A nursing internship, does it bridge the gap?
by Mary Jo Mattocks

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University
© Copyright by Mary Jo Mattocks (1982)

Abstract:
This study explored the relationship between a nursing internship program and reality shock. Other variables were also explored: age, marital status, family member in health profession, job satisfaction, previous experience and place of employment and their relationship to reality shock.

The Corwin Role Conception and Role Deprivation Scale and a personal, data sheet were included in a mail questionnaire. This questionnaire was mailed to 32 1981 Carroll College nursing graduates who experienced the internship and 50 1981 Montana State University nursing graduates who, as part of their curriculum, did not have an internship. There were 62 questionnaires returned, of which 58 were utilized in data analysis.

The data analyzed suggest that there is no influence on role deprivation by marital status, age, and family member in a health profession. The data suggests the following relationships: with previous experience, role deprivation scores were lower (p < .01) and role deprivation varies according to the type and/or variation of clinical experience (p <.01). Respondents satisfied with their job scored lower on the role deprivation scale (p <.01) and those respondents employed where they experienced the internship demonstrated lower role deprivation (p =.0004).
STATEMENT OF PERMISSION TO COPY

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by my major professor, or, in her absence, by the Director of Libraries. It is understood that any copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Signature: Mary Jo Matlock
Date: March 7, 1982
A NURSING INTERNSHIP, DOES IT "BRIDGE THE GAP?"

by

MARY JO MATTOCKS

A thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF NURSING

Approved:

[Signatures]

Chairperson, Graduate Committee
Head, Major Department
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana
March 1982
I would like to extend my thanks and appreciation to my advisor, Harriet Anderson, R.N., M.N., and to my other committee members, Harold Anderson, Ed.D., Helen Lee, R.N., M.N., and Mary Ellen Robinson, R.N., M.S. for their guidance, contributions and support. I would also like to acknowledge the Word Processing Department at Columbus Hospital for the hours of typing and editing, and finally, my husband Steve, for his love, patience and understanding.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITA</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>iii</td>
</tr>
<tr>
<td>TABLE OF CONTENT</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF FIGURES AND TABLES</td>
<td>viii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>The Problem</td>
<td>1</td>
</tr>
<tr>
<td>Statement of Purpose</td>
<td>2</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>3</td>
</tr>
<tr>
<td>2. CONCEPTUAL FRAMEWORK</td>
<td>6</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Role Theory</td>
<td>6</td>
</tr>
<tr>
<td>Role Concepts</td>
<td>6</td>
</tr>
<tr>
<td>Role Transformation</td>
<td>10</td>
</tr>
<tr>
<td>Role Concepts of Nursing</td>
<td>12</td>
</tr>
<tr>
<td>Socialization</td>
<td>14</td>
</tr>
<tr>
<td>Model of Socialization</td>
<td>14</td>
</tr>
<tr>
<td>Initial Professional Experience</td>
<td>18</td>
</tr>
<tr>
<td>Resocialization Into Work Setting</td>
<td>22</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>--------------</td>
<td>------</td>
</tr>
<tr>
<td>Summary</td>
<td>25</td>
</tr>
<tr>
<td>3. LITERATURE REVIEW</td>
<td>26</td>
</tr>
<tr>
<td>4. METHODOLOGY</td>
<td>37</td>
</tr>
<tr>
<td>Introduction</td>
<td>37</td>
</tr>
<tr>
<td>Population</td>
<td>37</td>
</tr>
<tr>
<td>Sample</td>
<td>37</td>
</tr>
<tr>
<td>Sample Size</td>
<td>38</td>
</tr>
<tr>
<td>Data Collection</td>
<td>38</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>40</td>
</tr>
<tr>
<td>Tool Description</td>
<td>40</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>45</td>
</tr>
<tr>
<td>Introduction</td>
<td>45</td>
</tr>
<tr>
<td>Descriptive Statistics</td>
<td>45</td>
</tr>
<tr>
<td>Inferential Statistics</td>
<td>47</td>
</tr>
<tr>
<td>Chi Square</td>
<td>47</td>
</tr>
<tr>
<td>Fisher's Exact Probability</td>
<td>49</td>
</tr>
<tr>
<td>t-test</td>
<td>50</td>
</tr>
<tr>
<td>Summary</td>
<td>51</td>
</tr>
<tr>
<td>5. RESULTS</td>
<td>53</td>
</tr>
<tr>
<td>Introduction</td>
<td>53</td>
</tr>
<tr>
<td>Description of Sample</td>
<td>53</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Relationship of Variables to Role Deprivation</td>
<td>57</td>
</tr>
<tr>
<td>Role Conception and Role Deprivation</td>
<td>65</td>
</tr>
<tr>
<td>Summary</td>
<td>68</td>
</tr>
<tr>
<td>6. DISCUSSION</td>
<td>70</td>
</tr>
<tr>
<td>Summary and Conclusions</td>
<td>70</td>
</tr>
<tr>
<td>Limitations</td>
<td>72</td>
</tr>
<tr>
<td>Implications and Recommendations</td>
<td>74</td>
</tr>
<tr>
<td>Summary</td>
<td>76</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>77</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>88</td>
</tr>
<tr>
<td>A. Description of Nursing Internship</td>
<td>89</td>
</tr>
<tr>
<td>B. Letter Requesting Participation</td>
<td>94</td>
</tr>
<tr>
<td>C. Cover Letter Accompanying Questionnaire</td>
<td>96</td>
</tr>
<tr>
<td>D. Personal Data</td>
<td>97</td>
</tr>
<tr>
<td>E. Letter Requesting Permission to use Corwin's Role Conception and Role Deprivation Scale</td>
<td>98</td>
</tr>
<tr>
<td>F. Response to Request for Permission to use Corwin's Role Conception and Role Deprivation Scale</td>
<td>99</td>
</tr>
</tbody>
</table>
G. Role Conception and Role Deprivation Scale ........................................ 100
H. Comparison of Corwin, Kramer, and present Study ............................ 112
LIST OF FIGURES AND TABLES

Figure

1. Label Incongruenceies in Value System ........ 15

Table

1. Background Data of Total Sample (a) ........... 55
2. Background Data of Total Sample (b) .......... 56
3. Comparison of Carroll College Graduates and Montana State University Graduates; Previous Experience and Employed Where Interned or Clinical ......................... 57
4. Relationship of Previous Experience to Role Deprivation for Total Sample .......................... 59
5. Relationship of Previous Experience to Role Deprivation for Montana State University Sample ........................................ 60
6. Relationship of Previous Experience to Role Deprivation for Carroll College Sample ............ 60
7. Relationship of the Type and Variation of Clinical Experience and Role Deprivation for Total Sample ........................................ 61
8. Relationship of Job Satisfaction and Role Deprivation for Total Sample ................................ 62
9. Relationship of Job Satisfaction and Role Deprivation for Montana State University Sample ........................................ 63
10. Relationship of Job Satisfaction and Role Deprivation for Carroll College ......................... 63
11. Relationship of Place of Employment to Role Deprivation for Total Sample ...................... 64
<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Relationship of Place of Employment to Role Deprivation for Montana State University Sample</td>
<td>64</td>
</tr>
<tr>
<td>13. Relationship of Place of Employment to Role Deprivation for Carroll College Sample</td>
<td>65</td>
</tr>
<tr>
<td>14. Mean Role Conception of Montana State University Graduates and Carroll College Graduates</td>
<td>66</td>
</tr>
<tr>
<td>15. Difference Between the Mean Role Deprivation</td>
<td>67</td>
</tr>
<tr>
<td>16. Difference Between the Total Mean Role Deprivation</td>
<td>68</td>
</tr>
</tbody>
</table>
ABSTRACT

This study explored the relationship between a nursing internship program and reality shock. Other variables were also explored: age, marital status, family member in health profession, job satisfaction, previous experience and place of employment and their relationship to reality shock.

The Corwin Role Conception and Role Deprivation Scale and a personal data sheet were included in a mail questionnaire. This questionnaire was mailed to 32 1981 Carroll College nursing graduates who experienced the internship and 50 1981 Montana State University nursing graduates who, as part of their curriculum, did not have an internship. There were 62 questionnaires returned, of which 58 were utilized in data analysis.

The data analyzed suggest that there is no influence on role deprivation by marital status, age, and family member in a health profession. The data suggests the following relationships: with previous experience, role deprivation scores were lower (p < .01) and role deprivation varies according to the type and/or variation of clinical experience (p < .01). Respondents satisfied with their job scored lower on the role deprivation scale (p < .01) and those respondents employed where they experienced the internship demonstrated lower role deprivation (p = .0004).
CHAPTER 1

INTRODUCTION

The Problem

The existence of a dichotomy between nursing education and nursing service has been identified, explored, researched, and analyzed. Role transition, however, from student to new graduate continues to lead to problems for the neophyte (Cass, 1968; Kramer, 1974; Logsdon, 1968; Niederbaumer, 1968; Sheahan, 1972). Kramer (1974) identifies this process the neophyte experiences when changing roles from student nurse to staff nurse as reality shock. Once out in the "real" world, the new graduate discovers "The way I was prepared in nursing is not the way nursing is practiced." That is, the school-bred values conflict with those in the practice setting. If these conflicts are not resolved, they can lead to role deprivation, job hopping, burnout, and even leaving the nursing profession (Kramer and Schmalenberg 1978).

The questions that logically come to mind once this problematic situation is recognized are: 1) What steps have been taken by nursing education and/or nursing service to ease this transition? 2) Are the steps taken successful?
The nursing literature suggests several areas in which the neophytes' role transition into the profession has been addressed. These will be discussed later; however, it is important to note that no formal studies have been conducted to determine the effectiveness of the programs.

Statement of Purpose

The purpose of this study was to determine if an internship program offered during the last six weeks of a baccalaureate nursing program influences the reality shock which occurs during the transition from nursing student to graduate nurse. The author was also interested in determining if marital status, age, job satisfaction, previous experience (aide, LPN), or family member in the health care field related to the amount of role deprivation experienced. The following questions served as the basis for data analysis.

1. Is there a significant difference in the amount of role deprivation experienced by nurses who participated in the internship and those who did not?
2. Is there a relationship between the amount of role deprivation experienced and age, marital status, job satisfaction, previous clinical experience or family member in the health care field?

3. Is there a relationship between the extent of the role deprivation and whether the nurse is working at the institution where she experienced the internship or clinical experience during the last quarter of the program?

Definition of Terms

Reality Shock: The discovery and the reaction to the discovery that school-bred values conflict with work world values.

Role Deprivation: The disparity between the nurse's role as she perceives it should be and the perceived situational limitations to enacting her role conception.

