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A Comparison of Transitions to the Nursing Profession Among Foreign-Educated Physicians and Nurses with Master's, Baccalaureate, and Associate Degrees

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A COMPARISON OF TRANSITIONS TO THE NURSING PROFESSION AMONG FOREIGN-EDUCATED PHYSICIANS AND NURSES WITH MASTER'S, BACCALAUREATE, AND ASSOCIATE DEGREES

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A COMPARISON OF TRANSITIONS TO THE NURSING PROFESSION AMONG FOREIGN-EDUCATED PHYSICIANS AND NURSES WITH ASSOCIATE, BACCALAUREATE, AND MASTER'S DEGREES

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2010

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ABSTRACT

Background: Foreign-educated physicians (FEP) are a group of underemployed men and women who graduated as physicians in foreign countries. These FEP have requisite knowledge of pathophysiology, pharmacology, and physical examination skills.

Purpose: The purpose of this study was to investigate the socialization process of FEP (transition to a nursing role) and to compare this process to socialization of other nurses who graduated from a diploma/associate degree program (DAN), baccalaureate of science in nursing program (BSN), and/or a master of science in nursing program (MSN).

Theoretical Framework: Meleis's Experiencing Transitions theory, which addresses the multifaceted and dynamic issues involved in change resulting from adaptation to new roles and new locations, was used as a conceptual guide.

Methods: A cross-sectional nonexperimental correlational design was used for the study. Data collected from the Demographic Questionnaire were analyzed for their effect on the dependent variable using multiple regression. The dependent variable is the level socialization to nursing as measured by The Stone's Health Care Professional Attitude Inventory as modified by Lawler for Nursing. The level of socialization to nursing of the four groups of nurses was compared by using analysis of variance (ANOVA).

Results: The hypotheses could not be rejected. There were no significant differences between the groups. None of the selected demographic factors—years of practice, age, and gender—had a significant effect on socialization to nursing.

Conclusions: Study findings suggested that the level of socialization to nursing of FEP (who are now nurses) is comparable to the level of socialization to nursing as other groups of nurses: DAN, BSN, and MSN.

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Chapter One

Introduction

Background of the study. Foreign-Educated Physicians (FEP), in transition to nursing as a second career, are examples of *second-degree* nursing students, a growing population in US colleges of nursing (Cangelosi, 2007). In this chapter the purpose of the study, definitions of key terms, and research questions and hypotheses are reviewed. Meleis's Experiencing Transitions theory, which addresses the multifaceted and dynamic issues involved in change resulting from adaptation to new roles and new locations, is used as a conceptual guide. The study's significance, scope, and limitations are explored, and threats to internal and external validity are discussed.

Introduction to the problem. According to the American Association of Colleges of Nursing (AACN, 2006), the nursing shortage has stimulated the initiation of many new nursing programs. These include accelerated nursing programs designed for second-degree nursing students. Colleges of nursing have the obligation to ensure that while working to solve the nursing shortage, graduates continue to be appropriately socialized to the profession. Thus, socialization of graduates of such nursing programs needs to be evaluated to determine if there is a difference in the socialization of these graduates compared to those nurses who have graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), or master's of science in nursing program (MSN). This researcher investigated socialization to nursing of a specific type of accelerated second-degree nursing program, FEP to baccalaureate-prepared registered nurse. Socialization of FEP was compared to nurses who graduated

Comment [p1]: Should this be and/or?

from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

The FEP are a unique group of second-degree students and thus, assisting FEP in their socialization process may be more complicated than assisting traditional nursing students, who are usually younger and have not previously been socialized to another profession (Seldomridge & Dibartolo, 2005). FEP, in contrast, have previously chosen medicine as a profession. They were educated and socialized to be physicians. Over 400 FEP have graduated from a specifically designed program at an urban state university in South Florida. They have transitioned from being medical doctors in a foreign country to practicing nursing in the US. It is important to determine how these nurses identify with the values of the nursing profession and to understand their unique needs if we are to provide them with the support necessary for a successful transition.

Socialization to a profession is an ongoing, gradual process (Darby, 1996). Some nurses are doubtful that physicians who decide to become nurses are being socialized into the profession, and skepticism remains regarding ability of FEP, especially males, to successfully transition to nursing at the bedside (Jorda, 2005).

Foreign-educated physicians. The Foreign-Physician Nursing program is an innovative program designed as one of the solutions to address the nursing shortage problem (Grossman & Jorda, 2008). The only one of its kind in the US, the Foreign-Physician Nursing program was initiated in an urban state university in Miami in May 2002. Underemployed men and women who graduated as physicians in foreign countries are given an opportunity to use their health care skills and education as they return to

health care as nurses. They have the same junior and senior level nursing curriculum as traditionally educated nursing students (Appendix B).

Comment [PS2]: In some places, you infer that FEP are students. In some places you state they are nurses. Confusing.

These former physicians come from diverse cultural backgrounds. Out of the first 245 students enrolled in this program in 2006, 134 were male, 111 were female. Over half of them (130) were from Cuba, 28 from Columbia, 20 from Dominican Republic, and 18 from Haiti. The remaining 49 students represent 22 countries including Romania, South Africa, China, and Syria (Burnett, 2006).

Comment [PS3]: This clashes with earlier statement that most of them are male.

According to the World Health Organization (WHO) in 2007, this migration of FEP to the nursing profession is due to external and internal factors. Internal factors, also referred to as *push factors*, include low salaries and in some areas, unemployment. External factors, also known as *pull factors*, are the promise of "free-market economy and attractive living standards" (WHO, p.2). Internal factors include quality of life the professional and his or her family are experiencing, such as not being able to provide the basic needs of food, adequate shelter, and education. Other internal factors include fear of kidnapping or injury to self or family, as in Columbia (Astor, et al, 2005). A first semester FEP nursing student, J. Masi (personal communication, March 10, 2008), related a story being a near kidnap victim. He said, "I packed a suitcase and left Columbia for the USA the same day."

Comment [PS4]: Is it to the nursing profession or to the US??

Another internal factor which promotes migration is persecution from the current government as in Venezuela (Webb-Vidal & Wilson, 2002). One of the nursing students, A. Dotti (personal communication, February 16, 2006), was a doctor in Venezuela. She related that she "had to go to villages and other places that the natives congregated in order to practice" skills for free so she would not lose her competency. Her political

views kept her from obtaining *any* employment, let alone one as a medical professional for which she had dedicated her life for many years.

External factors may influence a medical professional to migrate to a developed country in order to provide a higher standard of living for families (WHO, 2007). Developed countries also offer additional advancement and career opportunities, as well as educational opportunities for the medical professional (WHO). In addition, developed countries have more opportunities for the entire family (WHO).

Oberoi and Lin (2006) utilized a qualitative method to help them comprehend the major reasons why physicians from developing countries migrate. Interviews of ten medical doctors who emigrated from Victoria in southern Africa to Australia were interviewed using a semi-structured question format. The researchers obtained information about family and personal history, background, employment in Africa, consequences to their family and friends left behind, and underlying reasons for migration to Australia. The authors concluded that push factors were a stronger cause than pull factors. In other words, they were moving because of poor living conditions, lack of professional opportunity, and lack of employment, as opposed to the desire for material possessions and a higher standard of living.

Problem statement. The FEP, who are now nurses, may or may not have made a successful transition from practicing medicine in a foreign country to practicing nursing in the US. It requires the ability to make a major paradigm shift in world view and in intellectual processing to begin the transition to professional nursing. The FEP need to adapt to a medical system usually much different than the one they left.

Comment [PS5]: They are not nursing students, transitioning into the workplace?

The nursing profession and medicine are also vastly different. Both professions have their own roles, mores, knowledge, and licensure requirements. According to Claire Fagan when interviewed by Kennedy, Ferri, and Sofer (2002) for the *American Journal of Nursing* regarding inception of the FEP nursing program at Florida International University (FIU), physicians view themselves as scientists and view nurses as nurturers. As these FEP make their transition to nursing, it will be important to determine these prospective views about the profession and whether a need exists to modify their beliefs about what nursing actually is.

There are many definitions of nursing. According to the American Nurses Association (2003), nursing is "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations" (p. 6). An additional definition of nursing by Virginia Henderson (1966) is to assist the client whether sick or well to perform activities which the client would perform by self if able which will help him to recover, have a peaceful death, or to maintain wellness

Socialization to a profession is crucial, and failure to socialize appropriately can lead to several problems. For example, FEP not socialized to nursing may not practice within the scope of nursing, and those who practice outside of the scope of nursing could place themselves in legal jeopardy. In addition, nurses who have not made the transition to nursing socialization may ostracize themselves from other nurses. The other nurses may presume FEP think they are practicing at a higher level because of their medical education and background. These challenges may result in conflicts and discord in the

workplace, but more importantly they may affect nursing practice and the delivery of patient care.

The FEP are different than traditional nursing students. They differ by age, gender, background, marital status, culture, education, and previous profession (Burnett, 2006; Grossman & Jorda, 2008). Since they are different from traditional nursing students, utilizing the same curriculum and socialization approaches may not be effective. The socialization of these FEP, now nurses, needs to be evaluated. A review of the literature revealed no published studies of FEP nurses' transition to the practice of nursing. Grossman and Jorda are currently studying the socialization of FEP nursing students compared to other nursing students. Depending on the outcome of this study, strategies for socializing this group of students may need to be modified.

Purpose of the study. The purpose of this study was to investigate the socialization of FEP and to compare their socialization with the socialization of other groups of nurses who have graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

Definitions of key terms.

Socialization.

Theoretical definition. Socialization is the transition to nursing, adjusting and adapting one's values to be in synchrony with a group, in this case, professional nursing. The more a nurse is socialized to professional nursing, the higher level of contentment and the higher the rate of job retention (Darby, 1996).

Operational definition. The operational definition of socialization to nursing in this study was a score on the Stone's Health Care Professional Attitude Inventory, modified for nursing by Lawler (SHCPAIL) (1978). This instrument contains 38 items; each has a five-point Likert scale resulting in a cumulative numerical score. A score of one on the Likert scale indicates strongly disagreeing to the statement, while five indicates strongly agreeing. The total score could range from 38 to 190. A higher score indicates a higher level of socialization to nursing. Alternatively, a low score would indicate a decreased socialization to nursing. Socialization is a process reflecting that a nurse has made a successful transition to nursing.

Transitions.

Theoretical definition. Transition is a process of change and transformation. In the study, *transition* is the process in which a physician from another country becomes socialized to nursing in the United States (US). These FEP will also have undergone many other changes as well, including migration, employment, and alteration in family roles.

Operational definition. The operational definition of *transition* in this study was a high total score on the SHCPAIL (Lawler, 1978).

Foreign-educated physicians.

Theoretical definition. FEP are a group of underemployed men and women living in the US who graduated as physicians in foreign countries. Since their arrival in the US, they have completed a Baccalaureate in Science in Nursing and are now practicing nurses.

Operational definition. The operational definition of the FEPs' transitions was their scores on the SHCPAIL (Lawler, 1978).

Research questions and hypothesis.

1. How socialized to nursing are the FEP graduates?

$H_{A1:}$ The transition of the FEP will achieve a significant level of socialization to nursing.

2. How does the transition to nursing socialization of the FEP compare to DAN, BSN, and MSN graduates?

H_{A1}: The nursing socialization of nurses that graduated from the FEP program will be greater than the nursing socialization of diploma and associate-degree nurses (DAN).

H_{A2}: The nursing socialization of FEP nurses will be greater than the nursing socialization of baccalaureate-degree nurses (BSN).

H_{A3}: The nursing socialization of FEP nurses will be greater than the nursing socialization of master's degree nurses (MSN).

3. What effect do select demographic variables (age, gender, years practiced nursing, and years practiced medicine) contribute to the successful socialization to nursing?

H_{A4}: Age, gender, years practiced nursing, and years practiced medicine will make a significant independent or combined contribution to successful transition to nursing socialization.

Theoretical framework. The theoretical framework that guided this study is Meleis's Experiencing Transitions (Meleis, Sawyer, Im, Messias, & Schumacher, 2000).

This is a middle-range theory that addresses the multifaceted and dynamic issues involved in the changes which take place in the adaptation to new roles and new locations. Transitions middle-range theory is based on the work of Meleis and colleagues (Chick & Meleis, 1986; Schumacher & Meleis, 1994). Meleis insisted that transition is a central concept in nursing. Although transitions are universal, the experience is unique to every individual. In the theory, there are six components of transitions: types and patterns of transitions, properties of transition experiences, transitions conditions: facilitators and inhibitors, process indicators, outcome indicators, and nursing therapeutics. The following is Meleis's adapted Model of Transition which will be further explained.

The Model of Transitions (Figure 1) demonstrates that outcomes are influenced by many forces. For this study, the outcome is socialization to nursing. The transition to being socialized to nursing is impacted by many factors, including the pattern of FEP nursing students' transitions and the transitions' conditions.

Types and patterns of transitions. The types of transitions that nurses encounter include developmental, situational and organizational. Transitions are usually not singular, as in the case of the nontraditional nursing student, specifically the FEP. Two or more of these types of transitions are usually experienced at the same time. In the case of the FEP, transitions include migrating to the US and from being a physician to being a nurse. Nurses (or nurse educators) should be aware of the multiple transitions a client (or student) is experiencing and not focus on only one type of transition (Chick & Meleis, 1986; Schumacher & Meleis, 1994).

Comment [PS6]: FEP?

Properties of transition experiences. Several properties are essential to transitions: awareness, engagement, change, time span, and critical points and events.

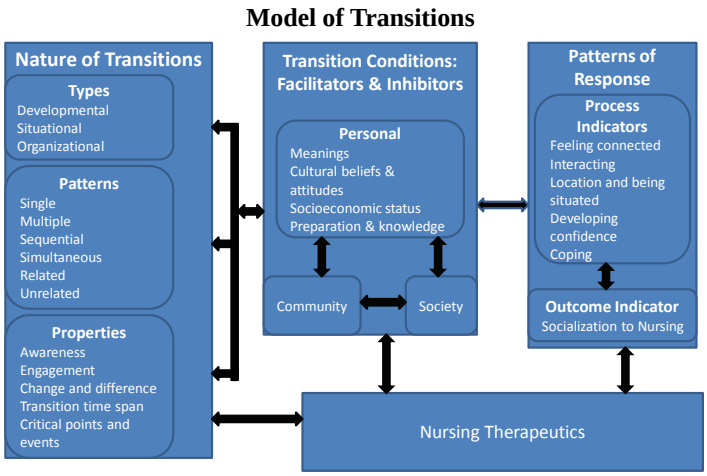


Figure 1. Model of Transitions: a middle-range theory (Meleis, et al., 2000). Adapted by Simon (2009) and applied to A Comparison of Transitions to the Nursing Profession Among Foreign-Educated Physicians and nurses with master's, baccalaureate, and associate degrees.

Awareness of the transition is beneficial; however, a successful transition can occur without full consciousness of the individual. Awareness of the event is preferable so the person can engage in or plan for the process.

All transitions result in change. The significance of the change can be monumental or minimal. The nurse (or nursing faculty member) should evaluate the adaptation to the change (Chick & Meleis, 1986; Schumacher & Meleis, 1994). The time span for transitions can fluctuate and the length of time may not be foreseeable. Critical points and events occur during the time span. These critical points (e.g., entering a

program of study or graduating from a program) may be linked with enhanced awareness (Chick & Meleis; Schumacher & Meleis).

Transition conditions: Facilitators and inhibitors. Personal, community, and societal situations may enhance or hinder the process of the transitions. Cultural beliefs and taboos may cause the transition to be associated with shame and loneliness, as documented by Im and Meleis (2000) in their study of Korean immigrant women and menopause. Poverty may also hinder the process, while knowledge, social support, and anticipation may enhance the transition process. For example, being a mother, wife, and wage earner may inhibit transition to becoming a professional nurse. Family and work demands may be given priority over scholastic requirements.

Process indicators. Process indicators are mileposts along the way that show whether or not the transition is progressing and the person is adaptive in managing life. Feeling connected to and interacting with others from the past as well as contacts in new relationships is an example of positive transition. Other mileposts include having favorable perceptions about the present situation, such as revealing satisfaction with nursing or displaying confidence and positive coping (Chick & Meleis, 1986; Schumacher & Meleis, 1994).

Comment [p7]: These are not compatible grammatically—do you mean "…successfully progressing (e.g., how well one is adapting to managing change)." ??

Comment [p8]: Expressing?

Outcome indicators. Mastery of skills as part of a new identity is a positive outcome indicator. Meleis et al. (2000) warned that this new identity may be fluid. There may be some ambiguity in this new self. Some of the old self and old life is incorporated into the new one.

