1-1-2016

Teaching Professionalism in Nursing: A Quantitative Survey of Beginning Student Nurse Perceptions of Professional Values Interpreted Within a Leadership Context

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by
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An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
2016

Approval Page

This applied dissertation was submitted by Jocelyn J. Corrao under the direction of the persons listed below. It was submitted to the Abraham S. Fischler College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Statement of Original Work

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Abstract

Teaching Professionalism in Nursing: A Quantitative Survey of Beginning Student Nurse Perceptions of Professional Values Interpreted Within a Leadership Context. Jocelyn J. Corrao, 2016. Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education. ERIC Descriptors: Professional Values, Nursing Education, Professionalism, Curriculum, Nursing Student

The researcher designed this quantitative dissertation research to explore the perceptions of beginning nursing students toward professionalism in nursing, specific to professional values within the context of curriculum delivery for a leadership and management course in one baccalaureate nursing program. In addition, the researcher reviewed the literature for defining characteristics of professionalism in nursing.

Adult students admitted to nursing programs today create multi-generational cohorts with prior learning from experiences and academic degrees in other disciplines. Often, content on professionalism in nursing is integrated in a nursing curriculum. However, students in a leadership and management course were unable to state the meaning of professionalism in nursing shortly before graduation. This study focused on professional values based on the nursing code of ethics as one attribute of the complex concept of professionalism.

This exploratory study analyzed responses of students prior to beginning nursing courses to the Nurses Professional Values Scale-Revised (NPVS-R) survey. Findings indicated that beginning student perceptions of professionalism in nursing specific to professional values were generally in alignment with nursing standards. Significant findings suggested a lack of alignment to professional standards under the themes of trust, activism, caring and professionalism through autonomous practice, self-regulation, and participation professional activities positively associated to five variables. Recommendations are made for enhancing curriculum design of leadership and management in nursing content to address these areas.

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Chapter 1: Introduction

Statement of the Problem

The problem under investigation in this research study was the apparent gap in a nursing leadership curriculum that resulted in the inability of student nurses to articulate the components of the standards of professionalism in nursing at the end of their program. Application of adult education principles build upon an understanding of student prior knowledge (Merriam, Caffarella, & Baumgartner, 2007; Mezirow, & Associates, 1990). There was little evidence in the literature describing nursing student prior knowledge of professionalism for the diverse population of nursing students seen today. The purpose of this study intended to explore the perceptions of professionalism in nursing of the beginning student nurse to gain insight into curriculum design needs for today's student population. This study concentrated on one aspect of the complex concept of professionalism in nursing, professional values.

Topic. The topic for this dissertation study explored the pre-existing perceptions about professionalism in nursing, specific to professional values, of beginning nursing students. The positioning of the study before any instruction on professionalism in nursing through a nursing course indicated prior student learning. The insight gleaned from this study added to the body of knowledge about entry-level student nurses, thus aiding development of appropriate nursing curriculum for 21st century healthcare academic and work environments.

Research problem. The research problem was the lack of evidence to resolve an apparent discrepancy in professional performance expectations on two levels: by novice student nurses entering their first clinical practice situations based on nursing curriculum content and the ability to demonstrate professionalism in nursing at the end of the

academic program. Recent nursing literature focuses on acquisition and development of leadership skills to facilitate patient safety. Leadership and management skills are directly transferable to patient care situations to enhance a registered nurse's ability to provide for optimal patient outcomes (Propp, 2010). A clinical practice application example includes the ability to lead interdisciplinary rounds to support positive patient outcomes. Halm et al. (2003) found the use of interdisciplinary rounds resulted in enhanced accountability and responsibility for patient care coordination by the staff nurse. They noted generation of daily plans of care increased staff and patient communication, increased referrals for patient consultations, identification of patient and family ethical issues, reduction in complications of patient treatments, and increased timeliness to discharge through improved professional communication and teamwork behaviors. These limited examples indicated that a higher level of professionalism would be required to function fully in an interdisciplinary work environment. A nursing student's ability to advocate for patients with basic professionalism in nursing practice becomes an essential learning objective in developing clinical competence. This objective takes time to develop (Benner, 2001; Benner, Stuphen, Leonard, & Day, 2010). Early exposure to generally accepted components of professionalism in nursing is necessary to facilitate this process.