Nursing Internship: A learning experience designed to meet individual learning needs of each student, as defined by the student through self-written objectives, in an area
of nursing practice selected by the student. An intensive reality clinical experience planned to assist students in the integration of the competencies essential for their practice of professional nursing. This clinical experience occurs during the last six weeks of a baccalaureate nursing program. It is a joint endeavor by nursing education and nursing service to provide the student with a chance to "test her wings" in a facility and clinical area of the students' choice, independent of the college setting and direct supervision of the nursing instructors. Appendix A contains the course objectives, time sequence and requirements.

**Bureaucratic Role:** The office that the nurse holds as an employee of a particular hospital. Bureaucratic role conception is assumed to imply loyalty to the hospital administration (Corwin, 1960).

**Professional Role:** "The term used to refer to the institutional status of the nurse, her position within the nursing profession; it implies loyalty to the the abstract professional standards which are sanctioned by the profession" (Corwin, 1960, page 163).
Service Role: Is also associated with institutional status; however, it implies loyalty to the patient, particularly to the patient's psychological welfare.
INTRODUCTION

The basis for the conceptual framework used in this study was derived from role theory and socialization. Three aspects of role theory are discussed: formation of role concepts, role transformation and three concepts of nursing. A general model of socialization, the initial professional experience and resocialization into a work setting are the components of socialization discussed.

ROLE THEORY

Role Concepts

Kramer defines role as a "set of expectations about how a person in a given position, in a particular social system should act" (1974, page 52). Roles do not exist in a vacuum, but they involve the expectations of significant others.

The formation of role concepts is significant because the process of conceptualizing role is a process of self
placement with respect to others. Nurses are judged and regarded by the others and therefore regard themselves on the basis of their ideals and actions (Corwin, 1960). As an illustration, consider the hospital nurse. If a nurse believes that she is essentially playing the role of hospital employee, she will act in a different way than if she pictures herself in the role of colleague to doctors and other nurses (who happen to work in hospitals). The concept of employee places her in a subordinate relationship to the hospital authorities that employ her, while the concept of colleague calls attention to her regard for relationship with her peers, rather than superiors. There is implicit in a role conception, not only an expected behavior but also a placement. Strauss states it "...the director of activity depends upon the particular way that objects are classified ...the naming of an object provides a directive for action" (1959, pages 21-22).

Benne and Bennis define four principle sets of expectations that determine the character of the nurse's role. First there are the expectations that stem from the work setting, from the institution (1959). Expectations of the nurse's colleagues and peers make up the second set. The third set of expectations which shape the role of the
professional nurse are those of reference groups. Typical reference groups would include family, church and political party. The last, but probably most important set of expectations comes from her own role image of what a nurse should be and do. If these expectations reinforce one another and if they are consistent, the role is stable. However, if there is conflict, the role definition is unstable.

In order to understand concept formation one must look at the importance of role concept as it is related to the self concept. Conceptions provide perspective, an orientation to the world as well as one's self. Role conception therefore is intertwined with the problem of personal identity, i.e., the total self image produced by those conceptions a person regards important to himself.

Corwin believes that the most significant way concept formation is patterned is through training programs (1960). The concept adopted varies according to the school's relationship to the institutions that dominate the occupation. He dichotomizes programs into the following classes; "long and short duration, liberal and vocational, and autonomous and subordinate" (1960, page 8). Two types of programs become apparent, the professionally oriented and
The humanitarian-oriented concept of nursing is being confronted and replaced by emerging professional and bureaucratic concepts.

Students usually enter nursing school with some lay expectations of what nursing is. They typically enter their career with the desire to do something socially worthwhile. While in school they learn a nursing role as described by their instructors. Once out in the "real" world they often discover that what they were taught is not how nursing is practiced. The nursing school subculture places emphasis on total patient care, theory, and general behaviors that can be applied to many situations. In actual nursing often nurses are placed in a task-oriented "functional," or "team" nursing role. The emphasis is on doing the "bestest for the mostest." Educators blame those in nursing service of being task-oriented and preoccupied with established routines and technical proficiency. Nursing service personnel are very critical of the "ivory tower" educators with their emphasis on creativity, individualized care and intelligence (Kramer, 1969). The neophyte is caught between the two antagonists. She is prepared in the idealistic professional environment, yet she is expected to function in the realistic bureaucratic setting. This places the new graduate in a role for
which she is unprepared and may feel frustrated, helpless, disillusioned, and dissatisfied. These feelings often lead to role deprivation.

Role Transformation

Role transformation is defined as the process of moving in and out of roles in the social system (Burr, 1972). When assuming a new status new concepts must be learned. Shifts in the conceptual framework create shifts in the perceiving, remembering, and valuing which is filtered through them. Graduation from an educational program and the beginning of the active career constitutes a turning point in the transformation process. This phase of the career, being the initial test of role concepts is likely to provide a "reality shock" which proves to be a disillusioning and depriving experience. This statement is made for two reasons. First, abstract role conceptions cannot comprehend the full complexities of experience (Corwin, 1960). "Role conceptions are images, in a sense fantasies, which set the ideals; they cannot provide a totally realistic picture of what to expect from the career" (Corwin, 1960, page 17). An almost inevitable discrepancy appears between concept and consequent experience.
The nature of schools which are at least partially removed from the mainstream of the occupation constitute the second reason why graduation is likely to provide reality shock. The schools are staffed by teachers who tend to fuse their conception of what exists as they transmit the occupational culture to students. Teachers tend to project their fantasies, ideals and aspirations onto their students by stressing ideals. A tendency may exist for people to attach their own futures on the careers of others.

The reality shock that nurses experience in their first job usually includes four phases: honeymoon, shock, recovery, and resolution (Kramer and Schmalenberg, 1978). Perceiving the world through rose-colored glasses, excitement and exhilaration typify the honeymoon phase. During this period the new graduate is concerned with "skill and routine" mastery. The shock phase is the exact opposite. The neophyte realizes that the school subculture and the work subculture are in conflict. Anger is expressed and is directed toward former teachers or present employers. The recovery phase is characterized by a return of a sense of balance. The world is neither all bad nor all good. Resolution of conflicting values between what is taught in nursing and those actually practiced occurs in the fourth
phase of reality shock. Resolutions may be accomplished by adopting completely those values practiced in the work setting, ("going native"), returning to the school environment ("lateral arabesque"), bottling it up inside ("the burn out"), changing from one job to another in search of a place where there will be no conflict ("the job hopper"), or "the quitter," one who leaves nursing altogether (Kramer and Schmalenberg, 1978). There is one other pattern that Kramer describes. It is referred to as biculturalism, or the ability to get along in both subcultures without being completely absorbed by either. Ideally, the conflict would be resolved if all new graduates could accept and work with the values of both subcultures.

Role Concepts of Nursing

Corwin has identified three conflicting orientations in the concept of nursing. One emphasizes "the office, another the profession, and the third the calling" (Corwin and Taves, 1962, page 223). These ideal conceptions are referred to as bureaucratic, professional and service role concepts. The nurse in the hospital has alternate identities. She is a hospital employee (a bureaucrat who
occupies an office) and a responsible independent professional and a public servant. Corwin (1960) states that each requires different loyalties and presents incompatible demands, particularly the professional and the bureaucratic conception of the organization. The bureaucrat is skilled in areas of administrative routine while the professional is concerned with expanding knowledge. The professional, therefore, focuses on problem solving and goal setting for his current clients while the bureaucrat stresses categorical and routine elements of his client's situation. The client may require highly individualized and unique attention yet the bureaucratic organization is interested in standardization, and routine operation based on policy and procedure. It therefore appears that the professional and bureaucratic principles provide competing sources of loyalty and the opportunity for potential role conflict. In a study conducted by Corwin (1956) in which he concentrated on the change from student status to professional office in the hospital bureaucracy, it was concluded that in the office which the nurse holds in the hospital bureaucracy, bureaucratic and professional principles converge and conflict seriously.

What does all of this mean for nursing? It probably
points to a conflict for nurses because they cannot practice nursing in the way they feel it should be practiced. In a system which does not reward initiative and creativity, which is routinized and task oriented, the nurse who views herself as an autonomous professional has three options; she may accommodate to the system, leave the system, or live in the system with a high degree of dissatisfaction.

SOCIALIZATION

Model of Socialization

Socialization is defined as the process of learning new roles and adapting to them. It is a continual process by which individuals become members of a social group. Kramer (1974) refers to socialization as a period of time individuals spend acquiring the necessary knowledge and skills and undergoing the self identity and internalization process to prepare themselves for a specific role. She also states that acquiring the necessary knowledge and skills for occupational roles is among the most important socialization/resocialization process adults experience.

From the professional nursing perspective, the adult
socialization/resocialization processes focus on providing the values and behaviors basic to delivering quality client care. Standards for this process are obtained from the norms of the nursing service profession and guide the specific role of the nurse. Socialization/resocialization provides both the values and behaviors required for nursing practice.

Simpson (1967) describes socialization as a sequential set of phases or "chain of events." Figure 1 illustrates Simpson's model.

---

**Phase One**
- Anticipatory Role Expectations

**Phase Two**
- Attachment to Significant Others in Social System
- Integration of Role Values

**Phase Three**
- Internalization and Integration of Role Values

---

- Value Systems -
- Role Expectations of Socializing Group
- Label Incongruencies In Value Systems

**FIGURE 1**
Phase one is the stage at which individuals shift their imagery of the role from the anticipated conception to the expectations defined by those already in the profession who are setting standards for them (Rosow, 1965). This phase assumes that the individuals entering the social system have learned a number of roles and values which give them experience for evaluating new roles. Also, the individuals are assumed to have an active part in the socialization to the new role. In other words, they have chosen to learn the new role expectations.

Phase two contains two components: 1) individuals will attach themselves to significant others in the social system and, 2) at the same time will label encounters with incongruencies between what they anticipated their new role would be and what is demonstrated by others. The significant others generally come from the social system in which the individuals are accountable. For example, the faculty tends to be this group in the initial professional socialization experience. The faculty are seen as role models for the values and behaviors of the new role. In the work setting, colleagues or immediate supervisors make up the significant others, who serve as role models. Successful outcomes for this stage of socialization/resocialization
depend on the existence of appropriate role models. This being the case, educational programs and work settings must deal with the problem of selecting and providing such models.

As the neophyte learns the expectations and develops relationships with role models, a point is reached where they are able to label or articulate that these role expectations are not what they had anticipated. Often this stage is accompanied by strong emotional reactions to the conflict generated as they are faced with different sets of expectations. The ability to successfully resolve the conflict is dependent on the existence of role models who exhibit behaviors that illustrate how to integrate the standards and values of the conflicting systems (Simpson, 1967). Thus, one can see that the two aspects of this phase, identification with significant others and the use of role models, are strongly interactive.