Nursing therapeutics. Examples and delineation of nursing therapeutics involved in helping individuals in their transitions were not found in the literature. Role playing,

giving information, mobilizing resources, cultural sensitivity, and encouraging verbalization may be appropriate interventions for transitions. For the FEP nursing student, providing information about scholarships, encouraging study groups, maintaining flexible faculty office hours, and availability of faculty members with culturally appropriate sensitivity may be helpful.

Comment [p9]: Again, reader may become confused as to whether you are talking about FEP in actual practice (stated explicitly earlier in chapter) or as students getting ready to make the transition to practice.

Comment [p10]: Sensitivity?

Relationship of theoretical framework to study. Meleis' Experiencing Transitions (Meleis et al. 2000) theory and the Model of Transition are relevant to the transition of the FEP. This theory helps provide a framework for understanding the changes these nurses have undergone. The FEP have undergone many types and patterns of transitions before and during their nursing education, including migration to the US from another country and changing their profession from medicine to nursing. Most have undergone additional simultaneous transitions as well, such as changes in family roles and being underemployed in jobs such as ancillary hospital staff, food services, and domestic services. Understanding transitions of the FEP before they even began to be socialized to nursing may help guide faculty members about facilitating this process.

The successful transition to nursing of the FEP is affected by personal conditions as well as influences from the community and society. The personal conditions such as cultural beliefs, socioeconomic status, and previous education can inhibit or facilitate this socialization process. If the FEP uses past medical education as a vehicle to transition to nursing, it could be a facilitator. However, if the medical education has socialized the individual to act as a medical doctor with all client contacts, then this would be an inhibitor to being socialized to nursing.

Similarly, the cultural beliefs of an FEP could influence socialization to nursing. If the role of the physician is believed to be much superior to that of the nurse, this would inhibit the transition. In contrast, a belief that all members of the health care team have a crucial collaborative role in health care excellence is a facilitator in the process.

The FEP demonstrated successful transitioning by process indicators. Feeling connected to and positive interaction with other nurses are patterns of response that indicate successful transitioning. Another process indicator of successful transitioning is developing confidence in the role and activity of the nurse.

Assumptions of the study. It was assumed that since the courses for the FEP and the BSN are the same, the degree of socialization to nursing should be similar. Another assumption was that the participants would respond truthfully to the items in the instrument.

Theoretical assumptions are delineated by Meleis (2007). An explicit assumption of Meleis is that all transitions result in change. Roles are not mandated. Roles result through interactions with others. Another explicit assumption by Meleis is that nursing therapeutics can enhance successful transitions. In this study it was assumed that nursing therapeutics are the influences of nurses to which the FEP are exposed. These nurses are the nursing professors in the university, nurses they work with during clinical rotations, and their preceptor and other nurses they come in contact with after they are employed as a nurse.

Significance of the study. The primary goal of this study was the investigation of the degree of socialization of four groups of nurses. Comparing the socialization to nursing of these groups suggested minimal differences among them. The transition to

nursing may be relevant to nursing education, nursing practice, nursing research, and public policy.

Significance to nursing education. In this study the level of socialization of nurses in the US who were previously medical doctors in a foreign countries was measured and compared with socialization of US-educated nurses from DAN, BSN, and master's degree programs. This study is important to nursing faculty members who teach and mentor these students. This study needed to be done by nursing since nurses are the only ones that can determine the qualities of a socialized nurse. Nursing faculty members have a major role in socializing nursing students to the nursing profession. This study may lead to a better understanding of the transition to socialization in nursing of all nursing students to the profession.

Significance to nursing practice. Members of the nursing profession need to monitor the nursing profession (Frisch, 2003). The literature is lacking in regard to the socialization and educational needs of the FEP in their transition to nursing. The degree of success of this transition needs to be studied as well to make sure FEP nurses are contributing positively to the profession. Positive contributions would include pursuing advanced nursing degrees, presenting nursing to the public and other members of the health team as a caring profession, and remaining in the nursing field.

Nursing and hospital administrators who hire these nurses may benefit from this study. They are interested in decreasing turnover rates. They are also invested in patient satisfaction and patient outcomes. A high degree of socialization to nursing should lead to satisfied patients and decreased negative patient outcomes (Aiken, Clarke, Cheung, Sloane, & Silber, 2003).

Significance to nursing research. Nurses' performance needs to be researched and quantified. This study investigated the socialization of FEP, DAN, BSN, and MSN nurses. Data on socialization to nursing may lead to additional studies and questions. For example, how can the socialization of all nurses be raised? These strategies may include interventions such as focusing more on mentoring or modification in clinical experiences.

Significance to public policy. Immigrant healthcare professionals need to be retrained, educated, or credentialed in order to function effectively in the US health care arena. Resources are used for retraining immigrants, which impacts resources for citizens born in the US. If these resources are delegated to educate FEP, then other empirical studies, such as this one, need to be done to verify that the money spent results in professionals who are socialized to nursing.

Scope and limitations of the study. The scope of this study was limited to nurses in southeast Florida. Nurses from other parts of the state as well as from other parts of the country may vary in many dimensions. In many parts of the country, nurses are more homogenous than those in southeast Florida. In this regard, findings are more likely to be generalizable to other populations.

Because the number of participants was relatively small, however, the ability to generalize findings of this study is limited. Findings regarding the transition of a unique population such as the FEP may not apply to other nursing students, even other second-degree nursing students. However, the socialization of several groups of nurses was assessed and may be generalized to other populations.

Another limitation of this study related to survey research. According to Polit and Beck (2008), surveys tend to be superficial. Surveys do not result in thick, rich data

(Patton, 2002). Fowler (2002) wrote that self-administered data collection has some limitations. Quality control by the researcher is not possible while the participant is completing the survey. Some questions may be missed or misunderstood. Fowler stated that surveys require the participants to make a forced choice response. In addition, the person who is answering the survey cannot be controlled. The nurses who chose to participate in the study may have been different from the nurses who choose not to participate. This may have skewed conclusions.

Threats to external validity. The response effect may have been displayed in that the participants may have given expected responses in lieu of frank responses. The instruments were presented via a website with standard instructions that should have resulted in a consistent approach for all participants.

Generalizability is a consideration for every research study. This study was limited in generalizability because the findings may have been relevant only to other FEP who are becoming nurses. The findings may have limited application to other second-degree nursing programs in which other foreign educated health care professionals are becoming educated and socialized to the nursing profession.

Threats to internal validity. Since this study was not an experimental study, threats to internal validity were not as significant in that results were not due to manipulation. The selection of the participants, however, could have affected the rigor of the study. According to Polit and Beck (2008), selection biases is the biggest threat to interval validity.

Previous individual differences in both the FEP nurses as well as in the comparable groups of nurses could have affected participant responses. Numerous

characteristics of participants may have contributed to the pre-existing differences. These characteristics are included in the demographic collection. Pre-existing differences were addressed in the statistical package, Statistical Package for the Social Sciences 16 (SPSS 16) by *t*-test, calculating analysis of covariance (ANOVA), and multiple regression (Fraenkel & Wallen, 2006).

Chapter summary. The purpose of the study, definitions of key terms, and research questions and hypothesis to be tested were discussed in this chapter. Meleis's theoretical framework was examined as a guide to this study. Study significance, scope, and limitations were explored. The chapter concluded with brief discussion of threats to internal and external validity.

Chapter Two

Review of the Literature

This chapter provides a review of the available literature on socialization to nursing of physicians from other countries who graduated from the Foreign-Educated Physician (FEP) nursing program and have become baccalaureate-prepared registered nurses. Stone's Health Care Professional Attitude Inventory, modified for nursing by Lawler (SHCPAIL), was used to evaluate the socialization to nursing of the FEP as well as to three comparison groups, nurses who graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

Challenges faced by the FEP in becoming nurses are described. The challenges listed include changes in role, learning of English, and adjusting to cultural incongruities. Meleis's Experiencing Transitions middle-range theory and its relevance to the FEP is included.

Purpose of the study. The purpose of this study was to investigate the socialization of FEP and to compare their socialization with the socialization of other groups of nurses who graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

Nationwide, 118,000 nurses are needed to fill current vacancies (American Hospital Association, 2006). Programs for nontraditional and second-career nursing students have been developed in order to meet the need for additional registered nurses. The American Association of Colleges of Nursing (2006) reported that in the fall of

2006, there were 197 programs for second-degree nursing students. The Foreign-Educated Physician nursing program at Florida International University, an example of an accelerated second-degree nontraditional nursing program, was developed to help solve the nursing shortage (Grossman & Jorda, 2008).

Cinahl and Medline electronic databases were accessed. The keywords *transition* and *passage* were used. This resulted in 6815 articles. Further limiters were set: last 10 years and English only. Ten years was done because the germinal concept analysis was done in 2000. The result was still 4822. Nursing was added as a limiter, which brought the total to 210. Articles that dealt with transition in labor or transitioning to various levels of care were not included.

Comment [PS11]: germane?

Other searches were completed with OmniFile Full Text Mega and Cinahl with the limiters of 2004 to present, full text, and in English. The key phrase *socialization to a profession* resulted in 38 articles for Omnifile and 11 for Cinahl. *Age* and *nurses* resulted in 120 articles for Omnifile and 7 for Cinahl. *Foreign-educated physician* resulted in four for Omnifile and zero for Cinahl. *Gender* and *nursing* resulted in 47 for Omnifile and 12 for Cinahl.

Foreign-educated physicians in the United States of America (US). These once foreign physicians, now nurses, have diverse cultural backgrounds and possess several characteristics that make them nontraditional students: cultural diversity, gender mix, age, married with children, full-time employment, and choosing nursing as a second career. Although the nontraditional nursing student is discussed in the literature, only one published research study regarding FEP becoming nurses was located by the researcher (Grossman & Jorda, 2008).

Grossman and Jorda (2008) studied 76 nursing students out of 98, with a 77% return rate, in their final semester of a baccalaureate nursing program in order to determine their socialization to nursing. They compared generic baccalaureate nursing students (*N*=32), BSN/RN (*N*=19) diploma and associate nurses who returned to school for a Baccalaureate degree, and FEP (*N*=25). Using the Stone's Health Care Professional Attitude Inventory, modified to nursing by Lawler (SHCPAIL) (Appendix C), Grossman and Jorda did not find a statistical difference (.129) in socialization to nursing between the three groups with a significance level of .05.

The socialization to nursing as measured by the SHCPAIL was identical for the FEP and the BSN/RN group, 125 out of a possible 190. The generics BSN group was lower, with an average score of 118, which is not statistically significant. Grossman and Jorda (2008) did not report the subscale results of the SHCPAIL. Interestingly, even though there was not statistical difference in socialization to nursing, Grossman and Jorda found significant differences between the nursing students in the FEP group and the nursing students in the BSN group for all of the demographic indicators: age, gender, marital status, number of children, and country of birth (all five with probability of .000).

In the literature, the term *nontraditional nursing student* can refer to age (Bradshaw & Nugent, 1997; Smith, 2006), gender (Fister, 1999; Smith, 2006), cultural diversity (Choi, 2005), English as a second language (Abriam-Yago, Yoder, & Kataoka-Yahiro, 1999; Choi, 2005; Keane, 1993), or nursing as a second career, including careers initiated after raising a family (Kevern & Web, 2004). Nontraditional students may be holding a job and caring for a family, as well as caring for an ill child or an ill or dependent older relative.

Traditional nursing has changed over the last several decades. Traditional nursing students, according to Merrill, Reinckens, Yarborough, and Robinson (2006), are middle to upper class, white, and with at least one parent who attended college. Most nursing students in the 1950s through 1980s were female, single, under 22 years of age, and white. In the literature, *nontraditional nursing student* refers to women with children, those in the military, culturally diverse, immigrants, economically and socially disadvantaged, second career or degree, those who went into the workforce after high school with a delay in entering college, older, working at least part-time, men, and those who lack fluency in English (Abriam-Yago, et al., 1999; Amaro, Abriam-Yago, & Yoder, 2006; Bentley, 2006; Bradshaw & Nugent, 1997; Cangelosi, 2007; Choi, 2005; Fister, 1999; Gardner, 2005a; Gardner, 2005b; Giddens, 2008; Guhde, 2003; Kevern & Webb, 2004; Kohn & Truglio-Londrigan, 2007; Korvick, Wisener, Lea, & Williamson, 2008; Merrill, et al., 2006; Seldomridge & DiBartolo, 2005; Smith 2006). In this study, *nontraditional nursing student* includes being a physician who was educated in a foreign country, second degree and second career, culturally diverse, and for the most part, lack of English fluency.

Most of the FEP, now nurses, in the targeted population were educated in the Caribbean and South America (Burnett, 2006). Medical education in the Caribbean is not the same as it is in the US (Norcini, McKinley, Boulet, & Anderson, 2006). Norcini et al. utilized a quantitative method in their study of graduates from 20 Caribbean medical schools. Seventeen thousand-forty-nine US international medical graduates and 5840 non-US international medical graduates from the years 1980 to 2000 were compared. Files from the American Medical Association and The Educational Commission for

Foreign Medical Graduates were accessed to contrast characteristics and examination performances. Nocini et al. concluded that the non-US citizens scored higher on certification examinations than US international medical graduates but were less likely to eventually obtain certification. Once they return to the US, many of the US citizens, as well as their Caribbean native medical school colleagues, were unable to pass the series of five tests required prior to obtaining a residency. Even if the students were able to pass these tests, they may still have been unable to obtain a medical residency, which is a prerequisite for practicing medicine in the US (McMahon, 2006).

Many conditions make it difficult to obtain a medical residency. There are more medical school graduates than residency positions. Medical schools and universities give their own graduate/alumni preferential treatment in regards to admission to their hospital university residency programs. Woods, Harju, Rao, Koo, and Kini (2006) insisted that international medical graduates are victimized by prejudice. Utilizing a qualitative approach to investigate the prejudice experienced by international medical graduates, Woods et al. interviewed and audiotaped 33 international medical graduates and 3 US medical graduates from a single medical residency program. The interviews revealed that the international medical graduates had more difficult interview experiences, a harder time obtaining a residency, more challenges during the residency, and an arduous time finding employment following the residency.

Age is also a potential hindrance in obtaining a medical residency. Residency programs prefer students in their twenties and thirties as opposed to those in their forties and fifties. The mean age of the FEP nursing student is 44 years (Grossman & Jorda,

2008). This decreases the chance of obtaining a medical residency, which may result in the choice of nursing as a profession.

FEP are unique nurses. They are predominately male (55 percent), older than traditional nursing students (mean age of 44), and more culturally diverse (Grossman & Jorda, 2008). They also have completed medical school. The FEP have made many transitions and have experienced many challenges. This study investigated if they made a successful transition to nursing. Their age, gender, years practiced nursing and years practiced medicine were evaluated for significance in comparison to the DAN, BSN, and the MSN groups.

Socialization. Socialization to the nursing profession begins in college and continues through retirement (Darby, 1996). Socialization to nursing may be referred to as the lifelong process of adapting and learning the necessary skills in order to function in a group (Blais, Hayes & Kozier, 2005). In order to do so, nurses come in contact with others, which leads to changes in their behavior, attitudes, values, skills, and knowledge. The resocialization process sets boundaries and promotes stability in the individual as well as the group (Blais et al.). Socialization is viewed as internalizing the nursing role. Langford (2007) defined the traditional nursing student as white, not Hispanic, female, and 18 to 25 years of age.

Socialization includes many dimensions, including but not limited to, values, attitudes, skills, and communication patterns. Effective socialization of new nursing graduates can enhance the nurse's wellbeing. Socialization decreases reality shock and job dissatisfaction as well as promotes retention (Blais, Hayes & Kozier, 2005; Darby, 1996).

Ondrak (1975) reviewed the literature regarding the socialization process of graduates in medicine, dentistry, law, and nursing. The purpose of that study was to see if student nurses developed and maintained the values of their professors if the environment was consistent between the classroom and the clinical setting. Ondrak concluded that professional students tend to emulate the values of their professors. On admission, there were significant differences in five out of seven values between nursing students and faculty members. The five values measured were nursing as a career, professional ideals, nursing school goals, socio-therapeutic philosophy, and democratic student-teacher relations. The two values with no significance were dogmatism and teacher versus staff nurse referent for students. At graduation, only one out of the seven values was significantly different. As the student nurses were increasingly exposed to staff nurses, their values shifted from the values of the faculty members to values of the staff nurses.

Ondrak (1975) concluded that consistency of values among faculty members and staff nurses results in higher levels of socialization to nursing. She compared faculty members of three schools of nursing to the nursing staff of hospitals at which their students attended clinicals. The socialization of 279 incoming students was compared to 214 graduating students. Socialization to nursing was significantly higher in those students who attended clinical education at hospitals where the attitude and values of staff mirrored those of the faculty members.

