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ABSTRACT

Annette B. Wysocki. ROLE MODELING IN THE SOCIALIZATION PROCESS OF BACCALAUREATE NURSING STUDENTS. (Under the direction of Winona B. Ackerman) Department of Nursing, December, 1980.

This study was designed to investigate the importance of role models in the socialization process that occurs during baccalaureate nursing education. The term role model was broadly defined based on Bandura's social learning theory and included directly observable (human) as well as vicarious (books and audiovisuals) models. Data were collected using a questionnaire. The sample population consisted of 200 sophomore, junior, and senior students from two baccalaureate schools of nursing in Eastern North Carolina. Factorial Modeling (FaM) was the statistical method employed to analyze the data. Results indicated that of the factors studied, reinforcement is the single most important causal factor in socialization. Reinforcement accounted for 88% of the variance. Tables are included.

ROLE MODELING IN THE SOCIALIZATION PROCESS
OF BACCALAUREATE NURSING STUDENTS

A Thesis

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the Faculty of the Department of Nursing
East Carolina University

In Partial Fulfillment
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Master of Science in Nursing

by

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Chapter I

Introduction

Students who enroll in professional schools devote a considerable amount of time and energy toward developing the necessary knowledge, skills, and attitudes in order to acquire their professional role. "Undergoing professional training and acquiring a professional self with its rights, obligations, role demands and role enactments also may be referred to as a socialization process" (Knutson, 1965, p. 314). With appropriate socialization students become effective members of their group.

Understanding the teaching-learning process is necessary to promote adequate socialization. Investigation of this process is becoming increasingly important to nurse educators. It is during the period of socialization that educators try to impart the skills, knowledge and attitudes students will need to become professional nurses. One of the most descriptive studies of professional socialization in nursing is reported by Olesen and Whittaker (1968) in The Silent Dialogue.

Since 1968 the socialization of nursing students has received renewed emphasis. Hardy and Conway (1978) commenting on the socialization of nursing students state ". . . Their basic professional socialization has been found inadequate in preparing students for moving into the work force" (Hardy and Conway, 1978, p. 79). With the research done by Marlene Kramer on "reality shock" this topic

has become a focus of both nurse educators and administrators. Kramer (1972) states that there is a disparity between the values of the work world and those of the educational world. The consequences of these conflicting values are confusion, frustration, and anger. According to Kramer reality shock leads to disillusionment, especially of new graduates. It is reported as one of the major reasons nurses leave nursing. "Job dissatisfaction and role conflict were cited as primary reasons underlying the 28.9 percent post graduate exodus from nursing practice found in a recent study" (Kramer and Baker, 1971, pp. 56-71). It would appear that the current indoctrination of students into the profession is something short of adequate. Whether reality shock can be cited as the cause for job turnover in every case is not clear. There is in all probability a small percentage of students who do not intend to stay in nursing.

Previous studies concerning socialization have considered such components as role models (Kramer, 1968), self-actualization (Kramer, McDonnell, and Reed, 1972), preconceptions of nursing students (Stoller, 1978), sociodemographic data (Olesen and Whittaker, 1968), and comparisons of student and faculty views of nursing role models (Melick and Bellinger, 1979). This paper calls for a fresh approach to deal with the perceived inadequacies of the current undergraduate educational experience. Previous studies place emphasis on selected components of role modeling and socialization. If these components were integrated into a conceptual model, how well could they explain the part that role modeling plays in a student's socialization

experience? In this study socialization of nursing students into the profession will incorporate the perspective of Albert Bandura's theory of social learning (Bandura and Walters, 1968).

Bandura (1968) states that social learning occurs through observation. His observational learning is concerned with the imitation of a model. In addition to the traditional concept of a person model, Bandura identifies symbolic models as agents of social learning. Symbolic models are books, pictures and films.

Most students are exposed to all of these models throughout their nursing education. Instructors generally believe themselves to be the role models for students, but are they? Nursing instructors lecture to students, but how often do these same instructors demonstrate actual nursing care in a real-life situation? Are students learning more from other models? Would students prefer to learn by observation? How much time do students spend learning from each of these models? How critical are various models to the socialization process? The purpose of this research is to begin to build a statistical model that shows the relationship of each of the models (observation, books, and audiovisuals), reinforcement and intention to stay in nursing to socialization.

Statement of the Problem

Students who enter baccalaureate schools of nursing generally have a preconceived image of nursing. Olesen and Whittaker (1968) reported that 69 percent of the students in their study had had some sort of work related experience indirectly involving nursing.

Experiences included work as a hospital volunteer, candy striper, or ward secretary. None of these tasks involve the direct administration of nursing care. As a result their concept of nursing is not rooted in reality.

Students who enter nursing schools are targets of socialization. As students undergo professional training their definitions of nursing change. Teachers use a variety of educational methods to facilitate the transformation of idealized notions into more realistic knowledge. Reading, clinical experiences, and audiovisuals are all common methods of instruction teachers use to help students learn. When selecting a learning strategy are teachers aware of students' perceptions of their own learning preferences? Are models the most important factor in socialization?

Learning resource centers (LRC) which utilize autotutorial instruction modes are becoming increasingly popular. The Medical University of South Carolina College of Nursing has such a center. In 1978 Myers and Greenwood reported that use of the LRC significantly improved student performance. Student performance was measured by grade assignment. Certainly students learn from a variety of resources, but are there other learning modes that would have had an equal or greater affect on student performance? Could student performance have been improved by a more careful selection of readings combined with increased clinical observations? Based on students' perceptions of their own needs might a different method or combination of methods be equally effective? Do students' perception of their own needs vary from institution to institution?

Albert Bandura's theory of social learning adds one other ingredient that affects the outcome of learning; reinforcement. He states that "We learn to imitate because we are reinforced for such behavior" (Bandura, 1973, p. 6). Imitation of behavior, the acting out of learning, is evidence of socialization and is influenced by reinforcement. Reinforcement is an essential ingredient for successful socialization. Since reinforcement seems to affect successful learning, do instructors give enough reinforcement? Do students learn without reinforcement? Is there a need for more reinforcement from human role models?

Retention of new graduates is of concern to employers. Inadequate socialization according to Kramer leads to reality shock and consequently to an exodus of new graduates from the profession. However this assumption may not be entirely accurate. First of all, some students who enter the profession may never intend to remain in nursing. And secondly, why do some nurses, who presumably have had similar socialization experiences remain on the job while others do not? Perhaps retention of new graduates is also a problem for which management must share the blame. Do students' professional commitment to nursing increase as they progress through the program? Is the amount of commitment related to the perceived adequacy of students' education?

How well the teaching-learning process is accomplished affects all nurses, whether they leave or remain in the profession. Current literature emphasizes the importance of human role models. However,

there are other models which students are exposed to during socialization. Based on the insight of Bandura's theory of social learning the primary question of concern in this study is: Compared to reinforcement and intention to stay in nursing how important is modeling in the socialization process of baccalaureate nursing students?

Hypotheses

1. Models have a greater effect on socialization than reinforcement or intention to stay in nursing.
2. Intention to stay in nursing has a greater effect on socialization than models or reinforcement.
3. Reinforcement has a greater effect on socialization than models or intention to stay in nursing.

Assumptions

Assumptions of this study are made in reference to Bandura's theory of social learning. They are:

1. Social learning occurs as a part of the socialization process.
2. Students learn from models.
3. The effects of models on students' socialization experiences can be measured using a questionnaire.

Delimitations

Respondents for the study were drawn from two baccalaureate schools of nursing in Eastern North Carolina. Only students who were already enrolled and taking courses germane to the nursing major were tested. Students who have already received an associate degree

or diploma and are registered nurses were not included in this study since they have already been socialized into the nursing profession.

Definitions

Role model - Any actual person or portrayal of a person (i.e. film, book, recording, or filmstrip) who demonstrates professional nursing behavior, attitudes, values, knowledge, and skills considered to be the standard of excellence which the learner wishes to imitate.

Professional socialization - The process by which individuals acquire the enabling competencies that allow him/her to participate as effective members of their professional group.

Observational learning - "One of the fundamental means by which new modes of behavior are acquired and existing patterns are modified" (Dubin and Okun, 1973, p. 6).

Social learning - Learning that occurs as a result of direct or vicarious observation of human model(s).

