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THE EFFECTS OF A CLINICAL ENRICHMENT ROTATION
ON THE STUDENTS' ABILITY TO PERFORM NURSING
FUNCTIONS INDICATIVE OF A REGISTERED NURSE

by

Cynthia Lee Goehring Senger

A thesis

submitted in partial fulfillment
of the requirements for the degree of
Master of Science, Major in Nursing
South Dakota State University

1985

THE EFFECTS OF A CLINICAL ENRICHMENT ROTATION
ON THE STUDENTS' ABILITY TO PERFORM NURSING
FUNCTIONS INDICATIVE OF A REGISTERED NURSE

This thesis is approved as a creditable and independent investigation by a candidate for the degree Master of Science, and is acceptable for meeting the thesis requirements for this degree. Acceptance of this thesis does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

~~SHARON LEECH-HOFLAND~~, R.N., Ph.D. Date
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Academic Advisor

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CHAPTER 1
Statement of the Problem and
Objectives of the Study

Introduction

"We need a nurse prepared to function adequately upon graduation."

"There is no way we can teach students everything there is to know about nursing."

These two statements reflect the different expectations held by professionals - the first by those in nursing service and the second by those in nursing education. The expanding body of knowledge in nursing and the increase in health care costs contribute to unclear expectations of the new graduate's functional level and the functional level desired of them by nursing service.

The two year nursing program is based on the belief that the associate degree nurse should be prepared to perform two roles: providers of nursing care and members of a nursing team (Montag, 1971). The new graduate is often viewed as having a strong theoretical background but as having weaknesses in the application of the theory to the clinical area, in judgment skills, in problem solving, and in organizational skills (Ashkenas, 1973).

Both nursing service and nursing education agree that there is a lack of clarity in describing the role

expectations of the graduate nurse (Walters, 1981). The differences in expectations between nursing service and nursing education regarding the level of functioning of the new graduate led to the development of examining the benefits of student selected nursing clinicals or internships within the basic curriculum (Hekelman, 1974).

Recognizing that students need additional competency to meet professional expectations in performing nursing skills indicative of the Registered Nurse, faculty in associate degree programs have developed clinical experiences within the basic nursing curriculum for the purpose of providing opportunities to apply theory in the clinical setting. Therefore, a study of how a clinical enrichment affects the graduate's ability to perform the nursing functions indicative of the nursing role should be an informative study and beneficial to the profession of nursing.

Statement of the Problem

The problem under investigation is:

To what extent do graduates of an associate degree program perceive the effect of a Clinical Enrichment Rotation on their ability to perform functions indicative of a Registered Nurse?

Importance of Study

Research related to this problem is important because, regarding the new graduate nurse's functional level upon

graduation, the expectations of nursing education differs from that of nursing service. Miller describes the two worlds of nursing:

....the student world being relatively sheltered, filled with support and guidance for learning and decision-making; composed of familiar persons; the other world is a world of numerous people of different educational background, perceptions, values, where the graduate is expected to make sound, often quick decisions and act accordingly in the proper manner - a world of different responsibilities, relationships, and accountability (Miller, 1973, p. 84).

When nurses were educated in hospital based and operated programs, there existed little or no reality shock because much of the learning was by apprenticeship (Stuart-Siddall & Hablin, 1983). However, due to advances in nursing and scientific practice, this system is no longer desirable. Kramer (1974) believes that as the process of educating student nurses becomes more fully developed and separate from the hospital setting, the problems of effectual role transformation between school and work become more paramount (Kramer, 1974).

A survey by Taylor further describes how expectations of the new graduate differ between nursing service and nursing education. The survey of nursing educators, head

nurses, nursing supervisors, directors of nursing, and graduate nurses emphasized areas in which nursing education and nursing service can work together to meet the needs of the graduate nurse. The participants in the survey acknowledged the strong theoretical base of new graduates, but also recommended five areas of improvement needed in the graduate nurse. They recommended that nursing service and education work jointly in addressing these areas (Taylor, 1982).

The first area included an increase in organizing, planning, and implementing nursing care with an increased workload over previous clinical experience in school. The second area was the need for leadership roles in assuming a charge nurse position which involves the delegation of duties and the supervision of auxiliary personnel. The third area spoke to the clinical performance of basic nursing skills. Fourth was the development and modification of nursing care. The final need was the ability to meet the psychosocial needs of the patient (Taylor, 1982).

Therefore, a study on how the graduate's ability to perform the nursing functions indicative of the nursing role is affected by a Clinical Enrichment Rotation appears appropriate so that planning and changes can be made within the associate degree curriculum.

Objectives of Study

The objectives of the study were:

1. To describe to what extent the Clinical Enrichment Rotation facilitated the perceived ease of transition from the role of the student to the role of Registered Nurse.

2. To determine to what extent the Clinical Enrichment Rotation affected the graduate's perceived ability to perform selected nursing functions indicative of the role of a Registered Nurse.

3. To determine to what extent students perceived the objectives of the Clinical Enrichment Rotation in an associate degree program were accomplished.

The above objectives reflect the order in which each objective will be analyzed.

Definition of Terms

The following terms were used in this study and were defined as follows:

Associate degree nursing program. A 20-month nursing program approved by the State Board of Nursing and accredited by the National League for Nursing. The students graduate with an Associate Degree in Science and are eligible to write the National Council of Licensing Examination (NCLEX). The program constitutes a department in a private junior college located in the north central midwestern part of the country.

Clinical enrichment rotation. A two week clinical rotation taken during the students' final semester in the Associate Degree Program. The purpose of the rotation was to

ease the transition of the student from the educational setting to the "real world" of nursing. The rotation provides an opportunity to apply theory to the clinical area, increase judgment and organizational skills, do problem solving and perform technical skills. Synonymous terms for Clinical Enrichment Rotation are internships, preceptorships, and internships.

Registered nurse. An individual legally licensed by the State Board of Nursing to practice nursing as a Registered Nurse. The role of the nurse is based on application of biopsychosocial sciences and the interrelationships of theory to practice. The nurse interacts with the client to promote, maintain and restore an optimal level of health (NLN, 1978).

Nursing student. An individual enrolled in a 20-month associate degree program who studies nursing. In this study the student will have graduated in May of 1984. In this study, the student after graduation is referred to as a graduate nurse.

Functions of a registered nurse. In this study the functions indicative of a Registered Nurse are the competencies for the associate degree graduate defined by the National League of Nursing (NLN) Task Force on Competencies of Graduates of Nursing Programs. Competencies for the NLN were defined by the task force to mean "minimal expectations" of the new graduate, thus the focus is on anticipated functions rather than actual functions of the new graduate in the

clinical setting (NLN, 1981).

Preceptor. A Registered Nurse practicing as a staff nurse and who had entered into a contract with a student to assist the student in learning the functions of a Registered Nurse. The preceptor teaches, counsels, role models and supports the growth and development of an individual for a fixed and limited amount of time with the specific purpose of socialization of the student into a new role. The preceptor must be a graduate of an Associate Degree, Diploma, or Masters in Science Nursing Program.

Organization of the Thesis

The remainder of this thesis will be organized as follows:

1. Chapter 2 will be a discussion of selected literature pertinent to the study, the theoretical perspective and the research hypothesis.
2. Chapter 3 will present the research design and methodology.
3. Chapter 4 will report on the analysis of the research data.
4. Chapter 5 will include a summary of the thesis, conclusions and implications of the findings, limitations of this study, and recommendations for further research.

CHAPTER 2

Review of Literature

This chapter, divided into two sections, cites literature relevant to the development of a background for this study. The first section will contain a review of literature related to the expectations of the new graduate. The second section will discuss literature related to the effects of a Clinical Enrichment Rotation on acquiring the ability to perform the nursing functions indicative of the role of the Registered Nurse.