One apparent issue is the dilemma on what and when to teach the complex aspects of professionalism in nursing for early direct patient care encounters. Curriculum must identify which aspects of professionalism are essential for a beginning student nurse to possess prior to direct patient care encounters to maintain patient safety. Anticipatory planning of appropriately timed student learning through explicit theory course content or experiential learning in the clinical workplace become an essential component of curriculum design. A dilemma arises in determining if the priority instructional need is to

address knowledge, skills, and attitudes of professionalism or those of leadership for beginning student nurses in courses delivered concurrently. As professionalism is a complex concept, this research focused on one component of professionalism in nursing: the development of professional values. Exploring professional values of beginning student nurses would aid nurse educators to better support the early development of professionalism in the clinical setting simultaneously supporting nursing leadership for patient care.

Gaining insight into what today's student already understands about professionalism in nursing assists the design of appropriate curriculum. This study provided the potential for discovery, thus affecting the content presented in a leadership and management in nursing course. Findings may provide evidence to support earlier development of leadership skills for bedside clinical practice in a Bachelor of Science in Nursing (BSN) program. A quantitative method to approach understanding discrepancies between professional nurse expectations of professionalism in practice and student prior knowledge may better provide insight to address the curriculum dilemma.

Background and justification. Lapses in professionalism result in negative outcomes to students and practicing nurses. The researcher gleaned from multiple personal communications over several years in academic and acute care settings complaints that included poor quality of verbal communication behavior, inappropriate professional appearance for the situation, and illegal decision-making. Examples included faculty and nurse manager displeasure about submission of incomplete and mistake-laden documents, lack of preparation for interviews, and aggressive argumentative behavior. Further aspects of a lack of professionalism included students accusing others of cheating without willingness to file a formal complaint or provide supportive evidence and illegal

actions by registered nurses, such as drug diversion and falsification of patient records. In these examples, responses to unprofessional actions strained academic-clinical affiliate relationships threatening capacity for adequate student clinical placements, jeopardized student degree attainment, eliminated applicants from job pools, alienated nurse co-workers, and resulted in loss of employment with legal action against the nurse. These personal communications repeatedly indicated an expectation that nursing students demonstrate professionalism immediately during first encounters with direct patient care and be able to maintain that ability permanently. Beginning student nurses verbalized more concern about appearing as a professional and doing a skill, such as inserting a catheter. This led the researcher to investigate strategies to promote the early development of professionalism in nursing.

The literature supported the researcher's observations and anecdotal encounters of the negative outcomes from the lack of professionalism. Lack of professionalism through incivility, bullying, and lateral violence in the workplace produced adverse patient outcomes from disruptive behaviors that interfered with intra-professional cooperation and interdisciplinary partnerships (Lachman, 2014). Another consideration was that nurse educators prepare students for entry into the clinical work environment, yet Apesoa-Varano (2007) reported a lack of consistency in strategies to teach nursing professionalism and noted that nursing program educators have a large influence on the development of a student's professional identity. An extensive literature review by Fowler and Davis (2013) on ethics in nursing education reported observations of various forms of dishonesty, human rights violations, incivility, impaired nurses, and conflicts of interest. These examples demonstrate that the lack of professionalism has serious consequences pertinent to nursing education, patient care outcomes, and individual career

progression. The literature showed inconsistency in determining what constitutes a lack of professionalism in the workplace and nursing education environments. Without a clear understanding of student perceptions upon beginning their nursing program, it could be inferred that nurse educators approach professionalism in nursing from a teacher-centered objective rather than a student-centered perspective.

The researcher proposed that a student-centered approach to professionalism education would benefit early acquisition of confidence in leadership ability in direct patient care situations. However, what content the students require was unclear because of the lack of baseline evidence of beginning student prior knowledge, skills, or attitudes of professionalism in nursing. This was supported by Benner et al. (2010) in their call for the transformation of nursing education, which stated mastering ethical and interpersonal skills necessary to develop professional values or identity was a formative process over time acquired through formal curricula. One aspect of curriculum transformation was reduction of content saturation. Giddens and Brady (2007) discussed content saturation as the rational for a paradigm shift in nursing education from content to concept-based curriculum. The concept approach would present content on professionalism across the curriculum. Evidence to design a concept curriculum regarding professionalism was lacking.