The third phase of this process involves the individual's internalization of the standards and values of the new role. Two aspects of this phase need consideration: (1) to what degree are values and standards internalized, and (2) by what processes did the resolution of the incongruencies of role expectations occur?
Three levels of opinion change have been defined by Kelman (1961). Compliance is one level of value orientation. At this level, the individual has not accepted the values as his own but enacts the expected behavior in order to obtain positive responses. The second level of opinion change is identification. Adopting certain roles that are acceptable to the individual typifies this level. It must be noted that in this phase there is an acceptance of the behavior, not necessarily the values. At the point the individual accepts the new roles, including norms and standards, internalization occurs. This is the third level of opinion change. The values and behaviors of the role have become a part of their own value system.

In nursing, two major socialization/resocialization processes have been described: (1) the initial adult socialization era and (2) the resocialization process that occurs as graduates enter the work setting. What occurs during those two processes is crucial to the development and maintenance of professional values in nursing practice.

Initial Professional Experience

Through the initial professionalization experience,
individuals not only learn the skills, knowledge, and values of the new role, but they acquire a degree of identification with the role (Simpson, 1967). Davis (1966) has described the process of the initial experience as the doctrinal conversion process. This is a six-stage process that focuses on the transition of changing values and imagery of a role from that of a lay person, to that of a professional nurse. This first job is crucial in the development of the nurse's identity as a professional. It is a time of vulnerability and role transformation. How the neophyte copes with those initial changes may set the pattern for the remainder of the career (Schein, 1966).

Stage one is referred to as "initial innocence" (Davis, 1966). Individuals enter a professional program with expectations of what they will become and how they "should" behave. Davis (1966) suggests that individuals enter nursing with a service orientation. This means helping people with the use of tools and procedures in order to ensure successful outcomes for sick people. In contrast, the professional educational imagery of the nurse is of one who defines clients in terms of maintaining health, uses critical inquiry to creatively manipulate knowledge the client requires, approaches skills from the viewpoint of
knowledge principles that guide their use and the use of problem-solving nursing process and decision making.

The conflict that occurs is based on the lay imagery of someone who is being socialized and not positively reinforced. Pressures are present for that person to behave in ways that he or she does not comprehend. That is, instead of being praised for bed bath technique he is asked to analyze the interaction with the patient. This confrontation results in disappointment and frustration for the individual. Often these emotional feelings are denied, but begin to be expressed soon after the first faculty-student evaluation conferences occur (Davis, 1966).

The formal evaluation process provides the student with the opportunity to express his concerns. It becomes evident to them that through that process they are not alone but share a set of value incongruencies with their peers. Labeled recognition of incongruity in what Davis identifies as stage two. Verbal sharing leads to collectively labeling what the incongruencies are. Davis notes that this is a problematic stage because those being socialized have only a vague insight into the rationale of the professional/educational value system. Yet these individuals are pressured to produce behaviors based on that system.
Stages three and four are referred to as "psyching out" and role simulation. The individuals who wish to continue in nursing begin to identify the behaviors they are expected to exhibit and to role model such behaviors. It is what Davis refers to as "psyching out" the faculty. At this point the internalization of professional values begin to take shape. The more the role simulation is done, the more the behaviors will become an authentic part of the individual. Often a feeling of moral discomfort occurs, of not being "true to oneself" and "playing a game," which results in guilt.

In stage five, provisional internalization, the individuals vacillate between commitment and performance of new behaviors of the profession and behaviors reflecting their lay imagery. An increasing ability to use the language of the professional role models, faculty, reinforce the use of the new professional imagery model.

Stable internalization, the sixth stage, allows the imagery and behavior of the individual to reflect the professionally/educationally approved model. Socialization is not complete with acceptance of this stage but is specific to the educational institution. What happens to the new graduate as she enters the work setting?
Resocialization Into a Work Setting:

This phase of the socialization process deals with what occurs when nurses enact their professional roles as employees in organized work settings. This issue has been labeled "the professional/bureaucratic conflict" and was discussed earlier. It is now appropriate to expand the concept.

To review, "the professional work system focuses on the entirety of a service activity which is based on a systematic body of knowledge acquired through extensive study" (Hinshaw, 1977). Accountability and loyalty are to the professional colleague group. On the other hand the bureaucratic work focuses on rules and regulations and on-the-job technical training. The conflict anticipated, that of resocialization of the neophyte into an organized work setting has different expectations for resolution than does the lay/professional conflict. In resocialization the desired outcome is an integration of the two value systems.

Kramer (1974) identified four stages of the resocialization process which were based on her research.

Stage one is that of skill and routine mastery. The new graduate must apply universal principles of how to
function and behave in a specific manner, unique to the work setting. Feelings of incompetence and frustration lead to the solution of learning or mastering specific skills and techniques.

The major concern with stage two, social integration, is becoming one of the group, developing rapport with coworkers. Usually this requires having mastered the skills. Not only does the stage deal with interpersonal relationships, but also gaining entrance to the "backstage" reality of the work setting (Kramer, 1974). That is how to act and behave as others do and being "let in on" doctors' particular likes and dislikes. The neophyte has to choose which behavior she wishes to enact. She can choose to enact backstage behavior, remain with skills mastery or begin to apply more of the knowledge that was learned through the initial socialization process.

Stage three, moral outrage, is the period in which incongruencies between the professional/educational values and the work setting behavior surface. Nurses were prepared one way but nursing is practiced another way. This is a crucial period for neophytes. They are experiencing a developmental and situational crisis. Questions that must be asked are: How were they prepared? How could this
crisis be prevented? Who in the work setting can intervene? If this conflict is not resolved, professional nursing pays a high price from the standpoint of both educational and work-setting programs (Kramer and Baker, 1971).

Conflict resolution is the fourth stage of resocialization. This can occur in several ways; behavioral capitulation, going native, conformity or biculturalism. Those who choose behavioral capitulation change their behavior but keep their values. Usually these neophytes choose to return to educational settings or leave the profession. One can also choose to adopt the values of the bureaucratic setting and discard those of the professional/educational setting, or "going native." Conforming to the values and behaviors of the bureaucracy is also an alternative. Kramer (1974) suggests that biculturalism is the healthiest resolution to the conflict. These graduates are able to utilize the values and behaviors of both systems as they see appropriate. However, in a nationwide sample of 220 new graduates Kramer and Schmalenberg (1978) found less than 9% to be bicultural. Twenty-one percent of the sample had left nursing, 17% were either teaching or in school and 45% were "rutters, burn-outs, or job-hoppers."
Role theory and socialization provide the basis for the conceptual framework of this study. The identification of the professional-bureaucratic conflict and its effect on role deprivation is significant to this study. Resocialization from new graduate to staff nurse also plays a role in the development of this study. Several questions come to mind in view of role theory and socialization. What steps are being taken by nursing educators or employees to alleviate the conflict? If programs exist, are they effective? What studies have been done that document this conflict? These questions served as the framework for the review of the literature.
Corwin was one of the first to study the differential pressures of professional-bureaucratic role conflict (1960). In his comparative study of 296 graduates and students from seven hospitals and four schools of nursing in a midwestern metropolis, Corwin asserted that professional conceptions interfere with bureaucratic values and that both the bureaucratic and profession conceptions interfere with traditional nursing. The professional has shifted attention from the patient to technical activities and the bureaucrat is rewarded for skill in administration. Corwin anticipated that graduation from a nursing school and beginning employment in a hospital would be a period of great conflict. Professional ideals stressed in school confront the bureaucratic principles operating in the hospital. Corwin assumes that a difference between hospital and college nursing programs is in the direction of greater professionalism in the latter (Corwin, 1961).

Corwin developed and administered three Likert-type scales specifically designed to measure relative degrees of loyalty to bureaucratic, professional and service role conceptions to staff nurses, head nurses, and junior and
senior student nurses. Corwin found a systematic difference in the role organization of diploma and degree nurses. Degree nurses maintained high professional concepts more frequently than diploma nurses, combining them with either high or low bureaucratic conceptions. Those nurses who expressed strong ties to bureaucratic and professional roles simultaneously reported the greatest discrepancy between ideal concepts and perceived opportunity to fulfill them, that is, role deprivation. The professional role conception of diploma nurses was found to decrease after graduation, their loyalty to the hospital is maintained, but for degree graduates the reverse is true.

Corwin and Taves (1962) used the same frame of reference described above to expand Corwin's study. The findings in their study indicated that the type of role conception held, the certainty with which it is held, and the amount of role deprivation will be experienced differently by nurses with different types of training and in different stages of their careers. Baccalaureate students were found to develop relatively low identification with the hospital and to feel deprived in their bureaucratic role after graduation in spite of a rather high professional self-concept. Diploma nurses who demonstrated strong
bureaucratic orientations are less interested in teaching but more interested in promotion within the hospital.

These two studies indicate that collegiate nurses are more likely to experience greater role deprivation because they hold higher professional role conceptions. It was at this point that Marlene Kramer became interested in Corwin's work and began studies which span a decade. Her studies have been investigating the process of the new graduate nurses' socialization to their first work experiences. It was from this research that the concept of reality shock was born (1974).

In a longitudinal study of 79 graduates from three California State College baccalaureate nursing programs, Kramer administered the Corwin role value scales at graduation, three months after beginning employment and then three months later (1966). She concluded from this study that new graduates (1) are oriented and loyal to the profession, not the place of employment, (2) wish they had had experience on the evening and night shifts as graduate students, and (3) expressed a desire for self identity and the opportunity to use their knowledge and skills. Standardized tape recorded interviews were also conducted during the last two time periods. Further results indicated that:
(1) "neophyte nurses will express more bureaucratic values after exposure to bureaucratic principles of work organization than they did at graduation" (Kramer, 1966, Pg. 89); (2) role deprivation scores are significantly higher three months after employment and (3) participants who left nursing, changed jobs because of dissatisfaction, or returned to school, demonstrated greater role deprivation scores than those who remained in the same job.

Two years later, Kramer did a follow-up study using the same sample. This study showed that the professional role conception decreased even further in comparison to the six-month post graduation testing (Kramer, 1969). This study also indicated that unless the bureaucratic orientation score increased, the role deprivation scores continue to remain higher than the median of the group.

Kramer's study entitled "Professional-Bureaucratic Conflict and Integrative Role Behavior" asks the question; "Why is it that some nurses seem able to adapt to role conflict and others do not? Can nurses be taught the mechanisms of integration in their educational program?" (1971). The conceptual framework for the study utilized Merton's idea of "anticipatory socialization" and McGuire's notion of "prevention by inoculation." A program was
developed to introduce students to potential professional-bureaucratic conflicts early in their professional socialization and in a sense to immunize them against such conflicts. The idea was to teach the student role values, behaviors and strategies characteristic of a group of nurses who had developed conflicting-relieving behaviors. It was found that those students who participated in the program (bicultural training program) had experienced effective role transformation as measured by role conception, role deprivation, role behavior, self-actualization, self-esteem and valuation of conflict.