Wilson and Startup (1991) used a qualitative methodology in their comparative study of three schools of nursing regarding the transition to being socialized to nursing. Semi-structured interviews were used for their sample of *N*=106, which included 43 nursing students, 28 faculty members, and 35 nurses and nurse managers. Wilson and

Comment [PS12]: *N*=106?

Startup found a dichotomy between the classroom and the clinical practice. The nursing staff viewed themselves as responsible for practical nursing care. The professors were viewed responsible for the theoretical aspect. This resulted in a gap between practice and the classroom. This was illustrated in a student response that indicated nursing research was used for writing papers. Participants referred to skills as being done "the school way" versus the way it is done in the hospital. Wilson and Startup concluded that hospitals and schools of nursing need improved communication with health care institutions. Faculty members were also challenged to have a stronger influence on the way nursing is practiced and the way students are educated and socialized.

Clark (2004) conducted a non-experimental descriptive study in which RN-BSN graduates were compared with generic BSN graduates in 15 states. The Nursing Activity Scale (NAS) is a 30-item, 4-point Likert scale. Two hundred ninety-nine of the 456 questionnaires were returned. Clark found that age and years working as a nurse did not affect the level of socialization, and there were no significant differences in socialization as measured by the NAS.

Ajjawi and Higgs (2008) insisted that socialization was both a professional journey as well as a process of social acculturation. They utilized a hermeneutic phenomenological research approach (van Manen, 1997) to discover the lived experiences of physiotherapists in their socialization journey. They interviewed 12 physiotherapists using multiple strategies: observations, repeated semi-structured interviews, and written reflective exercises. The participants were recruited in a purposive stratified sampling approach. The participants needed to have practiced

physical therapy for a minimum of five years and supervised students for at least two years.

Ajjawi and Higgs (2008) concluded that student nurses, who have clinical experiences paired with preceptors who are competent professionals, achieve a high level of socialization. Self-reflection and self-awareness is also important in the socialization process. They that classroom case studies should have the comprehensive complexity of clients in the real world. Complex scenarios could facilitate the socialization process. Ajjawi and Higgs also found that mentors, role models, and colleagues were crucial in the development of socialization and reasoning.

Comment [PS13]: They recommended?

The purpose of Maynard's (1992) mixed-method dissertation was to evaluate socialization and to investigate if select factors affected professional competence. Maynard's sample was graduates of the same Midwestern university. The select factors were critical thinking ability, stage of skill acquisition, years of practice, and contextual factors such as clinical area of practice and organizational influences and how they affect successful competence development of practicing professional nurses. The sample of 121 graduates completed the Six-Dimension Scale of Nursing Performance (Schwirian, 1977), the Stage of Skill Acquisition (Benner, 1984), and the Watson-Glaser Critical Thinking Appraisal (Watson & Glaser, 1980). Thirty of the 121 were part of a longitudinal critical thinking qualitative study. The relationship between critical thinking skills and advanced education and years of experience was significant. There was no significance between critical thinking and level of competence. Significant relationships were demonstrated between critical care skills and advanced education, and between

Comment [PS14]: I don't know how to fix this last part doesn't fit.

stage of skill acquisition with professional competencies and years of experience. Socialization had a major impact on competence and critical thinking.

Many of the FEP may have learned the knowledge and the psychomotor skills without too much difficulty, given their medical background. However, the transition to nursing socialization may be more complex. Socialization to nursing involves internalizing ideals and attitudes valued by the nursing profession. This study investigated the level of FEP socialization to nursing, an aspect of importance to the profession absent from the literature. One previous study was found that did compare the socialization of FEP nursing students to other nursing students in the same university (Grossman & Jorda, 2008). The focus of this study, however, was socialization of graduate registered nurses who are FEP compared to other nurses who graduated from various colleges and universities.

Measuring socialization to nursing. The socialization of the FEP to nursing can be measured. Several researchers, such as Grossman and Jorda (2008), Lawler (1978), Williams (1995), and Wolf and Hoerst (2007) used the Stone's Health Care Professional Inventory as modified to nursing by Lawler (SHCPAIL) to measure socialization. Lawler studied 79 nursing students in the final three weeks of their program to evaluate their socialization. All of the participants were nursing students in North Carolina. Lawler included 25 generic baccalaureate nursing students (BSN), 18 RN to BSN students (RN-BSN), and 36 associate students (ADN).

Lawler (1978) combined the BSN and RN-BSN for most of the statistics. She found that the BSN combined with the RN-BSN (*N*=41) had an average score of 130.3

while the ADN (*N*=36) mean was 120.4. A *t*-test was used to compare the groups and was significant, $F = 3.8$, p=.001.

Lawler (1978) also focused on the six subscales of the SHCPAIL instrument: characteristics of consumer control, credentialing value, superordinate power, critical thinking, impatience for change, and compassion. The BSN and the RN-BSN group had similar socialization to nursing. The associate degree nursing students were found to have less socialization to nursing in five of the six categories of the instrument: consumer control, credentialing, superordinate power, impatience for change, and compassion for people. Critical thinking is the only variable that was not significant between the BSN/RN-BSN students and the ADN students.

Williams (1995) compared the socialization to nursing of 86 nurses. The purpose of that study was to determine if the baccalaureate degree in nursing should be the minimal educational level for professional nurses. Williams found that there were no statistically significant differences in socialization to nursing between two groups of nurses: associate degree nurses paired with diploma nurses (ADN/DI) and RN to BSN nurses (ADN and DI that returned to school for their baccalaureate degree) as measured by the Schwirian Six Dimension Scale, the Lawler's modification of Corwin's Nursing Role Conception and Stone's Health Care Professional Inventory as modified by Lawler (SHCPIL). Williams (1995) also studied the six subscales of the (SHCPIL). She concluded that although there were no significant differences between the two groups in credentialing, superordinate power, and compassion, significant differences were found in consumer control, impatience for change, and critical thinking abilities.

Grossman and Jorda (2008) as discussed earlier, found no differences among the FEP, the BSN, and the RN-BSN in socialization to nursing. Grossman and Jorda found a significant difference between the FEP and the BSN nursing students for all of the demographic indicators: age, gender, marital status, number of children, and country of birth (all five with probability of *p*=.000). There was no significant difference between the demographic indicators of the FEP and RN-BSN students.

Wolf and Hoerst (2007) found a significant difference in socialization among three groups of nursing students, RN-BSN, full time generic students and part-time generic nursing students. On admission to the university, surprisingly, there were no differences between the three groups (RN-BSN *n* = 26, fulltime generic *n*=207, and part-time generic *n*=96) in spite that the RN-BSN group were exposed to nursing education as well as clinical experience.

Comment [PS15]: Be sure to go through rest of document and change all p and n stats to italics.

The posttest (*n*= 96) total scores on the Health Care Professional Attitude Inventory were significantly lower than the pretest scores. The authors were unable to explain this decline, which was not what they expected to find. Since the pretest and posttest participants differed, the researchers (Wolf & Hoerst, 2007) suggested the findings may be due to one or more of the following: history, maturation, and test/retest. The researchers also recommend that other procedures could better measure the nursing students' socialization to nursing, such as utilizing the students' electronically stored formal papers and presentations.

Lawler (1978) found significance between associate degree nursing students and generic baccalaureate nursing students in the total score as well as five of the six subscales. Williams (1995) was unable to find statistical significant differences between

ADN/DI and BSN/RN in the total score but found significant differences in three of the six subscales. Grossman and Jorda (2008) were unable to find statistical significance differences among generic baccalaureate students, RN-to-BSN students, and FEP students. Wolf and Hoerst (2007) found no differences in RN-BSN students and generic students pretest and posttest using the original Health Care Professional Attitude Inventory. Lawler, Grossman and Jorda, as well as Wolf and Hoerst, studied nursing students while Williams studied nurses. This current study is different from the Lawler, Grossman and Jorda, and Wolf and Hoerst studies in that students were not participants. Only currently employed nurses were included. These nurses had been practicing nursing for at least six months. These nurses had some time to assimilate knowledge obtained while they were students.

In contrast to this study, Williams and Lawler did not study nontraditional nursing students or FEP. This study investigated nurses and compared FEP to DAN, BSN and MSN graduates. These nurses were from many different schools of nursing, which is different than the previous three studies. The participants in this study were working in various health care agencies throughout southeast Florida.

All nursing students face challenges in earning their professional nursing licenses (Darby, 1996; Ondrak, 1975). Mature students, as well as culturally diverse students and male students, have to face obstacles in addition to those faced by traditional nursing students (Abriam-Yago et al. 1999; Choi, 2005; Fister, 1999; Gardner, 2005a; Gardner, 2005b; Kevern & Web, 2004; Smith, 2006). These challenges include family responsibilities, time constraints, prejudice regarding age, gender, and culture, as well as overcoming cultural and language barriers. Whether or not the FEP are more or less

adversely affected by these challenges than traditional nursing students, is absent from the literature. This study compared the transition of FEP nurses to other nurses, which is absent in the literature

Changing demographics.

Cultural diversity. Cultural diversity is underrepresented in nursing (Gardner, 2005a). According to the 2000 United States Census Bureau (2000), 31% of the population views themselves as a minority. This figure is projected to increase to between 45 to 50% of the United States population by the year 2020. The United States Department of Health and Human Services (2001) revealed that only 12.3% of all registered nurses in the US classify themselves as a minority. Since patients trust, listen to, and comply with health care practitioners of their own culture (Sullivan Commission, 2004), the American Academy of Colleges of Nursing (2000) stressed the importance of increasing the percent of minority registered nurses to reflect the changing demographics.

The FEP nursing graduates will increase the number of minority registered nurses and the number of male nurses. As previously indicated (Burnett, 2006), FEP are culturally diverse, and at least 50 percent of them are men. The FEP far exceeds the American Academy of Colleges of Nursing's request for increased diversity of the nursing profession.

Cooper et al. (2003) utilized a qualitative research method in their study of the relationships between 31 physicians and 253 patients regarding race concordance. They used audiotapes of the interactions between patients and physicians as well as a pre-interaction survey. The participants were also interviewed after the interaction. The researchers found that race concordance between physicians and patients increased the

length of time of patient–physician interaction by 2.15 minutes to 3.71 minutes and that it resulted in a more positive patient affect (from 0.55 to 1.05), according to the coders. The longer visit also resulted in an increased level of comfort with the dialogue and an increased level of satisfaction.

Following a review of data and statistics by the Sullivan Commission (2004), the commission confirmed the gap in diversity. In combination, Hispanic Americans, African Americans, and American Indians make up more than 25% of the US population but only 9% of the nation's nurses, 5% of dentists, and 6% of physicians. Health professions faculties mirror the same findings. For example, minorities represent less than 10% of baccalaureate nursing faculties, 8.6% of dental school faculties, and only 4.2% of medical school faculties. If these trends continue, the variance in diversity of the general population, compared to diversity among health care professionals, will be even more incongruent than it is today. Viewed in the context of demographic projections showing that no racial or ethnic group will comprise a majority by the year 2050, that decline could be catastrophic. There is a direct link in the relationship between the lack of minority health care professionals and health outcomes for minorities. There is unequal access to care for minorities, according to the classic study by the Institute of Medicine (Smedley, Stith, & Nelson, 2002).

The researcher was unable to find documentation in the literature that confirmed the belief that the longer the FEP practiced medicine, the better the transition to nursing. Many of the FEP commented (personal communication, April 18, 2009) that the practice of medicine offshore has many similarities to the way nursing is practiced in the US. For example, many FEP revealed that the problem with medicine in the US is that the

Comment [p16]: It sounds like you are saying the opposite below…

physicians in the hospital make brief rounds, arrive at a plan of care, write orders, and leave. Physicians in many other countries spend more time conversing and getting to know the patient as well as the patient's risk factors, strengths, environment and support systems. Student nurses, in contrast, spend much time observing and conversing with clients in order to collect enough data to complete nursing care plans.

One of the challenges for faculty members who teach nontraditional students is a higher than average attrition rate (Choi, 2005). Choi performed a literature review in order to address the challenges of an ever increasing culturally diverse health care population. Choi insisted that nursing faculty members have an important role in helping students for whom English is a second language (ESL) succeed. Choi recommends the Cummins Model for English acquisition. Many foreign students, in the preliminary stages of learning English as a second language, have difficulty comprehending subtle messages and conversational nuances (Choi). When there is a language barrier, at best, a learning opportunity may be missed. At worst, a serious medical error may occur.

Comment [p17]: Well written!

Abriam-Yago et al. (1999) outlined the Cummins Model-based plan to use for ESL student nurses. Eleven teaching strategies are listed and described: investigating previous leaning experiences, identifying prerequisite knowledge, preparing individual learning objectives related to communication, leveling the playing field, permitting expression of identity and sharing their world, preparing for casual conversation, providing bilingual and bicultural opportunities, managing group work, modeling the use of texts and resources, assessing continuously, and evaluating a log. By guiding these students, faculty members can empower ESL student nurses to function more effectively in the dominant culture.

Gardner (2005a) performed a qualitative study involving 15 minority students in a predominately Caucasian college of nursing. The purpose of that study was to identify culturally diverse students' perspectives of barriers to the successful completion of a nursing program. Gardner reported that the failure rate for minority students is as high as 85% in certain schools of nursing and that it was twice as likely for minority students to withdraw from the nursing program as Caucasian students. Eight themes emerged as barriers experienced by minority students: feelings of alienation and loneliness, differentness, absence of validation from faculty members, desiring support from faculty members, peers lack of cultural competence, financial difficulties, discrimination, academic difficulties, and trouble with the English language.

Keane (1993) performed a quantitative study of 112 nursing students in order to determine the relationship of learning styles and educational strategies to learning in culturally diverse nursing students. Three instruments were used: the Learning Styles Inventory (Brown & Cooper, 1983), the Learning and Study Strategies Inventory (Weinstein, Palmer, & Schulte, 1987), and a demographic data form. Keane found that a useful strategy for traditional students, study groups, (which are often encouraged by faculty members), are actually counterproductive for same language ESL nursing students. Culturally diverse nursing students tended to make fixed and repetitive errors when they studied with similar classmates. Study groups can be useful to this group if traditional students (in this case, those for whom English is the first language) are included in the grouping. In her study of 112 nursing students, she discovered that culturally diverse students, especially those with ESL, benefit from small group work,

Comment [p18]: Between? (hard to read) and should one of these "groups" be hyphenated?

Comment [p19]: Underneath this, you say they are useful if ESL and traditional students are mixed—confusing.

collaborative projects, and strategies to reduce anxiety related to studying, clinical performance, and test taking.

Numerous studies have shown that culturally diverse students have more difficulty succeeding in nursing school. Having English as a second language adds additional challenges to succeeding in nursing school. In this study, nurses who were successful in nursing school and in passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) licensure examination were studied regarding the degree to which they have been socialized to nursing. No published articles have demonstrated this unique culturally diverse group, the FEP's, transition to nursing socialization. This study investigated how the FEP have made this transition while contending with language and cultural barriers.

Age and transition to nursing. In an anecdotal report, Williams (2007) insisted that the workplace needs to be changed to meet the needs of the aging nurse (e.g., accommodating changes in strength, such as readily available mechanical lifting devices). To accommodate for changes in vision due to aging, printed material and labels, as well as computer screens, should be periodically evaluated for revisions. This is relevant for nursing as a whole, as well as to the FEP nursing student, who will be entering nursing practice at an average age of 44 (Grossman & Jorda, 2008).

Bradshaw and Nugent (1997) reviewed their clinical experiences with older student nurses. Twenty-four older senior nursing students participated in a qualitative study. The students completed a free-form questionnaire and participated in focus groups to validate responses on the questionnaire. One emerging theme was that nontraditional nursing students are more focused and goal oriented. A second theme is that past

experiences create an environment for success. Another theme was that the older, nontraditional nursing students are less confident with psychomotor skills. These students, however, view education more seriously, have an increased drive to succeed, and practice holistically and with confidence.

Becoming an undergraduate student again while at a mean age of 44 (Grossman & Jorda, 2008) is an adjustment. These FEP have to adjust to being a student nurse and not being a physician. They must also learn how to relate to each other, their professors, and other members of the health care team at a different level. In this study, age was studied to see if older nurses were more socialized to nursing than younger nurses. The transition of all four groups related to age was analyzed.

Men in Nursing. Men in nursing help to meet the demands and needs of a diverse population. Traditionally, men and women have been assigned gender-distinct roles that limit full self-expression (Fister, 1999). Fister's qualitative study of 53 male nursing students from three different baccalaureate programs revealed gender bias. The participants were interviewed individually or as part of a focus group regarding the lived experience of being a man and a student nurse. The interview questions were focused on career and program choice, gender role issues, and learning experience.

Fister (1999) found that making the choice of nursing as a career included influences by family and friends as well as life experiences. The participants identified that the bias was evident in the clinical area and not present in the classroom. The participants revealed that they experienced bias against them, as well as favoritism. They related advantages in the classroom but experienced discrimination in the clinical setting, especially in the obstetric and the pediatric care areas.