The nursing profession emphasized a need to revise nursing curriculum to meet challenges of content saturation, time to undergraduate degree completion, and cost containment in changing economic times while preparing students for patient care in complex healthcare systems (Tanner, 1998, 2010; Forbes & Hickey, 2009; Kumm & Fletcher, 2012). It has become common knowledge of the growing shortage of healthcare workers caring for a sicker aging population while trying to reduce the use of expensive

acute care facilities. The challenges of modern healthcare in the United States resulted in calls for transformation of nursing education to ensure quality and safety in patient care (Benner et al., 2010). Management of patient care for positive outcomes requires professional coordination often lead by registered nurses. A nurse's capacity for professionalism affects patient care outcomes as a member of interdisciplinary healthcare teams. Improving professionalism is an agenda at the national and global level. The Institute of Medicine's (IOM) Board on Global Health established the Global Forum on Innovation in Health Professional Education to address serious questions about how leadership within transdisciplinary professionalism is taught and the impact to patients, students, and the greater healthcare system (Institute of Medicine, 2014; Frost, 2014; Hafferty, 2013). The Global Forum membership has a strong representation from nurses working to establish interdisciplinary professionalism education (Institute of Medicine, 2014). A lack of professionalism could be a potential source of ineffective or suboptimal patient care outcomes because of an inability to provide for patient advocacy across healthcare disciplines: an established standard of the nursing profession (American Nurses Association, 2010). Positive patient outcomes are the goal of quality nursing care.

There is little evidence pertaining to nursing student in first nursing courses pertaining to abilities of professionalism or leadership. Studies typically identify third or fourth year nursing students or those in transition to the first year of practice after graduation as a research sample source (Reed, 1999; Ritter, 2010). The evidence showed a gap between the understanding of professionalism perceived by third and fourth year nursing students compared to the expectations of professional nurse leaders in clinical practice and university settings and a lack of a consensus definition of professionalism in nursing (Akhtar-Danesh et al., 2013). Communication skill, as a component of

professionalism, if lacking, created discord between nurse managers and staff nurses (Brunetto, Farr-Wharton, & Shacklock, 2011). These studies described situations deemed unprofessional. The need for early education about generally accepted components of professionalism would provide support to reduce gaps during transition into practice.

The researcher instructs students in a final semester nursing leadership and management course for a BSN program that includes preparing students for a comprehensive exam before degree completion. These students continue to have an inability to define aspects of professionalism in nursing that require remediation. This research seeks to add to the body of evidence that supports a student-centered curriculum for mastery of the concepts of professionalism in nursing in a BSN program to prevent the knowledge deficit observed in a final nursing course.

Deficiencies in the evidence. Studies of beginning nursing students are varied, such as a multi-case description to analyze critical thinking skills (Sedlak, 1997) or factors affecting attrition and retention in the nursing major (Williams, 2010). One study surveyed sophomore nursing student perceptions of nursing practice, value and, public image of the nursing profession (Sand-Jecklin & Schaffer, 2006). Other researchers surveyed professional values in nursing (Weis & Schank, 2000, 2009; Moon, Kim, Kim, Kim, & Lee, 2014) or professional values combined with self-esteem and ethical confidence (Iacobucci, Daly, Lindell, & Griffin, 2012). One study tracked nursing student perceptions of professional values from point of entry during the first week of a first nursing class to point of exit from a BSN program (Leners, Roehrs, & Piccione, 2006). Another compared development of professional values across pre-licensure programs (Fisher, 2011, 2014). No study was identified that directly addressed education in professionalism for beginning nursing students nor identified pre-program perceptions of

professionalism in nursing.

Audience. The intended audiences for this dissertation study include stakeholders in nursing education, healthcare employers, patients, and Nova Southeastern University. The study would benefit students, faculty, and patients. Student benefit arises from early acquisition of knowledge and attitudes of currently accepted standards of professionalism in nursing practice. Faculty could benefit from the reduced time and effort to instruct students on aspects of professionalism in nursing as suggestions for revision of any discrepancies in curricular content or sequencing could be proposed. Patient safety could be improved if students perceived that they were able to communicate professionalism as an interdisciplinary healthcare team member. Employers might benefit by a better understanding of current student and graduate nurse perceptions regarding professionalism in nursing, thus aiding the development of continuing education programs. Nova Southeastern University has a stake in dissemination of quality research sponsored through the doctoral program. Specific definitions in this applied dissertation research limit the focus of study to perceptions of professionalism in nursing.

Definition of Terms

Definitions of terms derived from the literature for the purpose of this dissertation research include (a) beginning nursing student, (b) code of ethics, (c) leadership, (d) management, (e) norm, (f) perception, (g) professionalism, (h) professional values, (i) soft skills, (j) transformative, and (k) values.

Beginning nursing student. For the purpose of this research, a beginning nursing student is defined as a person who has been accepted into a higher education registered nurse program and has not participated in any nursing course.