In a study by Paynich (1971), nursing students were asked why they worked on a salaried basis in nursing while enrolled in a baccalaureate program. The sample population identified four reasons: to gain more experience in nursing, to gain self-confidence, to gain independence and to learn to assume more responsibility. The students identified needs which were not being met during their basic education program. They viewed their summer jobs as "independent endeavors done without the instructors looking over their shoulders."

Olmsted and Paget have reported that for medical students professional socialization occurs after completion of
medical school during internship and residency programs (1969). It is during this period that the neophyte learns specific role behaviors. If this is true for the medical profession could it be true for the nursing profession? Should nursing education provide a nursing internship? If nursing education is not meeting the needs of the students, is this responsibility being assumed by the hospitals in which the students experience their first employment?

The recent nursing literature suggests several areas in which the neophytes' socialization into the nursing profession has been addressed. Interventions have been developed for student nurses as well as for the neophyte nurses.

Programs developed for the student nurse include anticipatory socialization programs spanning the entire nursing curriculum (Appleby, 1972; Adams, 1980; Bell, 1980; Kramer, 1974), work-study type externship programs sponsored by schools of nursing, hospitals or joint endeavors (Bushong, 1979; Huckstadt, 1981), and independent clinical experience in the final semester of the nursing education program utilizing preceptors or faculty advisors (Cancer, 1975; Chickerella, 1981; Brodt, 1974; Lunberger, 1975; Sciprin, 1977, Maraldo, 1977).

Transition programs for graduates are becoming popular

All of the programs vary in time spent in the program, whether it is a requirement or an elective, and the type of evaluation. However, all had three desired outcomes: (1) to assist new graduates in the transition from student to staff, (2) to increase basic technical skills, and (3) to improve recruitment (Gibbons and Lewison, 1980).

The major problem with these programs is that effective evaluation has not occurred. With the exception of Kramer and Schmalenberg and Gibbons and Lewison, the evaluations have been limited to subjective assessments of the program success by directors and enrollers. It would seem necessary
to provide more systematic evaluations to judge the effectiveness of these programs.

Kramer and Schmalenberg (1978) conducted a study to determine whether a specially designed training program would help in fostering bicultural role transformation in a group of students working in their first job. Three hundred and seven new graduate nurses from eight large medical centers in the United States participated. A pretest-posttest control group design with random assignments of subjects to groups was utilized in this study. All of the new graduates in both the control and experimental groups received the standard hospital orientation program. All participants were pretested on role conception, role deprivation, role behavior, self-actualization, self-esteem and valuation of conflict. Then the bicultural training began for those in the noncontrol group. At nine months post employment, all subjects were posttested on the same measures. For the purpose of this study the results regarding role conception and role deprivation will be discussed. Role conception and role deprivation were measured using the scale developed by Corwin (1960). The results of the study showed that the new graduates who had participated in the bicultural training program had
significantly higher (7.001) Professional Role Conception scores nine months after employment than did those in the control group. Another hypothesis that Kramer and Schmalenberg (1978) tested in this study dealt with Total Role Deprivation. They hypothesized that the nurses in the program would experience less role deprivation than the control group because, those in the program would have learned how to deal constructively with professional-bureaucratic role conflict, the major determining factor in role deprivation. The data collected demonstrated an overall drop in role deprivation scores for the total group from pretest to posttest. The difference in scores between the two training groups was not significant. If one looks at what occurred it does make sense. The tension produced by school-work conflict would decrease over time, however, the form of conflict resolution used by the new graduates probably differs. The Corwin role deprivation does not measure type of resolution, whether it was bicultural, destructive, constructive or a "burned out" type.

Gibbons and Lewison (1980) reported on a study conducted at a 1058-bed university medical center which initiated a 26-week internship program. This program enrolls selected new graduates who have had no prior nursing employment. It
is a six month nonrequired internship and the nurse interns are assigned to one nursing unit. The sample for this study was six groups of nurse-interns and six groups of nonintern controls. The evaluation model considered effects of the internship on clinical competence, role transition, job satisfaction, perceived autonomy, role conflict, job turnover and career patterns. Various instruments were utilized to measure the variables. Of importance to this study are the results regarding the role conflict/ambiguity scale and the role transition questionnaire. The data collected in the first year of the three year proposed study was analyzed using the Student's t-test. The role conflict/ambiguity scores of the two groups showed no significance, however, the scores on the role transition questionnaire were significant at p<.01. This indicates that the control group made a significantly better adjustment to the staff nurse role than the interns. One must use caution in analyzing this outcome because the reliability and validity of the instrument used, a ten-item role transition questionnaire devised by the project staff, has not been demonstrated.
SUMMARY

This chapter has dealt with reviewing the literature regarding the transition of the new graduate nurse into the professional nurse role. Intervention programs to deal with this transition have taken the form of classes within the nursing curriculum, special extern programs and special orientation programs provided by employers. The major factor that most of these programs lack is an effective evaluation tool.
CHAPTER 4

METHODOLOGY

INTRODUCTION

The design chosen for this study was preexperimental. The independent variable, the internship program was not manipulated by the researcher, nor did she have a role in deciding who would be in the program (randomization). In order to determine if a relationship exists between variables, a control group was used. This type of study has also been referred to as a nonequivalent control group design because the two groups are not homogeneous (Polit and Hungler, 1978). In this study, a pretest was not administered to either group, therefore cause-and-effect influences cannot be made, however trends and relationships can be observed.

POPULATION

Sample

The target population for this investigation consisted of two groups:
1. All 1981 Carroll College School of Nursing graduates who participated in the nursing internship during their last quarter; and

2. All 1981 Montana State University School of Nursing graduates who participated in clinical experience weekly but not a specific internship.

Sample Size

The intended sample included 32 Carroll College graduates and 146 Montana State University graduates. The author was prepared to use the table of random numbers to obtain the same number of participants from each group.

DATA COLLECTION

A preliminary letter which described the study and asked for participation was mailed to all potential participants during the last quarter of their senior year. The names were obtained from each School of Nursing and the letters were mailed to the schools. A self-addressed stamped postcard for the students to return to the author
with their name and address, was enclosed. The return of the postcard was considered consent to participate in the study. Appendix B contains a sample letter.

Since the study was designed to reflect role conception after the transition from nursing student to new graduate, the questionnaires were mailed three months after graduation. According to Kramer (1974) role deprivation among neophytes is at its peak three months into the first job.

The use of a mailed questionnaire is the most common form of self-administered instruments, however, it does have disadvantages. The disadvantages include lower completion and response rates, inability to clarify questions and the author has no assurance the participant acted independently in responding (Polit and Hungler, 1978). The author chose the mailed questionnaire because of cost, time, no interviewer bias and the fact that this type of instrument offers complete anonymity.

A cover letter accompanied the questionnaire. This letter contained the purpose of the study, what to do with the questionnaire when completed and explained that participating in the study was strictly voluntary. The participants were also thanked for their time and participation. Appendix C contains a sample of the letter.
The questionnaires had no identifying marks, other than whether the participant was a Carroll College graduate or a Montana State University graduate. The author anticipated no physical or psychological harm that could come from participating in the study.

**INSTRUMENT**

**Tool Description**

The data collected for this study were derived from: 1) a personal data form, and 2) three role conception and role deprivation scales.

1. The personal data form was used to elicit background information and characteristics of the respondents. The questions asked were used to gain information regarding variables thought by the author to influence the transition from student to staff. Those variables included age, marital status, job satisfaction, previous nursing experience and whether or not the participant was employed by the institution in which they experienced the internship (Carroll College
graduates) or participated in clinical experience during the last quarter of the program (Montana State University graduates). Appendix D contains a sample.

2. Corwin's Role Conception and Role Deprivation scale was used to measure the respondent's loyalty to bureaucratic, professional and service role conceptions, as well as role deprivation. Permission to use the scale was obtained from R. Corwin (Appendix E and F).

The Corwin Likert-type scale consists of 22 items: 6 to measure bureaucratic role and 8 on both the professional and service scales. Bureaucratic role conception scales assess loyalty to the work setting, including upholding rules and regulations. Items pertaining to the professional role include commitment to the nursing profession, ability to use judgment and continual self-education. The service scale measures the desire to do "bedside" nursing and the adherence to the concept of nursing as dedicated and devoted "angels of mercy" (Corwin 1960, pg. 72).

The items on each scale are stated in the form of hypothetical situations. For each item the respondent is asked to indicate the extent to which she thinks each situ-
ation should be the ideal and also to judge the extent to which the situation actually exists in nursing. A five point scale is used from strongly agree through strongly disagree. A semantic equal interval between adjacent scale points was assumed. The sum of the answers to the "should be" questions constitutes a total normative score. The sum of the answers to the "ideal" questions constitutes a categorical score. By subtracting the normative score from the categorical score on each item, a difference score of each of the three scales is obtained. This is then the role deprivation score for each scale. Total role deprivation is derived by summing the role deprivation score for each of the three categories (Appendix G).

The Corwin Role Conception and Role Deprivation Scales measure role conceptions. It must be remembered that role conceptions are attitudes, the scales do not measure behaviors (Kramer, 1971).

The validity testing Corwin used when developing these scales focused on face and content validity. A series of tests was conducted to validate these scales against "known groups." Known groups are those nurses known to have a high professional orientation (baccalaureate nursing faculty) and high bureaucratic orientations (nursing service super-
visors). Analyzing the critical ratio between the mean scale scores of these "known groups" (significant at p<.05) leads to the conclusion of validity (Kramer, 1970, pg. 42). Kramer conducted a series of test-retest studies on a sample of 52 senior baccalaureate nursing students. The testing was done immediately before and directly after a three-and-a-half week break. The reliability coefficients yielded by this testing were: .89 on the bureaucratic scale, .88 on the professional and .86 on the role deprivation scale (Kramer, 1970).

The technique of internal consistency provides a way of constructing a scale which will discriminate between relatively high and low categories for comparison within the sample (Corwin, 1960). Corwin distributed his original questionnaire to 150 nurses, head nurses, student nurses and licensed practical nurses. Each scale was analyzed for internal consistency. The mean item difference of upper and lower 25% of the total scale distribution was tested for significance of difference with the Critical Ratio. Those items which were not statistically different from 0 at the 5% level of significance were omitted from the final scale (Corwin, 1960). Corwin also computed the F ratio of variances between the upper and lower 25% of each scale
distribution. "It is important to note that some items with significantly different variances between high and low categories were included on the scale on the assumption that a scale should discriminate between the consistency with which categories of persons hold attitudes as well as their mean differences" (Corwin, 1960, page 212).

