers. Cutler (2003) found that some student affairs professionals identified themselves as having the trait of being a natural helper. A propensity toward nurturing and helping others is commonly seen in adult learners who seek helping careers such as nursing, medicine, or social work (Beck, 2000). In contrast, individuals who are more innately creative may choose artistic careers such as advertising, acting, or fine arts. These inherent traits guide the decision toward pursuing a specific career and direct the professional identity which they assume.

Developmental stage theorists such as Erikson (1959) and Levinson (1978) describe processes that people move through, which are central to one's adult growth and development. These stages become expectations which guide individuals into seeking a career and ultimately a professional identity (Reeves, 1999). Furthermore, professional identity seems to evolve over time as experiences progress throughout their careers. Professional development is a continual process that does not end at graduation, but continues across the career span (McCathy Veach et al., 2002). In her study of the influences of family, social, and work socialization on the construction of the professional identity for young adults, Cohen-Scali (2003) concluded that professional identity is a lifelong process where individuals master developmental tasks such as organizing themselves, planning, and accomplishing professional milestones. In doing so, they are able to "satisfy their evolving physiological, psychological, and social needs" (p.240). Through the accrual of general know-how and competence from general experimentation within the professional role, an individual obtains a professional identity (Cohen-Scali, 2003).

In summary, the process of acquiring a professional identity is a multidimensional process that is strongly influenced by the socialization of students into a profession. Other factors such as life experiences, personality traits, and individual development across the life and career span further influence the professional identity formation. Development of professional identity occurs over time and can be positioned on a continuum with strong and weak poles. "It is developed in socio-historical context through intersubjective processes of growth, maturity, and socialization" (Öhlen & Segesten, 1998, p. 725).

The required attitudes, values, knowledge, and behaviors of any given profession are unique to that specific profession. This next section reviews the attributes that must be attained if a student nurse is to successfully acquire a professional nursing identity. Following this discussion, the empirical literature that relates specifically to professional identity development for nursing students is reviewed.

Attitudes and Values of the Professional Nurse

Nurses hold attitudes and values specific to the profession of nursing. These attitudes and values create the foundation for practice and the commitment to patient welfare. Caring is a core value of the professional nurse (Masters, 2005). Caring within nursing implies a moral commitment to helping others (Benner, 2001). Nurses demonstrate caring through a concern for alleviating human suffering, promoting health, and facilitating wellness. As autonomous professionals, nurses care for individuals at their most intimate and vulnerable periods. It is through relationships with others that nurses demonstrate their caring as they gain an understanding of the human experiences of individuals (Masters, 2005).

American Nurses Association Code of Ethics (ANA) (2001) offers direction related to acceptable conduct for both registered nurses and students and provides a normative standard for the profession (Masters, 2005). The fundamental principles of the ANA Code of Ethics are: responsibility for actions and their consequences, accountability for competent practice, and advocacy for the patient (Potter & Perry, 1996). Values that epitomize health care ethics rely on the principles of respect, autonomy, beneficence, non-maleficence, and justice (ANA, 2001).

The value of respect applies to the concept of *human dignity* of all persons during all encounters with patients or other professionals. Nurses demonstrate this in ways as diverse as maintaining patient confidentiality to promoting patient autonomy (Hook & White, 2003). The term autonomy signifies the ability to self-rule or independently make personal decisions. For nurses, respect for patients' autonomy is demonstrated in activities such as obtaining informed consent prior to performing a procedure or allowing a patient to refuse a treatment (Masters, 2005). Beneficence puts the patients' welfare first. It speaks to the attitude of consistently doing "good" for another. This can be seen when nurses promote patient safety through the use of side rails on patient beds or properly disposing of sharp instruments. Non-maleficence means to "do no harm" or protect those who can not protect themselves. For professional nurses, this equates to maintaining competence and avoiding negligent care. Justice is the obligation to provide fair treatment to all persons regardless of their age, sex, religion, race, or economic status (Joel, 2003). Nursing values assure that patients receive humanist quality nursing care. Through interaction with nursing educators and professional nurses in the clinical environment, students learn the attitudes and values of the professional nurse and have opportunities to practice them as they care for patients.

Knowledge and Behaviors of the Professional Nurse

Nursing knowledge is rooted in nursing practice and clinical judgment. Professional nursing behaviors include activities such as maintaining and restoring normal life functions, observing and reporting signs of actual or potential change in psychological or physiologic status, developing and implementing a plan of care, counseling and educating patients and families about health-related concerns (Joel, 2003).

The professional nurses' role is inclusive of behaviors that promote health and contribute to patients' recovery and adjustment from illness. Inherent in the role is the support of patients' rights, emphasis on the mind-body-spirit connection, and a holistic view of the patient as an individual (Doenges, Moorhouse, & Geissler-Murr, 2005).

Unique to the field of nursing is the scientific method for problem-solving known as the nursing process. This clinical decision-making process serves as a framework for the delivery of nursing care and guides nursing behaviors. Because the nursing process is so integral to the practice of nursing, it is found in the conceptual framework for most nursing curricula and is incorporated into the definition of nursing in most state Nurse Practice Acts. The nursing process provides a method for nurses to organize thought processes specific to problem-solving and delivery of nursing care. For experienced nurses, the nursing process occurs almost instinctively when providing patient care. That is, it becomes tacit knowledge. For nursing students it requires considerable practice, feedback from faculty, and sound theoretical knowledge (Doenges et al., 2005). The nursing process is made up of five steps including: assessment, diagnosis or identification of patients' needs, planning, implementation, and evaluation. Used as a decision-making tool, the nursing process assures that the professional nurse is providing quality patient care.

The National League of Nursing Council for Associate Degree Nursing (2000) includes many of the above mentioned values and behaviors when noting the required competencies of associate nursing program graduates. However, they also identify communication, teaching and learning, collaboration, and managing care as essential core competencies for the associate degree graduate assuming a professional nursing role.

Communication is essential between the professional nurse and the patient, family and health care team members. Teaching and learning address patient/family education and the need to develop a sound educational plan. Collaboration requires the professional nurse to share planning, decision-making and assumptions of responsibility with the patient and others on the healthcare team. Managing care addresses the need for the professional nurse to efficiently and effectively prioritize and implement care, delegate aspects of care to assistive personnel, supervise and evaluate assistive personnel and utilize cost effective measures. These competencies address specific attributes required of the professional nurse.

Attainment of nursing knowledge and behaviors does not assure the attainment of a professional identity. It is the socialization process that is the means by which a student nurse acquires a professional nursing identity. This process of socialization will be discussed in detail in the final section of this chapter.

The next section, reviews the empirical nursing literature that informs the topic of professional identity development within nursing students. While each of these studies looks at nursing professional development, few of them speak to professional identity development from the perspective of two-year nursing students. Interestingly, a large number of the studies were completed outside of the United States.

Professional Identity Literature Related to Nursing Students

A review of the literature specific to professional identity development within nursing students found that three qualitative studies addressed the topic of development of professional identity in student nurses (Cook, Gilmer, & Bess, 2003; Fagerberg & Kilgren, 2001; Secrest, Norwood, & Keatley, 2003). A common thread among all three

studies was that the students attempted to make meaning of the experience of being a nurse. Two of the studies (Cook et al., 2003; Secrest et al., 2003) investigated students from the US, and one study looked at students from Sweden (Fagerberg & Kilgren, 2001). The studies showed that students' perspectives on what it *meant* to be a nurse were influenced by past and present experiences and they were not static. That is, their perspectives could change over time. All three studies used narratives to demonstrate that student nurses hold multiple perspectives related to nursing identity. Two studies showed that rudimentary perceptions of what it meant to be a nurse could be seen in individuals before they began school, in beginning nursing students, as well as those who have advanced within their programs (Cook et al, 2003; Fagerberg & Kilgren, 2001). Examples of some of the beginning students perceptions include “[nursing is] caring for, comforting, educating, tolerating...respecting an individual in need”; “Nursing is a helping profession based on holistic and scientific theories related to health and illness”; “[nursing is] establishing a therapeutic relationship with a patient with the goal of helping the patient” (Cook et al., 2003). Interestingly, over time, perspectives continue to evolve and develop (Secrest et al., 2003). Fagerberg and Kilgren (2001) showed that professional identity development continued even after nurses graduated and began professional practice. For example, during the first year of nursing school, several participants acknowledged that having the patient in focus meant giving them good care and having a comprehensive view of the patient. In the second year, the students recognized the need for increased knowledge. They recognized that affection toward older patients was insufficient to give proper care. By the last year of nursing school, the students recognized the “multifaceted’ nature of nursing and the need for nurses to be

coordinators of care. Two years after graduation, the nurses saw the need to create an atmosphere of trust and communication, prioritize work, collaborate with other colleagues, and question physician orders when necessary.

These findings show that students create meaning of the nursing experience. Their identity evolves as their perspectives continue to develop. It is unclear whether the perspectives those students develop, about what it means to be a nurse, continue to evolve years after graduation, or if there is a leveling-off of professional development at some point within a nursing career.

Professional Values in Nursing Education

In the field of nursing, professionals are frequently confronted with complex ethical and moral dilemmas. In order to critically analyze and manage these events, it is essential that nurses possess values associated with the profession of nursing including caring, altruism, autonomy, human dignity, integrity, and social justice. Three quantitative research studies investigated the development of professional values in student nurses (Eddy, Elfrink, Weis, & Shank, 1994; Martin, Yarbrough, & Alfred, 2003; Thorpe & Loo, 2003). Eddy et al. (1994) defined professional values as “standards for action that are accepted by the practitioner and/or professional group, and provide a framework for evaluating beliefs and attitudes that influence behavior” (p. 257). The researchers compared student values to faculty values. Results of the study showed that faculty values of freedom, equality, and human dignity were significantly higher than student values. Thorpe and Loo (2003) found that personal development and altruism were rated as the most important values of the nursing students studied. Martin et al. (2003) who studied graduating nursing students from BSN and ADN programs found

little difference between the two different types of programs on the Nurses Professional Values Scale, however, ADN students scored higher on five subscales. More notably, men from both the BSN and ADN programs scored significantly lower than women on the total scale and all subscales. Ethnic groups differed in responses related to respect for human dignity, safeguarding the client and public, and collaborating to meet public health needs.

Findings from the studies demonstrate that fostering professional value development is important within nursing programs. In order to promote integration of professional values in nursing students, educators need to implement teaching and mentoring strategies that meet the unique needs of diverse student populations (Martin et al., 2003; Thorpe & Loo, 2003). Thorpe and Loo (2003) recommend that early in their educational program, students have opportunities for self-discovery and self-assessment of their own personal values. If students are to adopt professional nursing values, they must have an understanding of their current values to determine if there is a need to alter or change them as they adopt the values associated with the professional nurse.

Socialization into the Professional Role

The final section of this chapter discusses the significance of socialization into a professional identity. Included is the empirical literature related to socialization of student nurses.

Professional socialization is generally defined as the *process* of developing the professional attitudes, values, and beliefs which then become internalized within an individual (Harrington, 1995; Nessler, Hanner, Melburg, & McGowan, 2001, Newman,

2005). Definitively, the literature shows that it is professional socialization that provides the student with an opportunity to be exposed to the unique culture and norms of the profession, practice them, and eventually integrate them. Socialization of students offers opportunities to enhance, and when necessary, modify values and behaviors previously learned so that they more closely align with traditional nursing values (du Toit, 1995). Early socialization of student nurses into professional educational experiences can afford opportunities for a heightened sense of professionalism as the students participate in professional practice.

Socialization Literature Related to Nursing Students

For student nurses, professional identity is formed as they are exposed to nursing faculty or professional nurses with whom they interact during clinical experiences. It is during these clinical experiences that students are exposed to the real world of the professional nurse. Students progress in the socialization process by observing nurses and participating in the nursing role. Professional nurses share their knowledge, expertise, and critical thinking skills as it relates to patient care, peer interaction, and decision making. It is during these interactions with educators and mentors that students learn to think like a nurse and act like a nurse (Holland, 1999).

Several nursing studies address the complexity of the socialization process (Gray & Smith, 1999; Holland, 1999; Howkins & Ewens, 1999). Other studies look at the role of mentoring or acculturation of students into the profession (Attack, et al., 2000; du Toit, 1995; Gray & Smith, 2000; Harrington, 1995; Philhammar Anderson, 1993; and Reutter, Field, Campbell, & Day, 1997).

Three studies looked at socialization as a *process* (Gray & Smith, 1999; Holland, 1999; Howkins & Ewens, 1999). Two studies conducted by Holland (1999) and Howkins and Ewens (1999) suggest that the socialization process is complex, nonlinear, and influenced by factors other than the educational process. Both studies were qualitative in nature and explored how students' role identities changed and developed during professional training. Howkins and Ewens (1999) investigated students at the beginning of a course, the end of their course, and six months after graduation to determine their degree of professional development. The results showed that through socialization some students experienced an increased sense of autonomy, political awareness, and teamwork. Students' past experiences and diversity of beliefs and values influenced the changes that each individual student experienced. Holland (1999) found that many students' current experiences also influence their professional development. She found that many students are employed in health care while they are students and the dual role of student and health care worker creates role confusion, which affected the transition from student to professional nurse. Holland (1999) asked the following question: "if students are undertaking both roles simultaneously, when and how do they learn to internalize professional and occupational role culture and its associated accountability"? (p. 233).

In contrast to the above studies, Gray and Smith (1999) completed a longitudinal, qualitative study of British diploma nurses. The researchers found that students progress through a hierarchical and sequential process of professional socialization, which include developmental phases such as anticipatory anxiety, cultural shock, fitting in, adaptation, and acceptance. Another notable contribution from this study was the connection of

mentoring to professional socialization. Gray and Smith found that a quality mentorship is crucial to professional socialization.

Five additional studies further inform the topic of socialization of students into the profession of nursing. Four of the studies were qualitative in design (Atack et al., 2000; Harrington, 1995; Pilhammar Anderson, 1993; Reutter, Field, Campbell, & Day, 1997). All four studies demonstrated that relationships with professional nurses were critical in the professional identity development of nursing students. du Toit (1995), using a quantitative design, described socialization as an acculturation process in which students transform from a novice to professional and internalize the values, norms, and symbols of the profession. She found that students experienced socialization by interacting with both faculty and professional nurses who served as role models. Students' professionalization is strongly influenced by socialization provided by both faculty and other professional nurses (du Toit, 1995; Reutter et al, 1997). Interactions with staff had the capacity to create positive relationships and influenced how students perceived themselves as nurses (Atack et al, 2000; Pilhammar Anderson, 1993). Atack et al. (2000) found that students experienced positive relationships with staff, which ultimately were perceived as positive learning experiences. Students reported that positive relationships with staff were those where students were treated as "junior colleagues" and where staff shared their knowledge and decision-making. In addition, Pilhammar Anderson (1993) found that when mentors are unavailable, students are left to create their own self-concept, which has the potential to lead to misconceptions related to the professional role.

Two studies described socialization as a weaving of academic and practical experiences (Harrington, 1995; Reutter et al., 1997). Harrington (1995) found that

socialization occurred as a result of an interlinking of personal growth, a body of knowledge, critical thinking, and communication that ultimately leads to a professional change of students. Reutter et al. (1997) described student socialization as two separate processes involving socialization into the *student role* that involves learning nursing skills, responding to expectations of others, and creating a self-identity as a nurse and socialization into the *professional role* related to norms, values, and behaviors. According to Harrington (1995), who completed a study related to socialization of nurses returning to school to complete a baccalaureate in nursing degree, socialization can occur formally through the acquisition of knowledge and skills and informally through identification with role models.

The literature shows that researchers do not agree on how the process of socialization occurs or even exactly when it occurs. However, the literature does support the belief that socialization of students is a necessary component in the professionalization process. It affords students an opportunity to learn what it means to “be a professional nurse” and eventually take on a professional identity, including the attitudes, skills, values, and behaviors of a professional nurse.

Fostering Professionalism in Nursing Students

Studies in this review demonstrate that fostering professionalism is a necessary component of the development of professional identity and the socialization process. The American Association of Colleges of Nursing (1998) state that in order to foster professional nursing attitudes, values, and behaviors, students must be afforded opportunities:

that support empathetic, sensitive, and compassionate care for individuals, groups, and communities: that promote and reward honesty and accountability; that make students aware of social and ethical issues; and that nurture students' awareness of their own value systems, as well as those of others (p. 9).