Code of ethics. A code of ethics is a collection of statements to articulate values

and beliefs setting standards of personal or professional action (Yoder-Wise, 2011; Guido, 2010). The code establishes moral guidelines publically asserting values (Fowler, 2008). Morals may be viewed as interchangeable with ethics (Guido, 2010).

Leadership. Leadership is defined as the ability to envision and motivate others to take action with a focus to the future (Yoder-Wise, 2011; Porter-O'Grady & Malloch, 2011).

Management. Management is defined as the ability to direct routine operations with a focus to present time (Yoder-Wise, 2011).

Nontraditional student. A nontraditional student in higher education is generally accepted to be older than 24 years of age (Merriam & Bierema, 2014).

Norm. Norm is defined as a "standard that is required or acceptable" (Soanes, Hawker, & Elliott, 2006, p. 612). A social norm is broadly comprised of rules, values, customs, standards, and traditions of conduct that determine acceptable or unacceptable behavior that is an essential element of group formation (McLaughlin & Vitak, 2012).

Perception. Perception, defined from a dictionary perspective, is "a way of understanding or interpreting something… the ability to understand the true nature of something; insight" (Soanes et al., 2006, p. 666). Specific to the topic of this study, perception is defined as a way of understanding or having insight as to the true nature of professionalism.

Professionalism. Professionalism is the "ability or skill expected of a professional" (Soanes et al., 2006, p. 718) and "consistent demonstration of core values" (American Association of Colleges of Nursing, 2008, p. 26). Professionalism in nursing is the current standard pertaining to practice and performance in nursing that entails specialized knowledge, competent role performance, ethical behavior, self-regulation,

and organized participation in service to society (American Nurses Association, 2010; Cruess & Cruess, 1997).

Professional values. Professional values are standards as stated in the code of ethics of the American Nurses Association (American Nurses Association, 2015; Fowler, 2008).

Soft skills. Soft skills are the ability to initiate and develop interpersonal relationships through communication (Vogel, 2011; McAllister, 2012; Windsor, Douglas, & Harvey, 2012).

Transformation. Transformation is the process of formative change based on newly acquired knowledge and experience (Merriam & Bierema, 2014; Taylor & Cranton, 2012; Benner, 2010; Kasworm, Rose, & Ross-Gordon, 2010; Mezirow & Associates, 1990).

Values. Values are individual beliefs derived from previous experiences, education, or social and physical environments that are held to be true and may change over time (Guido, 2010).

Chapter 2: Literature Review

Introduction

A review of English language literature was conducted to identify contemporary and scholarly resources pertinent to teaching professionalism in nursing. Resources from books, contemporary literature, professional organization, government websites, and electronic databases were obtained. This ongoing investigation began in September 2010 and continues until completion of this dissertation process on the topic of teaching professionalism in nursing, especially pertaining to beginning nursing students.

Electronic databases utilized from two proprietary university library subscription services included, but were not limited to, Academic Search Premier, Academic OneFile, CINAHL Plus with Full Text, Dissertation and Theses, EBSCO, Education Research Complete, ERIC, JSTOR Arts and Sciences, Medline, ProQuest Central, SAGE Journals, Tests and Measurements, and OVID. The resources reviewed for consideration encompassed lay literature, peer-reviewed journals, books, and media pertaining to a variety of topics on adult education and development, continuing education, nursing education, human resource development, leadership development, lifelong learning, nursing, simulation and gaming, interdisciplinary practice, global health and related disciplines relevant to health, healthcare, and healthcare education, adult education, and nursing. The search criterion did not include restrictions for publication date as a limiter in order to identify classic or landmark documents. Search terms included professionalism, nursing professionalism, profession, professional, professional identity, professional behavior, professional socialization, professional values, adult education, nursing education, nursing students, beginning nursing students, and related terms both as sole search criteria or in various combinations. Additional search terms were applied as

ongoing investigation of the literature dictated. Titles and abstracts reviewed were limited to the first 100 returns on all searches, as results exceeded thousands of entries. Only primary sources in English were selected for further review and consideration.

Mental Measurements Yearbook and Tests in Print were accessed for information pertaining to instruments and tools to measure professionalism, but no returns resulted. Sources of existing reliable and validated surveys for potential use in this study were identified through nursing publications upon narrowing of the intended research question. The intent of this research focused on information pertinent to professionalism in nursing from a perspective of professional ethics and values for leadership development. The literature review was conducted with the end objective and research methodology in mind. The evidence gleaned from the review of the literature follows.