Chapter II

Review of the Literature

Socialization of students into the profession is a primary responsibility of all professional schools. It is the process by which persons acquire the necessary knowledge, skills, and dispositions that will make them able members of their group (Brim, 1966). Students generally enter a professional school on the basis of second hand images instead of immediate experience (Becker, 1961; Stoller, 1978). Although Olesen and Whittaker (1968) reported that 69 percent of nursing students in their study had had a work related experience they found, surprisingly, that these experiences "did not allow the students to see or experience enough to alter their expectations for stresses and satisfactions" (p. 103). Work related experiences were such things as working as aides, ward clerks, and volunteers.

Ginzberg, Ginsberg, Axelrad, and Herma (1951) investigated how people make occupational choices. They describe three phases: fantasy choice, tentative choice and realistic choice that people undergo to arrive at their ultimate selection. Even though a choice is made the likelihood that a person has "real" experience in that occupation, especially if it involves a profession, is doubtful. Schools of nursing acting as agents of socialization strive to change these images from idealized notions to real experiences.

Faculty using anticipatory socialization prepare students to assume the nurse role. Brim and Wheeler (1966) define anticipatory

socialization as "how to manage the advance preparation so as to increase the probability of successful outcome" (p. 83). A student's socialization experience in nursing school can be viewed as anticipatory. With adequate preparation students should be able to function as professionals. It is schools of nursing which are charged with preparing competent professionals. Consequently, socialization of students should be based on their anticipated needs.

Research findings suggest that the socialization experience that nursing students receive is not sufficient. Brief, Sill, Aldag, and Melone (1979) did a study in which they defined educational preparation as anticipatory socialization. They found that role stress increased with the degree of professional education. Although all levels of nursing (diploma, associate degree, and baccalaureate) experienced role stress, baccalaureate nurses experienced the greatest degree of role stress. It is interesting to note that time on the job did not mitigate these effects.

Role stress is one of the factors cited by Kramer leading to reality shock. She feels that reality shock is one of the major reasons new graduates leave nursing. Retention of nurses is another measure of the success of a student's socialization experience. Successful outcome, if measured by retention of new graduates, in employment situations, is an unmet goal. As previously stated Kramer and Baker (1971) described an exodus of new graduates from nursing. It can be assumed that the socialization process is inadequate.

Many (Olesen and Whittaker, 1968; Brim and Wheeler, 1966; Zigler

and Seitz, 1978) refer to socialization as a continuous process. Hardy and Conway (1978) state that "The self-sustaining and self-actualization process of socialization is for health professionals, as for all adults, continuous" (p. 79). In the past childhood socialization received a majority of attention. More recently Brim and Wheeler (1966) cogently argue that adult socialization is the most relevant since it is at this time that new roles are adopted. This conclusion is borne out by Davis and Olesen (1964) and Jones (1976) who found that changes in the imagery of the nurse role occurred after entry into a school of nursing. Davis and Olesen also found that most of these changes took place in the first year. In addition Jones (1976) examined socialization and selection factors as they relate to student definitions of the nurse role. She concluded that

Demographic factors do not directly influence role conceptions. Demographic variables indirectly influence role conception by influencing the choice of nursing program that the student might attend. But once the student is in the program, demographic background is not important. (p. 138)

This was reaffirmed by Loree and Leckie (1977).

Efforts to socialize students occur as the result of teaching-learning processes. Hassenplug (1965) states that effective teachers of nursing should be constantly evaluating what, why, and how certain things are being taught. Content (what) and its rationale (why) are easily delineated. The effectiveness of teaching (how) nursing is hard to measure. Studies by Barham (1965), Jacobson (1966), Kiker

(1973), Rauen (1974) and O'Shea and Parsons (1979) dealt with teacher effectiveness and/or role model characteristics. Each of these studies artificially identified three components of role models; nurse role, teacher role, and person role. Barham's study (1965) used the critical incident technique to identify nineteen teaching behaviors students considered crucial. She sampled 178 students in thirteen associate degree programs. Baccalaureate programs were not included. According to Barham "the results revealed that almost two-thirds of the critical incidents occurred in the extended campus area as opposed to a classroom or counseling situation" (p. 67). The extended campus area referred to the clinical setting. Although events took place in the clinical area the study did not identify the instructor in this area as the most effective role model for students. She also found that 80 percent of the incidents described by students involved either feeling or relationship with the instructor. These relate to the person image.

Teachers strive to exhibit effective behaviors that will facilitate learning. However, ineffective behaviors may also be displayed which impede or hamper learning. Jacobson (1966) investigated the effective and ineffective behavior of teachers. Her study of undergraduate students was conducted in five university schools of nursing. For this research a modified form of the critical incident technique was used; in addition to written descriptions, interviews were conducted. Jacobson revealed two major categories of effective teacher behaviors, "demonstrates own ability as a nurse and teacher,"

and "apparent general knowledge and professional competence" (p.222). Here nurse and teacher roles were emphasized by students. This finding is in conflict with Barham (1965) who identified the person role as the most salient.

Overall professional competence is valued by students more than any personal characteristic according to Myrlene Kiker (1973). Kiker conducted her study at two universities in Texas. She sampled junior-level undergraduate nursing students and asked them to rank the most effective teacher characteristics given in questionnaire form. Students ranked those behaviors that demonstrated professional competence as more important than either relationships with students or other professional attributes.

Nurse, person, and teacher are all characteristics of faculty role models. In 1974 (Rauen) a study was conducted which dealt with these characteristics of nurse role models. The study assumed that clinical instructors were role models since much of the learning by students occurs in the extended classroom. Teacher, person and nurse role model characteristics were outlined using descriptive statements. The Clinical Instructor Characteristic Ranking Scale (CICRS) asked each student to rank three groups, each group containing a list of six behaviors. Rauen reported that overall student nurses saw their clinical instructor's role as "nurse" more important than her role as either "person" or "teacher". Differences between levels of students were identified. Senior nursing students perceived a clinical instructor's person role to be just as important as the nurse role

in helping them to become nurses. Rauén attempted to account for this difference. It was suggested that seniors who had had psychiatric nursing, where interpersonal relationships were stressed, shifted their perception to incorporate the person role as an additional role of the clinical instructor. Her study in the Journal of Nursing Education failed to report any actual figures for the serious-minded researcher to examine first-hand.

A replication of Rauén's study was done in 1980 by Stuebbe. Students in a diploma nursing program were surveyed. Results were consistent with Rauén's. Freshmen and juniors ranked "nurse" as more important. Seniors ranked "person" as most important. She also sampled the faculty who ranked "teacher" as most important.

Recently an investigation was done which examined role modeling as a facilitative behavior. Effective and ineffective teacher behaviors were reexamined by O'Shea and Parsons (1979). They sought to discover what perceptions students have concerning role models. It was found that, "Faculty indicated role modeling as a facilitative behavior five times as often as students did" (O'Shea and Parsons, 1979, p. 414). This result was attributed to a difference between student and faculty definitions of the term role model. No follow-up study was reported to determine if this was indeed the case. An alternative explanation advanced by this author (Wysocki) is that role modeling is not as important as faculty seem to think. It may also indicate that students do not have role models or that the identification of only one particular person as a role model is a false assumption.

Nurse researchers continue to study role modeling. Some (Melick and Bellinger, 1979) see role modeling as a crucial aspect of professional socialization. They dealt with identifying the human role model(s) of students and faculty. Their research asked faculty and students to identify both the real and ideal person role model for students. As in the studies previously cited they too, automatically assumed that every student has a role model. No investigation of how models could be better agents of socialization was conducted.

Finally (Wysocki, 1980) a survey of nursing students was conducted to discover if students have role models and to find out who is the role model of nursing students. Participants were sophomore, junior, and senior students from a school of nursing in Eastern North Carolina. Generally, the higher the student's class standing the more likely he/she was to have a role model. In response to the question, "Do you have a role model?" 52% of sophomores responded, yes, compared to 61% of juniors and 71% of seniors. The person named most often as the students' role model was the clinical instructor. This study confirmed what others had been assuming; the clinical instructor is more likely to be a student's role model. If students have role models, it is still not known whether they are the most important part of the socialization experience.