The review of literature shows that while no studies exclusively investigated the topic, a significant number offered suggestions for fostering professional development of students (Atack et al., 2000; Cook et al., 2003; Eddy et al., 1994; Gray & Smith, 1999; Gray & Smith, 2000; Hughes et al. 2003; Thorpe & Loo, 2003). Hughes et al. (2003) showed that nursing students experience significant anxiety, depression, and decreased self-esteem while in their educational program. Creation of a nurturing learning environment may be an appropriate strategy to offset some of the negative feeling that students experience. Positive treatment of students in the form of respect, acknowledgement and shared knowledge has the potential to enhance a student's self-concept and create an affirming environment (Atack, et al., 2000; Hughes et al., 2003). Both praise and constructive criticism demonstrates to students the commitment of faculty. Furthermore, it contributes to the development of a positive professional self-esteem and creates a sense of collegiality between the student and educator.

Hughes et al. (2003) investigated the process of peer group support as an approach to fostering professional development. Results of the study showed that peer groups are ineffective at promoting positive emotional well-being or professional socialization of students. The researchers hypothesized that the peers were also experiencing emotional distress and therefore could not support their fellow students.

Therefore, it remains the responsibility of educators and professional peers to foster professional identity development.

Role-modeling and mentoring are appropriate strategies for promoting professional identity development (Eddy et al., 1994; Gray & Smith; 1999; Gray & Smith, 2000). Faculty who role-model the values of sensitivity and empathy can help to foster their development within students (Eddy et al., 1994). Mentors who partner with students in learning experiences, such as decision-making and problem-solving, help students form a better understanding of what it means to be a professional nurse. This implies that socialization is more than a passive process. Atack et al. (2003) found that mentors and students can gain further insight into each other's perspectives through reflection and open dialog.

Mentors' attitudes have the ability to influence a student's role identity and perception of the field of nursing. For example, Gray and Smith (2000) found that:

Students talked of how it was a breath of fresh air to have a mentor who was still enthusiastic about her job and not planning to leave the profession or feeling demoralized. It gave them hope for the future when they came across such positive role models (p.1547).

The literature offers the additional recommendation of incorporating changes into current nursing school curricula when considering methods to foster professional identity and development. Early in the educational process, as students are beginning to take on a professional identity, topics such as ethics, patient-provider communication, finance, and interdisciplinary issues could offer students a forum for discussion of the complexities of the professional nurse (Cook et al., 2003). Eddy, et al. (1994) suggested

that students be encouraged to attend professional meetings or write legislators about health care policies as a means of emphasizing professional role responsibilities.

These findings suggest that a professional identity can be fostered by faculty and professionals who mentor the student. The findings further suggest that for the continued development of the profession of nursing, it is imperative that professional nurses strive to embody positive examples of the professional nurse when interacting with student nurses. As students internalize the attitudes, skills, values, and behaviors that they observe, they too will take on a positive identity of the professional nurse.

Summary

This literature review provides the contextual framework for this research study, including an overview of nursing education, a historical description of the evolution of associate degree nursing, and the competencies required of the graduates. Included is a discussion of the theoretical lens of the study, specifically structural functionalism and reference group theory. These frameworks guide the study and explain how groups create stability among themselves, and how individuals become socialized into a professional role. Also, included is a review of the literature on professional identity and specifically the literature on professionalization of nursing students. The final section of this chapter discusses the literature related to socialization of nursing students into the professional role and the methods faculty and mentors can employ to foster professionalism within the students.

The results of the literature review reveal that students enter the profession seeking an understanding of what it is to “be a nurse.” Throughout their educational

journey and through the socialization process, they learn the norms of the profession that are required to function as a professional nurse. The students past history including personality traits, life experiences, and development across the life and career span influence their professional development. Faculty and mentors play a pivotal role in the students' development. For this reason, it is imperative that the educators gain a clearer understanding of the socialization process.

Students aspiring to become nurses may begin to take on the values and behaviors that they perceive to be norms of the profession, but without practice into the actual behaviors it is nearly impossible to attain them (Hyman & Singer, 1968). Therefore, if students are to learn acceptable role behavior and norms of the profession, it is essential that educators afford opportunities for students to interact with role models who emulate expected nursing behaviors. Furthermore, socialization affords the student an opportunity to practice normative values and behaviors. Students observe nurses in the practice setting and gain valuable insight into what it means to be a nurse. In this same setting, under the guidance of faculty or other role models, students can compare themselves against experienced nurses and eventually internalize the role of the professional nurse as they begin to practice the role in the clinical setting.

At first glance, it would seem that the development of a professional identity for student nurses should be a natural outcome of the educational process. Nurse educators should offer students opportunities to socialize with professional nurses and students would then, over time, take on a professional identity. However, as the review of literature reveals, the process is not quite so simple. The creation of a professional identity for student nurses is an involved process that develops over time and is greatly

influenced by multiple factors. Through knowing and connecting with professional nurses, including faculty and professional peers, students begin to be socialized into the profession of nursing. The socialization process assists the student in developing professional attitudes, values, beliefs, skills, and behaviors needed to become a professional nurse. The literature encourages nurse educators and mentors to develop authentic relationships with their students where they can assist students to transition into the role of the professional nurse. This transition occurs as the students internalize the values and norms associated with the professional nurse and create their own professional identity (Harrington, 1995). Holland (1999) relates the socialization process to teaching students how to “act like a nurse.”

Professional socialization and professionalization of student nurses cannot be left to chance. Nursing professionals create the professional identity that is assumed by the student nurses. As such, professional nurses are challenged to create a positive image of nursing, where nurses are proud of their accomplishments and contributions to health care. Faculty and professional nurses who serve as role models are those persons who are in the best position to make this happen. Development of professional identity requires mentors and role models to do more than create an environment where students have opportunities to master the knowledge and skills of a professional nurse (Tracy, Samarel, & DeYoung, 1995). While demonstration of values, skills, and behaviors of the professional nurse are important, faculty and mentors also need to use strategies such as dialog and reflection with students to investigate perceptions that are held by the students about the profession of nursing. Faculty and role models need to share their own personal views related to role responsibilities, attitudes, values, and ethics of the

professional nurse with the students. Role models need to demonstrate their authentic selves in both words and actions. They need to encourage students to do the same as they take on a professional nursing identity.

As the literature shows, professional identity development and socialization into the profession is of great interest to both adult educators and nursing educators. However, despite all the interest, questions remain on what it means to be a professional nurse to associate degree graduates. The nature of their lived experiences related to becoming a professional nurse and what it means to them to be socialized into the profession of nursing has not yet been investigated. Associate degree nursing programs produce nearly half of the graduate nurses entering the work force. Their experiences need to be included in the current literature on professional identity development for nursing.

CHAPTER 3

METHODOLOGY

This chapter provides a review of the purpose of the study, statement of problem and the research questions. Included is a comprehensive explanation of qualitative research, the phenomenological methodology, including the hermeneutical approach, and a description of the background of the researcher. Also provided is a discussion of the participant selection procedure, data collection, analysis methods, and strategies that will be utilized for verification within the study.

Purpose of the Study

The purpose of this study is to investigate the nature of the lived experiences of becoming a professional nurse and the nature of being socialized into the profession of nursing. The study will explore, describe, and ascertain the meaning of being a professional nurse for two-year associate degree graduates.

Problem Statement

Nursing researchers have questioned how students make meaning of the professional role and have investigated the socialization of student nurses. The literature supports the notion that socialization of students is a necessary component in the professionalization process. Failure to be adequately socialized into the desired professional role leads to imminent difficulty for the new professional to be successfully accepted into the profession. While a significant amount of research has been completed on socialization of nursing students attending programs predominantly completed outside

of the United States, baccalaureate programs, and Registered Nurse (RN) to Bachelor of Science (BSN) completion programs, none has looked specifically at those students who attend two-year associate degree nursing programs. In addition, even though nurse educators are appreciably involved in the socialization process, their voice is all but nonexistent in the literature investigating socialization of nursing students. As such, further research in these areas is warranted.

Research Design Overview

Research can be defined as a “systematic, purposeful, and disciplined process of discovering reality structured from human experiences. Research is a matter of process as well as outcomes” (Merriam & Simpson, 2000, p. 5). The two main research paradigms, quantitative and qualitative are each unique in design, purpose, and outcome. The design of this study fits within the qualitative research paradigm.

Qualitative Research Paradigm

Qualitative research seeks to explore, explain, or describe an area of research interest (Marshall & Rossman, 1999). It is a field of inquiry that crosscuts disciplines and allows the researcher to study an issue in-depth and in detail (Patton, 2002). The research questions guide or provide a focus for any research study. As this study is attempting to investigate the essence of individuals’ lived experiences surrounding socialization and professional identity development of associate degree student nurses, the qualitative reach is the most appropriate research approach.

The purpose of qualitative research, also known as naturalistic or descriptive inquiry, is to study the meanings people make of their life experiences within a particular

environment and at a particular point in time (Merriam, 2002). It is conducted in natural settings, utilizing multiple methods of data collection including interviews, direct observation, or written documents. Analysis of findings is an inductive process.

In order to understand qualitative research, it is important to recognize some underlying characteristics or assumptions associated with this form of inquiry. First, the unique essence of qualitative research is the belief that individuals socially construct reality as they interact within their environment at a given point in time, and in a particular context. As such, interpretations of reality are subject to change based on the lived experiences, the time period, and the interpretation of personal meaning made by those being studied (Denzin & Lincoln, 2005; Merriam 2002). Qualitative researchers attempt to understand and make sense of a situation from the participant's perspective. In other words, truth is seen as subjective, and socially constructed. There are multiple realities that can describe what is being investigated. The primary purpose of qualitative research is to gain an understanding of how people make meaning out of their lives (Merriam & Simpson, 2000).

Qualitative research generally involves field work. This requires that the researcher have direct and personal contact with the participants in order to learn the realities and details of the phenomenon being studied. Patton (2002) explains that if the researcher is to "get at the deeper meanings and preserve context, face-to-face interaction is both necessary and desirable" (p. 49).

Another characteristic of qualitative inquiry is that the researcher is the primary instrument for data collection and analysis. Qualitative researchers utilize multiple interconnected approaches that seek to get at a better understanding of the subject matter.

Since each approach makes the world visible in its own unique way, qualitative researchers attempt to utilize a wide range of interpretive practices within the study (Denzin & Lincoln, 2000). As the instrument of data collection, the researcher is expected to consider the context of the entire phenomenon, simultaneously process the data, if necessary, revise data collection procedures, and clarify atypical findings (Merriam & Simpson, 2000). Immersion in the graduates descriptions of their lived experiences related to socialization and professional identity development was essential during this study. It is their voices that are shared during this study.

Qualitative research is fundamentally interpretive in nature (Marshall & Rossman, 1999). The researcher does nothing to manipulate the phenomenon of interest. Instead, the study has no predetermined course and, as such, evolves naturally. Data analysis requires the researcher to use complex reasoning to extricate themes, patterns, and insights that emerge from the data. The findings obtained from qualitative studies are then presented in rich descriptive detail (Patton, 2002). Through immersion in the details and specifics of the data, the researcher discovers important themes and interrelationships. Then through confirming, guided by analysis, the researcher eventually is able to synthesize the findings (Patton, 2002). This is done with an attitude of neutrality toward the findings of the study. The researcher does not attempt to prove a particular perspective or manipulate the data to achieve a predisposed truth (Patton, 2002).

Finally, qualitative research is not meant to be generalizable. Denzin and Lincoln (2000) define generalizability as the “degree to which the findings can be applicable to other populations or sample” (p. 786). It focuses on the degree that the findings are

representative of a larger population. In this study, it is recognized that the findings, which are rich and descriptive, are reflective of the participants involved in this study.

Phenomenology

Phenomenology is a recognized qualitative research approach that critically and rigorously investigates the perspectives surrounding human experiences. This research approach attempts to learn how humans make sense of their experiences and then transform them into consciousness. Phenomenological research assumes that the essential truths about reality are grounded in peoples' lived experiences (Patton, 2002).

Phenomenology has been in existence for centuries but it was during the twentieth century that it became commonly practiced and written in the works of Schultz, Husserl, Heidegger, Sartre, and more recently in the writing of Giorgi, Moustakas, and Van Manen. From a historical point of view, German philosopher Edmund Husserl (1859-1938) is generally attributed with developing phenomenology as a philosophical tradition. Husserl believed that phenomenology was the study of how individuals describe and experience things through their senses. Foundational to his beliefs was that "*we can only know what we experience* by attending to perceptions and meanings that awaken our conscious awareness" (Patton, 2002, p 104-105). Husserl was most concerned with the epistemological question *how do we know?*

Most of the tenets of phenomenology are derived from the works of Alfred Schultz (1899-1959) who attempted to bridge social phenomenology with Husserl's philosophical phenomenology. Schultz believed that the social sciences should focus on the ways that individuals produce and experience their world. He held that the subjective perspective is essential if the researcher is to understand how social objects are made

meaningful (Holstein & Gubrium, 1994). Schultz believed that language is the essential medium for conveying information and transmitting meanings.

Both Husserl and Schultz recommended bracketing or setting aside one's taken for granted orientation or assumptions toward the phenomenon of study. Husserl used the terms phenomenological reduction, *epoche*, and bracketing interchangeably to refer to the reflective process by which all ontological assumptions surrounding the nature and essence of the phenomenon are suspended, while the researcher focuses on the individual's perceptions of the phenomena. Husserl believed that bracketing was necessary in order for the researcher to understand the phenomena without prejudice (LeVasseur, 2003). After bracketing out personal biases, the researcher must dwell with the phenomenon until pure meaning surfaces (Parse, 2001). A phenomenological study incorporates three major processes that are closely related but distinct in operations. These processes, intuiting, analyzing, and describing, will occur simultaneously during the study (Parse, 2001). Intuiting occurs through deep contemplation of the meaning of the phenomenon described by participants. Analyzing looks for distinguishing characteristics and common connections within the lived experience. Describing is the process which requires that the researcher attend to the manifestations of the phenomenon and specify the meaning of a lived experience (Parse 2001). Husserl's phenomenological perspective is commonly referred to as transcendental, descriptive, or eidetic phenomenology.

Martin Heidegger (1889-1976), a student and colleague of Husserl, departed from the notion of bracketing because he believed that individuals cannot bracket personal biases. Instead, he asserted that it is the personal biases that create the lens through

which the researcher views the phenomenon. Heidegger was most interested in the ontological question *what is being?* By bringing together Husserl's views (with some modification) and combining them with those of existential philosopher Søren Kierkegaard, Heidegger is credited with the development of existential phenomenology (Parse, 2001). Heidegger emphasized the idea of "being in the world." He felt there was no pure reflection "because reflection was, as all conscious is, intentional and, therefore, never completely unintentional with or separated from the world" (LeVasseur, 2003, p. 414). Heidegger believed that all human awareness, and thus all description, is already interpretive. Heidegger's phenomenological perspective is considered existential, interpretive, or hermeneutic phenomenology. In addition to Heidegger, the writings of Ricoeur and Gadamer have added to the understanding of hermeneutics.

Hermeneutics

Hermeneutics relates to the theory and practice of interpretation. Parse (2001) explains that the purpose of hermeneutic phenomenology is to uncover otherwise concealed meaning in the phenomenon that is not readily visible through intuiting, analyzing, or describing. Hermeneutics phenomenologists believe that meanings are not readily given to us. Instead, we must construct reality based on the interpretations of data provided from the participants.

Historically, hermeneutics comes from the Greek *hermeneuin* – to interpret. In Greek methodology, the god Hermes interpreted messages from the gods to the people. In modern times, it is also seen as an interpretive process for interpreting literary works, especially biblical and classical texts (Parse, 2001). Patton (2002) explains that for a text to be interpreted, it is necessary to know what the author wanted to communicate.

Ultimately, “the meaning of a text is negotiated by a community of interpreters, and to the extent that some agreement is reached about meaning at a particular time and place, that meaning can only be based on consensual community validation” (Patton, 2002, p. 114).

Foundational to the understanding of hermeneutics is the hermeneutical circle which forms the basis of interpretation and includes: background, pre-understanding, co-constitution, and interpretation. *Background* is the notion that all individuals have a history or background that influences their understanding of the world. *Pre-understanding* is the term used by Heidegger to explain his viewpoint that all individuals come to a situation with a story or pre-understanding (Koch, 1995). The concept of *co-constitution*, one of Heidegger’s most important assumptions, stresses the enduring unity between the person and the world. Koch (1995) explains that “this means being constructed by the ‘world’ in which we live and at the same time constructing this world from our own experiences and background” (p. 831). The person is situated in the world, complete with cultural, historical, and social contexts. Finally, *interpretation* implies that a person’s background influences every interaction.