Corwin also analyzed his scales on the basis of respondent's comments (1960). All of the respondents answering the pretest questionnaire were asked if they had difficulty answering any of the questions and for their suggestions for revising the questionnaire. These comments were analyzed and the items which caused difficulty were omitted or revised.

After the revisions, the final questionnaire was constructed. When the results obtained from the final questionnaire were statistically compared with the results of the original version, no significant differences in total scale scores were found (Corwin, 1960).
Introduction

The data collected in this study were analyzed using the two types of statistics:

(1) Descriptive statistics can be used regardless of the type of measurement scale used. All data can be described in terms of the frequency with which a given class or category of observation occurs (Phillips and Thompson, 1967). Percentage, mean, median and standard deviation are the descriptive statistics used in this study.

(2) Inferential statistics use quantitative information about a particular group of observations for drawing more general conclusions, that is, for generalizing beyond descriptive data (Kviz and Knafl, 1980). The inferential statistics employed were chi-square, Fisher's exact probability test and the t-test.

Descriptive Statistics

Percentages are used to make comparisons more apparent.
In this study, percentage was used to determine response rate to the questionnaire; the number of nurses employed at the institution in which they experienced the internship and the number of respondents; satisfied with their current job, having had previous experience and having a family member in the health care profession.

The median is the point that divides a distribution into two equal parts (Kviz and Knafl, 1980). This measurement is an extremely stable measurement since it is not influenced by changes in the way data are grouped into categories. The median in this study was used in conjunction with an inferential statistic. The median for each of the role conceptions and role deprivation scales was calculated.

The mean is also referred to as the average. It is defined as, "the sum of the values of a set of observations divided by the number of observations" (Kviz and Kraft, 1980, pg. 80). The mean reflects the magnitude or value of every observation in the data. This statistic is also utilized, in this study, to not only describe variables, in the computation of an inferential statistic.

Standard deviation is important because it too is used in advanced statistical computations (as utilized in this
study). This descriptive statistic is a unit of measure of the variation among a set of observations.

Inferential Statistics

Chi-Square ($x^2$) is an inferential statistical test used to determine if two or more groups differ in some respect. This test determines the probability that differences between samples reflect corresponding differences in the total population.

Chi-square is applied to contingency tables to test the significance of different proportion (Polit and Hungler, 1978). The chi-square is computed by comparing the observed frequency actually collected and the expected frequency if there were no relationship between the variables. The formula for computation is:

$$x^2 = E \frac{(O-E)^2}{E}$$

Where $O$ = observed frequency in each cell of table

$E$ = expected frequency in each cell.

Before calculating chi-square, a significance level and
degrees of freedom must be determined. Level of significance is the cutoff point at which probability is small enough that one is able to say a relationship exists between variables. In this study, a level of significance of .05 was used (p < .05). Degrees of freedom for chi-square are determined by the size of the contingency table:

\[ df = (R-1)(C-1) \]

Where \( R \) = number of rows in the table
\( C \) = number of columns in the table

Once the degrees of freedom, significance level and chi-square are determined, the probability is determined by using a statistical table which summarizes the chi-square sampling distribution.

There are several restrictions on the use of chi-square. Chi-square cannot be calculated if any expected frequency is zero and if more than 20% of the expected frequencies are less than 5. Another restriction exists with 2 x 2 tables. If any expected frequency is between 5 and 10, one must apply a Yates Correction (if expected frequency is larger than observed, add .5 to all observed
frequencies, if expected frequency is smaller than observed, subtract .5 from observed frequencies).

These restrictions are necessary because chi-square is sensitive to sample size. As the sample size increases, it becomes easier to establish relationships (Kviz and Knafl, 1980). There is an alternative when using a 2 x 2 table in which any expected frequency is below 5, Fisher's exact probability.

Fisher's Exact Probability Test is useful when two independent samples are small in size. When scores from two independent samples all fall into one or the other of two mutually exclusive classes, this test is useful (Siegel, 1956). "The test determines whether the two groups differ on the proportion with which they fall into the two classifications" (Siegel, 1956, pg. 97). The formula for this statistic is:

\[ p = \frac{(A + B)! (C + D)! (A + C)! (B + D)!}{N! A! B! C! D!} \]

Where, A, B, C, D = the observed frequencies in each cell table

N = the total number of observations.
The exact probability is determined by taking the ratio of the product of the factorials (!) of the four marginal totals to the product of the cell frequencies multiplied by N factorial (N!).

If none of the cell frequencies is zero, one must remember that more extreme deviations from the distribution could occur with the same marginal totals. One must take into consideration all possible extremes. Therefore, if the smallest cell value is 2, three exact probabilities must be determined (2, 1, 0), and then summed to determine the exact probability.

If in calculating the exact probability, the p did not come out .05 or smaller, the variables were considered to have no relationship. For the purpose of this study the significance level used was .05.

The t-test is a difference-between-mean test used to determine if two groups have significantly different means. This test determines the probability that the observed differences between samples would also hold for the larger populations from which they were drawn (Kviz and Knafl, 1980).

One must determine the level of significance (.05 for this study), and the degrees of freedom. For the t-test,
the degrees of freedom (df) is equal to the total number of observations minus two. After determining the above, one proceeds to determine the $t$ value:

$$ t = \frac{X_1 - X_2}{\text{diff}} $$

Where, $X_1 = \text{mean of the first group}$

$X_2 = \text{mean of the second group}$

$\text{diff} = \text{standard deviation of the sampling distribution of differences between means}$

Utilizing the significance level, degrees of freedom and the calculated $t$, the probability that there is a significance between the two groups ($p$) is determined by the table of minimum $t$ values.

**SUMMARY**

This chapter has described the research design judged to be appropriate to examine the variables of this study. A
description of the sample, data collection methods, the instruments used, and the statistics employed is included. The next chapter will present the results obtained through the use of these data-gathering tools.
CHAPTER 5

RESULTS

INTRODUCTION

The results of this study are discussed in three sections. A description of the sample is presented, followed by the results of the relationship of the variables described previously to role deprivation. The last section describes the relationship between the two groups studied and role conception and role deprivation.

In presenting the data, three different groupings are used throughout this chapter: (1) the total sample; (2) the Carroll College graduate sample; and (3) the Montana State University graduate sample.

Description of the Sample

One hundred and thirty-two letters describing the study and asking for participation were sent to the Carroll College and Montana State University senior nursing students (32 Carroll College and 100 Montana State University) in March and May of 1981. Letters were sent to female students only as there were no male students enrolled in the Carroll nursing program. Thirty-two or 100% responded from Carroll...
College and 50 or 50% responded from Montana State University (sampling procedure described in the previous chapter).

The final sample contained 82 potential participants. The 82 questionnaires were mailed three months after graduation; August 1981 to the Carroll College graduates and September 1981 to the Montana State University graduates. Sixty-two (75.6%) were returned; 30 of 32 (93.75%) from the Carroll College graduates and 32 of 50 (64%) from the Montana State University graduates. Because of the high response rate a reminder letter was not sent to the participants.

Of the sixty-two returned questionnaires, four were not used in analyzing the data. One questionnaire from the Carroll College sample was not used because the respondent had been a registered nurse and had returned to Carroll College to get a baccalaureate degree. The author felt this participant's previous experience would influence her response to the questionnaire. Three returned questionnaires were not used from the Montana State University sample. Two of the respondents had immediately enrolled in graduate school and the other respondent answered only one-half of the questions.
Therefore, the final sample consisted of 58 participants; 29 neophytes who had experienced the internship (Carroll College graduates), and 29 neophytes in the control group (Montana State University graduates). The sample contained equal numbers, therefore, the table of random numbers was not used to determine which questionnaires to include in the sample.

The background data of the total sample are summarized in Table 1 and Table 2. The data revealed that 57 of 58 were employed in the hospital setting (Table 1). All of those who indicated job dissatisfaction were employed on the night shift and indicated that the shift was the cause of their dissatisfaction.

Table 1

Background Data of Total Sample (a)
N = 58

<table>
<thead>
<tr>
<th>Age</th>
<th>Marital</th>
<th>Employer</th>
<th>Shift</th>
<th>Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean 23.5</td>
<td>Married 18</td>
<td>Hospital 57 (98.3%)</td>
<td>Day 2</td>
<td>Yes 40 (70%)</td>
</tr>
<tr>
<td>Range 21-38</td>
<td>Single 39</td>
<td>Public Health 1 (1.7%)</td>
<td>Evenings 18</td>
<td>No 18 (30%)</td>
</tr>
<tr>
<td></td>
<td>Divorced 1</td>
<td></td>
<td></td>
<td>Night 18 Rotating 20</td>
</tr>
</tbody>
</table>
Table 2 is a continuation of background data. This demonstrates that 71% of the total sample had had previous hospital experience as an aide or licensed practical nurse either before or during their professional education.

Table 2
Background Data of Total Sample (b)
N=58

<table>
<thead>
<tr>
<th></th>
<th>Employed Where</th>
<th>Previous Clinical Experience</th>
<th>Family Member in Health Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>53</td>
<td>33 (56.9%)</td>
<td>41 (71%)</td>
<td>19 (32.8%)</td>
</tr>
<tr>
<td>Part-time</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>25 (43.1%)</td>
<td>17 (29%)</td>
<td>39 (67.2%)</td>
</tr>
</tbody>
</table>

Two of the variables show interesting trends when one looks at the data from the two groups independently. Table 3 demonstrates those trends.
Comparison of Carrol College Graduates and Montana State University Graduates; Previous Experience and Employed Where Interned or Clinical

<table>
<thead>
<tr>
<th></th>
<th>Carroll College Graduates N=29</th>
<th>Montana State University Graduates N=29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Experience</td>
<td>22 Yes (75.9%)</td>
<td>19 Yes (65.5%)</td>
</tr>
<tr>
<td></td>
<td>7 No (24.1%)</td>
<td>10 No (34.5%)</td>
</tr>
<tr>
<td>Employed Where Interned?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21 Yes (72%)</td>
<td>12 Yes (41%)</td>
</tr>
<tr>
<td></td>
<td>8 No (28%)</td>
<td>17 No (59%)</td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Seventy-two percent of the Carroll College graduates were employed at the time of the study by the institution in which they interned, compared to 41% of the Montana State University graduates employed where they participated in clinical experience during their last quarter. Both groups had more than 60% who had had previous hospital experience.

RELATIONSHIP OF VARIABLES TO ROLE DEPRIVATION

The author wanted to determine if there was a relationship between the amount of role deprivation experienced (as measured on the Corwin scales) and age,
marital status, previous hospital experience, job satisfaction, whether they were working where they interned, or received clinical experience and if they had a family member working in a health care profession. The statistical methods used to determine if there were relationships were the chi-square and Fischer's exact probability test. These tests were run on the total sample and each separate group. The median role deprivation score was utilized for the left column (horizontal rows) of the contingency tables and the variable for the vertical rows.