Leadership and Professionalism

Leadership. Literature pertaining to leadership or professionalism contains a vast array of resources available from lay, professional, and peer-reviewed sources. McBride (2011) recounted ten major changes in nursing in the last 50 years that included the recognition of nurse leadership as a nationally accepted essential role to improving the safety and quality of patient care environments. Literature on leadership development in nursing education spoke to specific acquisition of knowledge, skills, and ethical comportment (Benner et al., 2010). Ethical comportment, as a professional apprenticeship, entailed acquisition of abilities for skilled communication in caring relationships with others to respond to errors, recognize injustices, and discern moral dilemmas to take action and advocate for safe quality care (Benner et al., 2010). Ethics, values, and their association to professional leadership crossed disciplinary boundaries. Polizzi and Frick (2012) referred to ethical architecture that integrated transformative

reflective practice for internalization of disorienting dilemmas in development of professional values as a holistic leader with an ability to communicate in practice experiences. The evolving theory of quantum leadership stressed the need for professional nurses to have proficiency in communication and relationship building to create workplace environments that foster an ethical culture of safety facilitating non-punitive error reporting (Porter-O'Grady & Mallock, 2011).

The literature brought forth a precaution to ensure that the term transformational continued to be utilized accurately. There are differences in definitions and attributes if transformational is used within the context of adult learning theory, as stated previously, or within the context of leadership theory. Hutchinson and Jackson (2012) criticized the dominating focus on transformational leadership theory between 1992 and 2011. They stated that transformational leadership theory had shifted from the original philosophy of values and moral-ethical leadership characteristics for motivating others to attributes for success as risk-taking charismatic leaders with traits of emotional intelligence and self-confidence to influence others as symbolic leaders. Their report of 38 quantitative studies noted a significant lack of insight to examining negative leader integrity behaviors, ambiguity in use of the measurement instruments, a focus on charismatic and heroic leaders, limited understanding of organizational environments, and continued gender and cultural exclusions in the areas of power, politics, and the role of dissention for innovative change. Their concern expressed a limitation of the theory to maintain moral integrity.

Professionalism in the work environment. Since the turn of the century, increased interest in the literature about workplace environments supports investigation into student perceptions of professionalism. Evidence indicated professionalism, or the

lack thereof, affected nurse educators, healthcare facilities, and the public. Some examples that described the impact of unprofessionalism include Kolanko et al. (2006) who documented the nursing profession's concern for the growing prevalence of incivility, bullying, violence, and academic dishonesty occurring in nursing education environments and McNamara (2014) also pertaining to incivility. Lashinger, Finegan, and Vilk (2009) studied Magnet® hospitals, reporting a link between workplace environment and new graduate nurse burnout, a contributor to staff turnover. Leiter, Price, and Laschinger (2010) addressed manifestations of unprofessionalism in the workplace in their discussion of incivility, reporting generational differences contributed to negative work environment experiences. They further identified that research on conflict in professional values affecting Generation X (those born between 1961 and 1981) was lacking. A code of conduct was advocated as a method to maintain workplace safety and hospital accreditation leadership standards (Occupational Health Management, 2013). Finally, one factor presented by Suttle (2011) was the lack of a practitioner's clarity regarding professional standards. Studies in interdisciplinary workplace environments may benefit from investigation into student perceptions of professionalism to establish student-centered curricula for multi-generation classrooms.

Interdisciplinary perspective. The literature revealed that defining professionalism varied based on the interpretation of an individual discipline. The attainment of professionalism was often described as behavioral manifestations termed soft skills in the literature (Windsor et al., 2012; McAllister, 2012; Vogel, 2011) that were also associated with leadership and communication skills in other disciplines (Gonzalez, Abu Kasim, & Naimie, 2013; Mitchell et al., 2010). Another researcher who noted a continued lack of a clear definition of professionalism was Mack (2011) in his

doctoral dissertation investigating professionalism in culinary arts resulting in definitions drawn from multiple disciplines. Similar concerns were evident in nursing literature. Akhtar-Danesh et al. (2013) also described a lack of consensus definition of professionalism in nursing in an academic setting.