Hermeneutic interpretations require that the researcher dwell with the descriptions and go beyond, by shifting the discourse from the concrete to the abstract. Inferences can be made by fusing the hidden and disclosed meanings (Parse, 2001). This occurs as the researcher guides the interview and peels away the layers of meaning in order to capture the true essence of the lived experiences.

As this brief overview describes, there are multiple perspectives associated with phenomenological research. All of them serve as a method of discovery. Phenomenology

attempts to understand how meaning is constructed and how individuals make sense of their world. It is the subjective experiences of the associate degree graduates that inform this study. Since the interpretive/hermeneutic phenomenological approach was used, the researchers personal beliefs were not bracketed out of this study instead they provided the lens and perspective for the study. The researchers previous understandings, background, past experiences, and place in the world were all influential in the interpretation of this study.

Research Questions

The questions that guide this study are (a) what is the nature of the lived experience of becoming a professional nurse? (b) what is the nature of being socialized into the profession of nursing? and (c) what does it mean to be a professional nurse? Participants needed to share their meanings of being a professional in order to recognize their personal professional identity and share the experiences of being socialized into it.

Background of the Researcher

From a professional perspective, I am a nurse. I feel strongly that nursing is not something that one does; rather, it is something that one is. I have been practicing as a professional nurse for more than twenty-five years. The first ten years were spent as a medical/surgical nurse working in an acute care hospital. I enjoyed these years as a practicing professional where I cared for patients and was a member of a team of nurses who truly enjoyed their jobs. Since the hospital where I practiced was a teaching hospital, I frequently interacted with students and nurse educators. Having students as a

part of the nursing team afforded me opportunities to share my knowledge and serve as a professional mentor. The next ten years of my professional life were spent as a staff development instructor whose responsibility included educating nursing staff members across the professional continuum from novice practitioner to expert. It was during this time that I recognized my love of teaching. The last five years of my professional life have been spent in academia, educating associate degree nursing students. As a nursing instructor, I've have had the opportunity to educate students at various levels during their associate degree education. The concept of professional identity *development* becomes obvious when interacting with students who are at various level of their education.

My interest in the topic of professional identity development was sparked by the vast differences that I have seen during my career between novice students, students nearing graduation, and practicing professional nurses. These differences have led me to ask the following questions: (a) what does it mean to be a professional nurse to a nursing student or graduate? (b) what lived experiences have led to the dramatic differentiation in skills, language, values, and behaviors between these groups? (c) what is the experience of being socialized into the professional nursing role? and (d) as a faculty member, how can I enhance the socialization experiences and foster professional identity development in my students? This research study evolved out of my natural curiosity surrounding these issues and questions.

After joining the field of academia and beginning my doctoral education, I began to review the nursing literature associated with the topic and quickly realized that there was no appreciable literature that looked specifically at the socialization and professional identity development of associate degree student nurses. The studies that were done

looked predominantly at baccalaureate nursing programs or nursing programs outside of the United States. For this reason, it became apparent to me that additional research was needed in this area.

Participant Selection Procedures

A small purposeful sample was used for this study. Patton (2002) notes that the logic and power of a purposeful sample lies in selecting “information-rich cases” (p. 230). These information-rich cases represent individuals who can provide the researcher a great deal of information about the subject being investigated. According to Patton (2002), sampling is terminated when no new information is obtained during data collection and content analysis.

A criterion-based-selection procedure was used for selection of study participants. Participants included graduates selected from multiple two-year associate degree nursing programs located within a hundred mile radius of the researcher’s home in south central Pennsylvania. The graduates were asked to share their experiences associated with the lived experience of acquiring a professional identity and being socialized into the profession of nursing. They also were asked to discuss what it meant to be a professional nurse.

The schools selected for the study were those where the researcher had nursing colleagues who were willing to help solicit students nearing graduation. Students were recruited using a recruitment letter that thoroughly outlined the study, selection criteria, and expectations of the participants. See appendix A for a copy of the recruitment letter. Selection of participants was based on the following criteria:

1. The graduates had to have no previous work experience within a professional discipline. This was important since this study was seeking to gain an understanding of socialization into a professional identity for associate degree nursing graduates. Previous professional identity within another discipline may have influenced the professional identity development in these students.
2. The graduates had to agree to at least two face-to face, audiotaped interviews.
3. All initial interviews had to occur within the first three months of their graduation from their associate degree nursing programs.

Data Collection and Analysis Procedures

Data Collection

After participants were selected for the study, they were contacted to answer any preliminary questions and confirm their understanding of the nature of the investigation. In accordance with the Pennsylvania State University Office of Research Protections and prior to any interview, informed consent and permission to audio-tape interviews was obtained from all participants. One copy of the consent was retained as part of the research records and one was returned to each participant. Participants were informed that their identity would remain confidential and that pseudonyms would be used in the study. In addition, they were informed that they could withdraw from the study at any time without concern of penalty. See Appendix B for a copy of the Informed Consent.

A pilot study was completed prior to the actual study. One participant for the pilot study was selected from respondents who met all required criteria identified in the research study. The pilot study served as an opportunity to validate the interview

protocol and determine participants' potential reactions to questions. Findings from the pilot study were useful in determining if the proposed questions would elicit the requested information or if questions need to be restructured. After reviewing the transcript of the pilot study, it was apparent the collected data provided valuable information that appropriately informed the study and therefore the data was included as part of the actual study.

The primary data collection method for this research study was in-depth, face-to-face interviews with the graduates. All interviews were completed in locations selected by the participants including their places of employment, schools, and private residences. In a hermeneutical study, the researcher recognizes and makes explicit his/her perspectives related to the phenomenon of study. Therefore, during this study the researcher openly shared her feelings and reflections when appropriate. However, it was ultimately the participant's meanings that were being sought and therefore the researcher's thoughts and perceptions related to socialization and professional identity development were shared only as a means to stimulate conversation and support the participants' sharing of their lived experiences.

A semi-structured interview style was utilized in this study. In a hermeneutical study, the initial interview is utilized to ascertain the meaning of the lived experiences without leading the discussion (Speziale & Carpenter, 2003). Interview questions were prepared and utilized as a framework for the interview. The semi-structured format assures that the questions are asked that focus on key areas but still allow for flexibility during the interview process. The strength of the semi-structured interviewing format is that it allows the participants' stories surrounding their lived experience "to unfold as the

participant views it, not as the researcher views it” (Marshall & Rossman, 1999, p. 108). In addition, the semi-structured format provides the researcher the ability to stay focused, explore, and ask in-depth questions that will elucidate the layers of meanings that lead to the essence of the experience for the participants (Patton, 2002). The interviews ended when the participants had exhausted their descriptions surrounding socialization and professional identity development of associate degree students. See Appendix C for a copy of the Interview Guide.

Focus notes were made during the interview. These notes serve several purposes. They aided in addressing needed follow-up or clarification with additional questions and served as a backup if the tape recorder malfunctioned. Detailed field notes were also made following each interview including details about the interview, participants’ reactions to questions, information on the researcher’s perceptions on how well the interview went, and her thoughts on the quality of the information obtained. The post interview notes and reflection were essential in assuring rigor and dependability of the study (Patton, 2002).

Verbatim transcripts were provided to the participants so that they could verify content and interpretations. Each participant was asked to participate in a follow-up interview. The second interviews were used to clarify or elaborate on ambiguous areas of the description and provide an opportunity for participants to add additional thoughts or perspectives on socialization and professional identity development that may have been missed on the initial interview. It was used to correct any misinterpretations of findings on the part of the researcher. Participants were instructed that they could contact the

researcher by phone, email, or in person if there were any additional information that they would like to share.

Data Analysis

Phenomenological analysis attempts to obtain and reveal the meaning, structure, and essence of the participants' lived experience (Patton, 2002). Data analysis occurs simultaneously with collection. Analysis required that the researcher become immersed in the data. This was essential in order to preserve the uniqueness of the each participant's lived experiences while gaining an understanding of the socialization and professional identity development of the participants (Speziale & Carpenter, 2003). Analysis of the data required the search for meaning units, either disclosed or hidden, by reading and rereading the transcripts. All meaning units that emerged were categorized against subsequent data. Patton (2002) explains that this constant analysis allows patterns to take shape as themes emerge, and in the later stages of the research, to bring closure as insights deepen and patterns are confirmed through deductive analysis.

Themes that emerged during the data collection and analysis elucidated the meanings that lead to an understanding of the essence of the phenomenon. All themes and sub-themes were then coded. Each category or meaning unit was "internally consistent but distinct from one another" (Marshall & Rossman, 1999, p. 154). Colored highlighter markers were used for coding the help distinguish the emerging themes related to professional development as described by the participants. Patton (2002) recommends that the data be examined for both convergence (themes that connect) and divergence (deviant cases that don't fit identified themes). Analysis of these findings ended when the meanings generated from the graduates were interpreted and there was a

final description explaining the nature of acquiring a professional identity, the socialization process, and the meaning of professionalism for: (a) each of the participants; and (b) common themes across the participants.

Verification

Four distinct but interrelated criteria were utilized to verify the quality, rigor and trustworthiness of this study. These criteria include credibility, dependability, confirmability, and transferability. Specific strategies to meet each criterion will be discussed.

Credibility

Credibility, authenticity, and internal validity are terms that are frequently used interchangeably to address the issue of whether the findings of the study are believable. Credibility is considered a strength of qualitative inquiry (Merriam, 2002). Strategies used in this study to assure credibility include: prolonged engagement, member checks, peer review, and triangulation.

Speziale and Carpenter (2003) assert that prolonged engagement is one of the best ways to assure credibility during a qualitative study. In a hermeneutical study, prolonged engagement is essential for proper analysis. Prolonged engagement refers to the process of submerging oneself into the data collection phase over a period of time that assures that the researcher gains a true understanding of the phenomenon of study (Merriam, 2002). In this study, prolonged engagement was employed through the process by completing the initial in-depth interviews with participants, along with subsequent follow-up interviews and then repeated listening to the audiotapes and reading of the

transcripts. Taking into consideration the hermeneutical circle as a basis of interpretation, eventually this led to the analysis and interpretation of the findings.

Another way credibility was assured during this study was by member checks. During this study, member checks occurred when participants were asked to review their transcripts and biographical information for accuracy.

Peer review is an additional strategy that assures credibility. Peer review is the process of ascertaining feedback on data collection and analysis of findings from a colleague. This was accomplished by collaborating with a peer reviewer throughout the study.

Triangulation serves as yet another strategy to promote credibility. Patton (2002) explains that triangulation adds to credibility by combining multiple methods, observers, theories, or data sources within a study. During this study, there were multiple interviews with multiple participants from different schools that strengthened the confidence of conclusions drawn in this study. Analytical triangulation occurred when the participants had an opportunity to react to the findings that were described and concluded during the study.

Dependability

In qualitative research, dependability is reliant upon the rigor or trustworthiness of the study (Patton, 2002). Speziale and Carpenter (2003) recommend that the researcher ask “How dependable are these results?” (p.38). The answer to this question is based on the appropriateness of methods and techniques used throughout the study. Merriam (2002) explains that the methods that researchers can use to ensure dependability are triangulation, peer review, researcher reflexivity, and an audit trail.

Triangulation and peer review have already been discussed. Researcher self-examination, also known as researcher reflexivity, is evident, as expected in a hermeneutic study, when the researcher shares perspectives during the interviewing process and considers one's history and experiences during the analysis process. Researcher reflexivity would also be seen in field notes written after each interview and journal entries that are recorded throughout the inquiry process that describe the researchers thoughts, feelings, and reactions concerning the study.

Finally, these notes and journals all serve as part of an audit trail during this study. The audit trail includes researcher reflections, questions, and solutions to problems during data collection, interactions with data during analysis and interpretation. Ultimately, the audit trail becomes the detailed account of how the research was conducted and how the data was analyzed (Merriam, 2002).

Confirmability

Confirmability refers to the degree that other investigators could confirm the findings of a given study. Through the above discussed audit trail and the detailed record keeping of each interview and peer review session, another researcher should clearly be able to recognize how the interview findings and interpretations of this study led to the identified conclusions.

Transferability

Transferability is the likelihood that the findings of the study may have meaning to others in a similar situation (Speziale & Carpenter, 2003). Transferability relies on the researcher providing thick, rich findings so that the reader could reach a conclusion as to

whether the findings are transferable to another situation. It is the responsibility of the reader to determine if the findings of the study are applicable in another setting.

The rigorousness and trustworthiness of this qualitative study is assured through the credibility, dependability, confirmability, and transferability strategies employed throughout the research process.

Summary

This chapter provides a review of the purpose of the study, statement of problem and the research questions. Included is a description and rationale for the use of the qualitative, phenomenological research methodology. The chapter provides the background information about the researcher and why this study is important to her as a nurse educator. It thoroughly describes the criteria for participant selection, research data collection, and analysis methods. Finally, the chapter reviews ethical considerations related to confidentiality of participants and strategies employed to verify quality, rigor, and trustworthiness of the study.

CHAPTER 4

RESEARCH FINDINGS

The purpose of this study was to explore, describe, and ascertain the meaning of being a professional nurse for two-year associate degree nursing graduates. This chapter is organized into two sections. The first section provides a biographical profile of each of the ten study participants. The second section includes a comprehensive discussion of the findings. Included are excerpts from the verbatim transcripts which serve to answer the research questions and broaden the understanding of the lived experience of becoming a nurse for the associate degree nursing graduates.

Participant Profile

The participants in this study are typical of the demographics of most registered nurses in the United States. According to the American Nurses Association (2006), greater than 80% of professional nurses are White (non-Hispanic); 95% are female; and approximately 40% are age 25 or younger at the time of graduation. All participants from this study were White and ranged in ages from 20-46. There were nine women and one man.

In this study, all but two of the participants had previous work experience in a health care profession. Half of the participants completed their associate degree program in two years, while the other half took three to four years to finish. Participants graduated from three different associate degree nursing programs in the southeastern region of Pennsylvania.

Katie

Katie is a 20 year-old graduate nurse who completed her education in her school's prescribed two-year period. She is single, without children, and lived at home with her family while in nursing school. Prior to beginning college, she worked as a veterinarian assistant for several years while attending high school. During her last year of nursing school, she worked part-time as a nursing assistant in an acute care hospital. Katie reported that both of these work experiences helped her while in school. She explained that the veterinarian practice exposed her to medical terminology and the general esthetics of the medical field. Her time as a nursing assistant exposed her to professional nurses and gave her an opportunity to see nurses working in the field. She verbalized that she learned teamwork from them as well as what it was like to perform the role of a subordinate to a professional nurse. She felt that these experiences allowed her to view the professional nurse role from a perspective different from what she saw as a student and offered her yet another means of acquiring information to guide her development into the type of nurse that she aspired to become and the professional identity she wished to assume.

Mary

Mary is a 20 year-old graduate nurse who entered nursing school with no previous medical work experience. Mary is single and without children. She completed her nursing education in a traditional two-year period of time. While in school, she lived in an apartment near the college with roommates who were her classmates. After her first semester at college, she took a job as a nursing assistant at a community hospital near her school.

Mary attributes her interest in health care to the fact that as she was growing up her father worked as an emergency medical technician (EMT) for a fire company. Mary became excited about the medical field after she began accompanying her father to his place of employment and assisting him in basic tasks such as restocking medical supplies in the ambulance and accompanying him to educational sessions. She believes that her early experiences at the fire company along with her nursing assistant experiences while attending college, and the opportunity to move out of her parents' home were important to her personal and professional development.

Beth

Beth is a 23 year-old graduate nurse who completed one semester of undergraduate courses at a four-year university. After that initial semester of college, she transferred to a local community college where she took an additional three and a half years to complete her nursing education and earn her associate degree. During this time, she married and had two children. Consequently, she was challenged to balance the demands of nursing school, a new marriage, two infants, a household, and part-time work as a nursing assistant. She explained that the unplanned life-events of two babies provided her great joy but also significantly added to the stress of attending college. She noted that her schedule was more easily managed by completing all required general education courses prior to completing her nursing courses. In doing so, she never took more than 12 credits of coursework during any semester and early in the program, she took only six or seven credits per semester.