Kramer is another investigator who has extensively researched role models, especially as related to reality shock. Kramer (1968) states that reality shock results from the conflict between bureaucratic and professional roles. She feels that students are taught

the professional ideals and values without being exposed to bureaucratic ones. Kramer and Schmalenberg (1978) call for the development of biculturalism in nursing. A bicultural nurse is one who "works with the best of both worlds, knows and understands the rules, values and norms of the work world, and deliberately breaks them when necessary for patient care" (Kramer and Schmalenberg, 1978, p. 54). One suggestion to increase biculturalism in nursing deals with resocializing socialization agents, i.e. faculty, head nurses, and inservice personnel. The implication of this suggestion is that current role models for students are inadequate. Students are not taught how to work within the constraints of the bureaucratic system which will employ them. This leads to the conclusion that neophyte nurses suffer from role deprivation.

This researcher chooses to argue that some professional values will always be in conflict with bureaucratic values. These ever present conflicts are bound to erode feelings of professionalism and lead to burnout even among dedicated nurses. Does biculturalism really work, or does it merely delay the inevitable? Is biculturalism desirable or is it asking nurses to compromise their values to their detriment?

Quint (1967) and Jourard (1964) have also been critical of nursing role models. Quint (1967) states

Many teachers in baccalaureate programs are advocating what the professional nurse should do and be without themselves serving as role models actively engaged in initiating changes

in practice. . . . In some regards, the nursing model of therapeutic agent is a theoretical model prescribed by the teacher but infrequently demonstrated by her. (p. 15, 12, respectively)

In addition Wong (1979) also identifies the insufficiency of observable role models. She observes that "students who have imbibed a great deal of instruction in classroom lectures are unable to relate their instructional knowledge to actual clinical performance" (p. 161). The inability of students and neophyte nurses to resolve on-the-job conflicts may arise from the lack of a role model. In what ways can the socialization process of students be improved?

Learning, according to Bandura (1963) is a result of reinforcement. Success on-the-job can be a measure of reinforcement. The degree of success perceived is related to self-actualization; Kramer, McDonnell, and Reed (1972) found that self-actualization was not significant in discriminating between bureaucratic and professional role conceptions. However, self-actualization was related to success. A relationship between self-actualized personality traits and professional-bureaucratic conflict does exist. This relationship seems to depend on the reward of stroking as perceived and reflected in differential employer success ratings. "Whether a nurse is perceived as being highly, average, or lowly successful does seem to make a most important difference" (Kramer et. al., 1972, p. 121). Perception of success is also an important factor in the socialization of beginning teachers. They (Kramer et. al.) suggested students be

taught how to develop sources of positive reinforcement. How important is reinforcement to student nurses?

Emphasis on the need for adequate nursing role models is warranted. Albert Bandura's theory of social learning can be used to gain new insights into the socialization process. Bandura's theory of social learning is based on observational learning. Observational learning concerns learning by imitation of a model(s). He contends that

We learn to imitate because we are reinforced for such behavior. Furthermore, through mediational processes people can "imagine" reinforcement consequences and the behavior of models without experiencing them directly (vicariously).

(Dubin and Okun, 1973, p. 6)

Bandura states that self may not be the only effective model for learning. Dubin and Okun summarize the three assumptions of Bandura's theory, they are:

1. A teacher may be thought of as a model who will influence the behavior of his students. Also the model does not necessarily have to be an older individual or one who is specifically involved in the same field of interest.
2. A model may not be an actual person but rather books, pictures, and films. These latter models are referred to as symbolic models.
3. Modeling techniques may be useful in the alteration of attitudes. Exposure to a series of models who are held in high esteem may lead to a change in attitude. (p. 6-7)

Bandura's theory allows for the use of many types of models to socialize students into a profession.

Studies (Bandura and Walters, 1963, Bandura, 1969, and Trevan and Gabel, 1978) support the fact that observational learning occurs both from directly observable models (persons) as well as symbolic models (audiovisuals). In fact

Research conducted within the framework of social learning theory shows that virtually all learning phenomena resulting from direct experience can occur on a vicarious basis by observing other people's behavior and its consequences for them.

(Bandura, 1974, p. 864)

Studies which examined symbolic models as teaching methods have been conducted. Audiovisual instruction packages have been found successful for some purposes. For example, Goodrich and Sandubrae (1975) reported that students were oriented better to a clinical unit by an audiovisual than by traditional clinical orientation. Audiovisuals have also been found effective in helping students become more effective in performing the skill needed to give a subcutaneous injection (Quiring, 1975).

On the other hand, some researchers have reported that audiovisuals are no more effective than traditional methods. Ferguson (1976) found that audiovisuals were no more effective in teaching mathematical skills to students than other methods. One study (Stein, 1977) revealed that audiovisuals, as a method of independent instruction, was no more effective than a written script. Stein concluded "The multimedia, independent approach. . . could best be

utilized in conjunction with the skills of the teacher" (Stein, 1977, p. 196). A similar study was done by Moser and Kondracki (1977) that compared the attitudes and cognitive achievement of nursing students in three instructional strategies (lecture, black and white television, and independent color television by an information access retrieval system). They stated, "No significant differences in cognitive achievement were noted between any of the three strategies" (Moser and Kondracki, 1977, p. 26). Used as an independent instructional strategy audiovisuals do not appear to be any more effective than other traditional methods. Even Myers and Greenwood (1978) discovered autotutorial methods improved grades for only some aspects of a fundamentals nursing course. From the literature it appears that audiovisuals are at least as effective and in some cases more effective than traditional teaching methods. None of these studies have conceptualized symbolic models as components of socialization as this study did.

In addition to teacher models educators should begin to look at symbolic models used in the socialization process. Past emphasis has been on teacher role models, but perhaps more credence should be given to other models that are part of socialization. Symbolic models may be important tools for educators to use in socialization. Models discounted in the past could be utilized to expose students to a "range of alternatives which would include opinions, attitudes, philosophies and people so that they can decide for themselves who would be a suitable model" (Dubin and Okun, 1973, p. 7). With the

selection of an appropriate model more effective socialization may result leading to increased retention of new graduates. Before progressing further it will be necessary to first explore the current role of all these models in the socialization experience of students. The role of reinforcement in socialization will need to be evaluated since this is a component of social learning.

Summary

Socialization of students is crucial to prepare them to function effectively in the real working world. Most students choosing nursing as an occupation do so on the basis of second hand images. Professional socialization is a process that is continuous and extremely relevant; after entry into nursing school students begin to adopt new roles and become professionally socialized.

Successful socialization is inextricably linked to the teaching-learning process. Effective teacher behaviors facilitate learning while ineffective behaviors impede learning. Role modeling is viewed by most faculty as a facilitative behavior. In past studies role models have been subdivided into three components and then examined. These three components are nurse role, teacher role, and person role. Using these definitions one can see that the term role model has been narrowly defined. Bandura's framework calls for expanding the parameters used to define the term role model.

Educators have cited the current inadequacy of role models. They believe that these short-comings later manifest themselves in the form of job turnover. It is because of this deficiency that Kramer and

others urge the adoption of biculturalism. Is biculturalism a real or temporary solution? How critical is role modeling to the socialization of students? Does the perception of intention to stay in nursing affect whether or not socialization will be more successful?

Bandura indicates that reinforcement is another component that is intimately involved with the success of socialization. He believes that imitation of models occurs because people are reinforced for their behavior. How important is reinforcement to socialization?

From the literature it appears that modeling has received a great deal of attention and is essential to socialization. In the past role modeling has been equated with human or person role models. Bandura's theory includes other non-human models such as audiovisuals. Audiovisuals are just as effective and in some cases more effective than traditional teaching methods. None of the studies conceptualize models as components of socialization.

Albert Bandura's theory of social learning will be used as an approach to study the socialization process. Bandura's theory is inclusive of many types of models students may encounter in developing the skills, knowledge, and attitudes necessary to acquire their professional role. In addition reinforcement is an essential part of socialization.

Chapter III

Methods

Data were collected from nursing students at East Carolina University and Atlantic Christian College. Permission was obtained from Dean Ruth Broadhurst (East Carolina University) and Dr. Sue Hunter (Atlantic Christian College) to collect data and to use the name of each school in the thesis. Collection of data from two schools made the study sample more heterogenous. East Carolina is a state university (third largest in North Carolina) while Atlantic Christian is a private institution. The curriculum at each school requires four academic years to complete (students who are already registered nurses may not be required to attend all four years). East Carolina University's (ECU) curriculum is designed using the traditional medical model. Students begin working in the clinical area at the beginning of their sophomore year. In addition ECU has a graduate program in nursing. Atlantic Christian College (ACC) has a curriculum based on an integrated model. Students begin their clinical experience in the Spring semester of the sophomore year. Both schools award a bachelor's degree upon successful completion of the program.