Expectations of Associate Degree Graduates

The literature alluded to the fact that there is an unclear definition between nursing service and nursing education regarding the expectations of the new graduate. Therefore, the first section will focus on literature related to the three main areas: (1) the expectations of the graduate as defined by nursing service and nursing education, (2) the effects of the socialization process on the expectations of the new graduate, and (3) the need for nursing service and nursing education to work together to clearly define the expectations of the new graduate.

Nursing Service Versus Education Expectations

The literature refers to the high expectations for

the graduate nurse due to the increase in medical technology and the increased knowledge base and skills required for nursing practice (Morrow, 1984). That is, they are not expected to be experts in their area of practice, but are expected to be highly trained technicians expert in the handling of a multiplicity of sophisticated monitoring and life support devices now common in hospitals (Brown, 1983). The nurse must be skilled in communication, time management, and interpersonal relationships (Beverly, 1977). A nurse must not only be able to bathe a patient, but while doing so, assess, make judgments, provide stimulation and teach the patients (Roell, 1981).

A study by Carozza further emphasized the high expectations for the new graduate nurse and also discussed the discrepancy that exists between the products of nursing education and the needs of nursing service. This study emphasized that there has been considerable concern over the quality of functioning and skill performance of new graduate nurses from both the two and four year nursing programs. The literature suggested that the professional bureaucratic conflict between service and education is delayed and unexpected by the new graduate (Carozza, 1978). Carozza emphasized that motivation and interest appear to be high between education and service to collaborate to bridge the gap between professional-academic perspective gained during education and the bureaucratic conflict and identification

discrepancies upon work entry (Carazzo, 1978).

Numerous studies expanded upon the new graduate as defined by nursing service and nursing education. The literature suggested that schools appear to have given the student only a little exposure and experience in practicing responsibility for organization, priority setting, decision making and leadership which affected themselves and also the staff members responsible for them (Chaning, 1979). Harkins also spoke to the fact that students were placed in situations with patients and staff which required a greater level of competence than a graduate nurse could be reasonably expected to possess (Harkins, 1983). Minor further alluded to this and emphasized that the new graduate comes to the hospital with a strong theoretical background, but they are weak in the practical application of nursing theory, judgment, problem solving and organizational skills (Minor, 1981).

Studies by Brodt & Chagares also concurred that the new graduate nurse may find the different expectations held by education and service frustrating and difficult to manage. For example, the new graduates are confronted with work situations where measures of their responsibilities exceed their competence and confidence (Brodt, 1971; Chagares, 1980).

The Colorado Nurses' Association Commission on Nursing Service and Education, recently issued a statement to all nursing education programs in Colorado. The statement stressed that there were serious inadequacies of clinical

performance and skills of new graduates. They based their conclusions on a survey of clinical agencies. The clinical agencies surveyed in the study stated they were concerned with the quality of patient care provided by new nurses. The clinical agencies were indicating it took anywhere from three months to one year before the new graduate could assume a proficient practice nurse role (Carozza, 1978).

Effects of the Socialization Process on Expectations of the Graduate Nurse

One reason for variations in expectations may be due to the socialization process that the student is involved in during the educational experience and upon entry into the work world. A study by Ashkenas which focused on socialization discussed the factors which have aided or deterred the new graduate as a practitioner. She suggested that Associate Degree graduates have difficulty in the beginning employment due to their difficulty adjusting from ideal student assignments to realistic working conditions. The climate of the work place puts a premium on getting things done and often negates the nurse's ability to accomplish other than limited patient care. This study indicated that difficulty arose from the graduate's inability to organize adequately his/her plan of care. She concluded that difficulty arose when the graduate nurse had to cope with larger assignments than she/he had been accustomed to as a student (Ashkenas, 1973).

Olmsted and Paget believed that upon graduation the professional must shift from the childhood socialization to the adult socialization model and thus school values must be translated into practice and action. They indicated that professionals are taught in terms of values and "should's" in order to equip them with internalized controls and values. This is more similar to childhood socialization than adult socialization. In order for the graduate to come to terms with an adult socialization model, the literature emphasized that role transformation is required (Olmsted & Paget, 1969).

A study by Kramer further emphasized the socialization process that the new graduate experiences due to a difference in educational expectations and actual reality. Kramer calls this "reality shock" and briefly describes it as follows:

....Reality shock is the conflict resulting from the movement from the familiar subculture of school to the unfamiliar subculture of work. The two subcultures have their own values and behaviors. Generally speaking, in schools of nursing, the dominant values are comprehensive, total patient care with individualization and family involvement. Use of judgment, autonomy, cognitive skills, and decision-making are strongly promulgated in this system. In the work subculture, the emphasis is on the value of providing safe care for all the patients.

Organization, efficiency, cooperation, and responsibility are highly valued (Kramer, 1974, p. 15).

According to Kramer all individuals go through the phases of reality shock in each position they accept. This shock is most pronounced in the first professional position because they are unprepared for it and their professional ideals have not yet been impacted by reality (Kramer, 1974). Kramer stated that most of the graduate nurses entering hospital positions are prepared neither psychologically nor clinically for the real world of nursing and that many stressors are imposed by this transition. Their adjustment is complicated by lack of continuity and congruence between nursing theory and practice. The graduates' previous educational experiences have insufficiently developed personal and social characteristics vital to their role as nurses (Kramer, 1974).

A study by Kramer and Schmalenburg suggested the new graduate nurse needed help in making the transition from the school environment to the work world. Reality shock is expressed at this time and can create trauma for the new graduate. Kramer and Schmalenburg contend there are four phases to reality shock. The first phase is titled the "honeymoon" and consists of near euphoria. Everything is wonderful and they believe they are constantly learning and growing and that their choice of profession was the best one possible for them. However, the euphoria gradually disappears

and phase two begins. In this phase called the depression phase, the job does not seem so great and the views of how nursing ought to be and how it really is seem far apart. This phase can prove overwhelming as the graduate feels caught in a trap and many consider any of the following: may job hop, go native and abandon the values learned in school and accept the prevailing values of the organization, return to school for the escape it offers from the real world, or finally burn out completely and leave the profession altogether. If the graduate remains in nursing long enough, he/she find himself/herself in phase three, the recovery phase. In this phase a new sense of balance prevails and he/she feel relaxed and able to cope. The last phase is termed resolution, and it is during this phase that methods for handling some of the conflicts of the work world are found. The graduate nurse becomes bicultural, integrating his/her own values into the real world and coming out with a workable, livable compromise between the ideal and reality (Kramer & Schmalenburg, 1978).

Several studies indicated that the present socialization process of new graduates is inadequate. A study by Mauksch claimed the present socialization process in educational settings is not developing nurses capable of becoming autonomous self-directed practitioners (Mauksch, 1972). Diers stated that our educational systems turn out qualities of independence and abstraction in nursing students (Diers,

1972). Litwack supported this statement and confirmed that nursing students complained that their needs are not relevant to their attainment of goals (Litwack, 1971).

Werner and Kramer emphasized that in nursing education there is a lack of opportunity for students to become appropriately socialized to the role of the nurse and secondly to the world of work. Activities which socialize a nurse are clearly an important part of the curriculum. They concluded that provisions must be made in education to give students a sense of the patient's experience in a continuum of health, illness, and crisis (Kramer, 1974; Werner, 1980).

Unity of Nursing Service and Nursing Education to Define Expectations of the New Graduate Nurse

The third focus in the literature review stressed a need for nursing service and nursing education to work jointly to clarify the expectations of the new graduate (Limon, 1982). This is reflected in a study by Voight which revealed that graduates in selected community colleges in Michigan were found to have deficiencies in communication and judgment skills. He recommended that the Associate Degree nursing programs work with nursing service to create a climate which would facilitate the students' skill in communication and expedite the introduction of the new graduates into the realities of the working situation (Voight, 1972).