Beth reported that her interest in nursing was sparked by family members who were nurses. She reported that they frequently shared stories with her about the

profession and spoke of how much they enjoyed the field. She believes that having family members in the profession provided her with nursing role models and led her to make the decision to enter the field of nursing. She also worked as a nursing assistant during high school and college. She believed that both observing professional nurses and actually practicing nursing skills while working as a nursing assistant, helped her to apply what she was learning in school and supported her development as a nurse.

Carly

Carly is a 24 year-old graduate who completed her associate degree nursing program over a four-year period. She is single and lives at home with her mother. Carly withdrew from the nursing program for a time as she dealt with personal issues. She believes that it was personal motivation that brought her back to school and an instructor who verbalized that she was glad that she came back that enabled her to finish a program that she found extremely challenging.

Unlike most of the other participants, Carly reported that she never desired to become a nurse and had no nursing role models to guide her into the profession. Instead, she reported that she had a keen interest in science and the physiology of the human body. She enjoyed watching the Discovery Channel and searching the internet or reading about how the human body worked. It was family members who encouraged her to take her love of science and pursue an education in nursing. After taking prerequisites such as anatomy and physiology, nutrition, and microbiology she decided that she would indeed enroll in the nursing program.

While attending school, Carly worked as a nursing assistant at a local hospital. She found that her experiences as a nursing assistant gave her an advantage that was

lacking in peers who had no previous healthcare experience. For example, she reported that she was familiar with professional nursing behavior, communication techniques, and professional dress. She also reported that she initially learned these aspects of professionalism by observing and interacting with the nurses she worked with.

Jacquelyn

Jacquelyn is a 21 year-old graduate nurse who completed her nursing education over a three-year period of time. She is single and without children. While in school she lived with her parents. Growing up, Jacquelyn always dreamed of becoming a professional nurse but due to financial constraints she believed that her only opportunity to enter the nursing field was by becoming an LPN. However, in her senior year of high school she learned of a scholarship for a registered nurse program that was being offered by a local community college. After submitting an essay, character references, high school transcripts, and financial records, she was awarded the nursing scholarship. For Jacquelyn, this was a dream come true. She was determined to work hard and succeed in the program. She ultimately graduated at the top of her nursing class. She believes her time in nursing school allowed her to not only develop into a professional but also develop on a personal level. She believes the experiences of nursing school allowed her to mature and grow into an adult.

Like many of the other participants, Jacquelyn worked while in high school and college in the health care field. Over a five-year period, she first worked as a personal care assistant and later as a certified nursing assistant (CNA) in a nursing home. She believes that the experiences of working within the health care field and with nurses who

exemplified intelligence, autonomy, and a caring attitude validated her dream to become a nurse.

Jamie

At 46 years-old, Jamie was the oldest participant in this study. She completed her associate degree nursing program over a four-year period of time. Jamie is a divorced mother who has two adult children who live with her. She has extensive experience in the health care field. She had six years of experience as a nursing assistant and twenty years experience as a Licensed Practical Nurse (LPN). An LPN is a technical or vocational nurse with one year of nursing education who works under the supervision of a professional nurse. Prior to pursuing a professional nursing degree, Jamie spent her entire health care career employed at a nursing home.

For Jamie, the decision to become an RN was sparked by her desire to continue her love of learning and to fulfill her aspirations for professional growth within the nursing profession. She felt that as an LPN, she had exhausted all avenues of advancement within the nursing home. Furthermore, she desired to work in a hospital and knew that as an LPN, her options for employment within a hospital were very limited. Jamie believed the associate degree in nursing opened doors for her professionally and allowed her to accomplish her desire to move away from the nursing home and into an acute care environment. The RN role gave her an opportunity to continue to learn and grow professionally.

Sarah

Sarah is a 27 year-old graduate nurse who completed her associate degree education over a three year period. She is single, without children, and lives alone.

Sarah attended one year of college in a traditional four-year school where she majored in social work. She dropped out of school after her first year and supported herself by working as a waitress. She was influenced to enter the health care profession by her mother who is a medical imaging technician. Sarah explained that as she thought about what medical profession she might be interested in pursuing, it was nursing that seemed to be the best fit. She had an acute interest in the pathophysiology of the human body and a strong desire to help others. She liked the excitement of the nursing profession but admits that she really had no idea of what was involved in becoming a nurse or for that matter, working as a nurse.

Unlike all the other participants in this study, Sarah did not work in the health care field prior to beginning nursing school or while in college. Instead, she chose to continue to work as a waitress while in nursing school. She did not find this decision to be a detriment to her ability to learn the RN role or assume a professional nursing identity. She believes that she had excellent role models while attending school and was well prepared to assume the professional role upon graduation.

Grace

Grace is a 20 year-old graduate nurse who completed her associate degree program over the prescribed two-year period of time. During this time, she was single, without children, and lived at home with her family. Grace reports that she always aspired to become a nurse and while there were no nurses in her family, her mother consistently supported Grace's dream to become a nurse. Grace believes that she innately enjoys people and gains a sense of satisfaction from giving of herself to others. This love of others guided her into the field and aided her success while in school.

During her senior year of high school, Grace became a certified nursing assistant and worked at a nursing home. She believes that this experience gave her a taste of what to expect when she began nursing school and what was involved within the profession itself. While attending college, Grace worked as a nursing assistant in a hospital. During the summer between her two years of nursing school, Grace participated in an externship program where she was paired with a professional nurse and intimately experienced the professional nursing role both as an observer and a participant. Grace believes that each of these experiences gave her opportunities over and above her nursing school education to learn the nursing role and become socialized into the nursing profession.

Adrienne

Adrienne is a 21 year-old participant who completed her associate degree nursing program in two years. She is single, without children, and lives at home with her family. Prior to beginning nursing school, she attended one year of college at a traditional four-year university where she majored in biology. She chose to enter a nursing program because she believed it was a better fit for her. She explained that while attending the one year of college at the university, both her grandparents were ill and had lengthy stays in the hospital. Adrienne found that when she would visit her grandparents in the hospital, she enjoyed the environment and was enthralled with the stories that her grandmother shared about the nurses. One nurse in particular stood out to both Adrienne and her grandmother as being special. This nurse exemplified the spirit of nursing as he went the extra mile to provide care to his patients. Adrienne explained that he seemed to like his job and really enjoyed caring for people. Without ever knowing it, this particular nurse inspired Adrienne to pursue a nursing career.

While she had no previous experience in health care, she took a job as a nursing assistant in a hospital during her last year of nursing school. Like Grace, Adrienne also participated in a summer nursing externship program where she was paired with a professional nurse between her two years of nursing school. She believes that the externship was the turning point where she applied previously learned knowledge and gained confidence within herself.

Greg

Greg was the only male participant in this study. He is a 36 year-old single male with no children who lives with his partner. He completed his associate degree nursing program in a two-year period of time. Prior to beginning his nursing program, Greg had an extensive background in the healthcare field. He first worked as a unit secretary in an emergency room of a hospital for three years. He then spent four years working as a nursing assistant, and finally he worked seven years as an LPN. His decision to enter the associate degree nursing program resulted from of his desire to continue his education and the lack of intellectual stimulation that he felt from the LPN position. He described his LPN career as feeling stagnant. He also reported that he believes that the LPN role is considered by many to be inferior to the RN role and he desired the prestige of the RN degree.

Greg also stressed that his love of nursing comes from his desire to help others and his enjoyment of being with people. He spoke of the opportunities available to professional nurses as being an impetus to continue his education. Like many of the participants in this study, Greg expressed multiple reasons for pursuing a professional nursing career.

Each of the participants brought unique backgrounds, life history, and aspirations to this study. During the interviews, each of them freely shared their lived experiences and insights into their professional nursing identity development.

Table 1 summarizes the characteristics of the participants including their age, marital status and children, number of years each participant took to complete the associate degree nursing program, and past healthcare experience.

Table 1: Participant's Profile

Participant	Age	Marital status/children	Years to Complete AD program	Past Health Care Experience
Katie	20	Single; no children	2	Veterinarian Assistant Nurse's Aide
Mary	20	Single; no children	2	Nurse's Aide
Beth	23	Married; 2 children	4	Nurse's Aide
Carly	24	Single; no children	4	Nurse's Aide
Jacquelyn	21	Single; no children	3	Personal Care Assistant Nurse's Aide
Jamie	46	Divorced; 2 children	4	Nurse's Aide LPN
Sarah	27	Single; no children	3	No Health Care Experience
Grace	20	Single no children	2	Nurse's Aide
Adrienne	21	Single; no children	2	Nurse's Aide
Greg	36	Single; no children	2	Unit Secretary Nurse's Aide LPN

Research Findings

This section explains the findings. Four processes related to professional identity development were experienced by the participants during their associate degree nursing programs. The processes include: (a) bringing one's self into the profession of nursing; (b) learning to become a nursing student; (c) socializing into the professional role through connecting with reference group members; and finally (d) internalizing the professional identity of a nurse. Each of the processes and their sub-themes are discussed. Table 2 summarizes the four processes and their associated sub-themes.

Table 2: Processes and Sub-themes

Processes	Sub-Themes
Bringing One's Self to the Nursing Program	<ul style="list-style-type: none"> • Past Experiences • Innate Qualities and Personality Traits
Learning to Become a Nursing Student	<ul style="list-style-type: none"> • Nursing School Culture • Instructor Influence • Finding a Balance
Socializing into the Professional Role Through Connecting with Reference Group Members	<ul style="list-style-type: none"> • Positive role-modeling • Negative role-modeling
Internalizing the Professional Identity of a Nurse	<ul style="list-style-type: none"> • Meaning of Professionalism • Practicing as a Professional Nurse • Personal Development

Bringing One's Self to the Nursing Program

Individuals are not blank slates. Instead, they bring to any new situation their past experiences and innate qualities and personality traits. These qualities and personality traits are the fundamental values and behaviors established in their childhood and adulthood. An individual's previous experiences and personality traits serve as a

springboard for future growth and development within the individual. This concept was clearly delineated by the participants as they described their past experiences and personality traits that influenced their decision to pursue a career in nursing and guided their professional nursing development while in their associate degree programs

Past Experiences

For many of the participants in this study, it was previous entry-level work experiences in the healthcare field that led them into the profession of nursing. These experiences included working as a nursing assistant, personal care assistant, licensed practical nurse, and veterinary assistant. Other participants spoke of the influence of family members and friends already in the profession who shared their healthcare experiences and supported the participants' decision to become a nurse. In addition, several participants spoke about events, or defining moments in their past such as caring for a critically ill loved one who influenced them to enter the nursing profession.

Work Experience or Connections with Family Members in the Healthcare Field

One participant reported that while she had not been formally employed in a healthcare role prior to beginning nursing school, she spent a significant amount of time as a child accompanying her father to the fire company where he was employed as an Emergency Medical Technician (EMT). During these visits she assisted him in simple tasks and learned basic information about the healthcare field. Mary explained:

I think that it was probably my dad [who got me interested in nursing]. He was an EMT, and ever since I was able to walk, I was at the fire company with him. And we did a lot of stocking supplies together. I always thought it was fun and I went

along with him to a lot of his training classes and just observed. I think that's how I really got started [in nursing]. It was my dad who got me interested.

Like Mary, other participants spoke of family members whose personal experiences in nursing and other healthcare fields were shared with the participants and led them into nursing. Beth described how family members influenced her decision to pursue a career in nursing. She further described how she used opportunities to work as a nursing assistant to learn about nursing and begin the socialization process.

Originally, I wanted to become a nurse because both my mom and my aunt are nurses and they were good role models and always talked about how much they enjoyed their jobs. So in my last year of high school, I participated in a co-op program through the [high]school and worked as a nursing assistant...It [the co-op program] allowed you to go to school for half a day and then go to the hospital, and work as a nursing assistant and see the role of the nurse and see if that was something that you would like to do...So, I've worked as a nursing assistant for the past five years at [one of the local hospitals]. I think working as a nursing assistant ...throughout the time that I was in nursing school, gave me the opportunity that maybe some of the other students didn't have. I was learning more and more about what the nurses did. I took great notice to the nurses that I worked with. I watched some of the things that worked for them and some of the things that didn't. And then [I] could apply that to what I would do. So, I think that was helpful. And, maybe gave me the opportunity just to observe more than some other people [students] would.

Jamie spoke about how she worked in a factory but after becoming bored with the

factory job a family member encouraged her to take a position as a nursing assistant. This invitation became the beginning of a long career in healthcare. Jamie first worked as a nursing assistant then became an LPN and finally at age 42, she made the decision to continue her education and pursue an RN degree and earn an associate degree in nursing. She explained:

I worked in a factory and I was very unhappy with that kind of work. I didn't think it was very stimulating... my cousin worked as a CNA [Certified Nursing Assistant] and invited me to seek employment where she was [employed]. I think after six years as a nurse's aide, I just felt I wanted to know more. I watched the LPNs and felt like that would be a neat challenge to try to become an LPN. Because I was getting a little bored with the [nurse's aide role] since I felt like I mastered what I wanted to do. I felt comfortable with patients. But I wanted to know more. So, then I applied for an [LPN] nursing scholarship and got that. And, I loved LPN school. I really loved it.

Jamie went on to describe why she chose to continue her education and become an RN after many years of being an LPN.

I became a little disillusioned after being on the floor [nursing unit] for awhile. And I worked in extended care, and I just passed a lot of pills, a lot of medications. And doing lots of treatments. I just felt like I just wanted to do more than that. I became really efficient at that [being an LPN]. And I was getting bored. And I wanted other options. And really, as an LPN, you're so limited in the options. So, that's when, after 20 years, [I returned to nursing school]...I did it for having more options. Especially with growing older, you know. You wear

out in the nursing home as an LPN.

Family members were influential not only as healthcare role models but also indirectly when participants cared for ill family members. Several participants substantiated previously reported research findings related to professional identity development as they described the importance of defining moments that helped to guide their career choice and shape their destiny of becoming a professional nurse.

Defining Moments

Defining moments are those times when an individual is dramatically affected by a life circumstance. For several of the participants, the defining moment occurred at the time of life and death situations with family members. Jacquelyn shared this example:

Well, I always enjoyed health care. Actually, when I was younger, I wanted to be a veterinarian. But, my Grandpa was sick when I was growing up and when we would go visit him; he would call me his little nurse. And I would rub his back with rubbing alcohol. And, there's actually a note that I wrote him, and he responded back saying you're my favorite nurse and all this stuff. So it was kind of special in that it just seemed when I became a CNA [certified nursing assistant] in nursing, it just came, kind of natural.

Adrienne shared a similar experience. She said:

My grandparents on both sides of my family, they were both sick in the hospital with colon cancer. And I'd never really been in the hospital before. And I just, I really liked it. I liked going in there. I liked hearing their experiences with the nurses that they had. Especially my grandmother. She kept talking about this one

male nurse that she really, really liked...he went the extra mile. He just seemed like he liked his job. And really enjoyed caring for people. And I think that's what she liked about him. And I thought that that would be really cool to do. And I thought well, I'll give it a shot. See if I like it.

These experiences demonstrated how past experiences including both work experiences, family recommendations, and defining moments guided the participants in their pursuits of a nursing career. The work experiences gave the participants a first hand opportunity to experience being a part of the healthcare team. For some participants, family members served as role models. They also provided guidance and support for the participants as they pursued their nursing career. Finally, defining moments such as the participation in the care of a loved one provided the impetus to pursue a nursing career. In each of these situations, the individual had the opportunity to have a glimpse of what it might be like to be a professional nurse.

Innate Qualities and Personality Traits

Throughout the interview process, while not asked directly, participants described innate qualities or personality traits that they possessed prior to beginning their associate degree nursing education which aided them in their pursuit of a professional nursing identity. These traits included qualities such as intelligence, a desire to learn, and the motivation to succeed. Also, described by the participants were the traits of altruism and their caring attitude toward others. These traits, while present in the participants upon entry into their programs, are traits that professional nurses use throughout their careers.

Academic Achievement

The participants spoke of the need for intelligence along with a strong

commitment to be successful as traits that were essential if one was to be successful in nursing school. During the interviews, many of the participants spoke about how they had been good students in previous academic endeavors. Katie described this best:

In high school, I was used to being the hard worker and the smart one.

And then I came in here [to nursing school] and everybody that I was sitting around were equally as smart as me and wanted to be there just as much as me.

So everybody worked. You didn't have that somebody slacking off in the corner, with a *didn't want to be here* attitude, because everybody did want to be here.

Jacquelyn also brought a strong academic background to her nursing programs.