Information was collected only from baccalaureate nursing majors currently enrolled in courses required for their major. Sophomore, junior, and senior students were included from ECU. Only junior and senior students from ACC were included in the study. Students who already were registered nurses were eliminated from the study. As

previously discussed the perceptions of practicing nurses are rooted in reality compared to students who have no or limited actual nursing experience. Data were collected from as many students as possible.

A questionnaire was used to gather data. Questions were developed based on a comprehensive review of the literature. Content validity of the tool was established by inspection and field testing. Initial changes were made based on an examination by graduate faculty, undergraduate faculty and graduate students. Revisions made after examination by graduate students and faculty were: The number of questions were increased from 25-58; and some questions on the questionnaire were reworded to be more concise or less confusing to the respondent.

Next the questionnaire was field tested on a group of baccalaureate nursing students at East Carolina. Additional revisions were made after field testing. On the questionnaire used for field testing students were asked to report their grade point average. On the tool used for the final research, students were not asked their grade point average. At this time, the cover letter also underwent further refinement after feedback was obtained from faculty. Statements on the cover letter regarding informed consent were rephrased for clarity and understanding.

Internal consistency of the tool was established using split-half reliability. With this method the questions are divided into two equal parts for testing. The questionnaire is administered once. Reliability was checked at the time of field testing and again as a part of the actual study.

The questionnaire had four parts. Each questionnaire was accompanied by a cover letter. The cover letter: 1) described the study in general terms, 2) defined the term role model(s), 3) emphasized that participation was voluntary, and 4) obtained the student's informed consent (see Appendix C: Cover Letter).

Since the research design involved human subjects informed consent was required. The cover letter was used to obtain the subject's informed consent. As required by the university a form entitled, Internal Processing Form for Review of Research Involving Human Subjects at East Carolina University was completed and forwarded to the office of the Dean of the Graduate School.

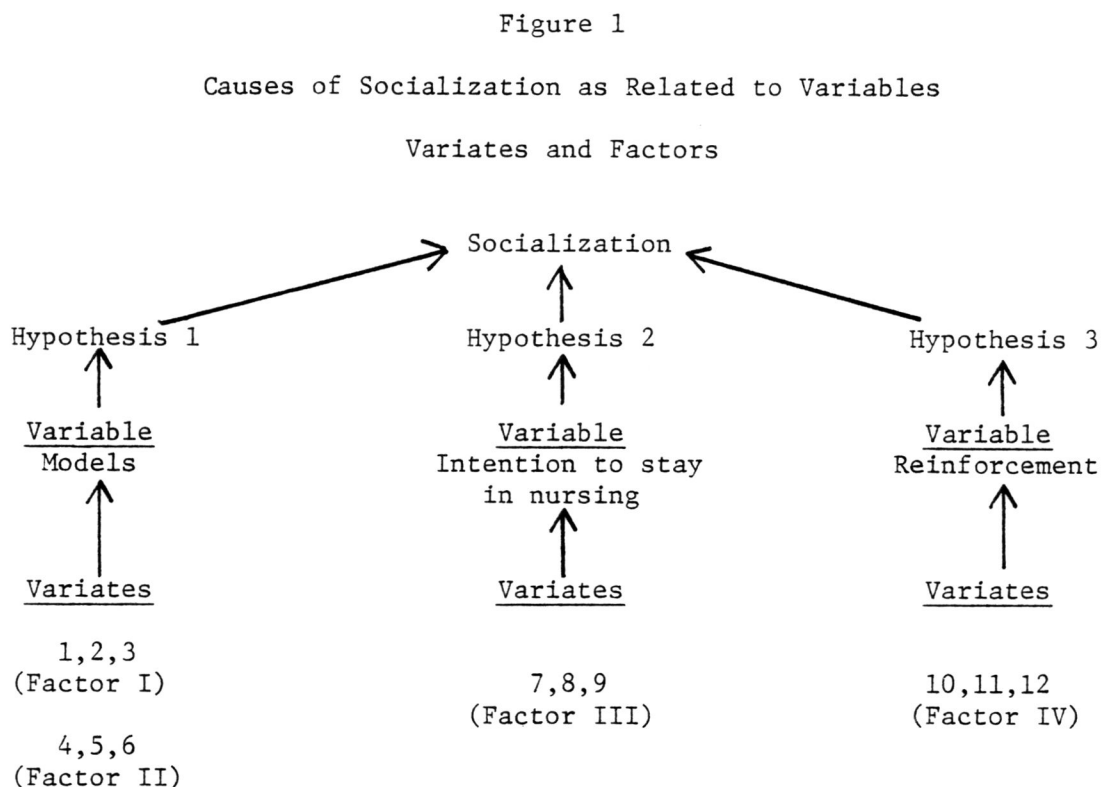
Part one of the questionnaire asked the subject for demographic data, for example, class level, sex, age and school. These data were used to describe the sample and to group the data.

Part two of the tool ascertained how much time students spend in various learning activities, i.e. seeing audiovisuals, working in the clinical area and reading about nursing. Time spent with audiovisuals, books, and instructors was measured since these are all models according to Bandura's social learning theory.

Part three consisted of a series of questions designed to elicit responses concerning what educational experiences students perceive as being the most beneficial to them in order to become professional nurses. Students used a Likert scale to indicate their degree of agreement or disagreement with the statement given. This information will enable educators at these two schools to identify which modeling

behaviors need to be emphasized in order to socialize nursing students more successfully. At the end of Part three students were asked to rank various modeling behaviors. Rank was assigned one through five, with one being the most important and five being the least important. Lastly students were asked to answer three open-ended questions. This approach allowed freedom to the respondent in answering the questions and provided more information. Limitations of the technique concern the extent to which generalizations can be made from the response given, therefore the conclusions will not be overly generalized. (See Appendix D: Questionnaire).

Factorial Modeling (FaM) was the method used to analyze the data. Factorial Modeling is a method for analyzing correlations to support causal inferences. This method of data analysis is the subject of an article written by Dr. Paul R. Lohnes entitled, "Factorial Modeling in Support of Causal Inference" published in the American Educational Research Journal, Fall 1979, Volume 16, Number 4, pages 323-340. It is also the method outlined in a forthcoming book, Research Methods for Nurses, authored by Drs. Winona B. Ackerman and Paul R. Lohnes (McGraw-Hill, 1981). Figure 1 is a diagram of the causes of socialization as they relate to the variables and their respective variates and factors.



From Figure 1 it can be seen that in the hypothesized causes three variables were named, these were: models, intention to stay in nursing, and reinforcement. Each variable contains several variates which are grouped to form factors (in FaM, variables \neq variates; variates are combined to form variables). Thus, data were analyzed in the following manner: all variates were correlated with variables and then factor analyzed.

Analyses was done in three phases. First results were analyzed for all students, regardless of school or class level. Next data were analyzed for each school; data analyzed from East Carolina students was compared to data analyzed from Atlantic Christian students. Lastly data was grouped according to class standing (sophomore, junior,

and senior) and then analyzed. Computer services were required to carry out the data analyses.

Chapter IV

Findings

Findings of the research study will be reported in three phases. First the results of the field testing will be discussed. Then a description of how the data were recorded for analysis in the actual study will be explained. Lastly all the data from the actual research will be reported.

Field testing occurred in the summer of 1980. Eight nursing students from East Carolina were surveyed. All of these students were rising seniors and were working as nurse externs at a hospital. None of the students were known by the researcher. These students met for discussion/teaching sessions during the extern program. During the last week of the program a meeting was held to evaluate the experience. It was on this day that the field testing occurred. The first eight students who volunteered to participate provided field test responses. All of the students in the field testing were females. The average age was 22.5 years. To evaluate internal consistency of the tool a split-half reliability test was performed. The equal length Spearman-Brown coefficient equaled 0.94. These eight students were excluded from the actual study.