Williamson discussed the need for education to help

prepare the student for the transition from student to nurse. He emphasized that it is important and advantageous to faculty, students and practitioners to allow the nurse in practice to participate in affecting the transition of their future colleagues. While working with a practitioner the student would be able to identify the expectations of the Registered Nurse (Williamson, 1978).

Clinical Enrichment Rotation

The second section of this literature review discusses the approaches nursing education has planned to assist the nursing student to perform the nursing functions indicative of the registered nurse. Nursing service and nursing education have identified a need to prepare the graduate nurse for the work world (Morrow, 1984). Therefore, programs such as the Clinical Enrichment Rotation have been developed to expose the student nurse to the functions indicative of the registered nurse. With these programs, nursing educators are designing a reality-oriented clinical experience prior to graduation so that students have an opportunity to perform the functions indicative of a registered nurse so that the student receives help in the transition between school and work (Taylor, 1982).

The second section of this literature review will focus on two main areas: (1) a discussion on the approaches to preceptor type programs, and (2) the effectiveness of

these programs. In this study the preceptor type programs will be referred to as a Clinical Enrichment Rotation.

Approaches to Preceptor Type Programs

The literature reflects numerous approaches that can be utilized when implementing programs which are designed to aid the clinical teaching of nursing students. The Clinical Enrichment Rotation may be utilized in the education of nursing students or as a specialized program after graduation to further the graduate's efficiency as a competent beginning level professional nurse. In nursing schools the rotations are usually in the senior nursing year. These rotations vary from one to 12 months depending on the school (Hekelman, 1974). The major intent here is to have the student work on a one-to-one with a preceptor for the purpose of experiencing day to day practice with a role model and resource person in a clinical setting (Plasse, 1981; Walters, 1981). Guidance, supervision, and support from someone effective in the work role helps the student enact the staff nurse role as it really exists in the professional setting. These rotations are designed to help students develop confidence on the job, improve the student's competency in the performance of functions indicative of the role of the Registered Nurse, and to provide a realistic view of nursing care delivery systems (Duespohel, 1983; Mirin, 1980).

Evaluation of Clinical Enrichment Rotation (CER)

Numerous studies in the literature reflected the benefits of utilizing a CER to educate nursing students. Turnball emphasized that a CER contributes to quality student education (Turnball, 1981). An evaluation of a CER at Bergen Community College, New Jersey, further stressed that students who had participated in the rotation expressed feelings of increased confidence, decreased anxiety, and believed they were more organized and had increased their proficiency in performing nursing skills (Whelan, 1982). Fue and Bozett (1984) stressed that both nursing educators and staff felt that students who participated in a CER and worked with preceptors tended to be more confident, assertive and more clinically proficient in performing the functions indicative of the RN.

A study by Limon, Spencer and Walters was conducted to determine the effectiveness of a CER in an Associate Degree Nursing Program. In this study, 40 second-year nursing students participated in a CER consisting of a 40 hour week with a preceptor. A quasi-experimental research design was used to guide the data collection. The class of 1978 was the control group and classes 79, 80, and 81 were the experimental group. The study suggested that this type of preceptor program as part of the school curriculum was useful in meeting the specific concepts of increasing the students' readiness for the demands of the work world. They believed that a preceptorship program provided an opportunity for personal

and professional growth, served as a vehicle for making the transition from learner to worker, and reunited nursing service and education in a way that supported the common goal of quality patient care (Limon, Spencer, Walters, 1981).

Hekelman and others conducted a pilot study to determine the effectiveness of a CER. In this study graduates were randomly selected from a two year associate degree nursing program to participate in a guided internship CER. The graduates worked a 10 week period and were subjected to a more structured, guided internship than the usual hospital orientation. Evaluations from the participants revealed that the pilot study was invaluable in increasing self-confidence and improving problem-solving skills (Hekelman, 1974).

Roell surveyed nursing schools in an attempt to elicit information about the status of CER in the country. She reported that participation in a CER program helped the graduate nurse assume increasing responsibility in his/her role as the graduate gains self-confidence, comfort in the clinical setting, competence, and becomes more able to give quality patient care. She stated that a CER provided a highly realistic vehicle for smoothing the transition from student to staff nurse (Roell, 1981).

The effectiveness of a CER is further examined by Dobbie. She emphasized that the CER provided a learning climate that facilitated student-centered learning, and

encouraged a growth toward independence. She confirmed that a preceptor in a CER is a realistic role model for the student. Observation of a practitioner in the work setting offers the student a chance to assess professional attributes and values. A CER as part of the nursing education encouraged students to think and stimulated and facilitated self-directed learning (Dobbie, 1983).

Summary of Literature Review

The review of literature included studies relating to the varying expectations of the new graduate nurse and the evaluation of a CER in helping the student acquire the nursing functions indicative of the role of the Registered Nurse.

In general, studies reviewed suggested that the new graduate possessed a strong theoretical background, but needed support in the application of nursing theory, problem solving, organizational skills, and judgment. Specifically the studies indicated that:

1. With the advance in nursing knowledge and technology, the expectations for the new graduate nurse have increased tremendously. A dilemma exists in nursing education to try to provide a strong theoretical background and also prepare the graduate for the role of registered nurse.

2. The present socialization process may be one reason for the various expectations of the new graduate.

There is a need for providing an easier means of making the transition from the school environment to the work world. The contradictory value systems of education and service make the new graduate transition from student to nurse difficult.

3. Nursing service and nursing education have begun to recognize a need to collaborate their efforts in preparing students for practice upon graduation.

4. A CER enhances role socialization since the student's role model is an active practitioner.

5. Student experience with a clinical preceptor has helped ease the impact of reality shock. Preceptors helped students face reality by assisting them in placing priority on nursing activities.

6. CER allow students to have a one-to-one learning relationship that allowed close supervision, immediate feedback, and better identification of students' individual learning needs.

7. Students have benefited by gaining increased confidence and competence in performing clinical skills.

8. A CER has helped students develop accountability for their own actions and practice nursing skills required to function successfully in a beginning staff nurse position.

9. The CER has provided an opportunity for students to work through professional bureaucratic conflicts with a role model.

In conclusion the above literature review supports

the contention that student nurses may be socialized to different expectations than those held by practicing professionals; that nursing service and nursing education vary in their expectations of the graduate nurse; and there is a need for nursing service and nursing education to work jointly in preparing the graduate nurse to enter the profession with the identified expectations. Finally, the literature suggested that a CER does affect the graduate nurse's ability to perform nursing functions indicative of a Registered Nurse.

Conceptual Framework

The conceptual framework for this study is based on a review of literature. In this study three concepts are used to help explain the graduate's perceived ease of performing nursing functions indicative of a registered nurse. These three concepts are depicted in Figure 1.

Hypotheses

The review of literature and the conceptual framework enable one to generate the following null hypotheses:

1. There is no difference between perceived ability to perform the functions indicative of a registered nurse and the perceived ease of transition from student to registered nurse.
2. There is no difference between the perceived ability to perform the functions indicative of a registered nurse and type of health care facility employed (i.e., hospital,