In chapter one, many of the examples of the lack of professionalism described were behavioral manifestations of soft skills. Soft skills, the ability to initiate and develop interpersonal relationships through communication, enhance career advancement and positive work environments fostering professionalism (Vogel, 2011; McAllister, 2012; Windsor et al., 2012). The literature appears to associate an inter-relationship between soft skills, career advancement, leadership, and professionalism in nursing with successful career advancement being dependent upon individual ability for relationship development. For example, Windsor, Douglas, and Harvey (2012) reported on a shift in the assessment of nursing students, from skills to competency, equating interpersonal skills and personal attributes as soft skills. Their study concluded that the changes in clinical nursing competency assessment, which incorporated caring as a primary domain of nursing practice, were politically motivated to meet productivity agendas, thereby attempting to undermine the professionalization of nursing. Another example from McAllister (2012) editorialized for the promotion of an undergraduate specialization in mental health nursing to avoid undermining soft skill development, inferring development of communication skills with patients was being undermined in nursing curricula in Australia. Vogel (2011) described soft skills abstractly, within the context of a palliative-care nursing curriculum in Canada, as knowing how to communicate or deal with end of life issues. In addition, Gonzalez, Abu Kasim, and Naimie (2013) and Mitchell, Skinner, and White (2010) confirmed an attribute of soft skills as

communication skills and including ethical values or leadership skills as additional components of professional nursing competency. The importance of soft skills demonstrated the association of the complex nature of developing student nurse abilities in professionalism for patient care and the fostering of positive work environments.

There was evidence that professionalism as a concept consisted of at least two components, the process of becoming a profession and the process of becoming a professional. A landmark study by Hall (1968) investigated professionalization as structural and attitudinal attributes towards bureaucratization. He theorized five theoretical components of professionalism as a sense of calling, use of a professional organization as a referent, autonomy, belief in self-regulation, and commitment to public service. His professionalism inventory, an attitudinal scale, measured hierarchical authority, division of labor, rules, procedures, impersonality, and technical competence. Snizek (1972) suggested that Hall's scale detached the respondent from professionalism because reference terms in the scale could have varied interpretation and items overlapped theoretical components.

Nursing perspective. Despite the criticism of Hall's interpretation of professionalism, Wynd and Gotschall (2000) used his professionalism inventory in a quasi-experimental repeat measures study to investigate military critical care nurse professionalism following the didactic component of a critical care residency course. Their definition of professionalism in nursing cited professional identity, professional socialization, behavior and attitudes as professionalism. This study found no change in level of professionalism scores resulting from the residency program. Wynd (2003) repeated use of the professionalism inventory scale with registered nurses finding that years of experience and higher levels of education correlated with higher scores of

professionalism. More importantly, she discussed the growing attention of the public on healthcare disciplines as breaking social trust, being detachment from patients, and wasting resources as a reason to explore further professionalism in nursing, increase efforts for interdisciplinary collaborative practice, and to draw young people into nursing by re-establishing social prestige of a nursing as a career. These examples delineated continued diffuse interpretations of what constitutes professionalism in nursing.

Defining professionalism in nursing has been an evolutionary process. The evolution of nursing as a profession was a precursor to formal statements of professionalism in nursing. Experiences of other disciplines were similar for nursing in development of the profession and the professional. Decades of social influences guided public and professional influences on the meaning of professionalism for nurses in the United States. Fitzpatrick (1983) documented the evolution of nursing as a profession. She summarized 11 landmark studies conducted by national committees between 1923 and 1979. The studies were supported by such organizations at the Carnegie Foundation, Rockefeller Foundation, National League of Nursing Education (a precursor of the National League for Nursing), and the American Nurses Association. She noted that these studies occurred in response to nursing shortages and influenced the development of criteria for nursing licensure, curriculum standardization, and evaluation of nursing schools (accreditation). She explained that as the professional organizations developed formal means of communication, collaboration, and common goals, the concept of professionalism in nursing began to take form beyond philosophical expectations to concrete criteria defining the concept of professionalism.

The nursing literature specific to the concept of professionalism began with the work of Miller (1988). Her early model, the wheel of professionalism, named eight

attributes that had overlapping behavioral categories that included following a code of ethics, autonomy to self-regulate, participation in community service and professional organizations, use and development of theory and research, and publication (Miller, 1988; Miller, Adams, & Beck, 1993; Rhodes, Schutt, Langham, & Bilotta, 2012).