The implication is to change how the nursing profession is presented. Nursing should be gender neutral (Fister, 1999). Care needs to be taken in the clinical settings to make sure that students of both genders have equal opportunity to learn. Male nursing students should not be viewed and treated as orderlies.

Customarily, nursing has been a career for women. Men who chose nursing as a career had to endure sexism and defend their masculinity (Smith, 2006). Smith used a mixed-method design in a study with 29 male nursing students at a private university in the northeastern US. All students completed questionnaires and 6 were interviewed. Although they reported that being a man did not interfere with success in the program and in their nursing careers, they clearly indicated the presence of gender bias, including clients refusing to be cared for by student nurses who were men.

The popular culture has ridiculed men in nursing, questioning their sexuality and motivation. An example is Ben Stiller's character in the movie, *Meet the Parents*. He was mocked because of his choice of profession, an Emergency Department nurse, as opposed to a physician (Roach, 2000).

Even nurses are ambivalent regarding the acceptance of men in nursing. A qualitative study by Cude and Winfrey (2007), with the purpose of discovering the prevalence of gender bias of female nurses (n=12) toward male nurses, suggested female nurses were dubious about accepting men in nursing in large numbers, especially in obstetrics and the newborn nursery. Of the men in nursing who affirmed they were recipients of gender bias, 42% reported bias from female nursing faculty members and 75% reported bias from female nursing staff. One of the participants in the military indicated that as long as male nurses stay in the military service, there is no gender bias

because it is not allowed. However, upon return to civilian life, men who were obstetric military nurses had difficulty obtaining employment in maternal/child health.

Comment [p20]: ?

Cude and Winfrey (2007) noted that two factors decreased gender bias in female co-workers. Urban nurses and those who had a history of working with male nurses were much more likely to accept male nurses. Being a male nurse is a concept that has been reviewed in the literature but not from a point of view of nursing socialization. In spite of the nursing shortage, 50 percent of the population (men) have not been targeted in most of the nursing student recruitment efforts. Male nurses with a medical background may endure additional bias and obstacles in their transition to nursing.

For this study, cultural diversity and gender are very relevant. The nursing profession needs additional diverse members in order to mirror the increasingly diverse general population. However, being culturally diverse and male may make the transition to nursing more challenging as reflected by the literature. This study analyzed if gender had an effect on transitioning and nursing socialization, given the gender bias still ubiquitous in nursing.

Meleis's experiencing transitions. In the transition from physician to nurse, the lives of the FEP drastically changed to an 80-hour week of classes, clinical rotations, and studying. Most of the FEP students maintained their current jobs to provide for their families. For 20 months, their weekends and evenings were dedicated to school, not friends and family. Even their role in the family may have changed as the time they had previously spent with their family was consumed with educational endeavors.

Meleis's Experiencing Transitions (Meleis et al., 2000) theory is relevant to the FEP. The transition to socialization to nursing for most students is challenging and often

Comment [PS21]: The terminology is confusing in terms of your definition of socialization, which involves a transition.

overwhelming (Darby, 1996, & Ondrak, 1975). Chick and Meleis (1986, p.237) define *transition* as "The passage or movement from one state, condition or place to another." The FEP have undergone multiple and simultaneous changes and challenges in their pursuit of socialization to nursing. Meleis's theory has been used for many populations, including menopausal women, relatives of those admitted to nursing homes, and student nurses' transition to novice.

Comment [PS22]: And student nurses' transition to novice status???

Twenty one low-income Korean immigrant menopausal women were recruited using theoretically sampling by Im and Meleis (2000), resulting in a convenience sample. The purpose of the study was to understand the lived experience of menopause for Korean immigrant women. The participants were recruited at Korean churches, grocery stores, restaurants, beauty parlors, and laundries. The participants were limited to those who have lived in the US for less than 10 years, so they would be likely to be experiencing immigration transition.

Utilizing a qualitative method, the women were interviewed for two hours using field notes and audiotape. The data was analyzed by themes, line-by-line coding, and reflexive thinking as illustrated by Strauss and Corbin (1990). The Korean menopausal women ignored their menopausal transition. The women in this study expressed various views of menopause. All of the participants that never bore a son were regretful even though they denied preferences for sons over daughter. Only one participant with a son displayed regret. In general, the women expressed that being menopausal elevated their social status.

Davies (2005) utilized a qualitative research approach in her study for the purpose of discovering the lived experiences of the transition of close family members of elders

who recently relocated to nursing homes. She utilized a semi-structured interview format with 48 family members. Davies triangulated these data with observational case studies that took place in three different skilled nursing facilities. These observations included participant observation, interviews with staff, and field notes.

Most of the participants were recruited by information packets distributed by nursing home managers. A newspaper advertisement also resulted in recruitment of some participants. This resulted in a sample of convenience.

Davies' (2005) analysis revealed three transitional phases: making the best of it, making the move, and making it better. The relatives' experiences were summarized in five continua: under pressure or not, being in the know or not, working together or alone, being in control or out of control, and feeling supported or not. She concluded that a limitation of Meleis's transition was not considering the reciprocal interaction between the family and the staff as well as the family and the elder. The transition of the family member is heavily influenced by how the elder interacts with them and the new environment. The transition of the family member is also moderated by the interactions of the staff with them as well as with the elder.

Davies' (2005) study suggested that the nurse has a vital role in helping the family of an elder who is relocating to a nursing home. She illustrated that the reciprocal interactions are not part of the Experiencing Transition model. However, the community and society component could also include interactions with health care providers as well as with family members.

Evans, Boxer, and Sanber (2008) used Meleis's transitional theory regarding the transition of novice nurses. This was the only study found that used Meleis's theory for

the transition of the nurse. The researchers used a mixed method approach. Face-to-face, one-hour audiotaped interviews of nine new nurses or their preceptors who had participated in a transition support program were used. They also analyzed data from the Australian national competency standards.

Three themes emerged from the analysis (Evans et al., 2008). The first theme was that the clinical environment is unsupportive of new nurses. Some novice nurses related being unwelcomed by the experienced nurses. Two of the participants revealed being bullied. A second theme involved management. The nurse manger had an important role in setting the milieu. The third theme involved the perceived inadequacy of their university nursing education in preparing them for the role. Only one nurse felt that she was prepared for the nursing role. One commented that the first four months she disliked going to work.

Several recommendations were suggested. First, student nurses need to be provided with more realistic clinical experience. Another recommendation was that communication between the universities and hospitals need to improve, which could result in decreasing the frustration of new nurses as well as decreasing the frustration of the agencies that hire them. In regard to the bullying, strategies need to be designed and implemented that result in curbing this horizontal violence as well as from the management.

The study findings suggested that the nurse managers may play a part in condoning such behavior (Evans et al., 2008). The preceptees related that the nurse managers did not get to know them. Some of the nurse managers did not greet them. The

new graduates also reported that the nurse managers did not really acknowledge them as members of the team.

Transitions. Wilson and Startup (1991), in their study reported earlier, concluded that nursing students experienced anxiety and a sense of dissonance when faced with the conflicting values of the classroom and the nursing units. How can faculty members help to bridge the gap? More studies need to be done on the efficacy of simulation as a means of presenting scenarios that mimic reality.

In a qualitative research study, Schoening, Sittner, and Todd (2006) studied a convenience sample of 60 baccalaureate nursing students in order to determine the impact of simulated learning. Schoening et al. found that student nurses valued simulation practice in helping them to become competent nurses. The students were exposed to two weeks of simulation, followed by a 10-item survey that used a 4-point Likert scale. The students also kept a reflective journal. The reflective journal was analyzed line-by-line analysis as recommended by Polit and Beck (2008) in order to reveal the underlying themes. Simulation gave the nursing students the opportunities to practice critical thinking, communication skills, psychomotor skills, prioritizing, and time management in an environment that caused no harm to patients.

Comment [PS23]: Is this right?

Comment [PS24]: What did scale measure?

How can we help these students to foster self-efficacy? Second degree nursing students, in general, want the curriculum to be streamlined and relevant (Seldomridge & DiBartolo, 2005). Selomridge and DiBartolo performed a quantitative study for the purpose of learning more about students in accelerated second bachelor's degree of nursing programs. Seventy-one accelerated students were included. Data were collected from the students' records. The data included demographic data, grade point average

(GPA), tests scores in specific courses, time elapsed before starting graduate school, and if the student graduated from graduate school. Seldomridge and DiBatolo compared the 71 accelerated students to 224 generic BSN students. Although the generic BSN students had higher preadmission GPA, the accelerated students had higher scores in final GPA, research, mental health, and adult health as well as the National League of Nursing Baccalaureate Achievement Test.

Bentley (2006) compared 52 accelerated nursing graduates to 172 traditional nursing graduates. Bentley's purpose was to see if accelerated nursing students and graduates had higher academic achievements and if they had a higher passing rate in the NCLEX-RN licensure examination. A quantitative methodology was used. Bentley found that the passing rate for NCLEX-RN in the accelerated nursing student group was 92% while for traditional graduates the NCLEX-RN pass rate was 88%. Although the accelerated students were more successful than traditional nursing graduates, scores were not statistically significant. However, significance was noted for the accelerated students on the pediatric Health Education System Incorporated (HESI), the psychiatric HESI, and the Exit HESI.

Cangelosi (2007) found that second-degree nursing students were resentful about being subjected to outdated and non-empirically-based "sacred cows," a term defined as doing certain behaviors and practices or teaching specific items because they are part of tradition, not related to evidenced-based practice. Brown (1993, p.31) defines *sacred cows* as "those routine practices we do not even think about any more. Blessed by time, these practices normally escape scrutiny."

Cangelosi (2007) performed a qualitative study of 19 second-degree graduates from universities in the mid-Atlantic region of the US in order to understand their lived experience. All of the participants graduated in the last two years. All were Caucasian and born in the US. All but two were female (89%). Face-to-face audiotaped interviews were done. The interviews were transcribed verbatim. The data was analyzed according to van Manen's (1991) example. The graduates identified professors as crucial to being able to overcome obstacles in accelerated second-degree nursing programs. Faculty members need to be supportive and sensitive to their uniqueness and tailor teaching styles to suit the students' needs.

Kohn and Truglio-Londrigan (2007) performed a qualitative research study of five second-career Baccalaureate nursing students. Kohn and Truglio-Londrigan interviewed each participant five different times during the nursing program. Rigor was maintained by collecting data to saturation. A member check was done four times with each participant. Finally, rigor was achieved by an audit trail.

Several themes were identified by Kohn and Truglio-Londrigan (2007). Most of the participants had an event that made them see nursing as preferable to their past vocation. The students related how going back to school required major transitions and planning: financial, social, and time management. The second-career students also related feelings of frustration with faculty members. They preferred being kept informed early on as to course requirements and copies of PowerPoint. They resisted last minute changes and breakdowns in communication.

Mentoring is also conducive to the success of second-degree nursing students (Cangelosi, 2007); Kohn & Truglio-Londrigan, 2007; Korvick, et al. 2008). Kohn and

Truglio-Londrigan utilized a hermeneutic phenomenological method to understand the experience of returning to school for second-career nursing students. They concluded these adult learners needed to be involved in decisions, have syllabi and PowerPoint in advance, have an avenue to decrease stress, and have mentoring from faculty members, peers, and alumni.

Second-degree nursing students are self-directed, highly motivated, focused, and, on the whole, perform well academically (Bentley, 2006; Seldomridge & DiBartolo, 2005). These students have also been labeled as competitive, high achievers, and compulsive, as well as challenging for their professors (Kohn & Truglio-Londrigan, 2007). Not all faculty members are ready or willing to be challenged and questioned by these savvy adult learners who have returned to the university to be students once again. Korvick, et al (2008) compared the academic performance of 29 second-degree baccalaureate degree and 31 traditional BSN nursing students. Korvick et al. hypothesized that second-degree baccalaureate students and older nursing students achieved higher academic outcomes. A quantitative approach was used. Korvick et al. compared the GPA, and multiple faculty-prepared examination scores. The second-degree students had significantly higher scores in all areas. The examination scores were not affected by age of the student.

In addition, the feasibility of tailoring the baccalaureate nursing curriculum for the FEP group needs to be evaluated. Older students, as well as second-degree students, have more difficulty with psychomotor skills (Bradshaw & Nugent, 1997). Perhaps more laboratory time, simulation activities, and additional clinical time would be beneficial.

The extra time for practice would improve their skills and in turn, might improve their self-confidence.

How can faculty members be better prepared to cope with these driven students? By performing a research study focusing on these FEP nursing students, nursing professors can begin to visualize how they can adapt their approach to teaching to better meet the socialization to nursing needs of the FEP nursing students. Faculty members can help to foster the transition to nursing. Mentoring and adapting pedagogy to meet the needs of diverse students may enhance socialization to nursing. Fostering a climate of availability and acceptance may also aid in the transition of student nurses to professional nursing.

Comment [PS25]: Pedagogy?

Chapter summary. The FEP nursing program is a nontraditional nursing program that is a promising alternate solution to the nursing shortage. The FEPs have background knowledge of health, medicine, and pharmacology. This background is utilized as they become educated and socialized to the nursing role. In addition to studying medicine, these students have also practiced public health care in their medical education. Public health nursing is a growing field with a high demand for nurses.

Innovative programs for nontraditional nursing students may be a partial solution to the nursing shortage. As the population ages, there will be an increased demand for nursing care. At the same time, many baby boomer nurses will be reaching retirement. Older nurses may continue working in lieu of retiring. Others enter nursing at a later age. The older nurse and older nursing student have valuable experience. They practice more holistically and with more confidence.

Other diverse nurses include men. Male nurses relate that gender bias is present while they are students as well after they graduate. The bias comes from peers, patients, and professors.

Nontraditional nursing students, in particular the FEP, need support to help them transition to nursing. Family has also been shown in the literature to be very important in achieving successful transitions. Support and mentoring from faculty members is essential for successful transitioning to the nursing role. The students will be able to give faculty members some advice and enlightenment as to what works and what does not work as well as far as pedagogy, clinical and laboratory experiences, and other educational activities. Studying FEP nursing students gives faculty members insight into how this group of students differs from other nontraditional nursing students.

Chapter Three

Methods

The purpose of this chapter is to delineate the method used for this study. It begins with the rationales for the methodology. The research questions are listed. The sample, the data collection, and the data analysis are described. The chapter ends with a discussion of quality and ethical issues.

Purpose of the study. The purpose of this study was to investigate the socialization of FEP and to compare their socialization with the socialization of other groups of nurses who have graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

Introduction to the method: Overview of the design. Research is a systematic inquiry to gather information and answer questions. There are two basic methods for research studies: quantitative or qualitative (Patton, 2002). Quantitative research was chosen for this study in order to empirically differentiate the level of socialization to nursing among the four groups of nurses.

A cross-sectional nonexperimental correlational design was used (Polit & Beck, 2008). The data collected from the Demographic Questionnaire (Appendix D) was used to describe the sample and was analyzed for effect on the dependent variable. The dependent variable is the level of socialization to the nursing profession as measured by The Stone's Health Care Professional Attitude Inventory, modified by Lawler for Nursing (SHCPAIL) (Appendix C).

The design is structured. It did not evolve over time. The preliminary results did not change the design. The major comparison was the differences among the four groups. The variation in the level of socialization to nursing was explored as well as the demographic differences among the groups. The differences within the groups, however, were explored.

Sample and setting. The setting for this study was South Florida, in the US. Although the participants were from various geographical locations throughout the world, all of the participants were currently working as nurses in South Florida at the time the survey was completed.

The participants were registered nurses currently employed as nurses in south Florida. There were four clusters of nurses: FEP, and those who graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and a master's of science in nursing program (MSN). The participants had at least six months' experience as nurses.

The needed sample size was calculated by a priori power analyses. This was derived by G-Power*3.0 (Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A., 2007) utilizing Power Plot. A medium effect size of 0.25, which is the middle figure calculated by the Power Plot, and the alpha err probability of 0.05 level of confidence were chosen by the researcher. The sample size required was a total of 159 with power of 0.80. Thus, 227 participants were recruited in order to compensate for questionnaires that would be discarded due to errors or excessive omissions.

Power refers to the probability of not rejecting the null hypothesis when it should be rejected. Statistical power is dependent on three factors: the significance level, the size

of the sample, and the effect size. The significance level is an index on how reliable the findings are. The minimal size of the sample is determined by power analysis. The effect size indicates the strength of the relationships among the variables.

The participants were a convenience sample of nurses who could be contacted and who responded by signing onto the specific on-line website, *SurveyMonkey*. Upon approval of the Barry University Institutional Review Board (IRB), letters (Appendix E) were sent to private and public health organizations in South Florida requesting permission to email nurses for participation in this study. Snowballing was also utilized to obtain participants. Since the target number of 200 participants was reached by the above techniques, it was not necessary to contact the Florida Board of Nursing to request a list of the nurses in South Florida (Broward and Miami-Dade Counties) for their contact information.