The actual collection of data for this study occurred in the fall of 1980. Prior to data analysis the data file was cleaned. A total of 216 questionnaires were returned by the deadline, November 12, 1980. Out of 216 questionnaires, 200 were used in the final analysis. The questionnaires not used were eliminated for one of the following

reasons: 1) the student was a registered nurse (n=4), 2) more than seven questions were left blank (n=3), 3) questions were not marked appropriately (n=8, for example, students were asked to rank the statements in question 55 one through five, but some merely checked one answer), or 4) class level was not recorded (n=1).

Of the remaining 200 questionnaires several had 1) blank questions, 2) more than one response circled on the Likert scale, 3) added another variable to be ranked on question 55 or 4) gave more than one two-digit answer in part two of the questionnaire. The following is a description of how these data were recorded. If age was left blank the mean for that person as a member of their class level and school was recorded. Whenever a question in part two was left blank, the mean for that class from that school was recorded. If the student gave a range of hours, the average of the two numbers was recorded. If any one of questions 8 through 54 were left blank then the mean for that question for a person from that class (sophomore, junior, or senior) at that school was recorded. In all cases values greater than or equal to 0.5 were rounded up, while those less than 0.5 were rounded down. If a student circled both 3 and 4 or 2 and 3 on the Likert scale then the answer was recorded as a 3. The rationale for this is the principle of regression towards the mean. One questionnaire added a variable to be ranked in question 55. Figure 2 will illustrate how the question was answered and then how the data were actually recorded.

Figure 2

Question 55

Rank by subject's scale	Rank by researcher's scale	
3	2	Reading
4	3	Observing others directly
2	1	Listening to lectures
6	5	Seeing audiovisuals
5	4	Looking at pictures
1	-	Doing after reading (added variable)

Values on properly answered questionnaires were recorded exactly as they appeared. After all deficient questionnaires were handled data from all 200 respondents were key punched onto cards for computer analyses.

As stated in Chapter III the questionnaire was re-evaluated for internal consistency after the actual study. A split-half reliability test was used once again to measure internal consistency. The equal length Spearman-Brown coefficient equaled 0.81 (recall that the equal length Spearman-Brown coefficient equaled 0.94 in the field testing).

Table 1 is a description of the students who responded.

Table 1

Description of Students					
School	Level	N	Male	Female	Mean age
ECU	So.	59	5	54	20.4
ECU	Jr.	41	3	38	21.9
ECU	Sr.	31	0	31	21.9
ACC	Jr.	33	1	32	20.6
ACC	Sr.	36	2	34	22.6
All		200	11	189	21.4

So.-sophomore; Jr.-junior; Sr.-senior; N-number

From Table 1 it can be seen that 131 students responded from East Carolina University (ECU). Of these, 59 were sophomores, 41 were juniors and 31 were seniors. There were 69 questionnaires returned from the students at Atlantic Christian College (ACC). Of these, 33 were juniors and 36 were seniors. A total of 11 males responded compared to 189 females. Males represented 6% of the students, the same as the average percentage of males enrolled for all schools of nursing as reported by the National League for Nursing in 1975 (Johnson, 1976). The mean age for each class was rounded to the nearest tenth. The mean age for all 200 students was 21.4 years. The total number of sophomore, junior, and senior students enrolled at ECU is 399. The response rate from ECU was 33%. At ACC 120 junior and senior students are enrolled yielding a response rate of 58%.

Factorial Modeling (FaM) was the statistical method used to analyze the data. Using this method 12 variates were grouped to form four factors. Variates were correlated and then factor analyzed. Each factor consisted of three variates. Please consult Table 2 for a list of factors and corresponding questions.

Table 2

Questions Contained in Each Variate for Each Factor

Factor	Variate	Question number
I (Hours)	1	5
	2	6
	3	7
II (Var. Models)	4	22,26,39,44,48,51
	5	14,16,24,37,42,46
	6	13,19,30,36,43,52
III (Intent to stay in nursing)	7	15,38
	8	17,41
	9	32,54
IV (Reinforce.)	10	18,44
	11	25,49
	12	20,31

Factor I = Hours spent in reading, clinical, audiovisuals;
 Factor II = Preference for various models, A-V, books, observation;
 Factor III = Intention to stay in nursing; and Factor IV = Reinforcement.

Generally the first factor's variates consisted of questions concerning hours spend in reading, clinical practice, and viewing audiovisuals. Factor 2 was made up of variates concerning questions regarding the three primary models described by Bandura; books or reading models, observational or human models, and audiovisual models. Career commitment and perceptions of preparedness to assume the role

of a professional nurse (intention to stay in nursing) were contained in the variates of third factor. The last factor and its variates involved questions related to the use of reinforcement (consult Appendix D: Questionnaire, if you wish to examine each question).

Each of these factors or causes was then analyzed for all students (N=200). The amount of variance explained by the first causal factor was 1.08%; by the second causal factor was 1.44%; by the third causal factor was 4.38%; and by the fourth causal factor was 88.26%. The final unexplained variance was 4.84%.

Next each school's responses were analyzed separately. The amount of variance explained by the first causal factor was 2.36% for ECU (n=131) compared to 4.94% for ACC (n=69); for the second causal factor 4.49% for ECU compared to 4.22% for ACC; for the third causal factor 5.87% for ECU and 6.94% for ACC; and for the last causal factor 78.5% for ECU compared to 79.2% for ACC. The final unexplained variance was 8.8% for ECU and 4.67% for ACC. Generally the variance explained by each causal factor was greater for individual schools than for all students.

Subdividing the data again one can see that each class level yielded similar results as those above. It was found that for sophomores (n=59) 1.37% of the variance was explained by the first causal factor compared to 1.16% for juniors (n=74) and 1.12% for seniors (n=67); 11.24% of the variance was explained for the second causal factor for sophomores compared to 6.33% for juniors and 8.74% for seniors; the third causal factor explained 2.65% of the variance

for sophomores compared to 12.96% for juniors and 1.05% for seniors; for sophomores the fourth causal factor explained 68.35% of the variance compared to 72.17% for juniors and 86.45% for seniors. The unexplained variance for the sophomores was 16.39% in contrast to 7.38% for juniors and 2.64% for seniors. Differences in percentages ranged from -19.91 to 11.55. For all phases of the data analyses the largest amount of variance explained can be attributed to the fourth factor. The results are summarized in Table 3.

Communality, which is the result of joint or combined action, of the variates on the criterion is reported in Table 4 (next page). Communality for variates 2, 4, 8, 9, and 12 is greater than 0.5, whereas the communality for variates 1, 3, 5, 6, 7, 10, and 11 is less than 0.5. Variate 2 is hours spent in

Table 3

Variance Explained by Each Causal Factor and
Final Variance Unexplained

Factor	Variance explained					
	All	ECU	ACC	So.*	Jr.	Sr.
1	1.08	2.36	4.94	1.37	1.16	1.12
2	1.44	4.49	4.22	11.24	6.33	8.74
3	4.38	5.87	6.94	2.65	12.96	1.05
4	88.26	78.48	79.23	68.35	72.17	86.45
Var. unex.	4.84	8.80	4.67	16.39	7.38	2.64
Total	100.0	100.0	100.0	100.0	100.0	100.0

All numbers represent percentages; *sophomores were all from ECU; So-sophomores; Jr.-juniors; Sr.-seniors.

Table 4

Communality			
Variate	Communality	Variate	Communality
1	0.046	7	0.375
2	0.930	8	0.753
3	0.042	9	0.747
4	0.942	10	0.126
5	0.043	11	0.118
6	0.122	12	0.952

All numbers represent raw percentages: 0.930=93%.

clinical; variate 4 is preference for audiovisuals; variate 8 is intention to stay in nursing as a result of the belief that one's education is preparing one to function as a professional nurse; variate 9 is learning all the skills needed to become a professional nurse and variate 12 is need for more reinforcement.

Question 55 asked students to rank different models one through five; one being the most important and five being the least important. The mean for each behavior was found, results are reported in Table 5.

Table 5

	Mean Ranking for Models						
	So.	ECU		ACC		All Jr.	All Sr.
		Jr.	Sr.	Jr.	Sr.		
Read	3.2	2.8	2.7	2.5	2.6	2.7	2.7
Observe	1.8	1.6	1.9	2.4	1.8	2.0	1.8
Lectures	2.4	2.4	2.1	2.0	1.8	2.2	1.9
A-V	3.4	3.7	3.8	3.4	4.0	3.6	3.9
Photos	4.2	4.5	4.6	4.7	4.8	4.6	4.7

Numbers have been rounded to the first decimal place. So.-sophomores; Jr.-junior; Sr.-senior; A-V-audiovisuals.