She described her past academic success this way:

I made the honor roll, actually the highest honor roll from then on [my sophomore year] until I graduated. So, with my last semester of high school I ended up graduating that semester with a 3.8 [grade point average].

Grace explained how she had to come to the realization that she wasn't able to maintain the same standard of success while in nursing school. She said:

I enjoyed [nursing] school but it was totally different than high school. In high school I was an A, B student. Mostly A. But then you get to nursing school and you learn that it's okay to get a C or even sometimes lower.

Motivation

Several participants spoke about the drive that brought them into their nursing program and the motivation needed to keep them in their programs. For many, they spoke about "having always wanted to be a nurse." Jacquelyn described her motivation to get into nursing school and how she succeeded in fulfilling her dream of becoming a

nurse. She stated:

I wanted to be in nursing school. That was my dream, but we couldn't afford it. So when I was a senior in high school, I wanted to be in [a professional, RN] nursing school. But, I was going to go just to LPN school, just to be in a nursing school, but it wasn't what I really wanted. [In order to get into an RN school] I applied for a scholarship and ended up getting the scholarship. So it kind of opened the door for me. It was actually very exciting. Like, I was, on fire... I had a clear goal. I think that's what motivated me. I knew what I wanted. I had a plan for how I was going to get there.

Beth showed her motivation to become a nurse when she shared how she modified her original plan of attending a four-year baccalaureate nursing program after getting married and having two babies. Even with these additional responsibilities of marriage and children, she managed to fulfill her dream of becoming a professional nurse. Beth explained:

I did go to [a four-year baccalaureate college] for one semester and then I took another year and a half at [my associate degree program] to complete all the gen. eds. [general education classes] before starting the nursing program. I chose to do it that way because while I was going to school because I also got married and had two children. So for me, it was better with my schedule to space out my classes instead of having such a heavy workload for two years.

Altruistic and Caring Attitude

Many of the participants described themselves as having traits of altruism or the genuine love of people and a caring attitude. The values of altruism and having a sense

of caring for others are hallmarks of the nursing profession. When asked why she chose nursing as a career path, Grace responded:

I think it's the love for people. I love people. I love being around people. I love to help people. I think it's the reward you get from helping people. You know, just to see even a smile on someone's face and know that you made a difference. I think really, that's what it is for me.

Adrienne echoed these sentiments. She explained:

I can talk to people easily. At my last job, I had to do that. I had to work with other people and talk to customers. And, I thought I could do that well. And, I thought I was friendly. And, I thought I was very empathetic and caring.

When asked what led him into the profession of nursing, Greg replied:

I know it sounds so generic, but helping people, interacting with people. I'm not a business person. You know, I just like the satisfaction of knowing I did something good for somebody.

In summary, past experiences were utilized by the participants to guide their decision to enter nursing school. Many used entry-level positions in healthcare and other experiences with family members to learn more about the healthcare field and to determine if nursing was truly a field they would like to pursue. Furthermore, many of the participants demonstrated that upon entry into nursing school, they possessed qualities and values such as intelligence, motivation, caring, and altruism that are essential competencies or values of a professional nurse. The qualities aided the participants in their quest to assume a professional nursing identity.

Learning to Become a Nursing Student

Nursing programs require that students learn theoretical knowledge and apply that knowledge in clinical settings such as hospital nursing units, nursing homes, and community sites. The expectation of highly technical knowledge acquisition and application of their newly gained skills and knowledge in clinical settings was a significant adjustment for the participants who took part in this study. The graduates verbalized the extreme culture shock of attending an associate degree nursing program where they had hours of didactic classes along with up to 16 hours in a clinical setting each week. Even though some of the participants had attended previous college or LPN nursing programs, they felt that they were not prepared for the challenges of the associate degree nursing programs. They described how stressful, intense, and at times, overwhelming their programs were. For each of the participants, they had to figure out how best to balance the extreme demands of nursing school with those of their personal and work life.

Nursing School Culture

All of the participants described the culture of their nursing programs as challenging, stressful, and intense. They articulated that the nursing programs were demanding in terms of both academic expectations and time commitment when compared with high school or other higher education experiences. As a result of these demands, almost all of the participants described the overwhelming stress they felt while in school.

Many of the participants spoke of giving up time with friends, family, or work in order to meet the demands of nursing school. And even with constant studying, most felt like they could never learn enough to satisfy their instructors or, in some cases,

themselves. Many of the participants verbalized a seemingly insurmountable, self-imposed high standard of grades or knowledge. Adrienne explained:

I felt like I didn't really have that much of a social life. I was constantly studying, and even my family had made comments about how I was always back in my room studying. And, I just felt like there was so much pressure. The clinicals; the night before clinical I just felt a lot of pressure and that's probably what I disliked most about nursing school.

When asked to further explain the pressure of practicing her skills and applying theoretical concepts in the clinical environment, Adrienne stated:

I didn't want to let my instructors down. [With] some of the instructors, I could see, when I would answer something wrong, I could see that they were disappointed. Not all of them, but there were certain ones that showed their emotions really well and I could just read when they were disappointed. I didn't like that. And you're always in a clinical group where, you know, you have that person that knows everything. And there was always somebody like that in my clinical group. So, and I knew that I probably wouldn't be as good as her, but you know, I felt that there was a lot of pressure to be that person... I guess I felt like I wasn't doing my best. I felt like I should be the number one person, because in high school I was always, you know, pretty good in all my classes and, especially in the science classes. I was always getting the best grades. So I felt, like, I was kind of letting myself down. [I thought] if I can't answer some of these questions that the instructors are asking? You know, am I ever going to pass the boards if I can't do this?

Katie also found nursing school to be more difficult than she had expected. She described her time of adjustment to nursing school this way:

It was tough. It was a lot harder [than my previous college classes]. I had gone to college for a semester before this, to be a veterinary nurse. And the classes were so much easier and so much more relaxed. And then I came here [to nursing school], it made high school seem like a joke to me. It was so, it was so much harder. It wasn't too hard but it was very intense. It was tough because it was all so new and so much information packed into only two years. But, I got a lot out of everything. You know, I learned everything that I needed to learn. So obviously the system worked. But it was tough at first to adjust to the long, long study hours. And you really have to read the assignment, you just can't pretend like you're going to read it. It was tough but it was fulfilling... it may have been a little bit more than I expected. Just, you know, obviously being naive coming in, people say it's hard and you think oh, they're just saying that because they didn't try hard enough. And you come in and it really is as hard as people say it is.

Grace echoed the sentiments expressed above as she described the challenge of balancing the multiple classes found in the nursing curriculum:

You can never understand the difficulties until you're there doing it. So, I didn't expect it to be as hard at times as it really was. I mean, I knew it was going to be hard but you don't realize how hard it is till you're there doing it... all the time of studying and prep work and more prep work and studying. And on top of nursing, I took my gen. eds. [general education classes]. So, it wasn't like I was just taking nursing. You know, at times I'd have two other courses along [along

with 12 credits of nursing]. So I'd have to study for microbiology and nutrition along with nursing. And, it could be very overwhelming trying to, like, space out time for everything. Because I felt like all I wanted to do was spend time on my nursing. But I knew I had to spend time on other classes because they're just as important as the nursing.

Carly described her time in nursing school this way:

Hectic, crazy, a headache 24/7. It [nursing school] was stressful, definitely. Emotional because you had to pull yourself from one place to another... The reading. It was nonstop. It felt like you couldn't read enough. All of the paperwork that's involved. And then reviewing for the test. You felt like you could never review enough. You always felt like you were going to miss something, so that was stressful... I think the program made you feel like you had to know everything. They [the instructors] would make you feel like you need to know everything... They do expect you to know everything. Little details, even generic stuff.

Sarah also felt that she could never study enough. Like many of the other participants, Sarah verbalized that previous high levels of achievement attained in previous academic programs were unattainable as a nursing student. This inevitability led to further frustration and a need to adjust to the expectations of associate degree nursing programs.

It was time-consuming more than anything. And, if you're trying to study for your nursing class test and trying to study for a lab practical in anatomy...it just, it got to be an awful lot sometimes. I remember sometimes, I'd just be, like, I can't

get it all done. I can't study enough. And, I know the first semester, I didn't do too badly in either class, but I just felt like I could have aced anatomy if I'd have had enough time to study for it. It always seemed like our test in nursing and our anatomy test were always at the same time. So, I just felt like I wasn't doing enough for either class. I was getting by in both of them. And it was very frustrating. I've always gotten good grades. You know, I studied hard, but mostly the bookwork always came easy to me. And it just seemed like if I had a little bit more time, if, you know, I didn't have to go to work by four and could just study tonight, I could have gotten A's in all of them. And I know I could have. It just wasn't enough time to do it all.

When asked if she felt that it was a self-imposed stress to do well, Sarah responded:

I think it was mostly me. The first semester I remember our instructors told us, you know, you have to get a 75 to pass the class. You'll get dropped from the program if you don't. But for me, I didn't want to just pass the program. I've never just passed a class. And I wanted to get A's in all of them. And I just didn't.

Instructor Influence

All participants spoke of their nursing instructors and their relationships with students while on the clinical nursing units. It was apparent from their descriptions that the participants recognized that the instructors had the power to dramatically influence their success or failure within the program. The participants reported that some of the instructors offered words of encouragement and support during the participants' difficult and stressful times. Many cited their instructors as positive role-models who motivated

their professional development and skill acquisition. However, some verbalized the demoralizing nature of some instructors. The participants described times that they felt their instructors used harshness as a means of teaching, and in some cases, weeding out students. Each of the participants described examples of student/instructor interactions that became part of their lived experiences and influenced how they perceived their nursing education.

Positive Student/Instructor Experiences

Beth described how her instructors supported knowledge and skill development while on the nursing units.

During our clinical experience we started out at a lower level and then gradually going through each semester we learned more and more and were able to apply that in caring for the patients. So by the end, it was like, we were able to perform the role of the nurse by ourselves along with the instructor there. But just being able to look back and see how much we learned each semester was really amazing... In the beginning they'd [the instructors] always be there with us when we'd get our meds and, and then administer the meds. And they'd also be there asking us questions about patho [pathophysiology] and just to make sure [we understood the disease processes]. It was challenging, but I think it's very important for our education for them to push us and ask us those questions to make us think about different viewpoints that only an experienced nurse would know... They'd make us think of things that we may have learned from months and months ago. And when we're learning new things all the time we sometimes forget about those things. So when we didn't know [the answers to the] questions

it was stressful. [If we didn't know the answer] they would either help dig for the answer or they would say "look up this answer and then come back and we'll discuss it."

Adrienne reported that some of the instructors supported professional identity development with their students. She explained:

I think certain instructors encouraged professionalism. They encouraged you to know the right information about your patients. To really know your patients. Because I know some nurses that I work with now, they, they don't even do that. They don't know the whole picture. And I think it's important to know that. In nursing school they really encouraged that. And, as far as dress code, they always encouraged that. And proper conduct when on the clinical units. The clinical units were where a lot of the professionalism was encouraged.

Negative Student/instructor Experiences

Not all the experiences with nursing instructors on the clinical units were seen as positive experiences. Carly noted that instructors were inconsistent in their expectations and treatment of students. She felt that instructors showed preferential treatment or favoritism toward some students. She reported:

There were some instructors that were awesome. Very nice, they liked to help you. Then there were other instructors that had their favorites. And if you weren't a favorite they made it known... One instructor would call a certain student to them to teach them how to do procedures in the patient's room, but that's not the way it was done in my school. You do it in a lab and then you get signed off and then you do it [with patients]. Where the favorite student would

get to do it in the patient's room and if they messed up it was no big deal. But, the other people, if you messed up before you even got to the patient's room you were in trouble. It was kind of like they catered and they wanted the favorite person to know more. One instructor would tell a student that they purposely made it harder for them in front of the patient, which was rude.

Greg described his interaction with instructors as having a military feel. As such, at times, he felt that he was oppressed by the power exerted by his instructors. Greg explained:

I think it [nursing school] had this real military feel to it at times where, you know, you either get it or you don't. The tough cookies. And it was a sink or swim type of mentality that I didn't like. [When] I would compare myself to my partner; he's a software engineer, who just took classes and learned his stuff and moved on. There wasn't a whole lot of, you know, feeling like you've improved yourself and feeling like you had these real structured...I don't know how to put it into words. Almost, like, an initiation type feeling about it at times... The feedback you get is a little curved. You're just not sure you're pleasing anybody. And, you leave feeling like you didn't. You're not sure if you accomplished anything. And your whole goal is just to pass. And, you know, failure is so depressing. And there are times that you get yelled at. And, you know, it just, it feels so demeaning sometimes... I think people [instructors] just need to give feedback professionally and, you know, matter of factly. And, if I don't like the feedback, that's one thing. But I think if [the instructor] asserting [his or her] emotions, and then you're kind of, kind of oppressing me in a sense. So you, as a

nursing student you have to fight against that, that part of it. And it's not all the instructors, but it's enough [of them].

Finding a Balance

Part of becoming a successful nursing student was finding a way to balance the demands of school, home and work. The participants shared some of their strategies for meeting the demands of their academic programs. Grace explained:

You just had to stay focused. I knew what my goal was, and I just wanted to reach that. So, I think if you kept the goal in mind, you know, meeting it didn't seem to be as hard, once you kept remembering what you were working toward... School was a priority then. [At] home, if something didn't get done, and it went a day or two, it went a day or two. Um, but definitely school was my priority then...you had to get your schoolwork done first, and then everything came second. I mean, obviously if there was a situation, maybe with family, they came first. But school was normally number one.

Carly described how she needed to drop out of her associate degree program for a period of time when she failed to put school first. She stated:

Well, there wasn't an equal balance. It was all school. And then when I had time, then I did stuff with my family and friends. [Early in the associate degree nursing program] I had to drop out because I let my personal life take over school. And the second time around, that's when I learned school comes first and everything else comes second. So there's no equal balance, it just is all school and when there's time you are with family and friends.

Beth describes how she managed to balance school, work and home. She

explained:

Fortunately for me, I was able to work part-time and in the hospital. So I got experience through that. And also having two little kids, I wasn't able to do too much school work at home. So, because I went to the evening and weekend program [attended all evening classes for theory and clinical experiences on the weekend], I only had to go to school in the evenings. And my husband could be home with the kids in the evenings. And then on the weekends, he was also home with them. And I was able to study at night after they all went to bed.

In conclusion, the participants needed to learn to become a nursing student. They quickly learned that their associate degree programs challenged them beyond anything they had previously experienced. The academic expectations were fierce and clinical environments forced them to not only apply what they had learned in theory and previous clinical experiences but also adapt to the demands of a practice discipline such as nursing. Instructors, while at times supportive, were also perceived as inconsistent and harsh. In addition, the students were faced with the need to balance, at times, overwhelming demands of their academic programs, with personal and work expectations.

Socializing into the Professional Role through Connecting with

Reference Group Members

The associate degree nursing programs offer students opportunities to become socialized into the profession by interacting with practicing professional nurses on the clinical units and community settings. The professionals, including both instructors and

staff nurses, became the reference group members who aided the participants to define the attitudes, beliefs, values, and behaviors of a professional nurse. They served as role models for the participants. From these interactions, the participants not only learned what is meant to be a professional nurse but they also had the opportunity to practice what they observed as they collaborated with professional nurses and worked together to provide care for patients. The times of collaboration and interaction allowed the participants to experience both normative and comparative professional nursing behaviors.

The intent of this section is to discuss socialization. The meaning of professionalism for these participants will be discussed in the next section of this chapter. Interestingly, the participants recognized the concept of being socialized into the professional nursing role and were able to explain how it benefited them. When asked to discuss how she learned what it meant to be a nurse, Sarah explained:

I think just by watching, by being around the primaries [staff nurses]. I guess, trying to be professional and just trying to look like nurses. I guess, fake it until you make it. You just take cues from people around you. By observing and doing. Trying to fit in. You see the ones [nurses and instructors] that you respect the most. And you want to be like that, so you mimic them. You hear the way they talk to people and you start talking to people that way too. You want, you want to be one of them. It was mostly our instructors. We wanted to impress them. So we tried to talk like we knew what we were talking about. We tried to look like we know what we're doing.