Inclusion criteria. All of the participants were FEP, DAN, BSN, or MSN registered nurses, and all worked as nurses in South Florida and had practiced nursing for at least six months. While the FEP attended medical school in a foreign country, all of the participants attended nursing school in the US. The participants were all at least 18 years of age and had a working knowledge of the English language. They accessed the designated *SurveyMonkey* link on the internet and answered the questions in the *SurveyMonkey* format. The participants were recruited as a result of the letter sent to private and public health organizations in South Florida, requesting permission to email nurses for participation in this study or by snowballing.

Exclusion criteria. Nurses who did not attend nursing school in the US were excluded from this study. Nurses who were unemployed or retired as well as nurses who did not work in South Florida were also excluded.

Ethical considerations. Ethical considerations were applied throughout all stages of the research process. Provisions were made in order to protect the participants. The participants were anonymous. As per the Institutional Review Board (IRB) standards, the participants were informed in writing (see cover letter Appendix F) that they were able to withdraw at anytime. The data was encrypted by *Survey Monkey*. The participants had full disclosure as to the purpose of the study. They were informed as to how much time and effort they would be expected to expend. This was all included in the Cover Letter (Appendix F).

All data and participants were handled ethically. Anonymity was and will be maintained. The participants were identified by a number. Names of participants were not revealed to the researcher. All data within *SurveyMonkey* were password protected and will be destroyed after five years. All other related documentation were locked in a home office or password protected electronically. To maintain the files, all pieces of data were dated and filed in chronological order. All files were backed up to prevent loss of files. A clean copy of data was kept available.

The potential risk or harm was weighted with the potential social benefit. The participants were informed of the risks and the benefits. The participants may not have had any direct benefit from participating in this study. However, participating in this study may have helped to meet the transitional needs of not only FEP who are becoming

nurses but other nurses as well. There were no known risks. They were informed that they could refuse to answer any question. Debriefing was not necessary (Berg, 2004).

Additional assurance of ethical considerations was implemented. The Barry University Internal Review Board's regulations and recommendations were followed. Additional ethical considerations are outlined in the Data Collection Procedure section.

Data collection procedure. When potential participants decided to participate in the research study, they accessed the web site for the *SurveyMonkey*. If the potential participants were contacted by email, they just had to click on the link to access the survey. If the potential participants were contacted in some other fashion, the participant had to copy the web site address to access the survey. The results were only available to the researcher. However, the researcher shared results with limited others, the dissertation committee members, research graduate students, and the statistician. The shared information did not identify the participants since their identity was encrypted.

The cover letter was the first section that the participants viewed (Appendix F). The cover letter explained the purpose of the research, the length of time required, and inclusion and exclusion criteria. The cover letter needed to be acknowledged, in order for the participant to proceed with the questionnaires.

Through *SurveyMonkey*, the researcher was able to design the demographic questions using all types of questions, including multiple choice with one answer, multiple choice with all that applies, and fill in the blank. *SurveyMonkey* allowed the researcher to view the results as they were collected in real-time. The responses were seen in various formats: spreadsheets, graphs, and charts. *SurveyMonkey* stopped

collecting at first visit with statistician, By that time, 179 participants had completed the survey.

Comment [PS26]: Fill in rest of sentence.

Instruments.

Stone's Health Care Professional Attitude Inventory modified for Nursing by Lawler. The Stone's Health Care Professional Attitude Inventory (SHCPAIL), modified for nursing by Lawler (1978) (Appendix C), along with the Demographic Questionnaire (Appendix D), were the two instruments used for this study. The Stone's Health Care Professional Attitude Inventory, is a 38-item inventory. Each item on the SHCPAIL has a five-point Likert scale, which resulted in a cumulative numerical score. The scores could have ranged from 38 to 190. A higher score indicated a higher level of socialization to nursing. Lawler did not designate a specific score or range of scores that would indicate a lack of socialization. However, a low score indicated a decreased level of socialization to nursing. The composite scores are a continuum of socialization to nursing.

The Stone's Health Care Professional Attitude Inventory as modified by Lawler for nursing was developed to measure the construct of professional attitude toward nursing, which Lawler (1978) equated with socialization to nursing. This inventory was based on Dumont's (1970) view of professionalism, which includes characteristics of consumer control (consumer involvement and assessment), critical thinking (ability to apply scientific knowledge, prioritization of clients' needs, and obtaining necessary resources), compassion (caring and involvement with clients), credentialing value (desire to obtain and maintain credentials/certifications), and impatience for change (pressing desire for political change, community involvement to meet health needs).

Lawler (1978) confirmed the validity. The construct and content validity were reviewed by a panel of experts as well as a contrast group. Lawler used the Pearson product-moment coefficients and found the relationships among and between the subscales of the instrument from 0.08 to 0.79, all in a positive direction.

The internal consistency reliability was evaluated utilizing Cronbach's alpha coefficient (Lawler, 1978). The reliability was listed as a 0.73 alpha coefficient, which is an acceptable level of reliability (Lawler). The test retest technique was also done. The students (*N*=23) were tested two and a half weeks before graduation and again three days before graduation. The Pearson correlation coefficients yielded 0.75 for the baccalaureate group and 0.51 for the associate degree students. Cronbach's alpha coefficient will be conducted for this study to ascertain acceptable levels.

Comment [PS27]: ?

Demographic Questionnaire. This study utilized a researcher designed demographic questionnaire (Appendix D). The demographic information collected was necessary in order to categorize the participants in the appropriate group, ensure that the participants met the inclusion criteria, and to gather information about the variables that were being investigated. Each demographic datum in the questionnaire was crucial for this study. The demographic data assisted in assigning the participants to the four comparative groups. It also helped to ensure that the data used for analysis was only from those who met the inclusion criteria.

Data Cleansing. Missing data was analyzed. The potential participants, who omitted more than 20% of the items on the questionnaire, were not included in the study. If certain items were omitted, such as degrees earned or previous profession, again the case would have been deleted because the group in which the subject was to be placed

could be determined. However, this did not occur. Minimal missing values were dispersed throughout the four groups. The missing values were substituted with the mean.

Data cleansing, the process of preparing data before analysis, was initiated to ensure precision and consistency (Polit & Beck, 2008). Accuracy was confirmed by comparing the original data with the entries in SPSS-16 to ensure that the entries were entered correctly. The SPSS-16 printouts were visually scanned for outliers (a value that is outside of the range), or *wild codes*, a code that is not feasible. Consistency checks were also performed to ensure accuracy. For example, if a participant recorded that he had no previous profession, then the choice of previous profession would be zero.

A codebook was initiated. The codebook included variable naming and location of values for variables. The codes for each variable were also included.

Data Analysis. The Stone's Health Care Professional Attitude Inventory modified by Lawler results was scored. The Statistical Package for the Social Sciences 16.0 (SPSS 16.0) was utilized. Each item on the instrument has a Likert scale, so a numerical score was assigned to each item. The mean, standard deviation, as well as the variance was determined. Descriptive data was performed. ANOVA (analysis of variance) technique was instituted in order to determine the variances in level of socialization to nursing among the four groups. Multiple regressions were performed to determine individual contribution of the selected demographic factors on the level of socialization to nursing.

Chapter Summary. In Chapter Three, methods and methodology were discussed. The study utilized a quantitative method, with a cross-sectional nonexperimental correlational design. All of the participants accessed *SurveyMonkey* in order to complete their surveys. Some of the components of *SurveyMonkey* were utilized. The participants'

selection process was described as was the data analysis. Ethical considerations were discussed.

Chapter Four

Findings of the Study

Results of the study are discussed in this chapter. The responses and the participant descriptions are reported. The data analysis regarding the research questions is described.

Purpose of the study. The purpose of this study was to investigate the socialization of FEP and to compare their socialization with the socialization of other groups of nurses who have graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

Sample description and statistical results. The participants were nurses who could be contacted and who responded by signing onto the specific on-line website *SurveyMonkey*. Upon approval of the Barry University Institutional Review Board (IRB), letters (Appendix E) were sent to private and public health organizations in South Florida, requesting permission to email nurses for participation in this study. Snowballing was also utilized to obtain participants.

The quota of 200 respondents was reached in the second week of January 2010. The questionnaire on *SurveyMonkey* was closed January 21, 2010, with the first meeting with the statistician. By this time there were 227 who had accessed the website and had signed the cover letter. Only 179 (79%) had initiated the Stone's Health Care Professional Attitude Inventory as modified by Lawler (SHCPAIL) interview. Out of the 179 that completed the interviews, two (1%) were rejected because they had not worked as nurses for at least six months.

As seen in Table 1, the age of the participants ranged from below 31 years of age to above 61. The median age range was 41 to 50 years of age. Over 91% of the respondents were between 31 and 60 years of age. The ages of the participants mirrored the population of nurses. The average age of a registered nurse in the US in March 2004 was 46.8. This is more than a year older than in the year 2000, in which the average age of nurses was 45.2 (ANA, 2004). The average age of nurses who renewed their Florida license in 2008 was 49.5 (Florida Center for Nursing, 2009).

Table 1

Age of participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30 or younger	8	4.5	4.6	4.6
	31 to 40	44	24.9	25.3	29.9
	41 to 50	56	31.6	32.2	62.1
	51 to 60	59	33.3	33.9	96.0
	61 or older	7	4.0	4.0	100.0
	Total	174	98.3	100.0	
Missing		3	1.7		
Total		177	100.0		

Most of the participants were women (Table 2). The nursing profession is predominately women. The percentage of male participants in this study was much higher than the percentage of men in nursing in the US. In 2004, only 5.7 percent of the registered nurses in the US were male (ANA, 2004). In this survey, 21.7 percent of the

participants were men. This is greater than three times the proportion of men to women of the registered nurses in the US.

Table 2

Gender of Participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Men	38	21.5	21.7	21.7
	Women	137	77.4	78.3	100.0
	Total	175	98.9	100.0	
Missing		2	1.1		
Total		177	100.0		

There were more whites than any other ethnic group (Table 3). This was followed by Hispanics. The third highest ethnic group was Blacks/African American. Five of the participants did not identify their ethnic background. In 2004 (ANA), 88.4 percent of the registered nurses in the US were non-Hispanic white. 4.6 percent were non-Hispanic Black/African American, 3.3 percent were Asian or Pacific Islander, and only 1.8 percent were Hispanic. Thus, this study had many more Hispanics than the national proportion, which is reflective of the number of Hispanics in South Florida as well as the number of Hispanics in the FEP population.

Table 3

Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	74	41.8	43.0	43.0
	Black	20	11.3	11.6	54.7
	Native American	3	1.7	1.7	56.4
	Asian	9	5.1	5.2	61.6
	Hispanic	66	37.3	38.4	100.0
	Total	172	97.2	100.0	
Missing		5	2.8		
Total		177	100.0		

Seventy-three participants (41.7 percent) reported that they were born in the US. Most of the participants were born in countries other than the US (Table 4). The second highest country of origin reported was Cuba (16.9). Twenty-six countries were listed as the country of origin, with approximately half of the participants coming from South and Central America and the Caribbean.

Comment [PS28]: These two sentences read like a direct contradiction to each other.

Table 4

Country of Birth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	7.3	7.3	7.3
	Azerbaijan	1	.6	.6	7.9
	Bolivia	1	.6	.6	8.5
	Brazil	2	1.1	1.1	9.6
	Canada	4	2.3	2.3	11.9
	China	1	.6	.6	12.4
	Colombia	9	5.1	5.1	17.5
	Cuba	30	16.9	16.9	34.5
	Dominican Republic	2	1.1	1.1	35.6
	Guatemala	1	.6	.6	36.2
	Haiti	2	1.1	1.1	37.3
	Honduras	2	1.1	1.1	38.4
	India	1	.6	.6	39.0
	Jamaica	10	5.6	5.6	44.6
	Mexico	1	.6	.6	45.2
	Nepal	1	.6	.6	45.8
	Nigeria	1	.6	.6	46.3
	Peru	4	2.3	2.3	48.6
	Philippines	2	1.1	1.1	49.7
	Puerto Rico	2	1.1	1.1	50.8

Russia	1	.6	.6	51.4
Trinidad	1	.6	.6	52.0
Turkey	1	.6	.6	52.5
Ukraine	1	.6	.6	53.1
United Kingdom	5	2.8	2.8	55.9
US	73	41.2	41.2	97.2
Venezuela	5	2.8	2.8	100.0
Total	177	100.0	100.0	

Regarding educational preparation (Table 5), the participants were fairly well distributed among the four groups: FEP, diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN). The range was 41 to 52. In addition to the 52 FEP with baccalaureate degrees, there were seven additional FEP with master's of nursing degrees. They were placed in the MSN group. According to the Florida Center for Nurses (2009), both statewide and nationally, slightly more than 50% of nurses list a diploma or associate degree as their highest degree. However, the national average of nurse with BSN and graduate degrees in nursing is significantly higher nationally (BSN 32.5 percent and MSN 9.1 percent) than in Florida (BSN 28.2% and MSN 8.1 percent). Thus, a much higher percent of baccalaureate and master's degree nurses than the population of nurses in Florida and in the US comprised the sample in this study.

Table 5

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diploma and Associate	42	23.7	24.0	24.0
	Baccalaureate	41	23	23.4	47.4
	FEP with BSN	52	29.4	29.7	77.1
	Master's	40	22.6	22.8	100.0
	Total	175	98.9	100.0	
Missing	System	2	1.1		
Total		177	100.0		

The participants had practiced nursing from 6 months to over 31 years. All of the FEP had practiced nursing for less than 10 years.

Research questions and hypothesis.

1. How socialized to nursing are the FEP graduates?

$H_{A1:}$ The transition of the FEP will achieve a significant level of socialization to nursing.

2. How does the transition to nursing socialization of the FEP compare to DAN, BSN and MSN graduates?

H_{A2}: The nursing socialization of nurses that graduated from the FEP program will be greater than the nursing socialization of diploma and associate degree nurses (DAN).

H_{A3}: The nursing socialization of FEP nurses will be greater than the nursing socialization of Baccalaureate Degree nurses.

H_{A4}: The nursing socialization of FEP nurses will be greater than the nursing socialization of master's degree nurses.

3. What effect do select demographic variables (age, gender, educational process, years practiced nursing, and years practiced medicine) contribute to the successful socialization to nursing?

H_{A5}: Age, gender, educational process, years practiced medicine and years practiced medicine will make a significant independent or combined contribution to successful transition to nursing socialization.

Results. The *t*–tests were used to compare the sample of this study with the normative samples in the literature. ANOVA (analysis of variance) technique was instituted in order to determine the variances in level of socialization to nursing among the four groups. Multiple regressions were performed to determine individual contribution of the demographic factors on the level of socialization to nursing.

Reliability test. Cronbach's alpha is an orthodox tool for determining reliability. For this study and sample, the Runback's alpha for the total score based on all 38 items of the SCHPAIL was only 0.5254, which is not satisfactory. In order to improve reliability, three items were removed. First, item 13, "Educational programs for health care professionals spend more time preparing students for careers in research and/or teaching than for careers as practitioners" (Appendix C) was removed because of the negative correlation for this sample and assumedly, this population. In addition, this question included an "and/or," which may have decreased the comprehension of the question in

some nurses' readability of the question (i.e., those for whom English is a second language). Then the correlation was computed again.

Cronbach's alpha improved to .5548. This remains under .600, which is the minimally accepted correlation. Item 12, "Certification of competence upon receipt of the professional degree is necessary to assure that behavioral sciences, basic sciences, and health care sciences were part of professional education" (Appendix C) was then eliminated to improve reliability. The reliability of item 12 was -.1195; therefore, the question could be misunderstood. One meaning of the question is that certification is necessary. Another interpretation is that certification assures that behavioral sciences, basic sciences, and health care are part of the curriculum and learned. The ambiguity of the item may have contributed to the low reliability of the question.

The reliability of the instrument with the two items removed improved to .5733. Next, item 26 was eliminated: "Health care is currently available to people at differing income levels on a selective basis" (Appendix C). The correlation of item 26 was .0854. The item ascertains whether or not the people with less income receive a lower quality of health care. The "on a selective basis" phrase may have been confusing to some of the participants, especially those with lower levels of English acquisition.

Now the Cronbach's alpha was 0.60. This reliability is only marginally satisfactory. Thus, reliability was reported as a limitation. Furthermore, any unexpected results, including absence of results, may be attributed to low reliability. In summary, items 12, 13, and 26 were eliminated from the SCHPAIL.