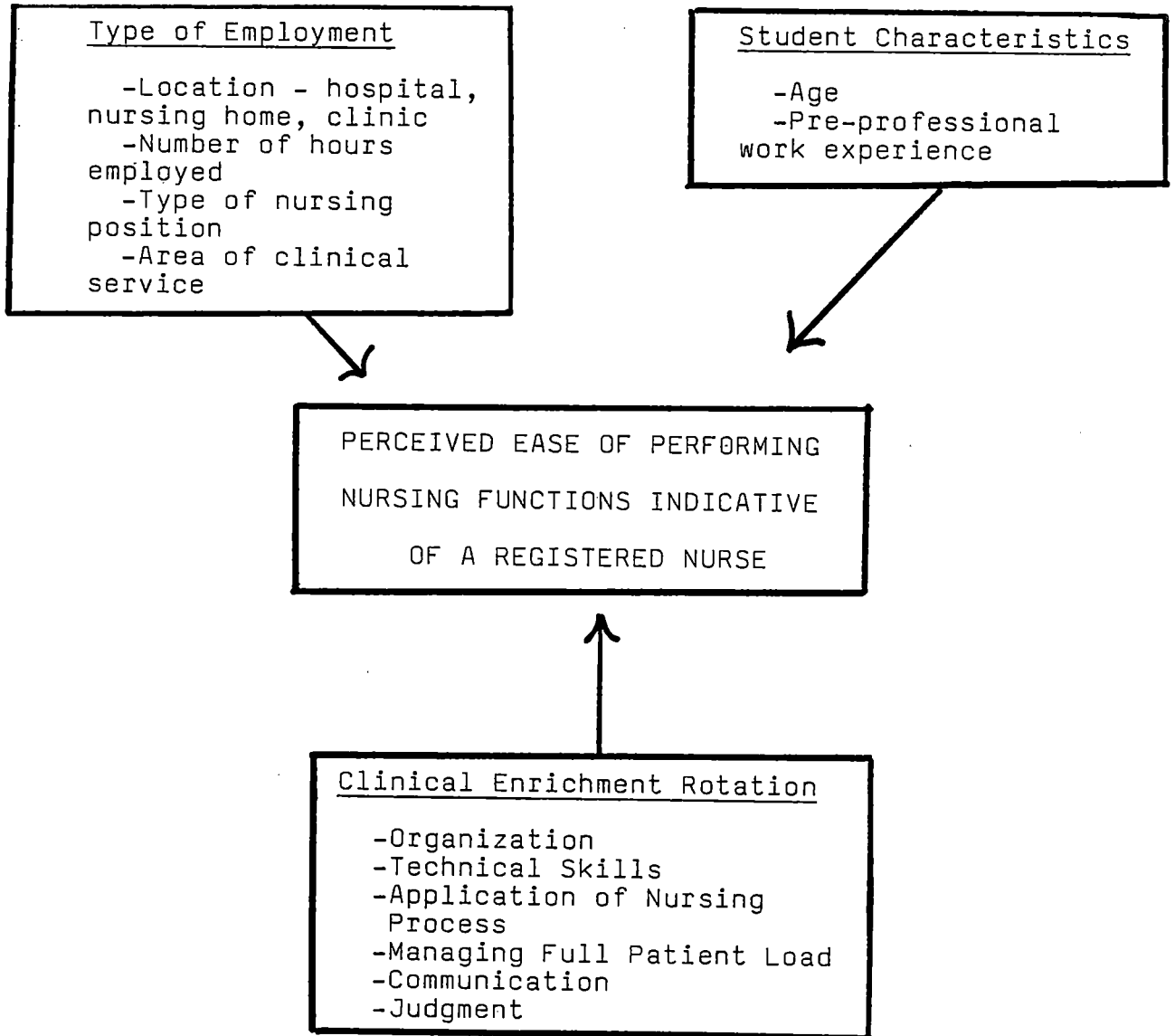


Figure 1
Conceptual Framework

nursing home, clinic).

3. There is no difference between perceived ability to perform the functions indicative of a registered nurse and the type of nursing position held.

4. There is no difference between perceived ability to perform the functions indicative of a registered nurse and the number of hours employed.

5. There is no difference between perceived ability to perform the functions indicative of a registered nurse and the age of the student.

6. There is no difference between perceived ability to perform the functions indicative of a registered nurse and pre-professional work experience.

7. There is no difference between perceived ability to perform the functions indicative of a registered nurse and the area of clinical service employed.

8. There is no difference between perceived ability to perform the functions indicative of a registered nurse and the degree of accomplishment of the objectives of a CER as related to:

8a. Ability to apply the nursing process in a realistic work setting.

8b. Ability to develop skill in managing a full patient assignment load.

8c. Ability to improve organizational skills in the clinical setting.

8d. Ability to improve technical skills in the clinical setting.

8e. Ability to deal effectively with patient needs on all shifts.

8f. Ability to become aware of the varying responsibilities on all shifts.

8g. Ability to gain additional experience in areas where previous learning opportunities were lacking.

The above individual hypotheses (8a-8g) reflect the objective as stated in the CER course syllabus.

CHAPTER 3

Methodology

The research methodology used for this study is reviewed in this chapter. This includes a discussion of the approach, sample, research tool, method of collecting data, procedure used in the analysis of data, and the identification of variables.

Approach

The research approach for this study was a survey, utilizing a questionnaire based on the literature review and the conceptual framework. A group of former nursing students who had participated in a CER during their senior year at a designated junior college were asked to complete the questionnaire.

Sample

The accessible population consisted of 42 students who were enrolled in the spring semester of 1984 in their final semester of a nursing program and who had participated in a CER as part of their clinical experience. The nursing program granted the students an Associate Degree in Science. The nursing program was a department in a small private college in the north central midwestern part of the country.

The students graduated in May, 1984, and wrote the National Council Licensing Exam (NCLEX) for Registered Nurses

in July of 1984. The purposive sample for this study consisted of those 28 former students who returned the completed questionnaire by a designated time indicated on the face sheet.

Research Tool

The questionnaire (Appendix A) was developed based on a review of literature and the conceptual framework. The purpose of the questionnaire was to measure the extent to which a CER affected the graduate nurses' perceived ability to perform the functions indicative of a Registered Nurse.

The questionnaire consisted of four sections. Section one included questions related to demographic information as age, number of hours employed per week, and a description of present employment. Additional information obtained in section one was the clinical service area presently working, the type of nursing position held, and a description of pre-professional work experience.

Section two of the questionnaire consisted of questions related to the objectives of the CER course as stated by the instructors of the nursing program in the small private junior college. The level of completion of the objectives was measured, using a seven-point, Likert type scale. Responses ranged from strongly agree (a value of 1) to strongly disagree (a value of 7). Therefore, a value of one on the scale represented the most successful completion of the objectives and a value of seven represented the least

successful completion of the objectives. An "undecided" response was indicated by a value of four.

Section three of the questionnaire consisted of questions related to functions indicative of a Registered Nurse. These questions were designed to gather information about the extent to which a CER affected the perceived ability of the former student to perform the functions indicative of a Registered Nurse. The functions were based on the competencies defined by the National League of Nursing Task Force on competencies of Graduates of Associate Degree Programs. The perceived ability to perform the stated function was measured by a seven-point Likert-type scale. A value of one on the scale indicated the strongest perceived ability to perform the stated function, and a value of seven on the scale represented the least ability to perform the stated function. An "undecided" response was indicated by a value of four.

Section four of the questionnaire consisted of questions designed to measure the components of the CER. Question 34 of this section was designed to measure the effects of a CER on the former students' perceived ease of transition from student role to graduate nurse role. Section four also consisted of open-ended questions designed to gather information about the components of the CER and these questions were not included as data for the study. They were designed for evaluative purposes of the CER only.

A face sheet accompanied each questionnaire. The face sheet identified the researcher, explained the purpose of the study, and informed the respondent that consent to participate in the study was evidenced by completion and return of the questionnaire by a designated time.

The questionnaire was pretested for content validity by faculty members at the college who had participated in the CER as faculty liaison. Based on their comments, revisions were made in the questionnaire prior to distribution.

Method of Collecting Data

The data for this study were collected during the winter of 1985 based on the following process:

1. Permission to administer the questionnaire to the former students was obtained from the President and Academic Dean of the junior college where the study took place.
2. The questionnaires were mailed to each of the 42 former students eight months after their completion of the nursing program at the junior college. The former students who agreed to participate were asked to place the completed questionnaire in a stamped self-addressed envelope and mail to the researcher.
3. One week prior to the deadline data stated in the face sheet a second mailing was done to all potential respondents who had not returned the questionnaire.

Procedure for Analysis of Data

Questionnaires were returned by 28 of the former students. An electronic computer was utilized for statistical analysis to facilitate speed and accuracy.