During the socialization process, the participants interacted with reference group

members who served as role models to them. The study participants shared multiple experiences where the professional nurses served as positive role models. However, they also shared experiences where the role models failed to demonstrate professional behaviors. In each of these situations, students gained valuable insight into professional and non-professional nursing attitudes, values and behaviors. They had opportunities to evaluate and emulate positive nursing practice. They used the negative role modeling to determine non-professional behaviors. When they shared examples of negative role modeling, the participants acknowledged that behaviors such as gossiping, treating patients and peers poorly, and dressing non-professionally were traits that they recognized as unacceptable, and as such, they used these behaviors to define qualities that they would then consciously choose to not incorporate into their own professional identity.

There were two distinct groups who socialized the graduates. The first group was the instructors from their nursing programs and the second group was the staff nurse from the nursing units where the graduates had their clinical experiences. These groups were different, though both played important roles in the socialization process. The instructors had a responsibility, as part of their jobs, to model professionalism and teach their students professional skills, attitudes, and behaviors. These instructors represent ideal or theoretically, *best-practice* within the discipline of nursing. In contrast, the staff nurses represented the real-world of nursing practice. These are the nurses who work, day to day on the nursing units providing direct patient care and interacting with patients, families, physicians and others on the healthcare team.

Positive Role Modeling

The participants recognized both their nursing instructors and staff nurses as role models who demonstrated positive professional qualities and guided the professional identity development of the participants.

Instructors

Jamie used the faculty as a yard stick to compare her own professional behaviors.

When speaking about the faculty in her program she said:

Well, I'm just always measuring myself up, to them. I used them to determine if I'm meeting [professional expectations] – I mean, they're my guide. And when I see them conducting themselves professionally, [I knew] that was what I wanted to be like... One professor in particular taught us what was expected of a professional nurse.

Carly, who attended the same associate degree nursing program as Jamie, also spoke of this faculty member who taught a course on professionalism. She spoke about what was taught in theory and then how she was able to practice these skills in the clinical setting. Carly explained;

She taught us everything that you need to do [as a professional nurse]. [She taught] this is how you do it. This is what is involved in nursing. This is what you'll see. It definitely showed you what you're going to need to be a professional.

When asked to elaborate, Carly reported:

She went over how to deal with doctors. We went over the ANA [American Nurses Association] and looked up current bills in the Senate and how to write [to

our senators] and how it's important that we write and to be influential in our practice. We talked about how to deal with certain situations, how to, like, if you were a charge nurse, we had an RN, LPN, and CNA, what patients would go where. [we talked about] delegation and prioritization.

When asked if she had a chance to practice what she learned, Carly explained:

I did. When we did med surg. [medical-surgical] management, I would or another classmate would, be a manager for the day. We'd be in charge of the rest of the students and we'd delegate to them what needs to be done or the nurses' aides, so...yes we did practice these skills.

Katie described how her nursing instructors served as positive role models who dramatically influenced her professional development. She explained:

The instructors were the most influential for me. And there were a few choice RNs who also were. But I had some instructors who instilled some really important things on the clinical floor, like treating a patient like it's the family member every time. Or, teaching you [to listen to] the voice in the back of your head when you drop something or you mix up something during a sterile procedure: [the voice asks] did I touch that? You know, that voice that tells you if you're not sure, you have to start all over. And the work ethic. You know, I had some instructors who were jumping all over my primary nurses because they weren't doing what they were supposed to do. And my instructor stepped in and said, now, this isn't how we do it. You know, we've got to do it the right way.

In describing how she developed as a professional nurse, Grace shared how her instructors influenced her. She explained:

I think it [my professional development] definitely began with my clinical instructors. You know, them serving as role models for me. I watched them to see how they practiced. But also being on the floors with other nurses and to see how they practice. And, I mean, I got to see a variety of people. And some I would call professionals and others that I wouldn't say were not as professional. I think that kind of helped too. I got to see some different aspects, some good and some bad. And that helped me form what I wanted to be as a professional. I got to see a variety of people practicing as professionals. But, definitely the clinical instructors were role models.

Sarah described one instructor in particular who stood out to her as being someone that she wanted to emulate. Sarah explained:

She [the instructor] seemed like the smartest lady. She was an instructor that was very tough. At first, she intimidated me...She just seemed to know everything but she would still go in to talk to her patients and laugh with them and joke with them. And it was, like, you know, that's my personality. If I can get comfortable enough and confident enough... I can be exactly like that. And she was also going to school to get her master's degree and she just kept stressing the importance of, not just graduating and being done with it. You know, you want to go back and get [a bachelor degree]. She explained how many doors it would open up. And, and so now I'm planning on doing an RN-BSN program [now that I've finished my associate degree program].

When asked to further describe why this instructor was such a strong role model who exemplified professionalism, Sarah explained:

She treated everyone so respectfully. She would always do the little things with her patients. She would always call them Mrs. such and such. She would always say yes, ma'am. [She would] ask for their permission before performing a procedure with them and ask if they had any questions. She took the time to make the patient feel like they were making decisions about what she was doing, even if it was a foregone conclusion. And, with the other nurses as well.

Sometimes – you could tell there was friction between the instructors and the nurses. They [the nurses] don't always want to turn over their patients to the students [since they are] still responsible for them. She [the instructor] would always explain to the nurses that Sarah hasn't had this experience. I'd really love for her to be able to do it.

Staff Nurses

The graduates described how the staff nurses also played a part in influencing their professional identity development. Beth described how she saw both positive and negative role modeling demonstrated by the staff nurses while on the clinical nursing units.

Beth explained:

The nurses on the floor, it was sort of neat to see them. We [the students] were able to pick out the good nurses which would be role models for us. And then there were other nurses who taught you definitely what not to do when you get out of school.

Jacquelyn shared the experience of interacting with a nurse during her Intensive Care Unit (ICU) clinical rotation. This particular nurse made a profound impact on her

through his positive role modeling. She shared the following:

There was one ICU nurse on my last hospital rotation. And he was probably the smartest man I've ever met in my life. He was incredibly smart. He knew everything. It, it was just amazing. I told my instructor, if I could be any type of nurse, it would definitely be like him. He was just on, I mean, he was on the ball. He knew it all.

When asked to elaborate on the professional qualities that this ICU nurse exemplified, Jacquelyn further explained:

He took his job, seriously, which is always important, obviously. But he also didn't skip over the little things. He documented what was going on when he gave a med. And, he had his palm pilot and he was constantly checking it, and making sure the meds were running at the prescribed rate and verifying what they were. He was so good. And then yet when I wasn't sure what was going on and asking questions like, why is the [patient's] temperature so high? He just went through it all and connected it [all the pieces]. Oh, this is this, and this is that. And he'd ask me questions, like why do you think this is happening? And, you know, I would say, well, I'm not sure. But then he would explain it. He was really smart. And I think that's a real good quality-- knowing what's going on. He knew why the labs [patient's laboratory results] were abnormal? [He would say] maybe it's because of this or that. I know that you can't know everything, but he really made an effort. And [if he didn't know] he would take the time to look it up. And he did that a couple times. And, I thought that was really neat. He also took the time ask me questions and see what I thought. And then when I

would say what I thought it was, then he would say okay. And then he'd say what about this? And, [he'd] give it a new slant. And if I didn't really know something he'd say, why don't you go look up this little piece and then come back and tell me what you think about this piece over here. We'd review it and then it was connected in my brain. Once you connect it yourself, then it clicks.

Negative Role Modeling

Participants also shared examples of negative role modeling which they witnessed from both their instructors and nursing staff on the clinical units..

Instructors

While there were many reports of outstanding instructors who supported student development and served as exemplary role models, there were other instructors that stood out to the participants as poor role models. Jamie shared one such example:

I've had some really good instructors that I could emulate ... and some were very, approachable and that you could ask questions. But one was really difficult. You just never asked her anything. [If you asked a question] she was very critical about it. And, just basically [she'd] tell you to find that information out your self. But some things, I just couldn't figure out... She was just really difficult. Her post-conferences were just basically what we did wrong... She would point out our flaws and everybody was very uncomfortable about that. I just got really nervous whenever I was with her. It was, like, oh my God. What is she going to ask me? [If you couldn't answer the question] she would just throw the chart back at you, tell you to find this information. Or, she would kind of roll her eyes... I think even if you are an instructor, that you should treat your students the

way you would want to be treated. You don't belittle them or make them feel inadequate. I think she could have accomplished her objectives in a different way. She could have been more professional.

Staff Nurses

Sarah explained how staff nurses did not always exemplify professionalism. She described how they were not always respectful of one another: She explained:

Take the interactions between co-workers. Sometimes, I saw it [conflict] happening right at nurses' stations or in the hallways... I heard issues [being discussed] with doctors or personal problems with other people that were discussed right in the hallway. I think if your patients hear that sort of thing it just brings down their confidence in you.

Sarah added another example of negative role modeling when she shared how staff nurses provided mediocre care to their patients. She stated:

I've noticed sometimes certain nurses are very much doing their job but not looking much further into. For me, I don't want to get to a place where I think I know enough to do the job well, that I'm not really interested in learning more about things. I hate to say it, but especially the nurses who've been there on the same floor doing the same thing for a really long time... They know all these drugs inside and out, like the back of their hand. But then sometimes you could ask them well, well why do you have to give this drug and that drug at different times? And they'd say because... I don't know if it's that they didn't want to take the time with students or it's just always been that way. I don't want to be like that. I want to always learn more about things. [I want] to really understand why

it is that we do things and not just ever say, because we always did it that way.

Jamie described how staff nurses would lack communication, collaboration, and team work skills when interacting with students. She felt that at times she was excluded from the decision making and planning of her patients' care. In doing so, Jamie felt alienated as a member of the health care team. She explained:

One staff nurse took my patient and did something and never even informed me or let me know this was what was developing. And I just, you know, felt really excluded.

While on the clinical nursing units, the participants used their experiences of socialization with the experienced professionals to validate the behaviors, skills, attitudes and values that are acceptable or non-acceptable in the professional nurse. These normative behaviors guided the participants as they established themselves as professional nurses. The participants explained that as they learned more about the practice of nursing in their theory classes and practiced the skills and behaviors in the clinical setting, they were able to compare their own skills and behaviors to that of their instructors and the professional nursing staff. This comparative behavior then permitted the participants to gauge their attainment of professional nursing traits and led to their internalization of a professional nursing identity.

Internalizing the Professional Identity

The participants described how they internalized the identity of the professional nurse. As they spoke about professionalism, they not only articulated what it meant to be a professional nurse and how these qualities were manifested in the professional role but

they also spoke of how they, as individuals, had evolved throughout the process. They spoke of both professional and personal development. Many saw their nursing school experience as a time of growth and esteem building. All participants verbalized the sense of pride in accomplishing their goal of successfully completing the associate degree programs and assuming the role of a professional nurse.

Meaning of Professionalism

Without exception, the participants were able to articulate the qualities that represent professionalism within the nursing role. The participants learned what it meant to be a professional nurse in their theoretical classes and the clinical environment. As discussed in the previous section of this chapter, the participants readily recognized professional and nonprofessional nursing behaviors in the professionals with whom they interacted. These individuals clearly helped the participants to validate for themselves what it meant to be a professional and aided them in determining the type of professional they chose to become. They then used these qualities to compare their own level of practice and determine if it met the prescribed standard of professional nursing practice.

In describing what it meant to be a professional, the participants clearly delineated the traits of a professional nurse as ascribed by the profession including caring, compassion, justice, fair treatment for all and the need to be a patient advocate. When describing what it meant to be a professional nurse, Mary explained it this way:

[Being a professional nurse] means that you have the qualities of a nurse which include compassion, sincerity and trustfulness. It also means to be understanding and nonjudgmental. I think it means that you are able to function as a professional and have critical thinking skills. And, you act as a professional

should when you care for your patients and also, you know, know their condition, know what's going on, know what the meds are for. You need to be able to make suggestions to the doctors and be an advocate for your patient too, especially when they are really sick and unable to do it for themselves.

Beth summed up her viewpoints on what it means to be a professional in this way. Her definition succinctly articulates how she has internalized the values and attitudes required of the professional nurse. She stated:

Being a professional nurse is making a difference in somebody else's life. And being honest and reliable in what you do. And, being sure that you're always doing the right things even when somebody isn't watching.

Practicing as a Professional Nurse

The participants not only knew what it meant to be a nurse but also described how, over time, they began to function in the professional nurse role. By the time of graduation, they could comfortably perform the responsibilities of a professional nurse. Sarah described how she eventually mastered the role. She said:

So, when finally towards the end of school, they [the instructors and staff nurses] started saying this is your patient load, you know, come to me if you have a problem or if you don't understand something. And you would have to go get them every now and then, but basically you just finally got the rhythm of the day and you could actually get it all done and still do a good job at it.

Jacquelyn talked about interacting with other professionals including physicians

and other nurses on the nursing unit and finding out that she could interact like a professional nurse. She explained:

I was assigned to care for a very sick patient but I had questions [about the plan of care]. I looked at the chart and talked to the nurse. The doctor came in and I immediately [asked him my questions]. He actually pulled out the X-ray films and was pointing to her X-rays, all this different stuff. The nurses talked to me and I got a really good report on the patient. And my instructor was watching me. I didn't know she was. And [afterwards], she said that's exactly what I wanted you to do. So, that made me feel good. It made me realize that this is what I know I'm supposed to do.

When asked if she possesses the qualities of a professional nurse, Sarah answered this way:

I think that I do. When on job interviews [for an RN position] with hospitals, they would always ask me "what's your best quality?" And, I would tell them that I'm respectful to people. I guess that's just the most important thing. It's what the people that I admired while I was in nursing school had. It's something that I see coming out of myself, just walking in and talking to patients and saying yes ma'am, no sir. And just little things that they say, that just shows that you're there to take care of them. That you're there to help them. I saw it and I try to keep it in the back of my mind all the time when I'm in the hospital.

Personal Development

The participants unanimously described how they not only developed

professionally while in nursing school but also experienced personal development. For some, the years of nursing school was a time of growing up or maturing. Most of the participants described how their nursing school experiences enhanced their sense of self-esteem and gave them an overwhelming sense of pride. Without exception, in spite of all the intensity and stress that they experienced while in school, all of the participants felt that they had evolved while attending their nursing programs.

Growth and Maturity

Several participants verbalized how they had matured during their nursing programs. As would be expected, this was most predominantly seen in the participants who were younger when beginning their programs. Mary felt that she had “grown up” while attending her associate degree nursing program. She shared the following:

Before nursing school, I would never approach someone with a question or with something that I didn't feel was right. And throughout nursing school, I learned to stand up for the patient and make sure that things were going the way they should. And I learned to have integrity. For example, if I don't think something's right, then I need to address that. I've learned how to do that through nursing school, how to approach those situations. And, you know, if I don't feel that something's going well with another staff member I can go up and ask why as opposed to before I became a nurse.

Beth also saw her nursing school experience as a time where she experienced both growth and maturity. She stated:

I think I experienced personal development. I mean, over time you go through school and go through life and things happen. And I think I've matured through

the experience of school and life.

Jacquelyn shared multiple examples of how nursing school was life-changing for her.

She explained it this way:

Nursing school was definitely life-changing. You kind of switch over from or roll into an adult world. I switched over into a role of a professional from a nonprofessional. I think that's a huge, huge change. You also grow up a lot, obviously, during nursing school. I think I became a little-not a little bit, a lot more responsible with my life. Because I realized becoming a nurse entails just the whole idea of being a nurse. It makes you realize that, you're a respected individual. And I think that really influences who you are.

Esteem building

Overwhelmingly, the participants shared how their time in nursing school aided their development of self esteem. Katie explained it this way:

I think, just passing the NCLEX [National Council Licensure Examination] alone was enough to build your esteem. To say, hey, you can do this. And being able to graduate from such a tough program, it really does make you feel good about yourself. And it put my values into place. I think that ties in a lot with personal development. You know, the material things, how you look, doesn't matter to me so much as other people matter to me more now. And, I don't really care what they think about how I look anymore. That kind of high school attitude left me.

When asked to elaborate on her current values, Katie continued:

Family and friends. My fiancé, you know, things like that. Appreciating what we have. Working with oncology patients, I realized that life is short. Sometimes

shorter than it should be. And it's hard to deal with that, but at the same time, it makes me realize that I need to live my life now and not plan on saving everything for later.

Pride

A sense of pride that they had succeeded in nursing school was voiced by every participant. Carly described her feeling of pride over completing the nursing program this way:

There is a lot of pride when you come out of it. That's probably why you cry at every single ceremony that you have and at the end. Like, our pinning ceremony, people were crying because you're so happy you're done but you're also proud of yourself. And your family's crying for you because they're proud of you. And you do have a big sense of pride.