The total score was recalculated after elimination of unreliable items and was then rescaled by multiplying by 38/35 = 1.09 in order to make it comparable to an instrument

that has 38 rather than 35 items (Table 6). This allowed some comparison with the original instrument. The elimination of unreliable items changed the score by only 1.4% on average. The mean change was 1.83, with a standard deviation of 1.43. The scaled and adjusted score made better distinctions among individuals, based on the true underlying variation in their socialization, while making little difference in the average score of the sample. A review of the literature did not identify a problem with reliability of the SCHPAIL used with previous samples and populations (Grossman & Jorda, 2008; Lawler, 1978; Williams, 1995; Wolf & Hoerst, 2007).

Table 6

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Scaled Total Score adjusted for removal of unreliable items	177	103.14	154.17	131.6454	9.47409
Total Score before removing unreliable items	177	108.00	154.00	131.4124	8.58013
Valid N	177				

Exploratory data analysis. In order to perform either a *t*-test or an ANOVA, an investigation was undertaken to establish that the score was normally distributed. Figure 1 suggests the distribution was normal; however, a better approach was to institute a P-P plot (probability plot). Since in the observed probability displayed in Figure 2, the points lined up almost perfectly on the 45 degree line, the distribution appeared to be normal. Essentially, this is a comparison of the area under the distribution curve for this sample to

the area under a perfect normal distribution curve. They are almost identical. Figure 3 below illustrates the distribution of scores.

Figure 2

Observed Probability

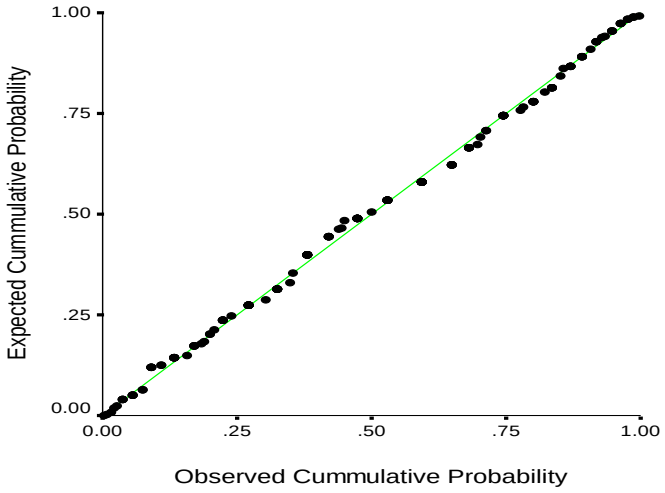
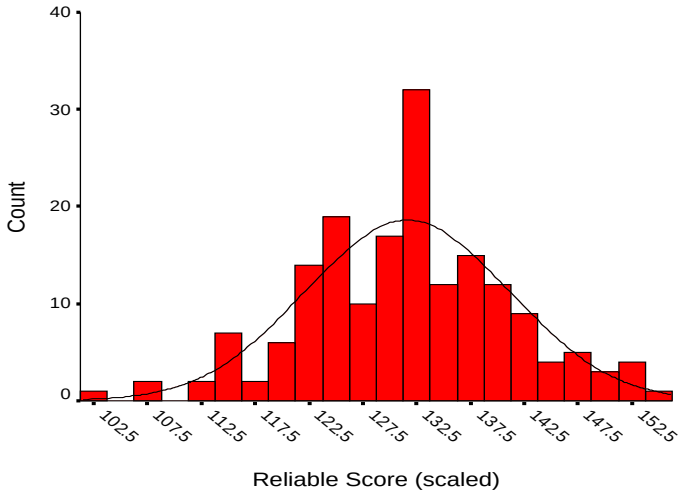


Figure 3

Scaled Reliable Score



Research Question One.

How socialized to nursing are the FEP graduates?

$H_{A1:}$ The transition of the FEP will achieve a significant level of socialization to nursing.

This question had to be treated as descriptive research rather than using inferential statistics because there was no objective score that could be interpreted as indicating satisfactory or unsatisfactory socialization (Polit & Beck, 2008). In order to better interpret whether there was a significant difference in socialization of this population compared to other populations, the socialization scores of the groups in this study were compared to the findings from previous studies (Grossman & Jorda, 2008; Lawler, 1978; Williams, 1995; Wolf & Hoerst, 2007). A one sample *t*-test was conducted in order to evaluate the hypothesis that the FEP and other nurses in this study had significantly different socialization than comparably trained nurses in various normative samples (Table 7).

Collectively, the scores in this sample were greater than those in the Grossman and Jorda study (comparing nurses to students), greater than those in the Wolf and Hoerst study (comparing nurses to students), greater than or similar to those in the Lawler study (comparing nurses to nurses and nurses to students), and similar to or less than Williams' study (comparing nurses to nurses). FEP in practice were significantly more socialized than the normative sample of FEP students. In Chapter Five, additional discussion of the comparison of the sample in this study to the samples of other studies in the literature can be found.

Table 7

Group Differences for SCHPAIL Score Between Sample and Various Normative Samples

	This Study		Normative Sample		
SCHPI Score	*M*	*SD*	*M*	*SD*	*T*
Lawler (ADN)	131.75	9.06	120.4	NA	8.02***
Lawler (BSN or BSN/RN)	129.98	9.16	130.3	NA	0.231
Grossman and Jorda (BSN or BSN/RN)	129.98	9.16	121.38	NA	6.155***
Grossman and Jorda (FEP)	132.13	10.50	125.32	13.48	4.98***
Wolf and Hoerst (BSN or BSN/RN)	129.98	9.16	124.46	18.25	3.95***
Williams (ADN or Diploma)	131.75	9.06	130.256	NA	1.054
Williams (BSN)	129.98	9.16	136.367	NA	4.57***

***$p < .001$.

Research question two.

How does the transition to nursing socialization of the FEP compare to DAN, BSN and MSN graduates?

H_{A2}: The nursing socialization of nurses that graduated from the FEP program will be greater than the nursing socialization of diploma and associate-degree nurses.

H_{A3}: The nursing socialization of FEP nurses will be greater than the nursing socialization of baccalaureate-degree nurses.

H_{A4}: The nursing socialization of FEP nurses will be greater than the nursing socialization of master's-degree nurses.

The scores on the SCHPAIL for the four education level of nurses ranged from 129.98 for the BSN group to 132.76 for the MSN group (Table 8). A one-way analysis of variance (ANOVA) was conducted to evaluate the relationship between nurses' educational program and their level of socialization to the nursing profession (Table 9). The independent variable, the educational program factor, included four categories: FEP, DAN, BSN, and MSN. The dependent variable was the total score on the SHCPAIL (Table 8). The ANOVA was not significant, F (3,172) = 0.588, p = .588. The researcher failed to reject the null hypotheses $H_{A2,}$ $H_{A3,}$ and H_{A4}.

Table 8

Means and Standard Deviations of the Total SHCPAIL Score for Four Educational Programs

	DAN		BSN		MSN		FEP	
Measure	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
SHCPAIL total score	131.75	9.06	129.98	9.16	132.76	8.70	132.13	10.50

Table 9

One-Way Analyses of Variance for Effects of Educational Programs on Socialization to Nursing

Measure and Source	*Df*	*SS*	*MS*	*F*
SHCPAIL total score				
Between groups	3	175.33	58.44	0.644
Within groups	172	15618.52	90.81	

Research question three. What effect do select demographic variables (age, gender, educational process, and years practiced medicine) contribute to the successful socialization to nursing?

H_{A5}: Age, gender, educational process, and years practiced medicine will make a significant independent or combined contribution to successful transition to nursing socialization.

A multiple regression analysis was conducted to evaluate how well the selected demographic variables predicted socialization to nursing (Table 10). The predictors were age, gender, years in medical practice, and years in nursing practice, while the criterion variable was total score on the SHCPAIL instrument. The linear combination of demographic was not significantly related to the total score on the SHCPAIL, F (4,167) = 0.94, p = 0.44. The sample multiple correlation coefficient was 0.15, indicating that approximately 2% of the variance of the total score on the SHCPAIL in the sample can be accounted for by the linear combination of demographic variables. The researcher failed to reject the null hypotheses $H_{A5.}$

Table 10

Regression Analysis Summary for Demographic Variables Predicting Socialization to Nursing

Variable	*B*	*SEB*	B
Gender	-3.341	1.968	-0.145
Age	0.062	1.026	0.006
Years of medical practice	-0.199	1.105	-0.020
Years of nursing practice	0.545	0.784	0.093

Note. R^2 = .02. (N = 175, p = 0.44)

In this chapter, the sample and the statistical analysis were described. The sample was compared to the population. The results of the ANOVA statistics were revealed. Multiple regression was used to determine if various demographic factors influenced the level of socialization. The low Cronbach's alpha of the instrument was explored. Three

items of the SCHPAIL instrument was eliminated in order to bring the reliability up to .60. None of the null hypotheses were rejected.

Comment [PS29]: ?

Chapter Five

Summary and Discussion

In this chapter, research implications and the conclusions of this study are discussed. Limitations and strengths are delineated, and recommendations for future studies are provided.

Purpose of the study. The purpose of this study was to investigate the socialization of FEP and to compare their socialization with the socialization of other groups of nurses who have graduated from a diploma or associate degree program (DAN), baccalaureate of science in nursing program (BSN), and master's of science in nursing program (MSN).

Implications of the study. The implications of this study suggest that nurses who are FEP socialize to the profession similarly to other nurses of varied educational levels. Some non-empirical literature suggested that nurses who were formerly physicians are unable to make a successful transition to nursing (Kennedy, Ferri, & Sofer, 2002). Findings from this study, along with the work of Grossman and Jorda (2008), suggest otherwise.

The research questions posed are:

1. How socialized to nursing are the FEP graduates?
2. How does the transition to nursing socialization of the FEP compare to DAN, BSN and MSN graduates?
3. What effect do select demographic variables (age, gender, educational process, years practiced nursing, and years practiced medicine) contribute to the successful socialization to nursing?

Research question one. The hypothesis for research question graduates one was: The transition of the FEP will achieve a significant level of socialization to nursing. The level of socialization of the FEP, as measured by the score on the Stone's Health Care Professional Attitude Inventory as modified by Lawler (SCHPAIL), is compared to the scores on the SCHPAIL in the literature. The level of socialization of the FEP was equal to or higher than all other groups with the exception of the BSN graduates in the Williams study (1995). The significant difference in the score of the FEP between Grossman and Jorda's 2008 study this study may be due to differing samples. Grossman and Jorda studied nursing students; in this study, practicing nurses comprised the sample.

Practice seems to be when socialization occurs. Lawler and Rose (1987) agree that the workplace is a significant site of socialization. The process of educating student nurses may prepare them for the socialization that occurs when they practice nursing.

Research Question Two. The hypotheses for research question two are:

H_{A2}: The nursing socialization of nurses that graduated from the FEP program will be greater than the nursing socialization of associate degree graduates.

H_{A3}: The nursing socialization of FEP nurses will be greater than the nursing socialization of baccalaureate degree graduates.

H_{A4}: The nursing socialization of FEP nurses will be greater than the nursing socialization of master's degree graduates.

There were no significant differences among the four groups. As measured by SCHPAIL (Lawler, 1978), the level of education did not impact the level of socialization. The finding that diploma or associate degree-prepared nurses are socialized to nursing similarly to those with baccalaureate or master's degrees was surprising. Maybe the lack

of significance among the groups was due, in part, to the diploma and associate-degree (DAN) students having more student experience in the clinical arena than the BSN students. Since most socialization to nursing occurs outside the classroom, the increased time spent in clinical may facilitate socialization for the DAN nurses.

Wolf and Hoerst (2007) suggested there may be better ways to measure socialization. Wolf and Hoerst studied students, so their recommendations of presentations or writing papers may not be practical for practicing nurses. Perhaps utilizing focus groups may be an avenue for measuring socialization to nursing. Polit and Beck (2008) insisted that focus groups are an efficient and effective method to gather data. Information is collected from many individuals in a relatively brief amount of time.

Comment [PS30]: ?

Research question three. The hypothesis for research question three is, Age, gender, years practiced nursing, and years practiced medicine will make a significant independent or combined contribution to successful transition to nursing socialization. The finding that none of these factors affected the socialization to nursing is unexpected. The factors were considered collectively as well as individually. None of these four factors appeared to change the level of socialization.

Are their predictors for a high level of socialization to nursing? It would seem that the longer nurses practice as healthcare providers, the more they would become socialized. This, however, is not supported with the findings. Neither the length of time practicing nursing nor length of time practicing medicine had an effect on the level of socialization to nursing. Even though Maynard (1991) did not find a correlation in the years of nursing practice and socialization, findings revealed a positive relationship between the number of years practicing nursing and critical thinking skills. Critical

Comment [PS31]: Is this right?

Comment [PS32]: Years ?

thinking skills are part of the total score of the SCHPAIL instrument. Although a component of socialization, critical thinking is different and is not an element of this study. Critical thinking and years of practice are subjects for exploration in future studies.

The age of a person was also not shown to affect socialization. Perhaps another study should be done to look at the age of the nurse when he or she became a registered nurse and how that affects socialization. The age when a nurse learns psychomotor skills may affect how quickly they complete the task. This study looked at the age of participants when they took the survey but did not consider the age when they became registered nurses.

Comment [PS33]: These are skills learned by infants—confusing.

Gender did not affect level of socialization, although being male in nursing has been associated with some challenges and advantages. Smith (2006) disclosed that male nursing students face discrimination not only by patients, but also by the educator who are supposed to facilitate their transition to the nursing profession. Fister (1999) and Cude and Winfrey (2007) also related challenges experienced by men in nursing.

Evans (2008) suggested that gender influences job opportunities and the speed of advancement. Men are mentored inequitably because they are men and are offered coveted positions and promotions. This study suggested that gender does not affect socialization to the profession. Perhaps socialization is not affected by gender because discrimination and career pathway advantages do not change the process of socialization.

The profession, itself, may be the factor that causes socialization to occur. Nursing is selected as a profession by those with unique characteristics, particularly a desire to promote health and to help others. These characteristics may affect socialization to nursing, regardless of educational level, years of practice, gender or age.

Nonetheless, other factors than the ones in this study (educational level, years of practice, age, and gender) may account for variation in the level of socialization. The age of the nurses when they complete their undergraduate program may be one factor. Other factors that may affect socialization to nursing could include resilience or social support.

Significance of the study. This study investigated the socialization of four groups of nurses. Comparing the socialization to nursing of these groups suggested that there are no significant differences among the groups. This may be relevant to nursing education, nursing practice, nursing research, and public policy.

Significance to nursing education. This study measured and compared the level of socialization of US-graduated nurses to nurses who have transitioned from being a medical doctor in a foreign country to being a nurse in the US. This study is important to nursing faculty members who teach and mentor these students. This study needed to be done by nursing since nurses are the only ones that can determine the qualities of a socialized nurse. Nursing faculty members have a major role in socializing nursing students to the nursing profession, and this study may lead to a better understanding of the transition to socialization in nursing of all nursing students, not just the FEP.

In this study, socialization to nursing, as measured by the SCHPAIL instrument, was similar across education levels: FEP, DAN, BSN, and MSN. Regardless of the type of program professors are teaching, they can facilitate the transition to nursing practice. This can be done in a multiple ways that have been proven to facilitate transition. Case studies help to increase problem solving and critical thinking, both of which are necessary for socialization to nursing (Schoening, et al, 2006). Simulation has been

shown to increase students' competencies, problem solving, and critical thinking (Ajjawi & Higgs, 2008).

Significance to nursing practice. Members of the nursing profession need to monitor the nursing profession (Frisch, 2003). The literature is lacking regarding the socialization and educational needs of the FEP in their transition to nursing. The level of success of this transition needs to be studied as well, to make sure these FEP nurses are contributing positively to the nursing profession. Positive contributions would include pursuing advanced nursing degrees, presenting nursing to the public and other members of the health team as a caring profession, and remaining in the nursing field.

Nursing and hospital administrators who hire FEP nurses may benefit from this study. They are interested in decreasing turnover rates. They are also invested in patient satisfaction and patient outcomes. A high level of socialization to nursing should lead to satisfied patients and decrease negative patient outcomes (Aiken et al., 2003).

The American Academy of Colleges of Nursing (2000) stressed the importance of increasing the percent of minority registered nurses to reflect the demographics of the changing demographics in the US. The Sullivan Commission (2004) suggested that patients listen to and abide by medical advice from health care practitioners of their own culture.

Having qualified diverse persons entering the nursing profession, such as the FEP, would help solve the culture chasm between culturally diverse patients and the nurses who care for them. The nursing profession, as well as health care institutions, can feel more comfortable that the FEP have made the transition to nursing.

Comment [PS34]: Who?