Marital status and family member in a health profession had no relationship (p>.05) with role deprivation. The variable of age was not considered because the mean ages of the two groups were so close (24 and 23.6).

Table 4 shows the relationship of role deprivation to previous experience. High median indicates high role deprivation. Five role deprivation scores were at the median, therefore the N=53.
Table 4: Relationship of Previous Experience to Role Deprivation
N=53

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Below Median</td>
<td>24</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ df = 1 \]
\[ X^2 = 7.745 \text{ with Yates Correction} \]
\[ p < .01 \]

The total sample demonstrated a relationship between role deprivation and previous experience significant at the .01 level. If one looks at the squares in Table 4, the data suggests that those who had previous experience scored lower on the role deprivation scales than those who did not have previous experience (compare diagonals). When looking at the two groups separately, the significance levels, utilizing the Fisher's exact test, were .007 for Montana State University graduates and .025 for the Carroll College graduates. Table 5 and 6 contain the contingency tables for that data.
Table 5

Relationship of Previous Experience and Role Deprivation for Montana State University Sample N=26

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Below Median</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>8</td>
</tr>
</tbody>
</table>

p = .007 with Fisher's exact test

Table 6

Relationship of Previous Experience and Role Deprivation for Carroll College Sample. N=27

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Below Median</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

p = .025 with Fisher's exact test

After determining that there was a relationship between role deprivation and previous experience, it was speculated that perhaps the type and/or variation of clinical experience was also related to role deprivation. A three by two table was constructed (Table 7) in which the vertical columns demonstrated the type or variation of clinical experience. The internship was considered one type of clinical experience and those Carroll graduates who
experienced the internship and had worked as an aide or licensed practical nurse made up the third vertical column. The Carroll graduates who experienced the internship but did not have other hospital experience and the Montana State graduates who did not experience the internship, but had previous hospital experience comprised the second column. The first column consisted of the Montana State graduates not having experienced the internship nor having had previous hospital experience.

Table 7

<table>
<thead>
<tr>
<th>Relationship of the Type and/or Variation of Clinical Experience and Role Deprivation for the Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=53</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Above Median</td>
</tr>
<tr>
<td>Below Median</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

\[ df = 2 \]
\[ \chi^2 = 12.163 \]
\[ p < .01 \text{ with Yates correction} \]

Table 7 suggests that a relationship exists between the type and/or variation of clinical experience and role deprivation. Those participating in the internship and
having previous hospital experience demonstrated less role deprivation.

Job satisfaction and the amount of role deprivation were also shown to have a relationship. Table 8 demonstrates that for the entire sample, the significance level was .01. The $X^2$ value was almost significant at the .001 level ($p < .001$, $X^2 = 10.83$). The data suggests that job satisfaction and role deprivation are inversely related.

Table 8

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>df = 1</th>
<th>$X^2 = 10.82$</th>
<th>$p &lt; .01$ with Yates correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>11</td>
<td>15</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Below Median</td>
<td>24</td>
<td>3</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data for the separate groups as shown in Table 9 and Table 10 demonstrates that for the Montana State University sample the relationship is not significant; however, for the Carroll College sample the relationship is significant at the .001 level.
Table 9

Relationship of Job Satisfaction and Role Deprivation for Montana State University Sample
N=26

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>9</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Below Median</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

p = .0615 (not significant) with Fischer's exact test.

Table 10

Relationship of Job Satisfaction and Role Deprivation for Carroll College Sample
N=27

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Below Median</td>
<td>16</td>
<td>2</td>
<td>18</td>
</tr>
</tbody>
</table>

p = .001 with Fisher's exact test

The final variable, and the most significant, that was tested to determine the relationship to role deprivation was whether the respondent was employed at the institution in which she interned or for the Montana State sample at the institution where she experienced clinical training during
the last quarter of her senior year. The data from the total sample suggested that if the participant were employed by that institution, she scored lower on the role deprivation scale (less role deprivation). The independent sample also demonstrated this relationship. Table 11, Table 12 and Table 13 contain the data for that variable.

Table 11
Relationship of Place of Employment to Role Deprivation for Total Sample
N=53

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>7</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Below Median</td>
<td>24</td>
<td>3</td>
<td>27</td>
</tr>
</tbody>
</table>

31  22

\[ df = 1 \]
\[ \chi^2 = 20.94 \]
\[ p < .001 \]

Table 12
Relationship of Place of Employment to Role Deprivation for Montana State University Sample
N=26

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>5</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Below Median</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

12  14

\[ p = .007 \text{ with Fisher's exact test} \]
Table 13

Relationship of Place of Employment to Role Deprivation for Carroll College Sample
N=27

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above Median</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Below Median</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>8</td>
</tr>
</tbody>
</table>

p = .0004 with Fisher's exact test

ROLE CONCEPTION AND ROLE DEPRIVATION

Corwin's Role Conception and Role Deprivation Scales measure the respondents' role conception in three areas; bureaucratic, professional and service as well as in role deprivation (tool described in previous chapter.) Table 14 compares the mean scores of the two groups studied.
Table 14
Mean Role Conception of Montana State University Graduates and Carroll College Graduates

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Montana State</td>
<td>Carroll College</td>
</tr>
<tr>
<td>N=29</td>
<td></td>
<td>N=29</td>
</tr>
<tr>
<td>Bureaucratic Role Conception</td>
<td>18.34</td>
<td>18.10</td>
</tr>
<tr>
<td>Professional Role Conception</td>
<td>30.14</td>
<td>28.62</td>
</tr>
<tr>
<td>Service Role Conception</td>
<td>29.55</td>
<td>29.55</td>
</tr>
</tbody>
</table>

High mean indicates high role conception scale scores.

Total Possible: bureaucratic; 36, professional; 40, service; 40

The mean role conception scores of the two groups, with the exception of the professional role, are very similar. The mean service role conception scores are identical. When looking at mean role deprivation scores and comparing the means by the use of the t-test, the difference between the means for the bureaucratic scale is not significant. For the professional and service scale the difference between the means is .01 and .05 respectively (Table 15).
Table 15

Difference Between the Mean Role Deprivation t-test

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Error</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MSU</td>
<td>Carroll n=29</td>
<td>Carroll n=29</td>
<td></td>
</tr>
<tr>
<td>Bureaucratic Deprivation</td>
<td>3.34</td>
<td>2.93</td>
<td>2.255</td>
<td>1.875</td>
</tr>
<tr>
<td>Professional Deprivation</td>
<td>9.10</td>
<td>5.89</td>
<td>4.517</td>
<td>3.097</td>
</tr>
<tr>
<td>Service Deprivation</td>
<td>7.27</td>
<td>5.79</td>
<td>3.25</td>
<td>3.56</td>
</tr>
</tbody>
</table>

High mean indicates high role deprivation.

Examining the mean total role deprivation scores (adding all three role conception deprivation scores) the difference between the means is significant at .01 level. This suggests that the Carroll College nursing graduates experienced less role deprivation than the Montana State University nursing graduates three months after graduation. Table 16 summarizes that data.
Table 16

Difference Between the Total Mean Role Deprivation

<table>
<thead>
<tr>
<th>Mean</th>
<th>Standard Error</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSU</td>
<td>Carroll</td>
<td>MSU</td>
<td>Carroll</td>
</tr>
<tr>
<td>Total Role Deprivation</td>
<td>19.82</td>
<td>14.58</td>
<td>7.393</td>
</tr>
</tbody>
</table>

High total role deprivation score indicates high role deprivation.

SUMMARY

This chapter presented the results of this study. The final sample consisted of 29 Carroll College nursing neophytes and 29 Montana State University nursing neophytes. The data suggests the following; there is a relationship between role deprivation scores and previous experience (p<.01), type and/or variation of clinical experience (p<.01), job satisfaction (p<.01), and if the neophyte was employed where she experienced the internship or where she participated in clinical training during the last quarter of her schooling (p<.001). The relationships appear to be an
inverse relationship, i.e., if satisfied with job, role deprivation decreases.

The data from the role deprivation scale suggests that the Carroll College students experienced less role deprivation than the Montana State University sample (p < .01). This will be addressed in the next chapter.

The background data shows that 98.3% of this sample were employed by hospitals at the time of this study. It also reveals that those respondents dissatisfied with their job (30%) all worked night shift and identified this as the source of their dissatisfaction. The data also demonstrates that this sample of neophytes (71%) had had previous experience as an aide or licensed practical nurse either before or during their professional training. Seventy-two percent of the Carroll sample were employed at the time of this study by the institution in which they experienced the internship.
CHAPTER 6

DISCUSSION

SUMMARY AND CONCLUSIONS

This study investigated the difference between role conception and role deprivation among two groups of baccalaureate nursing graduates in an attempt to determine if an internship program influenced the reality shock experienced during the transition from nursing student to graduate nurse. In addition, the relationship between certain variables demonstrated in neophytes and role deprivation was explored.

Although a significance of .01 was demonstrated in the difference between the mean total role deprivation scores, it cannot be concluded that the cause of this difference was the internship. This study compared two groups which were not homogeneous. Carroll College is a private institution, where Montana State University is a public state-operated institution. This has possible implications for who would attend either school. Another variable is the curriculum of the two schools. The two schools are both accredited by the National League of Nursing. In summary it can be said that for some reason there is a difference in the amount of role deprivation experienced by the two groups.
In evaluating the variables studied and their relationship to role deprivation, one must wonder if perhaps these neophytes were not still in the "honeymoon" stage of the transition period. Those who were working where they experienced the internship, (Carroll student sample) or where they participated in clinical experience during the last quarter of their education (Montana State University student sample) demonstrated much less role deprivation \((p < .001)\). The results of the other comparisons were what one would expect to find. Less role deprivation was experienced by those neophytes who had previous hospital experience, and for the Carroll sample were satisfied with their jobs.

In comparing the results of this study to the data from Corwin (1960) and Kramer, the respondents in this study demonstrated less bureaucratic role conception, about the same amount of professional role conception, and a higher service role conception (Appendix H). In comparing total role deprivation with Kramer's data (1966) the total role deprivation in this study was considerably less (Kramer 25.40, Carroll College 14.58 and Montana State 19.82). These results were all obtained from data collected from baccalaureate nursing graduates, three months after graduation.
LIMITATIONS

Limitations of this study include the use of a mailed questionnaire, the design of the study, the instrument used and the statistics employed. Each of these will be described in the remainder of this chapter.

Any mailed questionnaire imposes certain limitations including lower response rate, no opportunity to clarify questions, and no assurance that the respondent was the intended participant. For this study, the response rate was 75.6%, therefore, the response bias for this study is not significant. Although the author could not clarify the questions, only one questionnaire was returned which was not completed correctly.