Grace shared how she felt such a sense of pride on completed her nursing programs. She summed up her experiences of nursing school this way:

Nursing school was definitely [a time of] esteem-building and confidence-building. I know at first I really didn't have a lot of confidence in myself, didn't know if I could do it. But by the final semester I was a lot more confident. I think the last semester just kind of brought everything together. Just all the information and I felt like I finally knew a lot... I'm definitely proud that I made it. I know how proud my parents were. They were so proud. And my grandparents kept telling everybody at the nursing home, oh, my granddaughter's a nurse now. And that felt good. And, I mean, I was proud of myself because there were so many times that I really didn't think I was going to pass the semesters. And I would go

home crying and, and I'm just so proud that I made it.

The participants created meaning from their associate degree nursing programs. They learned what it meant to be a professional nurse and could readily articulate the necessary quality and traits including the attitudes, values and behaviors necessary of the professional nurse. Many participants shared how they were able to practice those qualities and traits during their nursing programs. The participants spoke of the evolution that allowed them to grow during their time in school as they assumed more responsibility and practice in the clinical environments. Interestingly, each of the participants described how they had experienced personal development along with the professional development during their time in nursing school.

Interconnectedness of the Four Processes

The interviews with the participants showed that the four processes described are fluid in nature as they mesh together to describe how the participants took on the identity of a professional nurse. Throughout the discussions with the graduates, it became clear that it was the interconnectedness of the four processes that ultimately led to the development of a professional identity for the participants. A visual representation that demonstrates the interconnectedness of the four processes is provided in Figure 1 on page 127.

This fluidness of the model is evident when considering how the process of *bring one's self* meshes with the other processes throughout the students' nursing programs. The experiences of the participants, whether they were entry-level healthcare work experiences, educational opportunities such as a nursing co-op program, or caring for an

ill loved one provided occasions for the participants to experience early socialization into the nursing profession. These experiences allowed the participants to have an early glimpse of the professional nursing role and offered the advantage of additional socialization that occurred in some cases even before the graduates began their nursing education. Several participants verbalized that they had an advantage in learning the nursing role that their peers, who did not have these opportunities would not have had. It provided them an opportunity, to begin to conceptualize the meaning of what it is to be a nurse and eventually internalize the role.

The fluidness is also seen when considering socialization into the field. In addition to the early socialization experiences, the participants also explained how nursing role models were not limited to the instructors and staff nurses with whom they interacted in class and during clinical experiences. Many of the participants shared how family members served as exemplary role models who guided their decision to enter the field of nursing and supported them while in school. For many, the family members continued to serve as professional healthcare role models throughout the time they attended their nursing programs.

The fluidness of the process was evident as the participants spoke of the qualities they possessed that guided them into the profession and supported their success in their programs. For example, academic achievement and motivation were qualities seen in many of the participants upon entry into the nursing programs. These same qualities stayed with them throughout their programs and aided them as they learned the nursing student role and the professional nurse role. They helped them to be successful throughout the nursing programs.

Finally, the process of internalizing professional nursing behaviors, attitudes, and skills was an evolutionary process that, for many of the participants, began even before they entered the programs. It continued during their early socialization experiences and evolved and progressed throughout the student's educational tenure. Several participants spoke of attending a summer externship where they practiced the skills learned in school while working along side a professional nurse. Again, each of these experiences helped them learn the professional role, make meaning of professionalism, and led to the internalization of the professional nursing identity.

Figure 1



Summary

This chapter presented the findings from interviews of the ten participants who graduated from three different associate degree nursing programs. It included a biographical profile of each of the study participants and a comprehensive account of the graduates lived experiences becoming a professional nurse. The findings of this study demonstrate how the graduate's brought who they were to their nursing programs. Their past experiences, personality traits and individual qualities all played a part in their decision to enter the field of nursing and ultimately their success in completing their nursing programs. They also show how the graduates learned to adapt to the student role and learn the associate degree nursing school culture. Furthermore, they shared how they balanced their educational and personal responsibilities while in school.

Socialization plays an integral part in assuming a professional role. The participants described how they were able to connect to reference group members, including both their instructors and practicing professional nurses while on the clinical nursing units and learn the role of a professional nurse. They verbalized what it meant to be a professional nurse and they described how they were able to internalize those qualities and incorporate them into their nursing practice. Without exception, each of the participants verbalized how they experienced personal development along with their professional development while attending their associate degree nursing programs. Finally, this chapter showed how each of these processes are woven together throughout the nursing school experience. Together, they lead to the professional identity of the associate degree nursing student.

CHAPTER 5

DISCUSSION AND CONCLUSION

This qualitative, phenomenological research study was designed to explore, describe, and ascertain the meaning of being a professional nurse for two-year associate degree nursing graduates. The investigation was guided by three research questions. First, what is the nature of the lived experience of becoming a professional nurse? Second, what does it mean to be socialized into the profession of nursing? And, lastly, what does it mean to be a professional nurse? In response to these questions, four interrelated processes were inductively derived as being involved in assuming a professional nursing identity for associate degree nursing students.

This chapter is organized into three sections. The first section discusses the key findings that emerged from an analysis of data collected during the study. The second section discusses the implications of the research as they relate to the practice of nursing education and adult education. Finally, the third section offers suggestions for conducting future research on this topic and provides a summary of the chapter.

Relevant Findings

The interviews with the participants from this study provided a wealth of information about their experiences of becoming a professional nurse. From a thorough analysis of the data, multiple findings emerged. First, the most significant finding was the identification of the process involved in professional identity development for associate degree nursing students. This particular finding led to the development of the *Professional Nursing Identity Model* as described in Chapter 4. Second, family members

within the healthcare profession were found to be instrumental in guiding individuals into the profession of nursing. Third, nursing students assess the attitudes, skills, and behaviors of the professionals of which they interact while in their nursing programs. Fourth, *personal development* is a byproduct of professional identity development for associate degree nursing students. Fifth, learning to balance school, work, and home life as a student provides valuable practice for balancing similar expectations of the professional nurse.

Professional Nursing Identity Model

The most significant outcome of this study was the emergence of a model which describes the process of professional identity development for associate degree nursing students. The model is an outcome of finding one and has no direct correlation to findings two through five. This model, the *Professional Nursing Identity Model*, contributes foundational insight on the topic surrounding associate degree graduates and builds upon the body of knowledge of professional identity development in the fields of nursing and adult education. A review of the nursing literature and adult education literature shows that there is no other model which explains the process of acquiring a professional identity for nursing students. Only one study, Cook, et al. (2003) offers an inductive framework of professional nursing identity based on baccalaureate students' definitions of nursing. Nursing and adult education practitioners may find this model useful to describe how professional identity development occurs within their own perspective populations. It also offers opportunities for future research for practitioners who choose to investigate the generalizability of the model to other populations.

Finding 1: Processes Involved in the Acquisition of a Professional Identity for Associate Degree Graduates

Educators need to recognize that students are not blank slates but instead bring with them a wealth of experiences and qualities that can enhance the educational process. Family members within the healthcare profession, co-workers of those in entry-level nursing positions and other nurses with whom the students has interacted may be available to help serve as role models. For students without such role models, it is imperative that educators pair the students with role models who exemplify positive professional qualities.

The professional identity literature supports the premise which was found in this study that previous work experiences and life experiences can affect the acquisition of a professional identity (Beck, 2000; McCathy Veach et al., 2002). McCathy Veach et al. (2002) described such life experiences, such as caring for an ill family member, or being ill oneself, as defining moments. These defining moments have the “potential to shape both present behavior and future destiny” (p.280). These defining moments serve as an impetus to pursue a path to a particular profession.

In one of the few studies done in the United States on professional identity development in nursing students, Cook et al. (2003) found that individuals utilize innate qualities and personality traits such as intelligence, motivation, altruism, and a caring attitude to enhance their success while in their nursing program. This current study substantiated the findings in the Cook et al. study. Master (2005) describes caring as being the core value of nursing. Altruism, or giving of one’s self to others, is consistent with the fundamental principles of nursing as described by the American Nurses

Association Code of Ethics (2001). This code requires that nurses respect the individual and supports beneficence and non-maleficence in all patient care situations. Cook et al. (2003) found that beginning nursing students often bring with them more than a rudimentary knowledge of what it means to be a nurse and these early conceptions of professional identity found in nursing students may potentially contribute to their success as a student. In a Swedish longitudinal study, Fagerberg and Kihlgren (2001) found that nursing students possess an understanding of various perspectives surrounding how nurses experience the meaning of their identity as a nurse and the perspectives did not significantly change over time, however they did transition or modify as the nurses progressed through their educational programs and worked as professional nurses.

By and large, the participants of this study had to learn and adapt to the culture of their associate degree nursing programs. Most of the participants voiced that they were not prepared for the academic or time demands of the programs. This lack of anticipation of the demanding nature of the program is especially interesting since several participants mentioned that others who had previously attended associate degree nursing programs had warned them of the intensity of the programs. The participants acknowledged that even though they had been forewarned that the programs were difficult and intense, they were not prepared for what was expected of them while in school. The participants felt that while in the programs, they could never study enough, put enough time into preparation, or know enough to earn the high level of grades for which they were previously accustomed in high school or other college programs. This lack of ability to perform at their expected level set the participants up for feelings of frustration and anxiety. In addition to adjusting to the academic demands of programs, the participants

also spoke of the need to adapt to the clinical expectations of their instructors.

A review of the nursing literature showed only one other study that spoke to the concept of the importance of learning the culture of being a student nurse. In a study completed in the United Kingdom by Holland (1999), using an ethnographic methodology, it was found that the journey to becoming a professional nurse for three-year diploma students required that the students undergo three “states” in order to transition into the professional nurse. The three parallel subdivisions included becoming a student nurse, being a student nurse, and finally becoming a qualified nurse. The process of becoming a professional nurse included learning the cultural rules which are incorporated into the nursing programs. Holland concluded that the transition to qualified or professional nurse is not a clearly defined event. It becomes further clouded because students bring multiple dimensions of previous work experiences and mind sets to the educational programs.

For the participant in this study, in order to adapt to the demands of the associate degree programs, they had to find ways to meet the demands of their nursing programs and do this while balancing other personal demands such as work and family. The participants shared strategies such as staying focused on their dream of becoming a nurse, realigning priorities such as making school the number one priority, rearranging work schedules, and having family members assist in household responsibilities. Surprisingly, no other nursing or educational literature surrounding professionalization or socialization into the professional nursing identity discussed the importance of students finding a balance between school and personal life.

This study and many others recognize the importance of socialization of the individual into the professional role. The nursing and professionalization literature supports the concept that socialization is essential to the acquisition of a professional identity. The findings of this current study add to the findings of the research done by Attack et al. (2000), Cook et al. (2003), du toit (1995), Greenawalt, (1996), Holland (1999), Reutter et al. (1997) and others. The participants in this study highlighted the significance of socialization with reference group members including faculty and practicing nurses to professional identity development. It was through interaction and participation with experienced professional nurses in clinical environments that the graduates felt that they were best able to both learn the professional role and practice it. From the interviews with the participants it became apparent that the competencies required of the students while attending their nursing programs were highly cognitive, complex, and embedded within the practice setting itself. It was the combination of learning theoretical concepts and then practicing the skills and behaviors that enabled the participants to internalize the professional nursing role. Repeatedly, the participants reported the importance of the time they spent on the clinical units learning the normative behaviors of the nursing profession. For many of the participants, socialization on the clinical units became somewhat of a culminating time for them. This was where current and previous nursing experiences seem to come together and aid their acquisition of a professional nursing identity. Attack et al. (2000) found in their study of three-year diploma students, that staff nurses on the clinical unit impacted the students' sense of belonging to the profession when they created positive learning experiences and treated the students like junior colleagues. Reutter et al. (1997) in their longitudinal study of

baccalaureate nursing students substantiated the findings of this study that socialization with professional nurses provides students a means of learning the skills, norms, and values of the professional nursing culture. Holland (1999) reported that it is through interactions with educators and mentors that students learn to think and act like a nurse.

The theoretical framework of structural functionalism and reference group theory supports the concept that it is the time spent on the clinical nursing units where associate degree nursing students can best interact with practicing nurses and apply theory to practice. Ultimately, this is where they learn what it means to be a nurse. From a structural functionalist perspective, the institution of nursing maintains stability within the profession by reproducing itself; thereby maintaining homeostasis of the profession (Newman, 2005). The literature on structural functionalism and reference group theory suggests that it is through socialization with experienced professionals that students learn the professional role. This study supports this premise and shows that for the associate degree nursing students it was the time spent on the clinical units, interacting with instructors and other professionals, where the graduates learned the expected attitudes, values, language, and behaviors associated with the professional nurse role. These experienced professional nurses and others such as family members in the healthcare profession served as the reference group for the students. The students then used what they saw as benchmarks to evaluate their own, and others, nursing behaviors. Merton (1957) explained that through interaction with a reference group and the adopting of their values, an individual can gain acceptance in a desired group. For the participants of this study, it was the time on clinical that made them “feel like a nurse.” Multiple participants verbalized that it was on the clinical nursing units, working along side the experienced

nurses and the instructors, that they learned the attributes of being a nurse and practiced what they saw.

The participants used these observations as a means of determining normative behaviors and attributes. In doing so, the nursing students learned nursing behaviors. Furthermore, the participants were then able to use the behaviors to compare themselves to the professional nurses on the clinical units and determine if they measured up to the expectations of the profession.

The participants described how they eventually internalized the professional nursing role. Throughout the interviews, it became apparent that the participants not only knew what it meant to be a professional nurse but that they also felt that they were prepared to assume an entry-level role as a practicing professional nurse by the time they graduated from their associate degree programs. The participants shared how they recognized and even evaluated professionalism in their instructors and the professionals with whom they interacted. They verbalized how they emulated these professional qualities in their own nursing practice. They reported that the continual interaction with professional nurses on the clinical units was central to the professionalization process.

The students could readily describe what it meant to be a nurse. They acknowledged that to be a nurse, one must demonstrate the qualities of caring, compassion, justice, fair treatment for all, and patient advocate. Several of the participants reported that being a professional nurse meant being part of the team. It is this sense of belonging that exemplifies the internalization of the role. A study by Secret et al. (2003) showed similar findings. They found that for the baccalaureate nursing students that were studied, the feelings of professionalism were grounded in the

interconnected experiences of belonging, knowing, and affirmation. Just as the participants in this current study, the baccalaureate nursing students were able to describe specific examples where they felt they demonstrated professionalism. In both studies it was evident that nursing students want and need to feel a part of the profession and professional nursing team. This concept was further substantiated by Du Toit (1995) during a study of two-year, Australian nursing students. Findings from the study showed that it is through socialization and the acculturation process that the norms, values, and symbols of the nursing profession are internalized by nursing students.

In summary, this study validates the findings of previous research which showed that socialization is an important factor in the acquisitions of a professional nursing identity for nursing students. However, it further clarifies and updates the understanding of the complexity of the professionalization process. It is the continual meshing of the four interconnected processes that lead to the acquisition of a professional nursing identity for the associate degree graduates of this study.

Finding 2: Family Members within Healthcare Disciplines are Instrumental in Guiding Individuals into the Profession of Nursing

Unexpectedly, nearly every participant in this study had a family member who was employed within nursing or other healthcare disciplines. These family members served as positive role models and support systems for the participants. Several of the graduates spoke of being invited to the profession. Some were encouraged to enter nursing school or try out the field in entry-levels positions. Through interaction with family members within the healthcare field, the participants had early opportunities to

begin the socialization process and learn some of the skills, behaviors, and language of the nursing profession. Through these early experiences they also met other professional nurses and healthcare team members who could give insight into the nursing profession and begin to make them feel like a member of the healthcare profession.

This finding of the importance of family members within the field of healthcare was not discussed in any of the nursing or adult education literature surrounding the socialization or professional identity development. However, as it was seen as such a stark finding in this study, it may be an area for future research.

Finding 3: Nursing Students Assess the Attitudes, Skill, and Behaviors of the Professional Nurse

The participants in this study were able to easily describe what it meant to be a professional nurse. They articulated the attitudes, skills, and behaviors that they equated with professionalism and those that they believed did not represent professionalism. Throughout the interview process, the participants described traits, qualities, and actions seen in their instructors and staff nurses that they viewed as positive professional nursing qualities that they would choose to emulate and those that they recognized as demonstrating non-professional behaviors which they would not want to copy. They were able to easily provide examples of positive professional traits demonstrated by instructors and staff nurses such as kindness and caring toward patients and peers, current knowledge within the discipline, professional appearance, and a strong work ethic. They also gave examples of poor professional behaviors demonstrated by instructors and staff nurses such as rudeness toward students or peers, apathy surrounding their job or lack of

current knowledge about treatments, or nursing practice. This finding clearly delineates that student assess the attitudes, skills, and behaviors of the nurses with whom they interact. This concept was not discussed as a finding from any of the previous research. As such, this is an appropriate area to include in future research.