The data were analyzed to: (1) provide a descriptive analysis of the former students as a group, and (2) determine the effects of a CER on the former students perceived ability to perform the nursing functions indicative of a Registered Nurse.

The descriptive analysis was based on frequency and percentage listings of the individual responses in section one of the questionnaire.

The hypotheses were tested using analysis of variance (ANOVA).

The significance level for the purpose of this study was .05.

Variables

The variables in this study were:

1. The dependent variable (Y) was the student's perceived ability to perform the nursing functions indicative of a Registered Nurse.

2. The independent variable (X) and operationalization of each variable were the following:

X_1 = CER influence on nursing function performance (Appendix A, part III). This was operationalized by summing the individual responses to questions 14, 15, 16.....34.

A value of one on the scale indicated the strongest perceived ability to perform the stated function, and a value of seven on the scale represented the least ability to perform the stated function.

X_2 = Description of employment (Appendix A, question 3). This was operationalized by summing the responses to question 3 on the questionnaire.

X_3 = Type of nursing position (Appendix A, question 5). This was operationalized by summing the responses to question 5 on the questionnaire.

X_4 = Number of hours employed (Appendix A, question 2). This was operationalized by summing the responses to question 2 on the questionnaire.

X_5 = Age (Appendix A, question 1). This was operationalized by summing the responses to question 1 on the questionnaire.

X_6 = Pre-professional work experience (Appendix A, question 6). This was operationalized by summing the responses to question 6 on the questionnaire.

X_7 = Area of clinical service (Appendix A, question 4). This was operationalized by summing the responses to question 4 on the questionnaire.

X_8 = Objectives of CER (Appendix A, part II). This was operationalized by summing the individual responses to questions 7, 8, 9, 10, 11, 12, 13. A value of one on the scale represented the most successful completion of the

objectives and a value of seven represented the least successful completion of the objective.

CHAPTER 4

Analysis of the Research Findings

This chapter presents a descriptive analysis of the data and the results of hypotheses testing.

Descriptive Analysis

Frequency and percentage listing of the data were obtained from the subjects (N=28) responses to the questionnaire. The descriptive analysis was based on that data.

Age. Thirteen (44.4 percent) respondents reported their age as 20-22 years; 10 (35.7 percent) respondents reported their age as 23-30 years and five (15.0 percent) respondents reported their age as 31-55 years.

Hours employed. Twenty-two (78.6 percent) respondents reported they were working full time at 40 hours per week. Six (21.4 percent) respondents reported they were working part-time.

Description of present employment. Nineteen (67.9 percent) respondents reported they were presently employed in a hospital. Six (21.4 percent) respondents reported they were presently employed in a nursing home. One (3.6 percent) respondent was working in a community health position. One (3.6 percent) respondent reported being employed in a

combination of a hospital and nursing home. One (3.6 percent) respondent reported working a combination of hospital and hospice.

Type of nursing position. As indicated by Table 1, 11 (39.3 percent) respondents worked in a charge nurse position. Eight (28.6 percent) respondents worked in a staff nurse position. Seven (25.0 percent) respondents worked a combination of staff and charge nurse positions. One (3.6 percent) respondent worked as an assistant director of nursing and one (3.6 percent) respondent worked as a health nurse.

Clinical service area. As indicated by Table 2, seven (25.0 percent) respondents worked in a geriatric unit. Four (14.3 percent) respondents worked in a medical unit and four (14.3 percent) respondents worked in a surgical unit. Of the respondents, three (10.7 percent) worked in a small community hospital and were assigned to all clinical areas. Two (7.1 percent) respondents worked in an orthopedic unit and one (3.6 percent) respondent worked in a pediatric unit. The remaining seven respondents worked in the following units: One (3.6 percent) respondent worked in a psychiatric unit, one (3.6 percent) worked in a step down coronary care unit, one (3.6 percent) worked in a combination medical/surgical unit, one (3.6 percent) worked in a combination orthopedic/neurology unit, and one (3.6 percent) worked in an intensive care unit.

Table 1
Type of Nursing Profession by
Frequency and Percent

| Position | Frequency | Percent |
|-------------------------------|-----------|---------|
| Charge Nurse | 11 | 39.3 |
| Staff Nurse | 8 | 28.6 |
| Staff/Charge Nurse | 7 | 25.0 |
| Assistant Director of Nursing | 1 | 3.6 |
| Health Nurse | 1 | 3.6 |
| Total | 28 | 100.0 |

Table 2
Type of Clinical Service Area by
Frequency and Percent

| Type of Clinical Service Area | Frequency | Percent |
|-------------------------------|-----------|---------|
| Geriatric | 7 | 25.0 |
| Medical | 4 | 14.3 |
| Surgical | 4 | 14.3 |
| Community small hospital | 3 | 10.7 |
| Orthopedics | 2 | 7.1 |
| Pediatrics | 1 | 3.6 |
| Intensive Care Unit | 1 | 3.6 |
| Medical/Intensive Care Unit | 1 | 3.6 |
| Medical/Geriatrics | 1 | 3.6 |
| Step Down CCU | 1 | 3.6 |
| Medical/Surgical | 1 | 3.6 |
| Orthopedics/Neurology | 1 | 3.6 |
| Total | 28 | 100.0 |

Pre-professional work experience. Respondents who reported they had previous experience as a nurses aid before entering or concurrent with their enrollment in the Associate Degree Program numbered 11 (39.3 percent). Three (10.7 percent) respondents indicated they had worked as licensed practical nurses and two (7.1 percent) respondents indicated they had a combination of previous student experience and working as a nurses aid. One (3.6 percent) respondent was a student in another program and one (3.6 percent) respondent indicated she had worked as a pediatric assistant. One (3.6 percent) respondent indicated she worked both as an aid and an EKG technician. One (3.6 percent) respondent indicated she was both a student and a volunteer previous to coming into the nursing program in the junior college. Eight (28.6 percent) indicated they had no pre-professional work experience.

Ease of transition. Objective 1 of the study was to determine the extent to which the CER facilitated the perceived ease of transition from the role of the student to the role of the Registered Nurse. Eleven (39.3 percent) respondents indicated that the CER to a great extent facilitated their transition from student to Registered Nurse. Eight (28.6 percent) respondents indicated that it had to a moderate extent facilitated the transition and eight (28.6 percent) respondents indicated it had to a slight extent facilitated the transition. One (3.6 percent) respondent

was undecided if the CER had facilitated her transition from student to registered nurse. This information is indicated in Table 3.

Summary of descriptive analysis. The typical respondent was female between 20-22 years of age. The respondent worked full time (40 hours/week) in a hospital and worked as a charge nurse on a geriatric unit. The respondents' scores indicated if they had had any pre-professional work experience, they had worked as nurse's aids. The former students as a group indicated that to some extent the CER had facilitated the transition from student to registered nurse.

Hypotheses Testing

The statistical test used to complete objectives 2 and 3, page 4, of this study was analysis of variance (ANOVA). The significance level was .05. For presenting purposes the null hypothesis will be stated followed by a statement of statistical results. A summary of ANOVA results for each hypothesis is presented in Appendix B.

Null Hypothesis 1. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the perceived ease of transition from the role of the student to the role of the registered nurse.

The level of probability obtained by the ANOVA on this variable was .0013; therefore, $p < .05$ and the null

Table 3
Extent of CER Facilitated Assistance
in Transition to Registered Nurse by
Frequency and Percent

| Facilitated Transition | Frequency | Percent |
|------------------------|-----------|---------|
| A Great Extent | 11 | 39.3 |
| A Moderate Extent | 8 | 28.6 |
| A Slight Extent | 8 | 28.6 |
| Undecided | 1 | 3.6 |
| No Extent | 0 | 0 |
| Total | 28 | 100.0 |

hypothesis was rejected (Appendix B, Table 4).

Null Hypothesis 2. There is no relationship between the perceived ability to perform the functions indicative of a registered nurse and the type of health care facility employed.