Significance to nursing research. Nurses' performance needs to be researched and quantified. This study investigated the socialization of FEP nurses, as well as those with DAN, BSN, as well as MSN degrees. Data on socialization to nursing may lead to additional studies and questions. For example, how can the socialization of all nurses be facilitated? These strategies may include interventions such as focusing more on mentoring or modification in clinical experiences. A research study could be designed measuring socialization to nursing in two groups of nursing students, one with 25% of their clinical time in simulation compared to another groups with little or no simulation.

There are other ways to measure socialization to nursing (Wolf & Hoerst, 2007). Using other instruments such as the Corwin's Nursing Role Conception Scale (1961) and the Schwirian's (1977) Six Dimensional Scale may lead to a higher reliability than instrumentation in this study could achieve. Measuring of critical thinking, which is a crucial component of socialization (Lawler, 1978; Maynard, 1991), may be an area that needs additional exploration with this population.

Assessment of nursing socialization could be done using qualitative methods such as ethnographic studies with observations of nurses interacting with clients. A phenomenological method utilizing interviews could also lead to a better understanding of the transition to nursing socialization. As discussed above, focus groups may be a highly relevant venue for determining socialization to nursing.

Significance to public policy. Immigrant healthcare professionals need to be retrained, educated, or credentialed in order to function effectively in the US health care arena. Resources are used for retraining immigrants, which impacts resources for citizens born in the US. If these resources are delegated to educate FEP, then other empirical

studies, such as this one, need to be done to verify that the money spent results in professionals who are socialized to nursing.

Strength and limitations of the study.

Strengths. The sample was a normally distributed bell curve (see Figure 3). It provided additional information about second-degree nurses, particularly FEP. This study also illustrated the changing demographics in the nursing profession: gender, country of origin, English as a second language, and age. The demographic questionnaire revealed a high level of diversity, not only of the FEP group but in the other three groups of nurses as well. This mirrored the community of South Florida. In this population, at least, the goal of the American Academy of Colleges of Nursing (2000) regarding a diversified nursing work force to care for a diversified public is becoming a reality.

Another strength of the study is the sample. The number of participants (177) is greater than the minimal number calculated by power analysis (159). The sample is over 100 percent of the recommended size. The greater the sample, the more representative of the population, which leads to greater generalizability (Polit & Beck, 2008) and decreased chance of a Type II error.

Limitations.

The SHCPAIL instrument had a low reliability score (.60) even after eliminating three items. Researchers who previously used the instrument did not report such a low reliability score (Grossman & Jorda, 2008; Lawler, 1978; Williams, 1995; Wolf & Hoerst, 2007). Perhaps the instrument was not culturally sensitive or particularly relevant in today's environment. The nursing and the healthcare arena has vastly changed since

the 1970s when this instrument was developed. According to the American Association of Nurses Social Policy Statement (2003), nursing is dynamic and continues to evolve.

A factor that may have contributed to the low reliability of the SCHPAIL instrument is the uniqueness of South Florida. South Florida is highly diverse. Sixty-one percent of the population of Miami-Dade County is Hispanic (Miami-Dade County, 2007). As in this sample, most of the population in Miami-Dade counties are foreign born (United States Census, 2009). Perhaps a more culturally relevant and contemporary instrument is needed. Instrument development may be indicated for assessing socialization to nursing based on the expectations and demands associated with nursing in the twenty-first century.

Wolf and Hoerst (2007) reported a lower SCHPAIL score post-educational intervention than what was unexpected. They suggested that the unexpected findings may be due to one or more of the following: history, maturation, and test/retest. They concluded that socialization may be better determined by other methods than the SCHPAIL such as the students' electronically stored formal papers and presentations.

Transitions. As presented in Chapter One, Meleis' Experiencing Transitions (Meleis et al. 2000) theory and the Model of Transition are relevant to the transition of the FEP as well as other nurses. This theory helped to understand the changes that nurses have undergone. The FEP have undergone many types and patterns of transitions before and during their professional education and transition to nursing. These transitions included migration to the US from another country and changing their profession from medicine to nursing. Most have undergone additional simultaneous transitions as well,

such as changes in family roles and being underemployed in jobs such as ancillary hospital staff, food services, and domestics.

If the FEP used past medical education as a vehicle to transition to nursing, it could be a facilitator. However, if the medical education has socialized the individual to act as a medical doctor with all client contacts, then this would be an inhibitor to being socialized to nursing. Since the socialization scores of the FEP nurses were similar to the scores of the other groups of nurses, this study suggested that the transition to socialization to nursing of the FEP nurses has been accomplished.

Recommendation for future studies. Several suggestions for future studies have been developed from the results and discussion of this study. The reliability of the SCHPAIL instrument is low in this population. Perhaps additional ways of studying socialization to nursing should be explored, especially for this population. Instrument development regarding the transition to socialization to nursing may lead to better tools to assess the level of socialization.

A qualitative study of the transition of the FEP nurses could help to better understand transitions. The themes that emerge from a qualitative study may help to better understand the transition from being a medical doctor in a foreign country, to being a nurse in the US. A quantitative approach was taken for this study because the researcher had taught most of the potential FEP nurse participants and was advised that this former relationship might influence the interview process. Thus, an outsider would be a more logical choice for a qualitative study with the FEP population.

Comment [PS35]: Definitely!

The literature was reviewed for instruments that measured socialization to nursing. Two other instruments were found that measured a similar construct to

socialization, membership to the profession (Williams, 1995). These were Corwin's Nursing Role Conception Scale (1961) and the Schwirian's (1977) Six Dimensional Scale. Future research studies utilizing these instruments with this population may result in higher reliability.

Conclusions. This study suggested that the level of socialization to nursing of FEP (now nurses) was comparable to the level of socialization to nursing as other groups of nurses: diploma and associate degree nurses (DAN), baccalaureate-degree nurses (BSN), and graduate-degree nurses (MSN). There were no significant differences among the groups. Selected demographic factors of age, gender, years practicing nursing, and years practicing medicine, considered individually as well as collectively, did not affect the level of socialization to nursing. More instrument development and more research regarding the transition from student nurse to practicing nurse may help identify a predictor (or predictors) that have a positive correlation to socialization to the nursing profession.

Chapter summary. In this chapter the implications and conclusions of this study were discussed. Limitations and strengths were reported, and recommendations for future studies were made.

References

Abriam-Yago, K., Yoder, M., & Kataoka-Yahiro, M. (1999). The Cummins model: a framework for teaching nursing students for who English is a second language. *Journal of Transcultural Nursing,* 10, 143-149.

Ajjawi, R., Higgs, J. (2008). Learning to reason: a journey of professional socialization. *Advances in Health Sciences Education, 13*(2), 133-150.

Aiken, L., Clarke, S., Cheung, R., Sloane, D., & Silber, J. (2003). Educational levels of Hospital nurses and surgical patient mortality. *Journal of the American Medical Association, 2003*(290), 1617-1623.

Amaro, D., Abriam-Yago, K., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal of Nursing Education, 45*(7), 247-254.

American Association of Colleges of Nursing. (2006). *Schools that offer accelerated baccalaureate programs for nonnursing college graduates: fall 2006.* Retrieved March 20, 2008 from http://www.aacn.nche.edu/Education/pdf/APLIST.PDF

American Hospital Association (2006). The state of America's hospitals: 2005. Retrieved March 15, 2007 from http://www.ahapolicyforum.org/ahapolicyforum/reports/

American Nurses Association (2003). *Nursing's social policy statement*, 2nd ed. Silver Springs, MD: American Nursing Publishing.

American Nurse Association (2004). *Background: the registered nurse population.* Retrieved April 1, 2010 from http://www.nursingworld.org/MainMenuCategories/CertificationandAccreditation/AboutNursing/NumbersandDemographics/Background.aspx

Astor, A., Akhtar, T., Matallana, M., Muthuswamy, V., Olowu, F., Tallo, V., et al. (2005). Physician migration: Views from professionals in Colombia, Nigeria, India, Pakistan and the Philippines. *Social Science & Medicine, 61*(12), 2492-2500.

Benner, P. (1984). *From novice to expert*. Upper Saddle, NJ: Prentice Hall.

Bentley, R. (2006). Comparison of traditional and accelerated baccalaureate nursing graduates. *Journal of Nursing Education, 31*(2), 79-83.

Berg, B. L. (2004). *Qualitative research methods for the social sciences* (5th ed.). Boston: Pearson.

Blais, K. Hayes, J. & Kozier, B. (2005). *Professional nursing practice (5th ed.)*. Upper Saddle River, NJ: Prentice Hall.

Bradshaw, M. J., & Nugent, K. (1997). Clinical learning experiences of nontraditional age nursing students. *Nursing Educator, 22*(6), 40-47.

Brown, G. H. (1993). The sacred cow contest. *Canadian Nurse, 89*(1), 31-33.

Brown, J., & Cooper, R. (1983). *The learning styles inventory*. Freeport, NY: Educational Activities.

Burnett, J. III (2006). Nursing is new life to ex-docs. *The Miami Herald (103)*216, 1A, 18A.

Cangelosi, P. (2007). Voice of graduates from second-degree baccalaureate nursing programs. *Journal of Professional Nursing, 23*(2), 91-97.

Chick, N., & Meleis, A. (1986). Transitions: A nursing concern. In P. Chinn (Ed.), *Nursing research methodology: issues and implantation*. Gaithersburg, MD: Aspen.

Choi, L. L., (2005). Literature review: Issues surrounding education of English-as-a-second language nursing students. *Journal of Transcultural Nursing, 16*(3), 263-268.

Clark, C. (2004). The professional socialization of graduating students in generic and two-plus-two baccalaureate completion nursing programs. *Journal of Nursing Education, 43*(8), 346-351.

Cooper, L., Roter, D., & Johnston, R., Ford, D., Steinwachs, D., & Powe, N. (2003). Patient-centered communication, ratings of care, and concordance of patient and physician race. Annuals of Internal Medicine, 139(111), 907-915.

Corwin, R. (1961). Role conception and career aspiration: A study of identity in nursing. *The Sociological Quarterly*, 2, 69-86.

Cude, G., & Winfrey, K. (2007). The hidden barrier: Gender bias: Fact or fiction? *Nursing for Women's Health, 11*(3), 254–265.

Darby, B. (1996, April). *Mentoring relationships and beginning nursing practice: a study of professional socialization.* Paper presented at the annual meeting of the American Education Research Association, New York City.

Davies, S. (2005). Meleis's theory of nursing transitions and relatives' experiences of nursing home entry. *Journal of Advanced Nursing*, 52(6), 658-671.

Dumont, M. (1970). The changing face of professionalism. In L. Netzer (Ed.), *Education, administration and change* (pp. 20-26). NY: Harper & Row.

Evans, J. (2008). Men in nursing: issues of gender segregation and hidden advantage. *Journal of Advanced Nursing, 26*(2), 226-231.

Evans, J., Boxer, E., & Sanber, S, (2008). The strengths and weaknesses of transitional support programs for newly registered nurses. *Australian Journal of Advanced Nursing, 25*(4), 17-22.

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible

statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*(2), 175-191.

Fowler, F. (2002). *Survey research methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Fraenkel, J., & Wallen, N. (2006). *How to design and evaluate research in education* (6th ed.). Boston: McGraw Hill.

Fister, S. G. (1999). *Men students' experiences in nursing education*. Unpublished doctoral dissertation. University of Kentucky, Louisville, KY.

Florida Center for Nursing (2009). *Analysis of workforce survey data from the RN cohorts renewing in 2008.* Retrieved April 1, 2010 from http://www.flcenterfornursing.org/files/2008_Workforce_Survey.pdf

Frisch, N. (2003). Standards of holistic nursing practice as guidelines for quality Undergraduate nursing curricula. *Journal of Professional Nursing, 19*(6), 382-386.

Gardner, J. (2005a). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing, 16*(2), 155-162.

Gardner, J. (2005b). Understanding factors influencing foreign-born students' success in Nursing school: A case study of East Indian nursing students and recommendations. *Journal of Cultural Diversity, 12*(1), 12-17.

Giddens, J. (2008). Achieving diversity in nursing through multicontextual learning environments. *Nursing Outlook, 56*(2), 78-83.

Grossman, D., & Jorda, M. (2008). Transitioning foreign-educated physicians to nurses: the New Americans in nursing accelerated program. *Journal of Nursing Education, 47*(12), 544-551.

Guhde, J. (2003). English-as-a-second language (ESL) nursing students: strategies for building verbal and written language skills. *Journal of Cultural Diversity, 10*(4), 113-117.

Henderson, V. (1966). *The nature of nursing: a definition and its implications for practice, research, and education*. Riverside, NJ: MacMillian.

Im, E., & Meleis, A. (2000). Meanings of menopause to Korean immigrant women. *Western Journal of Nursing Research, 22*(1), 84-102.

Jorda, M. L. (2005). *Can physicians become nurses? A comparison of the socialization of Three groups of nursing students.* Unpublished Master's thesis, Florida International University, Miami, Florida.

Keane, M. (1993). Preferred learning styles and study strategies in a linguistically diverse baccalaureate nursing student population. *Journal of Nursing Education, 32*(5), 214-21.

Kennedy, M., Ferri, R., & Sofer, D. (2002). Is there a doctor in the house? Foreign-educated physicians to retrain as nurses. *American Journal of Nursing, 102*(4), 18-21.

Kevern, J. & Web, C., (2004). Mature women's experiences of preregistration nurse education. *Journal of Advanced Nursing, 45*(3), 297-306.

Kohn, P., & Truglio-Londrigan, M. (2007). Second-career baccalaureate nursing students: a lived experience. *Journal of Nursing Education, 46*(9), 391-399.

Korvick, L., Wisener, L., Lea, A., & Williamson, M. (2008). Comparing the academic performance of students in traditional and second-degree baccalaureate programs. *Journal of Nursing Education, 47*(3), 139-141.

Langford, C. (2007). Student nurse perceptions of faculty caring: a comparison of

students from diverse cultures and traditional students. Unpublished dissertation, University of North Florida, Jacksonville, Florida.

Lawler, T. (1978). Measuring socialization to the professional nursing role. In O. Strickland and C. Waltz (Eds.) *Measurement of Nursing Outcomes: Vol. 2* (pp.32-49). NY: Springer Publishing.

Lawler, T., & Rose, M. (1987). Professionalization: a comparison among generic baccalaureate, ADN, and RN/BSN nurses. *Nurse Educator, 12*(3), 19-22.

McMahon, G. (2006). *Residency guide for foreign medical graduates: Your guide to applying for a residency in the USA*. Retrieved April 3, 2008 from http://www.internationaldoc.com/ .

Maynard, C. (1991). *The relationship of critical thinking ability, stage of skill Acquisition, years of practice, and organizational context to professional nursing Competence.* Unpublished doctoral dissertation. University of Minnesota, Ann Arbor, Minnesota.

Meleis, A., Sawyer, L., Im, E., Messias, D., & Schumacher, K. (2000). Experiencing transitions: an emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12-28.

Meleis, A. (2007). Developing middle range and situation-specific theories: exemplars. In A. Meleis (Ed.). *Theoretical nursing: development and progress* (4th ed.), pp. 212-237. Philadelphia: Lippincott Williams & Williams.

Merrill, E., Reinckens, T. Yarborough, M., & Robinson, V. (2006). Retaining and assisting nontraditional nursing students in a baccalaureate nursing program utilizing Blackboard & Tegrity technologies. *The Association of Black Nursing Faculty*

Journal, 17(3), 107-110.

Miami-Dade County Department of Planning and Zoning, Research Section. (2007). Retrieved April 26, 2010 from http://www.miamidade.gov/planzone/library/narratives/PopulationGlance.pdf

Norcini, J., McKinley, D., Boulet, J., and Anderson, M. B. (2006). Educational commission for foreign medical graduates' certification and specialty board certification among graduates of the Caribbean medical schools. *Academic Medicine, 81*(10), 112-115.

Oberoi, S., & Lin, V. (2006). Brain drain of doctors from southern Africa: brain gain for Australia. *Australian Health Review, 30*(1), 25-33.

Ondrak, D. (1975). Socialization in professional schools: A comparative study. *Advances in Science Quarterly, (20),* 97-102.

Patton, M. (2002). *Quality research and evaluation method* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Polit, D., & Beck, C. (2008). *Nursing research: principles and methods* (8th ed.). Philadelphia: Lippincott Williams & Wilkins.

Roach, J. (2000). Meet the Parents. Universal Studios.

Schwirian, P. (1977). Toward an explanatory model of nursing performance. *Nursing Research, 72*(30), 247-253.

Schoening, A., Sittner, B., & Todd, M. (2006). Simulated clinical experience: Nursing students' perceptions and the educator's role. *Nurse Educator, 31*(6), 253-258.

Schumacher, K., & Meleis, A. (1994). Transitions: A central concept in nursing. *Image Journal of Nursing Scholarship, (26)*2, 119-127.

Seldomridge, L., & DiBartolo, M. (2005). A profile of accelerated second bachelor's degree nursing students. *Nursing Educator, 42*(12), 529-533.