From Table 5 it can be seen that students as a total group generally ranked observation as most important followed closely by lectures, then reading, audiovisuals, and photos. East Carolina students from each level also expressed this same preference. Students from Atlantic Christian varied from the overall rankings. Juniors from ACC ranked lectures most important followed by observation, reading, audiovisuals and then photos. Senior students at ACC were as likely to express a preference for lectures as for observation. They ranked reading third followed by audiovisuals and then photos.

Differences were also found in the amount of time students at each school are engaged in various learning activities. Table 6 depicts the average number of hours spent reading, being in the clinical area and viewing audiovisuals.

Table 6

Mean Hours Spent in Learning Activities					
	So.	ECU Jr.	Sr.	ACC Jr.	Sr.
Read	15.7	18.5	12.0	24.5	16.3
Clinical	6.1	13.6	15.3	9.2	11.2
A-V	1.6	1.9	1.1	2.2	1.1

A-V-audiovisuals; So.-sophomore; Jr.-junior; Sr.-senior.

Table 6 shows that students at East Carolina spend more time in the clinical area and less time reading than students from Atlantic Christian. The amount of time spent viewing audiovisuals is about the same for students at both schools.

Three open-ended questions were asked at the end of the questionnaire. These questions were: 1) I could learn more about nursing by:, 2) What experience is missing in nursing school that would insure your professional commitment to nursing? and 3) Please make any additional comments you would like concerning your nursing education. Responses to these questions generally concerned suggestions to improve students' learning experiences, or criticisms of their learning experiences. Comments focused on the following topics: clinical experience, reinforcement, teaching methods and materials, testing and student feelings.

Students felt that they were not getting enough clinical experience. They felt that more clinical experience was needed in all areas to 1) increase their proficiency in performing skills, 2) provide a more extensive opportunity to apply theoretical knowledge, and 3) enable them to observe more about how to perform and carry out actual nursing care. Reinforcement was another frequently mentioned topic. Students commented on the need for more reinforcement in the form of praise, feedback, and encouragement. One student noted that, "Support is essential,"

Perceptions of classroom teaching were mixed; some students thought there was too much while others thought that there was not enough. Statements were directed at 1) increasing the use of audiovisuals, 2) providing more discussion time, 3) teaching by the objectives, 4) emphasizing the variety of settings for nursing practice, 5) giving more and better lectures and 6) eliminating

repetitive material. Testing was another area students addressed. Comments about testing were made only by students from ECU. Students felt that tests 1) did not always relate to listed objectives, 2) were unorganized, 3) barely skimmed the surface and 4) did not appear to measure all that was learned. To alleviate some of these perceived deficits students suggested weekly tests, elimination of the relative grading system (at ECU) and writing objectives that relate to test questions.

Many students expressed feelings about their learning experience(s). Most students expressed that they felt stressed by the rapid pace required in nursing school. Such stress led to increased tension, fear, and anxiety. They pinpointed time constraints as one of the causes of their stress.

Suggestions to improve learning were: 1) decrease the amount of paper work (care plans), 2) provide more information on reality shock, 3) discuss how to act as change agents, 4) increase the number of student-teacher interactions, 5) provide better human role models, 6) open up the practice lab more often so skills can be practiced at any time, 7) work in the hospital the last semester of the senior year, or one summer session as an intern, 8) increase time spent in clinical each week, 9) have an introductory nursing course to dispel any misconceptions about nursing, 10) go to the hospital strictly for the purpose of observing, 11) expand the program to five years, and 12) offer better courses in the basic sciences, such as anatomy, physiology, chemistry, and pharmacology. Comments on each of these

topics (clinical experience, reinforcement, classroom, testing, audiovisuals, suggestions, and miscellaneous) were too numerous to list individually in this chapter. For a more complete listing please consult Appendix E: Student Comments. Topics were arrived at by the researcher of this study based on an analysis of all comments. Chapter V, the last chapter, will discuss the conclusions made from the findings reported in this chapter. Recommendations for further study will also be made.

Chapter V

Discussion

Conclusions

Based on the findings reported in Chapter four the first hypothesis, models have a greater effect on socialization than reinforcement or intention to stay in nursing, was not upheld. It was found that the use of models is not the most important factor in socialization. These results are true regardless of whether the model is a directly observable human model, reading model, or audiovisual model. From the data it is evident that models play only a minor role in socialization for all students irrespective of the school they attend or their class level. In addition, the amount of time spent reading, working in clinical or seeing audiovisuals did not increase the relative importance of the models in socialization. Although faculty in O'Shea and Parsons' study (1979) assumed role modeling as an important facilitative behavior, the results of the data in this study do not support these faculty perceptions. Faculty believe that role modeling itself is very important in socialization when in fact it may not be. Role modeling may be valued by the faculty but not by students.

When all students were asked to rank the models it was found that direct observation of human models was the most important. Students from East Carolina also ranked observation first while Atlantic Christian students ranked lectures first. Since students

from ECU spend more time in clinical and less time reading this may be why they preferred the observational model. In contrast students at ACC spend more time reading and chose lectures ahead of observation. This might be attributed to the fact that they feel more lectures would decrease the amount of time needed for reading. Nearly all the students reported a need for more clinical experience. This need may have been reflected in the tendency for all students to rank observation above other models. The data also suggests that there is an ECU style of modeling as well as an ACC style of modeling.

Intention to stay in nursing was found not to effect socialization greater than models or reinforcement (hypothesis two). In this study whether students intend to stay in nursing has little influence on socialization. Kramer uses the retention of new graduates in acute care hospital situations to measure the success of a student's socialization experience. According to data collected in this study intention to stay in nursing may not even relate to the success of socialization. One arguement that could be advanced is that even if nurses intend to stay in nursing the reasons for which they leave are more pragmatic and not related to the socialization experience. Even if a nurse does leave the hospital, she may not leave nursing. In response to the question, "What experience is missing in nursing school that would ensure your professional commitment to nursing", one student wrote, "I think the ensurance of continuing to practice nursing rests more with the places of employment than with the nursing schools" (words quoted exactly as written). Such an observation, if true, has profound implications for hospital management. To place

all the blame for low retention on nursing schools and a student's socialization experience may not be wholly just. It is recommended that more attention be paid to studies of job conditions and the relationship of these conditions to job turnover rather than to socialization in school.

The last hypothesis, that the use of reinforcement is the most important factor in socialization was overwhelmingly verified. From the data it is evident that reinforcement outweighs all the other factors combined in the socialization of professional student nurses. Such convincing results were not fully anticipated. From the data it can be concluded that reinforcement is essential to all socialization activities. It does not necessarily matter who or what the model is, rather whether the student is reinforced for imitation of the modeling behaviors. Numerous comments were made by students regarding the need for reinforcement in the form of praise, encouragement, and feedback. Obviously reinforcement is an essential component of effective socialization. The importance of reinforcement is reflected in this comment made by one of the students (referring to the need for positive reinforcement), "Support is essential."

From the responses to open-ended questions it can be seen that faculty should consider curriculum changes. These may be in the form of expanding clinical course offerings, requiring one summer school clinical, allowing students to practice in a variety of settings other than the hospital for a longer period of time, weekly testing, offering elective courses that deal with reality shock

(nursing survival in the bureaucracy), death and dying, offering an introductory nursing course to dispel misconceptions, opening a practice lab throughout the year, and expanding the curriculum to five years. While it may not be desirable to enact all of these changes at once, faculty should carefully consider these suggestions to improve a student's socialization experience. All of the suggestions are reasonable and deserve the attention of the faculty. Other recommendations for nursing education are that: 1) faculty should use reinforcement strategies as much as possible; 2) observational or clinical opportunities for students should be increased; 3) innovative reinforcement strategies must be designed and used; 4) introduce new elective courses for students; 5) evaluate the faculty in terms of their being reinforcement agents; 6) evaluate objectives as they relate to test material, and 7) increase faculty student interactions.

Recommendations for Further Study

It would be nice to draw the hasty conclusion that reinforcement is the prime factor in socialization, however, this is not a definitive study. Further research on the relative importance of models and the role of reinforcement in socialization will need to be made. The factors studied were selected from numerous ones that effect socialization. Further studies might investigate a greater number of factors.