Later works defined the concept of professionalism as the possession of specialized knowledge and ethical values as core attributes followed by behavior, caring, self-regulation, altruism, autonomy in practice, and participation in professional organizations (Alvsväg, 2010). A sense of professional identity was determined to be an antecedent to professionalism (Apesoa-Varano, 2007; Ohlen & Segesten, 1998). Consequences of attaining professionalism were social rewards of higher compensation, job promotions, and greater social status. Cruess and Cruess (1997) summarized the criteria of professionalism concisely as "expertise, ethics, and service to society" (p. 5). Current nursing literature standardized a definition of professionalism through publication of the nursing standards of practice and a formal code of ethics (American Nurses Association, 2010; Fowler, 2008). Other variations to professionalism included the work of Fillman (2014) who surveyed undergraduate perceptions of professional nursing. Some literature addressed evaluation of an educational intervention for experienced nurse leaders as an attribute of professional patient-centered care (Martin, McCormack, Fitzsimons, & Spirig, 2012).

Development of professionalism in other disciplines. The literature is limited in content on the topic of the development of professionalism within healthcare curriculum and dominated by medicine. A search of databases using the terms developing professionalism and nursing that returned 64 references in October of 2014. Upon elimination of duplicate entries, editorials, and irrelevant articles, only 10 were related to

elements of developing professionalism specific to nursing in the United States between 1993 and 2014. Broadening the search criteria by removing the term limiter of nursing resulted in 120 articles returned with a predominant presence from medicine and for a longer time period of 1930-2014. The literature from related disciplines discussed the development of professionalism in students typically through survey and interview methodology.

Research by Davis (2009) surveyed physical therapy faculty in the United States. He reported faculty teaching methods used three methods: generic abilities, reading assignments, and small group discussion. The courses or curricular content to develop entry-level physical therapy student professionalism focused on behaviors, character traits, and socialization transitions. He found that the limited research pertaining to professionalism in physical therapy investigated determinants of core values and professional skills. Generic abilities included promptness, responsibility, and image with qualitative data suggesting that the limited number of negative behaviors experienced by faculty were perceived as a reflection of larger social changes. Mentoring was suggested as a strategy to develop professionalism of entry level physical therapy students. However, he identified a lack of research on efficacy of teaching strategies to foster professionalism in entry-level education.

Research in pharmacy on development of professionalism was also limited. A white paper addressed student introduction to principles of fiduciary and covenant relationships between patient and pharmacist (American College of Clinical Pharmacy, 2009). Delineated in this document were professionalism traits, attitudes, and behaviors derived from a review of the literature in medicine and pharmacy. Direct recommendations for strategies to develop professionalism in pharmacy students were

not evident.

Professionalism in allied health professions was seen as a high profile content area by Mason, Vitkovitch, Lambert, and Jepson (2014). Rehabilitation services of physical therapy, occupational therapy, and speech therapy were urged to be explicit in teaching the complex constructs of professionalism. They reported the difficulty in teaching and learning this content was related to the affective nature of the concepts. A strategy of mapping changes in individual student knowledge, skills, attitudes, and behaviors, utilizing the professional charter tool, was proposed as an aid to make tangible the abstractions of professionalism. They advocated for multiple evaluation methods that included direct observation, assignments to test concept comprehension, and mentoring to further guide student reflection and identify areas for growth through a self-assessment portfolio of objective experiences.

Bossers et al. (1999) developed self-study courses for occupational therapists in Canada. Their work was significant as it presented a schematic to outline content for teaching of professionalism in didactic and clinical settings. They derived the content from a review of the literature and consensus discussions for educational program development. Three major content areas were professional parameters, behavior, and responsibility. Each category contained two additional tiers of subtopics for educational presentation. Student reflection through development of a professional practice portfolio reinforced the learning objectives.

One study specific to physician assistant education by Mapukata-Sondzaba, Dhai, Tsotsi, and Ross (2014), found that commitment to a professional oath was significant in personalizing core values of professionalism. They itemized educational strategies used in the core curriculum and clinical training that included use of patient-centered case

reports, group discussion, and reflective practice aided moral and personal growth.

Gale-Grant and Gatter (2013) reported that medical students who completed a foundation clinical course rated important aspects of professionalism comprised maintaining patient confidentiality, acquisition of clinical knowledge, efficient teamwork and communication, followed by timeliness, and aspects of personal image. Their survey sample of 20% of third year medical students in the UK found that 90% of the students wanted professionalism taught in the clinical setting despite reports that their opinion was influenced from physician parents and the media.

Hays and Hamlin (2013) stated curriculum did not teach professionalism beyond lectures on ethical and legal aspects of codes of conduct. Methods employed for student evaluation were reflection on values, role modeling in patient care, and issues using case-based exercises. They found that students with unprofessional behaviors during medical school were more likely to come before medical boards in the future. Their recommendation, for the minority of medical students who require remediation in professionalism, was to reflect and discuss codes of conduct and interpersonal skills.