Finding 4: Personal Development is a Byproduct of Professional Identity Development

An interesting and unexpected finding of this study was that every participant spoke of the sense of pride and accomplishment that they felt from successfully completing their nursing programs and becoming a nurse. Feen-Calligan (2002) suggested that identity development within higher education should foster the development of the whole person. The participants in this study acknowledged that they did indeed experience personal development along with their professional development.

The participants reported personal development in the form of maturity, self-esteem, self-confidence, pride, and value development. They felt these traits extended beyond the scope of nursing practice and influenced other parts of their lives including how they interacted with others and how they made decisions. They believed that they gained a heightened sense of self-confidence and self-respect. They also believed that others viewed them as professionals and treated them with added respect. The professional identity literature speaks to this concept. Cutler (2003) found that one of the seven themes associated with the development of a professional identity was self-growth and awareness. Reeves (1999) sees this maturity as a part of adult development. She suggests that life events and transitions such as completing an educational program pushes adults into taking charge of their lives as they learn and grow.

Although very little has been written in the nursing literature on the commensurate personal development that occurs with professional development for students attending nursing programs, one study did address this concept. Öhlen and Segesten (1998) found in their study that the nurse's professional identity was integrated with their personal identity. Furthermore, they believed that foundational to the professional identity was the individual's self-esteem and self-image. Similar to the Öhlen and Segesten study, the participants in this study felt that they had matured and gained confidence in both their professional and personal lives. Mannahan (1989) suggested that an enhanced self-esteem has a powerful effect on one's professional identity. This study suggests that it also has a powerful effect on one's personal identity. This would be an interesting area for potential additional research.

Finding 5: Learning to be an Associate Degree Student Serves as Practice for the Role of the Professional Nurse

Findings from this study showed that learning to be a nursing student is inherently practice for becoming a professional nurse. This concept has not been addressed in any of the nursing or adult education literature. The participants of this study shared how difficult it was to balance the demand of school, work, and home. They discussed the intensity of intellectually-challenging concepts, correlating theory to practice, long hours of study with the responsibilities of home and family.

Student nurses need to study, take exams, prepare for clinical, work, and care for their homes, families, and themselves. Surprising to some graduates, is that the need to balance continuing education, work and home does not end when they graduate from

their nursing programs. Practicing professional nurses are life-long learners. From the time they graduate until the time that they retire, professional nurses are expected to maintain knowledge and competence in the dynamic and ever-changing field of nursing. Most nursing employers and state boards of nursing require proof of continuing education credits. In order to advance within the profession, nurses are expected to pursue degrees of higher education or certification within an area of specialty. In addition, to maintain their professional nursing status, most healthcare organizations require yearly competency testing, and other mandatory educational requirements. Frequently, educational classes are taken after the nurse has put in long hours of providing patient care. Added to the mix are family and home responsibilities. With this being the case, the students who are able to successfully balance their responsibilities during school are in a better position to do so after graduation.

Implications for Practice

The findings of this study offer several implications for practice. First, the implications for nursing practice will be discussed and then the implications for adult education practice will be discussed.

Nursing

This study is significant to the field of nursing education, in that it offers nursing faculty, students, and practicing professional nurses a better understanding of how associate degree nursing students take on a professional nursing identity. Specifically, it presents these findings from the learners' perspective. This knowledge can assist faculty and others in supporting the students' professional and personal development. The

Professional Identity Model for Associate Degree Graduates offers faculty members guidance as they plan associate degree nursing curriculum. The model shows that for this population, nursing faculty and the nursing programs were not the only ones involved in the professionalization process. Participants in this study reported that co-workers and family members within healthcare fields played an integral part in their professionalization process.

This model also provided nursing educators with validation that students bring with them a wealth of past experiences and qualities that can supplement the curriculum of the nursing programs. These experiences influence the perceptions of the students and aid them to create meaning from their past and current experiences. This model further describes the importance of socialization of the student into the professional nurse role. It also reminds faculty and practicing nurses that students are observing, assessing, and practicing the skills, attitudes and behaviors they see in these professionals. It would be wise for the professional nurses to reflect on their responsibility to the students and the profession of nursing when they consider how they will perform with students and around students in the clinical environment. It is important that these nurses also realize that they are instrumental in guiding the professional development of their future peers and caregivers.

Adult Education

This study also contributes to the field of adult education. When speaking of socialization, it is important to recognize that socialization is vital to the concept of learning. In this study, socialization became an important means of learning the role of the professional nurse. This study brings to light the importance that reference group

members play as role models to adult learners. Specifically, reference group members model qualities, skills, and behaviors that guide the learner. These traits may then be emulated by the learner and eventually internalized and made their own. Generally, the topic of role-modeling has received little attention in the adult education literature. However, this study brings to the forefront the importance of using role-modeling as a means of educating adult learners. From the adult education literature, Daloz (1999) uses the metaphor of a journey to describe the process of adult development that a novice makes during the mentoring process. It is the trusted guide, or mentor who assists the novice to learn the role. Daloz believes that mentoring can be life-changing for a novice. Essentially, it can change how an adult learner sees the world around him. From the nursing literature, Gray and Smith (2000) found that a quality mentorship is crucial to professional socialization. In this study, genuine compassion to their patients and peers, intelligence, good communication skills, and confidence demonstrated by faculty and staff nurses were seen as qualities that the participants valued most in their role models. The participants noted that it was the time on the clinical units with their instructors and the staff nurses that they felt they best learned the role of a nurse.

It is also imperative to mention that this study offers additional insight into the philosophical lenses that were used in this study. The sociological literature explains that structural functionalism and reference group theory describes how groups maintain homeostasis by recreating the values, attitudes, and norms of the group. Structural functionalism explains how the profession of nursing continues to maintain itself with the high standards that patients expect. The established standards surrounding norms are integrated into nursing curriculum and expected of all new members of the profession.

The participant of this study described how they observed the norms and values demonstrated by the reference group members including the instructors, staff nurses, and others to determine normative standards and to compare themselves. The participants reported that it was their instructors who they felt were the most influential in their professional development.

Suggestions for Future Research

This study adds to the body of knowledge for both nursing and adult education and answers specific research questions surrounding professional identity development. However, as is the nature of all qualitative studies, the findings are reflective of the specific participants investigated. It offers insight into professional identity development from an entry level perspective. It does not address professional identity across the professional life-span or answer questions surrounding whether it is maintained, enhanced, goes away, or circles back during the professional career. As such, more research remains to be completed on this topic.

First, although the participants of this study were similar to the demographic profile in relationship to age, gender, and ethnicity of nurses in the United States, further research should replicate this study using more men, persons of color, and those from diverse backgrounds in order to determine if these findings are consistent across a broader demographic range. Such a study would offer additional insight into the unique aspects of diverse individuals as it sought to answer the question of: how does a student's ethnic diversity, gender, or socioeconomic background influence the professionalization process? How do males and students of color relate to White female nurses as their role

models? Such a study may offer additional insight into promoting diversity within the nursing profession.

Second, since this study investigated the professional identity development of participants attending two-year associate degree nursing programs, future longitudinal studies are needed to investigate the professional development of individuals over time. These studies should seek to determine if the values, attitudes, and behaviors learned in two-year nursing programs remain throughout the years of nursing practice or do they continue to evolve, or decline over time. In addition, studies should investigate how professionalism impacts nursing practice and patient outcomes.

Third, this study contributes the *Professional Nursing Identity Model* to explain how this populations of associate degree nursing students acquired a professional identity. Since qualitative research is not intended to generalize findings to other populations, it is imperative that further study be completed to determine if the model is applicable to other populations. Additional research would be appropriate that seeks to determine if other students from baccalaureate nursing programs or associate degree students from other disciplines experience similar professionalization as described in the *Professional Nursing Identity Model*.

Finally, while this study and the majority of the studies completed on professionalization of nursing students have been done through a sociological lens, other theoretical perspectives such as feminist poststructuralist, constructivist, or critical lens may shed some light on the process of professional development.

Summary

This chapter presented an analysis and conclusions of this study's findings. The most significant outcome of this study is the *Professional Nursing Identity Model* for associate degree students which describes the four intertwining processes involved in the development of a professional identity for the associate degree nursing graduates. Other findings include that family members within the healthcare profession were found to be instrumental in guiding individuals into the profession of nursing, nursing students assess the attitudes, skills, and behaviors of the professionals of which they interact, *personal development* is a byproduct of professional identity development for associate degree nursing students, and learning to balance school, work and home life as a student may provide valuable practice for balancing similar expectations of the professional nurse after graduation. Included in this chapter are the implications from the study to the practice of nursing and adult education. Finally, included in this chapter are suggestions for conducting future research on this topic.

Reflections and Closing Thoughts

Associate degree nursing graduates comprise a significant number of the professional nurses who are currently entering the workforce. While attending their nursing programs, they have only two years to acquire the skills, attitudes, and behaviors needed to assume a beginning nursing role. As the nursing shortage continues, it becomes ever-more essential that these graduating nurses are prepared to assume their professional role. This study offers foundational knowledge of the interconnected processes that lead to the acquisition of a professional nursing identity.

Students will enter the profession seeking an understanding of what it means to “be a nurse.” Throughout their educational journey they will learn and internalize the skills, attitudes, and behaviors of a professional nurse. The nurse educators and practicing professionals who interact with the students have a significant impact on the professional identity development of these students. It is inevitable that students will assume a professional identity. It is up to the nursing profession collectively, and educators, mentors, and practicing professional nurses individually, to model professional nursing attributes and support the identity development of the students. This process has the potential to afford the students the confidence and professional maturity needed to practice in the challenging and rewarding field of nursing.

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Appendix A

RECRUITMENT LETTER

Dear Nursing Colleague,

I am a nurse and a doctoral student in the School of Behavior Sciences & Education at The Pennsylvania State University where I am doing a research study titled: *The Lived Experience of Becoming a Professional Nurse for Associate Degree Nursing Graduates: A Phenomenological Study*. I am currently looking for participants for my study. Individuals who participate in this study must graduate this spring and must agree to be interviewed no later than three months after graduation. In addition, the participants should not have previous work experience as a professional within any other professional field.

Participation in the study will involve an interview lasting approximately 60-90 minutes. The interview will occur at a time and place that is convenient to you. During the interview, we will discuss your experiences of being socialized into the professional nursing role and what it means to you to be a professional nurse. So that your privacy is protected, your name will not appear in any document related to the study. A second interview, lasting about 30 minutes, will occur to clarify points or add additional thoughts. The findings gained from this study will be recorded in a doctoral dissertation and a copy of the findings will be made available to you at your request.

By being a part of this study, you will be adding to the body of nursing knowledge related to professional identity development for associate degree nursing students. This information will help guide future nursing education and provide insight for associate degree nurses.

I hope that you will consider being a part of this study. If you would like to participate, or if you have additional questions, please contact me at jlh574@psu.edu or call me at (717) 393-4626. Thank you for your time and consideration.

Sincerely,

Jean L. Hershey, MSN, RN

Appendix B

INFORMED CONSENT

Purpose of the Study: The purpose of this study is to investigate the nature of the lived experiences of becoming a professional nurse and what it means to be socialized into the profession of nursing.

Study Supervisors: The principle researcher is Jean L. Hershey, MSN, RN. E-Mail: jlh574@psu.edu; Phone: (717) 393-4626. The dissertation advisor is Dr. Daniele Flannery. ddf3@psu.edu; Phone (717) 948-6219; Penn State Harrisburg, 777 W. Harrisburg Pike, Harrisburg, PA 17057.

Expectations of Participants: You will be asked to participate in two audio-taped interviews, the first lasting approximately 60-90 minutes and the second lasting about 30 minutes. All interviews will take place at a location and time that is convenient for you.

Participant Risks: There should be no risks or discomforts associated with participating in this study. However, if any questions do cause discomfort, you may withdraw from the study at any time.

Participant Benefits: **By participating in the study, you may add to the body of knowledge that exists related to professional identity development and the meaning of being a professional nurse for associate degree nursing students. This information will help guide nursing education and provide insight for associate degree nurses.**

Confidentiality: All information gained from this study will be kept strictly confidential. Only the primary researcher will know your real name. All audiotapes and notes will be kept locked in the researcher's home and no one other than the primary researcher will have access to the identity of the participants. All notes and audiotapes will be destroyed five years after the completion of the study.

Additional Points You Should Know Prior to Participating in the Study

- Interviews will take place between May and August of 2006.
- You may consent to the study by agreeing to participate in two interviews.
- During the first interview, you will be asked to share your experiences surrounding the socialization of associate degree nursing students into a professional nursing identity.
- During the second interview, you may clarify any issues from the first interview or add additional thoughts or perspectives that may have been missed on the initial interview.
- You have the right to ask questions about this study and have your questions answered. You may contact Jean Hershey at (717) 393-4626 or jlh574@psu.edu or Dr. Daniele Flannery at (717) 948-6219 or ddf3@psu.edu . If you have

questions about your rights as a research participant, you may contact Penn State's Office for Research Protection at (814) 865-1775.

- You do not have to participate in this study. You can end your participation at any time by telling the researcher. You do not have to answer any questions that you do not want to answer.
- You will not receive monetary compensation for participating in this study.
- A copy of the study results will be made available to you upon your request.
- The sharing of your time and information for this study is very much appreciated.

You must be 18 years of age or older to participate in this study. If you consent to participate in this study and to the above terms, please sign your name and date below. You will be given a copy of this consent form for your records.

Participant Signature

Date

Researcher Signature

Date

Appendix C

Interview Guide

What was it that led you to become a nurse?

What was it like to go to nursing school?

What did you like most about nursing school?

What did you like least about nursing school?

Was it what you expected?

Tell me about your nursing program. What was a typical day like?

Who was most influential in guiding your professional development?

What made this person influential?

Do you consider this to exemplify professionalism?

What does it mean to be a professional nurse?

What are some qualities or traits that you equate with nurses who demonstrate professionalism? What do they look like?

Have you had an opportunity to practice these qualities?

What are some qualities or traits that you equate with nurses who do not demonstrate professionalism? What do they look like?

Do you consider yourself a professional?

How do you think someone becomes a professional?

What does it mean to be socialized into the profession of nursing?

From your experiences, describe how students become socialized into the profession of nursing.

To what extent do faculty members or practicing nurses influence the acquisition of a student's professional identity?

What are examples of positive or negative socialization that you have experienced?

Did you have opportunities to learn the tricks of the trade while in nursing school?

Who taught you?

What is the role of the instructor in socializing a student into the professional role while in the clinical environment?

What suggestions do you have for enhancing socialization into a professional identity for associate degree students while on clinical?

Vita

Jean L. Hershey

Education: Pennsylvania State University, D. Ed., Adult Education, 2007
Villanova University, Master of Science in Nursing (MSN), 2000
Millersville University, Bachelor of Science in Nursing (BSN),
1996
Lancaster General Hospital School of Nursing, Diploma
Registered Nurse (RN), 1979

Professional Experience: Lancaster General College of Nursing and Health Sciences –
Nursing Instructor (Medical Surgical/Adult Health)

Staff Development Instructor

Staff Nurse (Women's Health, Orthopedics, Medical
Surgical/Adult Health)

International

Nursing Experience: Barcelona, Spain, Spring 1999
Investigated the culture and healthcare practices of the region.
Results of findings presented as a slide presentation to select
faculty at Villanova University, July 1999 and to Villanova nursing
students, faculty, and nursing colleagues at Villanova's annual
Scholars Day, April 2000.

Presentations : *Professional Development of Adult Learners Attending Schools of
Nursing.* Pennsylvania Adult Education Research Conference
March, 2005

*Fostering a Sense of Community in Cyberspace: A listserv
Experience.* Pennsylvania Adult Education Research Conference
March, 2005

Cultural and Healthcare Practices: Barcelona, Spain.
Eastern Nursing Research Society, poster presentation
April, 2001

Honor Societies: Sigma Theta Tau, International Nursing Honor Society
Phi Kappa Phi, Academic Honor Society,
Phi Beta Delta, Honor Society for International Scholars