This study only sampled students from two professional nursing schools in one region of the country. Results might vary for students who spend different amounts of time engaged in learning from the

various models. Studies of different schools in other regions of the country should be conducted,

It is recommended that the use of reinforcement in professional nursing education be studied. Studies might compare students from different professional schools. In conjunction with these studies researchers should examine who are the reinforcement agents for students and how much reinforcement students receive. New reinforcement strategies may need to be designed and tested to see how effective they are and whether or not they improve learning.

Studies concerning the reinforcement that employed nurses in hospital settings receive should also be carried out. If reinforcement is as important for nurses on the job as it is for students, then nurse managers should devise schemes to reinforce/reward staff. Reinforcement strategies could probably be easily implemented by nurse managers. Research could be done to test the effectiveness of such programs on job turnover.

Using Bandura's social learning theory provided a broad conceptual model on which to base this study. By using such a model the relative importance of factors related to socialization could be more broadly conceptualized than they often have been. Such a model enriched the results that were analyzed from the study. This study certainly points out that narrowly defined studies based on faculty perceptions of the importance of role modeling, although valued by faculty, are not valued by students.

Based on the findings of this study it can be concluded that reinforcement is of greater importance in effecting socialization than either models or intention to stay in nursing. From the results of the causal model reinforcement is the most important variable that effects the socialization of students. As indicated above further research is required to wholeheartedly endorse the conclusions of this study.

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Appendix A

EAST CAROLINA UNIVERSITY
The Graduate School

Date October 21, 1980

- TO: (1) Dean, The Graduate School - 2 copies
(2) Dean of School or Chairman of Department - 1 copy
✓(3) Student - 1 copy

Approval is hereby given to ANNETTE BERNADETTE WYSOCKI,
Student's Name

a candidate for the degree of Master of Science in Nursing (MSN) with a
major in Nursing, to use the following thesis
topic: Role Modeling in the Socialization Process of Baccalaureate
Nursing Students

Consultant: Dr. Robert Brown

Theresa B. Ackerman
Thesis Director

[Signature]
Dean of School or Chairman of
Department

[Signature]
Dean of the Graduate School

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Page 1

**INTERNAL PROCESSING FORM FOR REVIEW OF RESEARCH INVOLVING HUMAN SUBJECTS
AT EAST CAROLINA UNIVERSITY**

(attach extra sheets, as needed)

(To be completed as follows -- on copy to be filed in the Department or Unit (category II) or the Office of the Dean of the Graduate School (category III) or ten copies to be sent to the Co-ordinator of Special Project if in category I or if special opinion is requested of the University Policy and Review Committee on Human Research.)

TITLE Role Modeling in the Socialization Process of Baccalaureate Nursing Students.

SOURCE OF FUNDING OF THIS RESEARCH:

Category I (DHEW, NSF or other federal or private agency) _____
 Category II (Not sponsored by federal or private agency) _____
 Category III (graduate student research towards degree) _____ X

NAME Annette B. Wysocki **DEPARTMENT** Nursing

FACULTY Dr. Winona Ackerman **STUDENT** graduate student

1. Give a brief description or outline of your research procedures as they relate to the use of human subjects. This description should cover such topics as instructions, activities in which subjects engage, special incentives, and tests and questionnaires. If new or non-standard tests or questionnaires are used, copies of them should be attached to this form. (If this proposal concerns category I, also attach ten copies of it to expedite review of the Committee on Human Research).
 The study will utilize an instrument designed by the researcher. The instrument is a questionnaire. Respondents will be asked to check, circle and write short answers. Participants will be given about 15-20 minutes to respond. Participation is completely voluntary. Students who do not wish to participate are asked to return a blank questionnaire. No special incentives (i.e. tangible reward such as money, candy etc.) will be used.

A copy of the cover letter and questionnaire have been attached to this form. Please refer to these for detailed information.

2. Does this research entail probable risk of psychic, legal or physical harm to the subjects? Please explain. What steps have been taken to minimize these?

No, this research does not entail probable risk of psychic, legal, or physical harm to subjects. Consent is voluntary.

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FOR DEPARTMENTAL OR ACADEMIC UNIT USE
(Please check the appropriate statement and sign)

A. The research using human subjects described on this form involves no significant issues of human rights or subject welfare. The department or unit approves it for study. (Send 10 copies to Co-ordinator of Special Projects if this is to be sponsored under category I)

B. The research using human subjects described on this form has the department's or unit's approval. The studies proposed do not involve any debatable issues of human rights or subject welfare but before activation of the research, I request an opinion from the Policy and Review Committee on Human Research as to the need of review. (Send 10 copies to Co-ordinator of Special Projects.)

C. The research using human subjects described on this form has the department's or unit's approval. Since the studies proposed involve significant issues of human rights and subject welfare, I request review of the proposal by the Policy and Review Committee on Human Research before activation of the research. (Send 10 copies to Co-ordinator of Special Projects.)

Signature of Chairman of Department or
Academic Unit

Date

Comments: _____

Appendix C

Dear Student,

The questionnaire you have just received concerns role models in nursing education. Role models can be defined as any actual person or portrayal of a person (i.e. film, book, photo, or filmstrip) who demonstrates nursing behaviors, attitudes, values, knowledge, and skills considered to be the standard of excellence which you wish to imitate as a nurse.

You are being asked to participate in this study because you can make a unique contribution to nursing education through your response. The questionnaire has been designed to insure that all students remain anonymous. Do not put your name on the questionnaire. It will take you approximately 15-20 minutes to complete the questionnaire.

Participation in the study is completely voluntary. If you do not choose to respond you will not be penalized, simply return a blank questionnaire. Receipt of a completed questionnaire will be considered acknowledgement of your informed consent to participate in this study. If you have any further questions, please ask me.

Thank you for your valuable time and response. Your contribution will help me to complete requirements for my master's degree.

Sincerely,

Annette B. Wysocki
Annette B. Wysocki
Graduate Student
East Carolina University

Appendix D

East Carolina University
Greenville, N. C.

Part I: Please check the appropriate space.

- 1) Position: Sophomore___ Junior___ Senior___
2) Sex: Male___ Female___
3) Age: ___
4) School: Atlantic Christian___ East Carolina___

Part II: Please assign a numerical value to the following questions. Be as accurate as possible.

- 5) How many hours on the average do you spend reading about nursing either at home, dorm, or library each week? ___
6) How many hours do you spend in the clinical area each week? ___
7) How many hours do you spend viewing or listening to audiovisuals about nursing (films, slides, filmstrips, recordings) each week? ___

Part III: Please rate the following statements by circling the appropriate number on the scale where 1 means strongly disagree (SD) and 5 means strongly agree (SA).

- | | SD | | | | SA |
|--|----|---|---|---|----|
| 8) My role model reinforces my nursing behavior. | 1 | 2 | 3 | 4 | 5 |
| 9) A nursing role model should demonstrate how to care for clients. | 1 | 2 | 3 | 4 | 5 |
| 10) One way to learn about nursing is to observe my teachers. | 1 | 2 | 3 | 4 | 5 |
| 11) I learn best by actually doing. | 1 | 2 | 3 | 4 | 5 |
| 12) Reading does not demonstrate how to actually do nursing. | 1 | 2 | 3 | 4 | 5 |
| 13) I would like to learn more about nursing by watching other nurses. | 1 | 2 | 3 | 4 | 5 |
| 14) Books provide more detailed knowledge than audiovisuals. | 1 | 2 | 3 | 4 | 5 |

	SD				SA
	1	2	3	4	5
15) I plan to stay in nursing for the rest of my life.	1	2	3	4	5
16) Reading about nursing is a more effective way of learning than observing other nurses.	1	2	3	4	5
17) Because my education has prepared me to function as a professional nurse, I plan to stay in nursing.	1	2	3	4	5
18) Praise helps me to learn.	1	2	3	4	5
19) I could learn more about nursing by watching others rather than seeing films.	1	2	3	4	5
20) Students are not reinforced enough when they do a good job.	1	2	3	4	5
21) I have learned that nurses are competent professionals.	1	2	3	4	5
22) I have learned most about nursing by seeing audiovisuals (films, slides, filmstrips etc.).	1	2	3	4	5
23) I don't always know what my instructors want me to do.	1	2	3	4	5
24) More reading would help me become a better nurse.	1	2	3	4	5
25) I learn even though I am NOT praised.	1	2	3	4	5
26) Audiovisuals could replace classroom lectures.	1	2	3	4	5
27) Reading, audiovisuals, lectures, demonstrations and clinical experiences are all a part of my learning activities.	1	2	3	4	5
28) After seeing a film or filmstrip it would be helpful to discuss what was viewed.	1	2	3	4	5