The level of probability obtained by the ANOVA on this variable was 0.7945; therefore, $p > .05$ and the null hypothesis was not rejected (Appendix B, Table 5).

Null Hypothesis 3. There is no relationship between the perceived ability to perform the functions indicative of a registered nurse and the type of nursing position held.

The level of probability obtained by the ANOVA on this variable was 0.5665; therefore, $p > .05$ and the null hypothesis was not rejected (Appendix B, Table 6).

Null Hypothesis 4. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the number of hours employed.

The level of probability obtained by the ANOVA on this variable was .4634; therefore, $p > .05$ and the null hypothesis was not rejected (Appendix B, Table 7).

Null Hypothesis 5. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the age of the student.

The level of probability obtained by the ANOVA on this variable was .1483; therefore, $p > .05$ and the null

hypothesis was not rejected (Appendix B, Table 8).

Null Hypothesis 6. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and pre-professional work experience.

The level of probability obtained by the ANOVA on this variable was .4166; therefore, $p > .05$ and the null hypothesis was not rejected (Appendix B, Table 9).

Null Hypothesis 7. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the area of clinical service employed.

The level of probability obtained by the ANOVA on this variable was .0101; therefore, $p < .05$ and the null hypothesis was rejected (Appendix B, Table 10).

Null Hypothesis 8. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the degree of accomplishment of the objectives of a clinical enrichment rotation as related to:

8a. Ability to apply the nursing process in a realistic work setting.

The level of probability obtained by the ANOVA for this variable was .1433; therefore, $p > .05$ and the null hypothesis was not rejected in relation to this objective (Appendix B, Table 11).

* 8b. Ability to develop skill in managing a full patient assignment load.

The level of probability obtained by the

ANOVA on this variable was .0198; therefore, $p < .05$ and the null hypothesis was rejected in relation to this objective (Appendix B, Table 12).

8c. Ability to improve organizational skills in the clinical setting.

The level of probability obtained by the ANOVA on this variable was .0428; therefore, $p < .05$ and the null hypothesis was rejected in relation to this objective (Appendix B, Table 13).

8d. Ability to improve technical skills in the clinical setting.

The level of probability obtained by the ANOVA on the variable was .0190; therefore, $p < .05$ and the null hypothesis was rejected in relation to this objective (Appendix B, Table 14).

8e. Ability to deal effectively with patient needs on all shifts.

The level of probability obtained by the ANOVA on this variable was .1095; therefore, $p > .05$ and the null hypothesis was not rejected in relation to this objective (Appendix B, Table 15).

8f. Ability to become aware of the varying responsibilities on all shifts.

The level of probability obtained by the ANOVA on this variable was .1466; therefore, $p > .05$ and the null hypothesis was not rejected in relation to this

objective (Appendix B, Table 16).

8g. Ability to gain additional experience in areas where previous learning opportunities were lacking.

The level of probability obtained by the ANOVA on this variable was .5782; therefore, $p > .05$ and the null hypothesis was not rejected in relation to this objective (Appendix B, Table 17).

Summary of hypotheses testing. Based on the statistical testing the following research hypotheses were accepted:

1. There is a relationship between the perceived ability to perform nursing functions indicative of a registered nurse and the perceived ease of transition from the role of the student to the role of registered nurse (X_1).

2. There is a relationship between perceived ability to perform the functions indicative of a registered nurse and the area of clinical service employed (X_7).

3. There is a relationship between the perceived ability to perform nursing functions indicative of a registered nurse and the accomplishment of the following objectives of a CER (X_8).

8b. Ability to develop skill in managing a full patient assignment load,

8c. Ability to improve organizational skills in the clinical setting,

8d. Ability to improve technical skills in the

clinical setting.

The following null hypotheses were not rejected at the .05 level of significance:

1. There is no relationship between the perceived ability to perform the functions indicative of a registered nurse and the type of health care facility employed (X_2).

2. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the type of nursing position held (X_3).

3. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the number of hours employed (X_4).

4. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and the age of the student (X_5).

5. There is no relationship between perceived ability to perform the functions indicative of a registered nurse and pre-professional work experience (X_6).

6. There was no relationship between the perceived ability to perform nursing functions and the accomplishment of the following objectives of a CER (X_8):

8a. Ability to apply the nursing process in a realistic work setting,

8e. Ability to deal effectively with patient needs on all shifts,

8f. Ability to become aware of the varying

responsibilities on all shifts,

8g. Ability to gain additional experiences in areas where previous learning opportunities were lacking.

CHAPTER 5

Summary, Conclusions, Implications, Limitations and Recommendations

The purpose of this chapter is to present:

1. A summary of the research problem and design.
2. A summary of the major findings and conclusions as related to the objectives of the study.
3. A statement of implications derived from the research findings and conclusions.
4. A statement of limitations of the study.
5. Recommendations for further research.

Summary of the Research Problem and Design

Existence of differences in expectations between nursing service and nursing education regarding the level of functioning of the new graduate have led to the national development in nursing of examining CER or internships within the basic curriculum. The purpose of these internships is to allow the student additional experience to meet professional expectations in performing nursing skills indicative of the registered nurse. The internship in this study is entitled, a Clinical Enrichment Rotation. The faculty in this associate degree program developed the CER within the basic nursing curriculum for the purpose of providing opportunities to apply theory to the clinical setting.

A review of the selected literature indicated that

student nurses may be socialized to different expectations than those held by practicing professionals; that nursing service and nursing education vary in their expectations of the graduate nurse, and there is a need for nursing service and nursing education to work jointly in preparing the graduate nurse to enter the profession with the identified expectations. The literature suggested that a CER does affect the graduate nurse's ability to perform nursing functions indicative of a registered nurse. Therefore, the problem under investigation in this study was to determine the extent graduates of an associate degree program perceive the effect of a CER on their ability to perform nursing functions indicative of a registered nurse.

A questionnaire reflecting the review of literature and conceptual framework was designed and sent to 42 former nursing students who participated in a CER as part of their nursing program in an associate degree program. The questionnaire obtained data, which, through statistical testing with ANOVA, attempted to determine the perceived effects of a CER on the ability to perform nursing functions indicative of a registered nurse. Twenty-eight questionnaires were returned by the respondents who made up the non-random sample for this study.

The selected independent variables were CER, description of employment, type of nursing position, number of hours employed, age, pre-professional work experience, area

of clinical service, and objectives of a CER. The dependent variable was the student's perceived ability to perform the functions indicative of a registered nurse. Eight null hypotheses related to the selected effects of the independent variables to the corresponding dependent variables were generated.

A descriptive analysis of the general characteristics of the respondents indicated that the typical respondent was female, between 20 - 22 years of age, and worked full-time in a hospital. She worked as a charge nurse on a geriatric unit. Her basic pre-professional work experience had been as a nurse's aid. She indicated that to some extent the CER had facilitated the transition from student to registered nurse.

Major Findings and Conclusions

The major findings and conclusions as related to the study were:

Major findings. Objective 1 of the study was to describe the extent to which the CER facilitate the perceived ease of transition from the role of the student to the role of registered nurse. The descriptive analysis indicated that as a group the respondents stated that the CER facilitated their transition from the role of the student to the role of the registered nurse.

Objective 2 of the study was to determine the extent to which the CER affected the graduate's perceived ability to perform selected nursing functions indicative of the role of

a registered nurse. The CER (X_1) was found to be significant at the .05 level of probability in affecting the ability to perform the functions indicative of a registered nurse.

Objective 3 of the study was to determine the extent to which student's perceived the objectives of the CER in an associate degree program were accomplished. Three of the objectives of the CER (X_8) were found to be significant at the .05 level of probability. They were:

8b. Ability to develop skill in managing full patient load,

8c. Ability to improve organizational skills in the clinical setting,

8d. Ability to improve technical skills in the clinical setting.