The design chosen for this study, the preexperimental or nonequivalent control group, also is limiting. Randomization was not possible nor was the independent variable, the internship, manipulated. This means that the findings can not be generalized to all neophytes. To infer cause and effect relationships from this study would be incorrect. One can study the relationships and suggest trends, but the design limits the establishment of true cause-effect relationships. The limitation of the nonhomogeneous sample was discussed earlier in this chapter.
The tool or instrument utilized must also be considered a limiting factor. Several questions regarding this scale have been raised by Krueger (1971). She states that the situations proposed in the Corwin Role Conception and Role Deprivation Scales are ambiguous. When she gave the test to 20 faculty and graduate students, total agreement on the placement was obtained in only 3 of the 22 items. She suggests that these scales be subjected to cluster analysis to ensure homogeneity within and independence between the scales. Corwin himself (1966) cautions that any instrument is only as good as the theoretical framework behind it and admits that the scale is not all inclusive. At present time however, there is no other paper test which measures the aspects of reality shock and therefore, the author chose to use this instrument.

One could also question the statistics used to analyze the data in this study. Chi-square demonstrates relationships but not the direction of the relationship. However, Polit and Hungler (1978) and Kuiz and Knafl (1980) suggest that by comparing the results in the opposite corners of the contingency table, the direction of the relationship can be determined. The use of the t-test to analyze role conception and role deprivation has been used by Corwin
(1960), Kramer (1964) and this study. However, the data obtained by the scales are not true interval data. The numbers from five to one were assigned to strongly disagree through strongly agree, but one cannot say that those intervals are exact, therefore the use of the t-test (for interval data) can be a limitation. Because this statistic has been utilized in the past with the Corwin Role Conception and Role Deprivation Scales, the author chose to use it in this investigation.

IMPLICATIONS AND RECOMMENDATIONS

The data from this study have implications for nursing education as well as employers of neophyte nurses. The neophytes in this study (71%) had experience before or during their nursing program in the hospital setting. The data reveals that the type and/or variation of clinical experience influences role deprivation. The author believes that this data suggests to nursing educators the desire on the part of the student for more clinical experience in the baccalaureate programs.

There are several implications for employers, especially hospitals. The fact that 98.3% of the respondents were
working in hospitals suggests that nurses do initially obtain employment in hospitals. The attrition rate and nursing shortage still exists. Why the shortage exists was beyond the scope of this study, but would be an interesting follow-up investigation. That is, why do nurses leave hospital nursing? Job dissatisfaction and its relationship to working the night shift also has implications for employers. Perhaps rotating shifts or better personal support on nights would remedy the dissatisfaction. The other implication for employers has to do with the internship. In this study, 72% of the respondents who experienced the internship sought employment at the institution in which they interned. Recruitment, then could begin with the nursing students, convincing them to intern at the hospital. Another factor not researched in this study, but that could prove interesting, would be to compare the orientation time, hours and cost, of those who interned at the hospital and those who did not.

This study can be viewed as a stepping stone to future studies. These could include longitudinal studies at six months and at one year to determine role conception, role deprivation, job satisfaction and attrition rate. The author also suggests pretesting the students before the
internship and then at three months after graduation. This would allow for more control of the independent variable and more powerful conclusions. Another area of investigation could be the different types of experiences within each internship and its relationship to role deprivation. Since the nursing internship is individualized, investigating if there is a difference in reality shock experienced by various interns in various settings would also provide for a good program evaluation.

SUMMARY

This chapter has presented a summary and discussion of the conclusions, the limitations, the implications and the recommendations of this study. A definite relationship between those neophytes experiencing an internship and those not having the experience and the amount of reality shock was not established. However, the mean role deprivation score of the two groups is significant.

Limitations were discussed in the areas of the design, instrumentation and the statistics employed. Implications were made and presented for nursing education and nursing service.


Corwin, R. G. Role conception and mobility aspirations; a study in the formation and transformation of nursing identifies, unpublished doctoral dissertation, 1960, University of Minnesota.


Dell, Mary S. & Griffith, Ethel. A preceptor program for nurses' clinical orientation. *Journal of Nursing Administration, 1977, 7*(1).


Genn, N. *Where can nurses practice as they’re taught?* *American Journal of Nursing,* 1974, **74**(12), pp. 2212-2215.


Miller, Mary A. Transition student to employee. Nursing Outlook, 1962, 10(2), pp. 84-87.


Paynich, M. L. Why do basic nursing students work on nursing? Nursing Outlook, 1971, 19, pp. 242-245.


APPENDIX A

DESCRIPTION OF THE NURSING INTERNSHIP

Objectives:

I. Identifies personal learning needs in an area of nursing practice of choice.
   A. Formulates in writing, objectives for the selected nursing experience in concert with the instructor.
   B. Selects, with the assistance of the instructor, a clinical setting to fulfill the objectives as identified.
   C. Applies current nursing knowledge to the intensive reality experience.

II. Utilizing the nursing process in an "intensive reality" clinical setting as evident in verbal and written communication with preceptor and instructor.
   A. Assesses the Individual Patient
      1. Systematically identifies in writing as well as verbally information about the subjective and objective state of the patient and his situation.
      2. Analyzes data by methodically examining and separating the collected information into relevant categories.
      3. Interprets the data by identifying the strengths and limitations of the individual and determines the presence, nature, and priority of patient problems.
   B. Plans Patient Care
      1. Identifies goals and objectives by systematic description and communication of care provided.
      2. Considers alternative approaches.
3. Selects the action or approaches most likely to achieve the stated goal and which are feasible in the setting.
4. Provides for continuity of nursing care within the agency and with other agencies in the community.

C. Implements Nursing Care Plans
1. Communicates the plan to all persons affected using written and verbal communication as appropriate.
2. Coordinates the plan with other therapeutic plans by dovetailing the purposes, techniques, and timing of the plan for nursing with medical, physical therapy, nutritional, etc., plan of care.
3. Carries out the plan effectively and efficiently.
4. Demonstrates competency in basic nursing skills.

D. Evaluates the Effects of Nursing Care
1. Reassess the patient and his situation by repeating measures of the same dimensions specified in steps 1-3 under Assessment and step 1 under Planning to determine what, if any, progress has been made toward stated goals.
2. Appropriately modifies the plan by repeating 1-3 under Planning.

III. Applies management concepts within the selected clinical setting as evident in verbal and written communication with preceptor and instructor.

A. Utilizes the process of making effective decisions.
1. Utilizes sound judgment on the basis of critical thinking and problem-solving criterion, as evidenced by ability to provide rationale for decisions, in both written and verbal communications.
2. Suggests constructive changes in the delivery and monitoring of patient care, as demonstrated by updated written care plans, and consultation from appropriate sources.

3. Request and accepts constructive criticism regarding nursing judgments from appropriate resource persons.

4. Informs head nurse of unusual or difficult nursing care problems.

5. Demonstrates the ability to constructively plan and use time on a daily and weekly basis.

6. Accepts responsibility for self-directed activity toward her/his own established goals.

7. Shows flexibility in her/his behavior and adjusts strategies appropriately to meet the requirements of different situations.

B. Demonstrates leadership in the provision of nursing care as evident in verbal and written communication with preceptor and instructor.

1. Establishes constructive relationships with the members of her/his work group.

2. Demonstrates a developing competency to direct and coordinate efforts of the group on the accomplishment of established goals of care.

3. Demonstrates leadership ability in team conferences as evidenced by the use of problem-solving techniques, use of probing questions, and organization of personnel for meeting established goals.

4. Accurately evaluates the skills of personnel and makes assignments in accord with assessed capabilities.

5. Identifies in conference with instructor the use of authority, power, and influence in positive and negative ways in assessment, planning, intervention, and evaluation of patient care.

6. Identifies methods of conflict resolution utilized within the agency.
IV. Examines the structure, process, and outcome measurements of the agency to which assigned in writing according to outline for agency analysis.

A. Analyzes the organizational structure of nursing services within the agency.

B. Analyzes the standard and criteria which focus on the natural sequence of events and activity in the delivery of nursing care.

C. Analyzes the direct, semidirect, and indirect nursing activities of registered nurses involved in providing nursing care.

D. Analyzes the methods used by health care agencies for regulating the work in progress and evaluating the outcomes of services provided.

V. Applies teaching/learning principles to helping families of clients in the health care agency carry out health care tasks.

A. Assesses the current knowledge base of the client and family about the health care needs.

1. Assesses sociocultural, spiritual, psychological, and physiological factors in the environment which determine the client's and family's ability to carry out health care tasks.

2. Establishes teaching/learning goals based on mutually identified health care needs of client/family.

B. Selects appropriate learning experience based on behavioral objectives.

C. Applies appropriate teaching/learning strategies with members of the health team.

D. Evaluates the effectiveness of the teaching/learning experience.
Time Sequence: Six hours per week for work on course project and 32 hours of clinical experience per week for second half of spring semester.

Course Project: Prepares a typewritten paper in appropriate academic form (Campbell or Turabian) exploring the state-of-the-art in the clinical area chosen for experience.

Develop the paper by:

1. Reviewing the related literature.
2. Determining the strengths and weaknesses of current nursing practice in the chosen clinical area.
3. Determining possible alternative actions or strategies to strengthen nursing practice in the chosen clinical area.
4. Selecting the alternative which you believe is the most desirable and giving the reasons for your choice.

Course Requirements:

1. Written student objective.
2. Weekly conference with instructor.
3. Agency analysis.
4. Course project.
5. Other requirements will be determined mutually between student and instructor.

Evaluation:

Course Project = 50%
Clinical Experience Evaluation = 50%

Used with permission of Carroll College School of Nursing.
APPENDIX B

LETTER REQUESTING PARTICIPATION IN THE STUDY

May 4, 1981

Dear Montana State University Nursing Student:

I am a graduate student at MSU pursuing a Masters Degree in Nursing. My thesis is entitled, "A Nursing Internship - Does it Bridge the Gap?" The purpose of this letter is to ask for your participation.

For this study I am attempting to determine if the nursing internship contained in the Carroll College curriculum affects the transition from student nurse to staff nurse. In order to determine if this program does affect the transition I am going to sample both Carroll College nursing graduates and MSU nursing graduates, whose curriculum does not contain this program.

I plan to send out questionnaires to the graduates of the 1981 MSU nursing program. The questionnaires will be sent out in September or approximately three months after graduation. Participation in this study is strictly voluntary and all participants will remain anonymous.

The validity of the study depends in large on the number of participants so I am asking for your participation. If you would put your name and address (where you can be reached in September) on the enclosed postcard and return it to me, I would appreciate it.

Thank you for your cooperation.

Sincerely,

Mary Jo Mattocks, R.N., B.S.N.
Clinical Instructor
Columbus Hospital
March 30, 1981

Dear Carroll College Nursing Student:

I am a graduate student of MSU pursuing a Masters Degree in Nursing. My thesis is entitled, "A Nursing Internship - Does it Bridge the Gap?"