	SD	SA
29) The person(s) who is/are my role model(s) give me praise when I need and/or deserve it.	1 2 3 4 5	
30) I learn best by actually seeing before doing.	1 2 3 4 5	
31) I am rarely reinforced even when I have done a good job.	1 2 3 4 5	
32) I have enough opportunities to develop skills needed by a professional nurse.	1 2 3 4 5	
33) Observation of my instructors is an effective way to learn about nursing.	1 2 3 4 5	
34) One way to learn about nursing is to actually do it.	1 2 3 4 5	
35) Reading only tells me things; it does not show me how to use what I have read.	1 2 3 4 5	
36) I have learned most about nursing by observing other nurses in the hospital.	1 2 3 4 5	
37) Reading supplies me with more details than audiovisuals.	1 2 3 4 5	
38) I plan to make nursing a career.	1 2 3 4 5	
39) I learn more about nursing by seeing audiovisuals than by reading books.	1 2 3 4 5	
40) I learn when I am praised.	1 2 3 4 5	
41) I am more likely to stay in nursing because I believe I have been adequately prepared to function as a professional nurse.	1 2 3 4 5	
42) I learn more about nursing by reading rather than observing other nurses.	1 2 3 4 5	
43) More observation would help me become a better nurse rather than seeing films.	1 2 3 4 5	

- | | SD | SA |
|--|-----------|----|
| 44) Audiovisuals (films, slides, film-strips etc.) are the best way to learn about nursing. | 1 2 3 4 5 | |
| 45) A professional nurse is competent. | 1 2 3 4 5 | |
| 46) I have learned most about nursing by reading books. | 1 2 3 4 5 | |
| 47) Sometimes I DO NOT know what is expected of me. | 1 2 3 4 5 | |
| 48) Seeing a film is just as effective as a lecture. | 1 2 3 4 5 | |
| 49) Although I am not praised I still learn. | 1 2 3 4 5 | |
| 50) Audiovisuals are more effective if a question-answer session follows. | 1 2 3 4 5 | |
| 51) Audiovisuals teach me more about nursing than the books I read. | 1 2 3 4 5 | |
| 52) I learn best when I first have seen someone else do something that I will be expected to do. | 1 2 3 4 5 | |
| 53) I would like to see how my role model organizes care for patients. | 1 2 3 4 5 | |
| 54) I am learning all the skills I need to become a professional nurse. | 1 2 3 4 5 | |
| 55) Please rank the following 1 through 5; 1 being the <u>most</u> important and 5 being the <u>least</u> important. | | |

Since entering nursing school I have learned the most about how to be a nurse by:

- _____ Reading
- _____ Observing others directly
- _____ Listening to lectures
- _____ Seeing audiovisuals
- _____ Looking at pictures(photos)

- 56) I could learn more about nursing by:

57) What experience is missing in nursing school that would ensure your professional commitment to nursing?

58) Please make any additional comments you would like concerning your nursing education.

APPENDIX E

Student Comments

Clinical

- Need more clinical experience.
- More observation is needed.
- Need to work with another nurse.
- Need more clinical or lab time to practice skills.
- Need more varied clinical experiences besides hospital.
- Would like more demonstrations.
- The instructors never talk you through a procedure.
- More ob/peds experience needed.
- Would like more interaction with hospital staff.
- Cramming clinical into two years is tough (ACC).
- More interactions with instructors needed.
- I would like being told exactly what to do. Would like to know exactly what is expected of me.
- Instructors rarely demonstrate anything.
- Would like to be able to choose the area to work in after rotating through all areas.
- Would like to know how to start I.V.'s (ACC).
- Need a better psych clinical experience (ACC).
- More emphasis on technical skills would create a feeling of competency.
- See what it is like without an instructor; go without a prepared care plan; observe instructors.

APPENDIX E
(cont'd)

-clinical is too grade oriented.

Audiovisuals

-Would like to see more audiovisuals.

-More audiovisuals, because English is not my native language and pictures help more.

Classroom

-Incorporate pathophysiology more and give an explanation of instruments.

-Longer study in theory and concepts.

-More structured lectures (follow objectives).

-Better reading assignments.

-Talk about the various settings for nursing practice.

-More and better lectures.

-Too much repetition in class-covering concepts already covered in psych and other courses.

-Reduce theory time and increase clinical.

-What is emphasized in class should be emphasized on test.

-More concern with what is being taught and not time constraints.

-Instructors are too unorganized.

Testing

-Too many tricky questions; tests don't really test what I feel like I have learned.

-Don't like the relative grading system.

-Unorganized tests.

APPENDIX E
(cont'd)

- Peds test did not follow objectives as well as OB.
- Tests just skim the surface.
- Tests seem vague. Don't test concrete facts.

Reinforcement

- More positive feedback-instructors should realize we don't know it all-we're learners.
- More praise and encouragement that I can be a competent nurse.
- Receiving immediate feedback.
- More praise for doing a good job.
- Learn more with instructors who give positive or negative feedback.
- Make the student feel confident.
- Teachers seem unhappy with nursing; need more positive attitudes demonstrated by instructors.
- Instructors who are concerned with students.
- Need more positive reinforcement.
- Show what the enjoyable things about nursing are.
- More supportive instructors.
- Be observed in clinical setting and have a conference alone.
- Having really motivated instructors.
- Support is essential.
- Supportive instructors mean a lot; not expecting more of me than I'm capable of.
- More reinforcement for professionalism.
- Caring instructors who really want you to be a good nurse.

APPENDIX E
(cont'd)

-Instructors are too critical and domineering in the first year.

Suggestions

-Practice skills in lab; spend about two hours a week with instructor to evaluate and modify techniques.

-Work in hospital last semester with no class-work a regular job with no pay to increase skills and confidence.

-Internship, be on hospital staff and get paid.

-Clinical three times a week.

-Use take home quizzes and worksheets.

-Go to the hospital for the purpose of observing.

-Have an introductory course-some people have a lot of misconceptions: be shown what it's really like.

-Go for five years.

-More seminars.

-More surgical experience.

-More work on communication.

-More frequent tests because there is so much material.

-Better anatomy and physiology course; chemistry; better sophomore instructors-better qualified instructors.

-Better pharmacology.

-One standard care plan.

-More interrelations between sophomores, juniors and seniors.

-Assign two students to a patient for the first time.

-Require students to go to summer school for clinical.

APPENDIX E
(cont'd)

Miscellaneous

- I would like to see nursing treated as a "thinking persons" profession.
- More emphasis on intellectual abilities.
- Junior year is too rushed, too little clinical.
- Rapid pace and pressure has been horrible.
- Program is not personal enough; some students are treated like gold, while others are hardly spoken to.
- I find the more I learn, the more I need to learn.
- Need more knowledge about working in the hospital and the system; know how to change the system.
- Decrease the tension.
- More exposure to reality shock.
- Need more independent functioning.
- Experience more leadership roles.
- Too much repetition.
- Too much reading.
- Program seems disorganized.
- Have instructors share their nursing school experiences.
- Time constraints-need more time.
- Need more exposure to what professionalism is.
- Too much stress and fear.
- Too many care plans.
- More individualized learning opportunities.
- Being the only professional on campus, others don't understand you're committment. (ACC)

APPENDIX E
(cont'd)

Miscellaneous (cont'd)

- Method of testing does not give any incentive to do indepth reading.
- Need a course that deals with death and dying.
- Better role models are needed.
- More one-to-one learning needed.
- Instructors should evaluate their effectiveness as role models.
- There is no credit given for attitude and interest.
- Lots of disillusionment, apathy and cheating is present.
- Nursing is too detailed oriented; I'm getting bogged down in these details and feel like I'm missing what's important.
- It is hard to work with others who do not treat nurses as professionals.
- I think the ensurance of continuing to practice nursing rests more with the places of employment than with the nursing schools.