Smedley, B., Stith, A., & Nelson A. (Eds.). (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care.* Washington, DC: National Academies.

Smith, J. (2006). Exploring the challenges for nontraditional male students transitioning into a nursing program. *Journal of Nursing Education, 45*(7), 263-269.

Sullivan Commission. (2004). *Missing persons: Minorities in the health professions*. A report of the Sullivan Commission on diversity in the healthcare work force.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: grounded theory procedures and techniques.* Newbury Park, CA: Sage Publications

United States Census. (2000). *United States Census 2000.* Retrieved July 11, 2006 from http://www.census.gov/.

United States Census. (2009). Retrieved April 26, 2010 from http://quickfacts.census.gov/qfd/states/12/12086.html

United States Department of Health and Human Services. (2001). *The registered nurse population. National sample survey of registered nurses*. Washington, DC: Health Resources and Services Administration, USDHHS.

van Manen, M. (1997). *Researching lived experience: Human sciences for an action sensitive pedagogy, 2nd ed*. Ontario: Althouse.

Watson, G., & Glaser, E. (1964). *Watson-Glaser critical thinking manual*. New York: Harcourt Brace Jovanovich, Inc.

Webb-Vidal, A., & Wilson, J. (2002). Venezuela's economy to shrink 10%. *Financial Times*, 2002, 8.

Weinstein. C, Zimmerman, S., & Palmer, D. (1988). Assessing learning strategies: The design and development of the LASSI. In C.E. Weinstein, E.T. Goetz, & P.A. Alexander (Eds.), *Learning and study strategies: Issues in assessment, instruction and evaluation* (pp. 25-401). New York: Academic Press.

Williams, K. (2007). Meeting demands of our older nurses by changing workforce environments. *The Alabama Nurse, 34*(1), 18.

Williams, M. J. (1995). *A comparison of self perceptions of professionalism of diploma, associates degree, and articulated BSN/RN graduates.* Unpublished dissertation, University of Connecticut, Storrs, Connecticut.

Wilson, A., & Startup, R. (1991). Nurse socialization: Issues and problems. *Journal of Advanced Nursing, (16)*12, 1478-1486.

Wolf, Z., & Hoerst, B. (2007). Professional commitment in RN-BSN and basic BSN students: program evaluation. *Nurse Educator*, *32*(2), 61-65.

Woods, S., Harju, A., Rao, S., Koo, J., & Kini, D. (2006). Perceived biases and prejudices experienced by international medical graduates in the US post-graduate medical education system. *Medical education Online, 11*(20). Retrieved August 15, 2009 from http://www.med-ed-online.org.

World Health Organization. (2007). Regional Office for South-East Asia. Provisional Agenda Item 16.6. Follow-up action on selected resolutions/decisions of the last three years: International migration of health personnel: A challenge for health systems in developing countries, 1-10.

Appendices

Appendix A
Barry University

IRB APPROVAL

IRB approval page 2

Appendix B

Basic (Foreign-Educated Physician-BSN) Upper Division Nursing Courses (Accelerated):

Semester I		
Course		Credits
NUR 3026C	Foundations of Nursing I: Basic Skills	3
NUR 3027	Foundations of Nursing	3
NUR 3027L*	Foundations of Nursing Clinical	6
NUR 3065C	Client Assessment	3
NUR 3825	Professional Nursing: Socialization	3

Semester II		
Course		Credits
NUR 3535	Psychosocial Nursing	3
NUR 3535L*	Psychosocial Nursing Clinical	3
NUR 3145	Pharmacological Basis of Nursing Practice	3
NUR 3165	Professional Nursing: Research Consumer	3

Semester III		
Course		Credits
NUR 3226	Nursing Care of Adults I	3
NUR 3226L	Nursing Care of Adults I Clinical	3
NUR 3227	Nursing Care of Adults II	3
NUR 3227L	Nursing Care of Adults II Clinical	3
NUR 3125	Pathophysiological Basis of Nursing Practice	3

Semester IV		
Course		Credits
NUR 4455	**Care of Families: Childbearing Nursing**	3
NUR 4455L*	**Care of Families: Childbearing Nursing Clinical**	3
NUR 4355	**Care of Families: Childrearing Family**	3
NUR 4355L*	**Care of Families: Childrearing Nursing Clinical**	3
NUR 4827	**Professional Nursing: Leadership**	3

Semester V		
Course		Credits
NUR 4636	**Care of Communities: Community Health Nursing**	3
NUR 4286	**Nursing Care of Older Adults**	3
NUR 4940	**Senior Clinical Synthesis**	3
NUR 4945L*	**Senior Clinical Practicum**	6
Total Upper Division Nursing Credits		75
TOTAL CREDITS		125

http://cnhs.fiu.edu/nursing/undergraduate_foreign_courses.html, retrieved July 8, 2009

Appendix C

Stone's Health Care Professional Attitude Inventory (Modified for Nursing by Lawler)

This inventory contains a series of statements about today's health care professions and health care delivery systems. These statements are not intended to elicit a right or wrong answer; rather to collect your perceptions of the accuracy and/or validity of each statement.

You are requested to read each statement. Then, utilizing the response scale below, indicate the degree to which you agree or disagree with each statement in respect to the health care professions and/or delivery systems.

Health care professionals, for the purpose of this inventory, include all registered nurses who function as a member of the health care team. Health care delivery systems are those mechanisms and strategies designed to facilitate the delivery of health care to the consumer.

1. Current health care delivery systems adequately meet the needs of society.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

2. The potential for a financially secure position is a major reason for pursuing a career in the health care professions.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

3. There has been inadequate interaction between health care professionals and their client public in the development of health care delivery systems.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

4. Students in the health care disciplines should be expected to emulate or model the role to their instructors.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

5. Students in the health disciplines should incorporate the philosophy of their educational program into their practice.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

6. Policies based solely on scientific methodology are most appropriate for the resolution of society's health care problems.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

7. The introduction of nurse practitioners, physician's assistants, and paramedical personnel has been of significant importance in improving the delivery of health care.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

8. Health care professionals such as nurses generally are impersonal and scientifically oriented.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

9. Health care professionals generally fail to show adequate interest in the health needs of consumers.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

10. Criticism of health care practices and procedures by persons outside of the profession is usually acknowledged and acted upon by health care delivery systems.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

11. At this point of time, the consumers of health care have been adequately involved in the development of health care delivery systems.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

12. Certification of competence upon receipt of the professional degree is necessary to assure that behavioral sciences, basic sciences, and health care sciences were part of professional education.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

13. Educational programs for health care professionals spend more time preparing students for careers in research and/or teaching than for careers as practitioners.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

14. Educational programs for health care professionals have not been adequately responsive to the identified needs of local communities.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

15. Health care teams tend to become so busy coordinating care that they lose sight of patient needs.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

16. Priorities for the user of human and material resources in the health care professions are best achieved through centralized decision-making.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

17. Health care professionals have actively encouraged consumer participation in current delivery systems.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

18. Inefficient use of existing personnel poses a major problem for delivering adequate health care.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

19. The desire for a position of status should be accorded little importance as a reason for pursuing a career in the health care professions.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

20. In order to alleviate health manpower shortages in certain geographical areas, health care professionals should be encouraged to deliver health legislation.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

21. Special economic interests have too often had a negative influence on public health legislation.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

22. Educational programs for health care professionals are currently designed to prepare professionals who will be able to appropriately respond to the needs of local communities.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

23. Health care professional education programs offering certification, e.g., physician assistants, nurse practitioners, etc. are alternatives that will result in more effective health care.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

24. Training greater numbers of health care professionals to deliver primary care is one alternative that will be beneficial in meeting the long-term health needs of society.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

25. Health care professionals have been actively promoting change in the health care delivery systems for the improvement of health care for all citizens.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

26. Health care is currently available to people at differing income levels on a selective basis.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

27. Health care professionals have developed adequate self-evaluation of procedures and techniques in the delivery of health care.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

28. Consumer involvement is essential to provide new alternatives in developing health care delivery systems.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

29. Health care providers who work with professionals from other disciplines discover a common purpose in providing adequate health care for all citizens.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

30. Societal class and social distinctions should be of no importance in a health care setting.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

31. Educational institutions have assumed a central role, not only in the education of professionals, but in determining the nature and quality of health care and services provided to the community.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

32. The health care professional such as a nurse should be concerned solely with clinical practice and not with social change in his community.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

33. Nursing educators are considered alternative rather than ultimate sources of information for their students.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

34. Consumer-oriented agencies should play a minimal role in establishing standards or criteria to assess the quality of care provided to health care consumers.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

35. The greatest need for improvement in health care education concerns knowledge and skills about delivery of health care rather than in expanding knowledge about disease.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

36. The existing forms of health care delivery systems allow professional personnel to efficiently deliver health care services to meet the needs of individual consumers.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

37. The inability to change the attitudes of people is a greater obstacle to effecting change in the delivery of health care services than a lack of adequate finances.

● Strongly Agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

38. When cost accounting and systems research techniques are applied to health care, it can be concluded that the health care needs of some citizens have not been adequately served.

● Strongly agree ● Agree ● Undecided ● Disagree ● Strongly Disagree

Appendix D

Demographics

1. Gender

- Gender Male
- Female

2. Age

- Age less than 31 years old
- 31-40 years old
- 41-50 years old
- 51-60 years old
- greater than 60 years old

3. Country of Birth

Country of Birth

4. Self Description (Please choose any or all that apply)

- Self Description (Please choose any or all that apply) White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian and other Pacific Islander
- Hispanic or Latino

Other (please specify)

5. First Language Learned

First Language Learned

6. Language Spoken at Home

Language Spoken at Home

7. Other Languages Spoken

Other Languages Spoken

8. What degrees have you earned in nursing (Choose all that apply)?

☐ What degrees have you earned in nursing (Choose all that apply)? Diploma

☐ Associate Degree in nursing

☐ Baccalaureate Degree in nursing

☐ Master's Degree in nursing

☐ Doctoral Degree in nursing

9. What year did you graduate from your initial nursing program?

What year did you graduate from your initial nursing program?

10. How many years have you worked as a registered nurse?

● How many years have you worked as a registered nurse? 6 months to 5 years

● 5-10 years

● 11-20 years

● 20- 30 years

● Greater than 30 years

11. Are you currently working as a nurse in South Florida?

● Are you currently working as a nurse in South Florida? Yes

● No

*

12. Did you have a previous profession?

● Did you have a previous profession? Yes

● No

Previous Profession

1. If the answer to number 12 is yes, what profession did you practice?

If the answer to number 12 is yes, what profession did you practice?

2. If your answer to number 12 was yes, how many years did you practice the previous profession?

- If your answer to number 12 was yes, how many years did you practice the previous profession? Less than 5 years
- 5-10 years
- 11-20 years
- Greater than 20 years

Appendix E

Letter to Hospitals Requesting Access to Participants

Sharon R Simon
2121 Austin
Weston, FL 33326

October 22, 2009

Hospital name

Dear Nursing Administrator:

I am a doctoral student at Barry University in the College of Nursing. My dissertation title: *A COMPARISON OF TRANSITIONS TO THE NURSING PROFESSION AMONG FOREIGN-EDUCATED PHYSICIANS, BACCALAUREATE, AND ASSOCIATE DEGREE NURSES* I am requesting that you email the registered nurses the following message:

"My name is Sharon Simon. I am a nurse and a nursing professor. My dissertation topic is comparing the socialization to nursing of three different groups of nurses: Baccalaureate prepared nurses, Associate degree nurses, and nurses who were formerly Foreign Physicians. The title is: *A COMPARISON OF TRANSITIONS TO THE NURSING PROFESSION AMONG FOREIGN-EDUCATED PHYSICIANS, BACCALAUREATE, AND ASSOCIATE DEGREE NURSES.* Participants will complete a questionnaire which will take approximately 20 minutes to complete. The participants must be employed as a nurse in South Florida and must have at least six months experience as a nurse. Click on (website) to begin the survey now."

Please contact me at 954.240.5534 or at my email address simonsh@fiu.edu . If you have any questions or comments. I look forward to hearing from you.

Sincerely,

Sharon Simon, RN, MSN
Assistant Clinical Professor

Appendix F

Barry University
Cover Letter

Dear Research Participant:

Your participation in a research project is requested. The title of the study is: *A Comparison of Transitions to the Nursing Profession among Foreign-Educated Physicians, Baccalaureate, and Associate Degree Nurses.* The research is being conducted by Sharon R. Simon, a student in the Division of Nursing at Barry University, and is seeking information that will be useful in the field of nursing education.

The aims of the research are to compare the socialization to nursing of three groups of nurses: Foreign-educated physicians, Baccalaureate degree nurses, and associate degree nurses. In accordance with these aims, the following procedure will be used: questionnaire. The anticipated number of participants is 200. The participants must be employed as a nurse in South Florida and must have at least six months experience as a nurse.

If you decide to participate in this research, you will be asked to do the following: complete a questionnaire on Survey Monkey which will take approximately 20 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects such as recommendations or acceptance into a program.

The risks of involvement in this study are minimal. There are no known risks to you. There are no direct benefits. Your participation in this study may help our understanding of how nurses are socialized to the profession of nursing.

As a research participant, information you provide is anonymous, that is, no names or other identifiers will be collected. SurveyMonkey.com allows researchers to suppress the delivery of IP addresses during the downloading of data, and in this study no IP address will be delivered to the researcher. However, SurveyMonkey.com does collect IP addresses for its own purposes. If you have concerns about this you should review the privacy policy of SurveyMonkey.com before you begin.

By completing and submitting this electronic survey you are acknowledging that you are at least 18-years-old and that you voluntarily agree to participate in the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Sharon R. Simon, at (954) 240-5534, my supervisor, Dr. Perkel, at (305) 899-4857, or the Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020 and by email at bcook@mail.barry.edu.

Thank you for your participation.

Sincerely,

Sharon R. Simon

Appendix G

Permission for Use of Instrument

RE: Lawler's modification of Stone's Health Care Professional Attitude Inventory
From: Lawler, Therese [LAWLERT@ecu.edu]
Sent: Tuesday, May 12, 2009 1:38 PM
To: Sharon Simon
Subject: RE: Lawler's modification of Stone's Health Care Professional Attitude Inventory

Sharon, you have my permission to use Stone's Inventory as modified by me. Good luck on your dissertation!! Would like to have a copy when you are finished. Say hi to Sandra Walsh for me. Terri lawler

Dr. Therese Lawler
School of Nursing:
Program evaluation
Special projects

Office: 2131 LAHN -nursing
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Appendix H

Research Questions, Hypothesis, Statistical Test, and Results Grid

Research Question	Research Hypothesis	Instrument	Statistical Test	Results
How socialized to nursing are the FEP graduates?	The transition of the FEP will achieve a significant level of socialization to nursing.	The Stone's Health Care Professional Attitude Inventory as modified for nursing by Lawler	General Descriptive Statistics; *t*-tests to compare the groups on this study to normative samples in the literature	Null hypothesis not rejected
How does the transition to nursing socialization of the FEP compare to DAN, BSN and MSN graduates?	The nursing socialization of nurses that graduated from the FEP program will be greater than the nursing socialization of associate degree nurses. The nursing socialization of FEP	The Stone's Health Care Professional Attitude Inventory as modified for nursing by Lawler	ANOVA	Null hypothesis not rejected

	nurses will be greater than the nursing socialization of Baccalaureate Degree nurses. The nursing socialization of FEP nurses will be greater than the nursing socialization of Master's Degree nurses.			
What demographics factors impact the professional socialization to nursing of FEP?	Age, gender, years practiced nursing, and years practiced medicine will make a significant independent or combined contribution to successful transition to nursing socialization.	Researcher Designed Socio-demographic Questionnaire	Multiple regression	Null hypothesis not rejected

VITA

1973	Nursing Diploma, Geisinger Medical Center
	Danville, PA
1979-1988	Critical-Care Nurse, Cedars Medical Center,
	Miami, FL
1985	BSN, University of Miami, Coral Gables, FL
1988	MSN, University of Miami, Coral Gables, FL
1988-1992	Clinical Nurse Specialist,
	Cedars Medical Center, Miami, FL
1992-1994 and 1996-1999	RN II, Post-Anesthesia Care Unit
	Cedars Medical Center, Miami, FL
1999-2001	Hand Surgery Coordinator,
	Cedars Medical Center, Miami, FL
2001-2003	RN II Ambulatory Surgery,
	Cedars Medical Center, Miami, FL
2003-Present	Clinical Assistant Professor
	College of Nursing and Health Sciences
	Florida International University, Miami, FL
2005-2007	Per Diem Critical Care RN
	Cleveland Clinic of Florida, Weston, FL
2007-Present	Per Diem Educator
	Cleveland Clinic of Florida, Weston, FL