For this study I am attempting to determine if the nursing elective contained in the Carroll College curriculum affects the transition from student nurse to staff nurse.

I plan to send out questionnaires to the graduates of the 1981 Carroll College Nursing Program. The questionnaires will be sent out in August or approximately three months after graduation. Participation in this study is strictly voluntary and all participants will remain anonymous.

The validity of the study depends in large on the number of Carroll College participants. If you would put your name and address (where you could be reached in August) on the enclosed card and return it to me in the enclosed stamped envelope, I would appreciate it.

Thank you very much for your cooperation.

Sincerely,

Mary Jo Mattocks, R.N.
Clinical Instructor
Educational Services
Columbus Hospital

Enclosures
Dear Nursing Colleague,

I am a graduate student at Montana State University pursuing a masters degree in nursing. Currently I am collecting data from recent Montana State University and Carroll College graduates for my masters thesis and am requesting your participation.

Through this study entitled, "A Nursing Internship - Does it Bridge the Gap?", I am attempting to determine if the nursing elective contained in the Carroll College curriculum affects the transition from student nurse to graduate nurse. In order to determine if there is a relationship, I am also collecting data from MSU graduates whose curriculum does not contain such an elective. I anticipate the results of this study will be helpful to nursing education and nursing service.

If you decide to participate in this study, please complete the attached questionnaire and return it to me by in the enclosed envelope. Participation in this study is strictly voluntary and all participants will remain anonymous. There are no known risks involved in your participation.

The study should be completed by March 1982. If you wish to obtain results of the study you could contact me after that date.

Thank you for your time and participation.

Sincerely,

Mary Jo Mattocks
APPENDIX D

PERSONAL DATA

Please complete the following:

Age:  _____

Marital Status: Married _____ Single _____ Divorced _____

Nursing School Attended:

Current Employer:  Hospital _____ Public Health _____
                  Nursing Home _____ School _____
                  Mental Health _____ Other _____ Please Specify _____

Position Held: ___________ Full-time _____ Part-time _____

Shift: Days _____ Evenings _____ Nights _____ Rotating _____

If you are a Carroll College graduates, are you working in the institution in which you experienced the nursing elective? Yes _____ No _____

If you are a MSU graduate, are you working in the institution in which you experienced clinical training during your last quarter of school? Yes _____ No _____

Are you satisfied with your current job? Yes _____ No _____

If not why? ______________________________________________

Did you work in a nursing role (LPN, Aide) before or during your nursing program? Before _____ During _____ No _____

Does any member of your family work in the health care field? Yes _____ No _____

If yes, who and type of work? ______________________________________________
APPENDIX E

LETTER REQUESTING PERMISSION TO USE CORWIN'S ROLE CONCEPTION SCALES

January 15, 1981

Dr. R. G. Corwin
504 Hilltop Road
Waterloo, IA 50701

Dear Dr. Corwin:

I am a graduate student in nursing at Montana State University and am doing research in the area of role conception and role deprivation. I am writing to ask your permission to use your scales on role conception and role deprivation in my research.

Thank you for your time and consideration.

Sincerely,

Mary Jo Mattocks
Clinical Instructor
Columbus Hospital
Great Falls, MT 59403
APPENDIX F

RESPONSE REGARDING PERMISSION TO USE CORWIN'S ROLE CONCEPTION SCALES

Dr. R. G. Corwin responded to the author's letter of request by sending the Role Conception and Role Deprivation Scale. No letter accompanied this material.
APPENDIX G
ROLE CONCEPTION AND DEPRIVATION SCALES

INSTRUCTIONS: The following pages consist of a list of 22 hypothetical situations in which a nurse might find herself. You are asked to indicate both:

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

B. The extent to which you have observed the situation in your work.

Notice that two (2) questions must be answered for each situation. Consider the questions of what ought to be the case and of what is really the case separately; try not to let your answer to one question influence your answer to the other question. Give your opinions; there are no "wrong answers."

Indicate the degree to which you agree or disagree with the statement by checking one of the alternative answers, ranging from: STRONGLY AGREE, AGREE, UNDECIDED, DISAGREE, and STRONGLY DISAGREE.

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

AGREE indicates that you agree with the statement with some exceptions.

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

DISAGREE indicates that you disagree with the statement with some exceptions.

STRONGLY DISAGREE indicates that you disagree with the statement with almost no exceptions.
Here is an EXAMPLE:

Some graduate nurses in Montana hospitals believe that doctors are more professional than nurses.

A. Do you think this is what graduate nurses should think?

B. It this what graduate nurses at your place of employment actually think?

Suppose that, almost without exception, you agree that nurses should regard doctors as more professional. Then check ( ) the first column (STRONGLY AGREE) for question A.

Suppose that, with some exceptions, you disagree that nurses in your place of employment do believe that doctors are more professional. Then check ( ) column four (DISAGREE) after question B.
BE SURE YOU PLACE A CHECK MARK (X) AFTER BOTH QUESTIONS A AND B.

1. One graduate nurse, who is an otherwise excellent nurse except that she is frequently late for work, is not being considered for promotion, even though she seems to get the important work done.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are done at your place of employment?

2. A head nurse insists that the rules be followed in detail at all times, even if some of them do seem impractical.

A. Do you think this is the way head nurses and supervisors should act?

B. Is this the way head nurses and supervisors at your place of employment actually do act?
3. A graduate staff nurse observes another staff nurse, licensed practical nurse, or aide who has worked in the hospital for months violating a very important rule or policy and mentions it to the head nurse or supervisor.

A. Do you think this is what graduate nurses should do?

B. Is this what graduate nurses at your place of employment actually do when the occasion arises.

4. When a supervisor considers a graduate for promotion one of the most important factors is the length of experience on the job.

A. Do you think this is what supervisors should regard as important?

B. Is this what supervisors at your place of employment actually do regard as important.
5. In talking to acquaintances who aren't in nursing, a graduate nurse gives her opinions about things she disagrees with in the hospital.

A. Do you think this is what graduate nurses should do?

B. Is this what graduate nurses at your place of employment do when the occasion arises?

6. A graduate nurse is influenced by the opinions of authorities and doctors when she considers what truly "good" nursing is.

A. Do you think this is what graduate nurses should consider in forming their opinions?

B. Is this what graduate nurses at your place of employment actually do consider in forming their opinions?
7. One graduate nurse tries to put her standards and ideals about good nursing into practice even if rules and procedures prohibit it.

A. Do you think that this is what graduate nurses should do?

B. Is this what graduate nurses at your place of employment actually do when the occasion arises?

8. One graduate nurse does not do anything which she is told to do unless she is satisfied that it is best for the welfare of the patient.

A. Do you think this is what graduate nurses should do?

B. Is this what graduate nurses at your place of employment do when the occasion arises?
9. All graduate nurses are active members in professional nursing associations, attending most conferences and meetings of the association.

A. Do you think this should be true of all nurses?

B. Is this true of nurses at your place of employment?

10. All graduate nurses in a hospital spend on the average at least six hours a week reading professional journals and taking refresher courses.

A. Do you think this should be true for all nurses?

B. Is this true of nurses at your place of employment?
11. Some nurses try to live up to what they think are the standards of their profession, even if other nurses or supervisors don't seem to like it.

A. Do you think this is what graduate nurses should do?

B. Is this what graduate nurses at your place of employment do when the occasion arises?

12. Some graduate nurses believe that they can get along very well without a lot of formal education such as required for a B.S., M.S., or college degree.

A. Do you believe this is what graduate nurses should believe?

B. Is this what graduate nurses at your place of employment actually do believe?
13. At some hospitals when a graduate nurse is considered for promotion, one of the most important factors considered by the supervisor is her knowledge of, and ability to use, judgment about nursing care.

A. Do you think this is what supervisors should regard as important?

B. Is this what supervisors at your place of employment actually do regard as important?

14. Some employers try to hire only graduate nurses who took their training in colleges and universities which are equipped to teach the basic theoretical knowledge of nursing science.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are where you work?
15. At one hospital graduate nurses spend more time at bedside than at any other nursing task.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are at your hospital or is this the way they are where your friends work?

16. Head nurses and doctors allow the graduate nurse to tell patients as much about their physical and emotional condition as the nurse thinks is best.

A. Do you think this is the way it should be?

B. Is this the way things are where you work?

17. A doctor orders a patient to sit up in a wheelchair twice a day, but a graduate nurse believes that he is not emotionally ready to sit up; the doctor respects her opinion and changes the treatment.

A. Do you think this is the way it should be in nursing?
18. Doctors and head nurses respect and reward nurses who spend time talking with the patients in an attempt to understand the fear and doubts which may affect the patient's recovery.

A. Do you think this is what doctors and head nurses should regard as important?

B. Is this what they regard as important where you work?

19. A graduate nurse believes that a patient ought to be referred to a psychologist or a public health nurse and tries to convince the doctor of this.

A. Do you think this is what a graduate nurse should do?

B. Is this what graduate nurses do where you work?

20. The nurse's ability to understand the psychological and social factors in the patient's background is regarded as more important than her nursing skills.
21. Some graduate nurses believe that the professional nurses who should be rewarded most highly are the ones who regard nursing as a calling in which one's religious beliefs can be put into practice.

A. Do you believe this is what nurses should believe?

B. Is this what nurses do believe where you work?

22. The graduate nurses who are most successful are the ones who are realistic and practical about their jobs, rather than the ones who attempt to live according to idealistic principles about serving humanity.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are where you work?
**APPENDIX H**

**COMPARISON OF CORWIN, KRAMER, AND PRESENT STUDY WITH REGARD TO ROLE CONCEPTION OF BACCALAUREATE GRADUATES - THREE MONTHS AFTER GRADUATION**

<table>
<thead>
<tr>
<th>Role</th>
<th>Corwin (N=175)</th>
<th>Kramer (N=59)</th>
<th>Mattocks (N=58)</th>
<th>MSU</th>
<th>Carroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conception</td>
<td>21.09</td>
<td>21.04</td>
<td>18.34</td>
<td>18.34</td>
<td>18.10</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>28.08</td>
<td>30.27</td>
<td>30.14</td>
<td>28.62</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>25.35</td>
<td>27.85</td>
<td>29.55</td>
<td>29.55</td>
<td>29.55</td>
</tr>
</tbody>
</table>
Mattocks, M. J.  
**A Nursing Internship, does it "Bridge The Gap?"**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ISSUED TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap. 2</td>
</tr>
</tbody>
</table>

N378  M435  
con.2   

MONTANA STATE UNIVERSITY LIBRARIES  
N378 M435@Thomas  
A nursing internship, does it "Bridge the Gap?"