Based on the conceptual framework the study found that the area of clinical service employed and the ability to perform the functions indicative of a registered nurse was found to be significant at the .05 level of probability.

Conclusions. An analysis of the data indicated that a CER may contribute to the associate degree graduate's ability to perform the nursing functions indicative of a registered nurse. More specifically, the area of clinical service area employed, and the accomplishment of the following objectives of a designated CER: skill in managing full patient load, improve organizational skills and improve technical skills, were found to be significant factors.

Implications of Research

Major implications of this study are:

1. The relationship between perceived ability to perform the functions indicative of a registered nurse and the perceived ease of transition from the role of the student to the role of the registered nurse was found to be a significant finding. This may be an indication for nursing educators to continue to design and implement CER (internships) aimed at easing the transition from the role of the student to the role of the registered nurse. Instructors need to continue to provide and develop CER for the purpose of providing an opportunity to apply classroom theory to the clinical area. Perhaps if nursing service and nursing education work jointly in preparing the nursing student for practice, definite expectations can be identified. It may be beneficial for the nursing student to spend a greater amount of time in experiences designed to facilitate the transition from the role of student to the role of registered nurse.

2. The type of clinical service area the former student worked in was found to be significant. Those former students working on a geriatric unit were found to be better able to perform the functions indicative of a registered nurse. It may be beneficial for the nursing student to spend more time on the geriatric units as a student due to the increasing number of elderly clients the nurse will care for in her practice.

3. Successful completion of three course objectives of a CER were found to be significant toward performance of functions indicative of a registered nurse. These objectives were related to improvement of management skills, organizational skills and technical skills. Since these are commonly agreed upon expectations of the registered nurse, perhaps nursing educators should design and implement experiences to emphasize these skills. It may be beneficial for nursing education to continue to identify the expectations of the new graduate and incorporate these types of experiences in the curriculum to meet these expectations.

Limitations of the Study

The limitations of the study are:

1. The sample was non-random; therefore, the generality of the findings and conclusions are restricted to the sample.

2. The questionnaires were administered to one group of nursing students attending a junior college in a north central midwestern state. Therefore, the findings reflect responses of nursing students who may be homogenous in their beliefs and characteristics.

3. The sample size was small which leads to a low statistical power.

4. The wording of the questionnaire may have produced variations in response due to the individual interpretations of the questions.

5. The variables selected for analysis may not fully explain factors that affect the student's ability to perform the functions indicative of a registered nurse.

Recommendations for Future Study

The author recommends the following areas for further study:

1. This study should be replicated using a random sample.
2. A study using other independent variables, e.g., confidence in performing activities, as related to the presented dependent variable, may provide additional information in regard to this student's ability to perform the nursing functions indicative of a registered nurse.

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APPENDIX A
Research Tool

January 29, 1985

Dear Nursing Graduate:

My name is Cindy Senger and I am completing a research project designed to gather information on the extent the Clinical Enrichment Rotation may have helped your transition from student to nurse. Your responses are needed to assist educators in their continued efforts to include the best learning experience for students. Your input as a graduate of Presentation College's Nursing Program is important to help evaluate the effectiveness of the program.

Any questions that you have about this study or your participation in it now or after you have completed the survey tool may be mailed to me at the address below. The purpose of the coding at the top is for second mailing only—confidentiality will be maintained.

Your willingness to participate in this study will be evident by completing the enclosed survey tool and returning it to me in the enclosed, stamped, self-addressed envelope by February 15, 1985. Thank you for your time and effort.

If you wish a copy of the survey results, please fill in identifying information on the enclosed post card and return it to me in a separate mailing.

Sincerely,

Cindy Senger, RN
Faculty Presentation College
1304 Norwood Drive
Aberdeen, SD 57401

QUESTIONNAIRE
CLINICAL ENRICHMENT ROTATION

The following items are used in this study and are defined as follows:

Clinical Enrichment Rotation - A two week clinical rotation included as part of the requirement of the nursing major and taken during the student's final semester in the nursing program. The rotation is intended to ease the transition of the graduate from the educational setting to the "real world" of nursing.

Perceived Ease of Transition - The ability to develop skills and perform functions appropriate to a Registered Nurse, thus lessening the pressure of tension of going from the role of the nursing student to the role of the Registered Nurse.

Preceptor - A Registered Nurse working as a staff nurse who teaches, role models and supports the growth and development of a student for a limited amount of time with the specific purpose of socialization of the student into a new role.

INSTRUCTIONS: Please fill in blank or check (✓) as indicated.

1. State your present age _____ years.
2. Number of hours employed per week (check one).
 - _____ Full time - 40 hours/week
 - _____ Part time (indicate number of hours) _____ hours
 - _____ Not applicable
3. Description of present employment:
 - A. Location (check one) If position involves two areas please indicate percentage of time spent each week.
 - _____ Hospital
 - _____ Nursing Home
 - _____ Clinic
 - _____ Community (specify type of position) _____
 - _____ Hospice
 - _____ Other (please list)
 - _____ Not employed in a nursing position

4. On what clinical service(s) are you working at the present time. Check one (✓).
(if more than one, indicate percentage of time in each area.)

| | |
|---------------------|------------------------------|
| _____ Medical | _____ Psychiatric |
| _____ Surgical | _____ Geriatrics |
| _____ Obstetrics | _____ Orthopedics |
| _____ Pediatrics | _____ Intensive Care Unit |
| _____ Coronary Care | _____ Other (please specify) |

5. In what type of position are you presently working. Check one (✓).

_____ Staff nurse

_____ Charge nurse

_____ Assistant head nurse

_____ Head nurse

_____ Combination of the above (Please specify _____)

_____ Other (Please specify _____)

6. Before entering or concurrent with your Associate Degree Nursing Program, did you have experience as (check any that apply and indicate length of time spent in each experience.)

| | |
|----------------------------------|--------------|
| _____ Student in another program | _____ months |
| _____ An aide | _____ months |
| _____ A practical nurse | _____ months |
| _____ A volunteer | _____ months |
| _____ Other (please specify) | _____ months |

This project has been partially funded through assistance of a Nurse Trainship Fund.

The following questions are related to the objectives of the Clinical Enrichment Rotation. Please use the following code to circle the response that would indicate the extent to which you accomplished the objective.

SA - Strongly Agree
 A - Agree
 MA - Moderately Agree
 U - Undecided
 MD - Moderately Disagree
 D - Disagree
 SD - Strongly Disagree

I believe I accomplished the objective of being able to:

- | | | | | | | | |
|---|----|---|----|---|----|---|----|
| 7. Apply the nursing process in a realistic work setting. | SA | A | MA | U | MD | D | SD |
| 8. Develop skill in managing a full patient assignment load. | SA | A | MA | U | MD | D | SD |
| 9. Improve organizational skills in the clinical setting. | SA | A | MA | U | MD | D | SD |
| 10. Improve technical skills in the clinical setting. | SA | A | MA | U | MD | D | SD |
| 11. Deal effectively with patient needs on all shifts. | SA | A | MA | U | MD | D | SD |
| 12. Become aware of the varying responsibilities on all shifts. | SA | A | MA | U | MD | D | SD |
| 13. Gain additional experience in areas where previous learning opportunities were lacking. | SA | A | MA | U | MD | D | SD |

Below are nursing functions indicative of the nursing role. Please indicate the extent to which the Clinical Enrichment Rotation (CER) made the transition from student to nursing role easier in each of the following functions. The code is the same as the previous page (i.e. SA = Strongly Agree). (Circle one response)

I believe the CER positively influenced my ability to:

- | | | | | | | | |
|--|----|---|----|---|----|---|----|
| 14. Collect and contribute to a data base (physiological, psychological, cultural and spiritual needs) from available resources (client, family, other health team members). | SA | A | MA | U | MD | D | SD |
| 15. Identify and document changes in health status which interfere with the client's ability to meet basic needs. | SA | A | MA | U | MD | D | SD |
| 16. Establish a nursing diagnosis based on client's needs. | SA | A | MA | U | MD | D | SD |
| 17. Identify needs and establish priority for care with recognition of client's level of development and needs and with consideration of client's relationship with family groups and community. | SA | A | MA | U | MD | D | SD |
| 18. Participate with clients, families, significant others, and members of the nursing team to establish long and short-range client goals. | SA | A | MA | U | MD | D | SD |
| 19. Develop individualized nursing care plans based on nursing diagnosis and plan intervention that follows established nursing protocols. | SA | A | MA | U | MD | D | SD |
| 20. Carry out individualized plans of care according to priority needs and established nursing protocols. | SA | A | MA | U | MD | D | SD |
| 21. Participate in the prescribed medical regime by preparing, assisting and providing follow-up care to clients undergoing diagnostic and/or therapeutic procedures. | SA | A | MA | U | MD | D | SD |
| 22. Use nursing knowledge, skill and established protocol to assure an environment conducive to optimal restoration and maintenance of the clients' abilities to meet basic needs. | SA | A | MA | U | MD | D | SD |

| | | | | | | | | |
|-----|--|----|---|----|---|----|---|----|
| 23. | Use established criteria for evaluation of individualized nursing care. | SA | A | MA | U | MD | D | SD |
| 24. | Identify alternate methods of meeting clients' needs, modify plan of care as necessary and document change. | SA | A | MA | U | MD | D | SD |
| 25. | Be accountable for your nursing practice. | SA | A | MA | U | MD | D | SD |
| 26. | Practice within the profession's ethical and legal framework. | SA | A | MA | U | MD | D | SD |
| 27. | Assess verbal and nonverbal communication of clients, families, and significant others based upon knowledge and techniques of interpersonal communication. | SA | A | MA | U | MD | D | SD |
| 28. | Use lines of authority and communication within the work setting. | SA | A | MA | U | MD | D | SD |
| 29. | Communicate and record assessments, nursing care plans, interventions and evaluations accurately and promptly. | SA | A | MA | U | MD | D | SD |
| 30. | Establish and maintain effective communication with clients, families, significant others, and health team members. | SA | A | MA | U | MD | D | SD |
| 31. | Assess, develop and implement and evaluate a teaching plan that is specific to the client's level of development and knowledge. | SA | A | MA | U | MD | D | SD |
| 32. | Demonstrate effective management skills. | SA | A | MA | U | MD | D | SD |
| 33. | Demonstrate effective organizational skills. | SA | A | MA | U | MD | D | SD |

34. Did the Clinical Enrichment Rotation facilitate your transition from student to professional nurse?
- _____ Yes to a great extent
- _____ Yes to a moderate extent
- _____ Yes to a slight extent
- _____ No
- _____ Undecided
35. Was the 2 week length of the Clinical Enrichment Rotation
- _____ Too long
- _____ Too short
- _____ About right
36. Please rank the professional qualities that a preceptor should reflect if the student is to have a successful Clinical Enrichment Rotation. (A #1 is the most important)
- _____ Effectiveness as a health care provider.
- _____ Positive attitude toward students and clients.
- _____ Allow the student to participate in providing health care.
- _____ Emphasize the problem-solving process rather than simple recall when teaching.
- _____ Other (Specify) _____
37. Please describe how the Clinical Enrichment Rotation facilitated and hindered your transition.
- | CER facilitated my transition by: | CER hindered my transition by: |
|-----------------------------------|--------------------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
38. Please list suggestions that might help to improve the program for future groups.

Thank you.

APPENDIX B
Summary of ANOVA

Table 4

Least Squares Analysis of Variance of Relationship Between
 Perceived Ability to Perform the Functions Indicative of a
 Registered Nurse and the Perceived Ease of Transition
 from the Role of the Student to the Role of
 the Registered Nurse

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 3 | 1218.19805195 | 406.06601732 | 7.16 |
| 24 | 1361.90909091 | 56.74621212 | |
| 27 | | | |

p > .05

Table 5

Least Squares Analysis of Variance of Relationship Between
Perceived Ability to Perform the Functions Indicative of a
Registered Nurse and the Type of Health Care
Facility Employed

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 4 | 174.53686742 | 48.63424185 | 0.42 |
| 23 | 2405.57017544 | 104.59000763 | |
| 27 | 2580.10714286 | | |

p > .05

Table 6

Least Squares Analysis of Variance of Relationship Between
Perceived Ability to Perform the Functions Indicative of a
Registered Nurse and the Type of Nursing
Position Held

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|-----------------------|----------------|--------------|------|
| 4 | 298.63311688 | 74.65827922 | 0.75 |
| 23 | 2281.47402597 | 99.19452287 | |
| 27 | 2580.10714286 | | |

$p > .05$

Table 7

Least Squares Analysis of Variance of Relationship Between Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Number of Hours Employed

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 1 | 53.81926407 | 53.81926407 | 0.55 |
| 26 | 2526.28787879 | 97.16491841 | |
| 27 | 2580.10714286 | | |

p > .05

Table 8

Least Squares Analysis of Variance of Relationship Between
Perceived Ability to Perform the Functions Indicative of a
Registered Nurse and the Age of the Student

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 2 | 365.27637363 | 182.63818681 | 2.06 |
| 25 | 2214.83076923 | 88.59323077 | |
| 27 | 2580.10714286 | | |

$p > .05$

Table 9

Least Squares Analysis of Variance of Relationship Between
Perceived Ability to Perform the Functions Indicative of a
Registered Nurse and Pre-Professional
Work Experience

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 7 | 703.80411255 | 100.54344465 | 1.07 |
| 20 | 1876.30303030 | 93.81515152 | |
| 27 | 2580.10714286 | | |

p > .05

Table 10

Least Squares Analysis of Variance of Relationship Between Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Area of Clinical Service Employed

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 12 | 1922.51190476 | 160.20932540 | 3.65 |
| 15 | 657.59523810 | 43.83968254 | |
| 27 | 2580.10714286 | | |

p > .05

Table 11

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8a, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum. of Squares | Mean Squares | F |
|--------------------|-----------------|--------------|------|
| 2 | 371.36964286 | 185.68462143 | 2.10 |
| 25 | 2208.73750000 | 88.34950000 | |
| 27 | 2580.10714286 | | |

$p > .05$

Table 12

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8b, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 2 | 997.10158730 | 249.27539683 | 3.62 |
| 23 | 1583.00555556 | 68.82632850 | |
| 27 | 2580.10714286 | | |

p > .05

Table 13

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8c, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 3 | 731.32619048 | 243.77539683 | 3.16 |
| 24 | 1848.78095238 | 77.03253968 | |
| 27 | 2580.10714286 | | |

p > .05

Table 14

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8d, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 3 | 862.17857143 | 287.39285714 | 4.01 |
| 24 | 1717.92857143 | 71.58035714 | |
| 27 | 2580.10714286 | | |

p > .05

Table 15

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8e, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 4 | 697.64285714 | 174.41071429 | 2.13 |
| 23 | 1882.46428571 | 81.84627329 | |
| 27 | 2580.10714286 | | |

p > .05

Table 16

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8f, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 4 | 637.92445055 | 159.48111264 | 1.89 |
| 23 | 1942.18269231 | 84.44272575 | |
| 27 | 2580.10714286 | | |

p > .05

Table 17

Least Squares Analysis of Variance of Relationship of Perceived Ability to Perform the Functions Indicative of a Registered Nurse and the Accomplishment of the Specific Objective, 8g, of a Clinical Enrichment Rotation

| Degrees of Freedom | Sum of Squares | Mean Squares | F |
|--------------------|----------------|--------------|------|
| 3 | 199.63492063 | 66.54497354 | 0.67 |
| 24 | 2380.47222222 | 99.18634259 | |
| 27 | 2580.10714286 | | |

$p > .05$