Medical student perceptions of development of professionalism were found to be influenced by role models even before clinical education occurred (Baernstein, Oelschlager, Chang, & Wenrich, 2009). They found that lecturing on professionalism may alienate students who preferred experiential and demonstration learning environments with medical students reporting more positive experiences with strategies of small group discussions and mentoring. Kristiansonn, Troein, and Brorsson (2014) sought to enlighten teacher perspectives based on a constructivist methodology to compare first and fifth semester medical student perceptions of reflective learning strategies. They found that first semester medical students worried about managing study

demands, structuring life, and handling stress. Fifth-semester medical students reported an increasing awareness of patients, and a capacity to recognize the code of a good doctor and professional attitudes, while letting go of perfectionism for a sense of what was good enough. They found no differences between groups based on age or gender in their sample that was predominantly 25 years old or younger. In addition, they found that both groups were motivated for learning by clinical assignments.

Kristiansonn, Troein, and Brorsson (2014) proposed that evidence-based interdisciplinary education and inquiry provided students with the means to foster flexible critical thinking and avoid lapses in professionalism through compassionate communication that understands social systems in the work environment elevating a sense of social consciousness. Medical students reported the impact of today's social structures included a sense of having to sacrifice personal freedom to differentiate professional and personal lives in assuming the persona of professionalism (Finn, Garner, & Sawdon, 2010). The education of pre-clinical medical students was found to improve the articulation and understanding of a broader understanding of socioeconomic and cultural factors professionalism over time when clinical instructors lead small group dialogue on professionalism combined with early patient interaction compared to programs that utilized only lectures (Monrouxe, Rees, & Hu, 2011).

Another study found that role modeling by faculty, as a means of developing professionalism in medical students, was necessary in conjunction with explicit strategies for education, monitor of unprofessional behaviors, and remediation across academic and clinical work environments. Hendelman and Byszewski (2014) used the American Board of Internal Medicine (ABIM) eleven domains of medical professionalism to identify the frequency and categories of personnel involved in lapses of professionalism. The most

frequently reported types of lapses were arrogance, impairment, religious or cultural insensitivity, confidentiality breaches, and abuse of power. Lesser reports occurred for sexual harassment and bias and infrequent reports of misrepresentation, lack of collaboration within the industry, acceptance of gifts, and compromising of ethical principles. Their findings indicated students reported an increase in lapses for all domains upon entry into the clinical environment that involved students, faculty, nurses, and administrative staff. Their study reported their involvement in collaborative efforts to improve professionalism through development of a confidential reporting system for investigation of reports of concern or incidents based on policies and procedures, professional development through and e-portfolio program and faculty workshops, incentive awards, and ceremonies that reinforced professional values through role modeling in learning environments. However, other authors acknowledge the benefits of role models but emphasize the need for cognitive-based teaching with reinforcement through situated learning activities and reflection on experiences (Cruess & Cruess, 2012, 2006).

Nursing Curriculum

Curriculum design. The importance of the engagement of nurse educators in promoting leadership education was reviewed by Curtis, Sheerin, and deVries (2011). They reported a lack of training programs specific to professionals in nursing or healthcare in comparison to the business industry sector. They recommended leadership education be integrated from the undergraduate level into continuing education programs to address issues of the shortage of nurse leaders and retention of nurses employed at all levels of patient care services. They found that the limited number of programs designed to meet the needs of nurses were found to improve economic, efficiency, and satisfaction

factors. Designing and developing industry specific training was recommended.

The literature recommends a systematic approach to curriculum design, development, and evaluation. Caffarella and Daffron (2013) proposed an interactive model for program planning for use with adult learners that included a detailed checklist of tasks. The need of program planners to include internal and external sources of information to collaborate for identification of institutional learning objectives was clearly described. They explained that the development of student-centered learning objectives first entailed having a clear understanding of program goals and objectives. Page, Parker, and Renger (2009) disseminated the benefits of using the logic model as a systematic approach to program development that resulted in improvement to an Arizona health careers program and added institution improvement to operational efficiencies and ability for colleague collaboration. The logic model required the identification of antecedent conditions to prioritize learning objectives and subsequent student learning activities. They accomplished identification of the antecedents to achieving the program objectives through use of a graphic mapping algorithm.

Stanley and Dougherty (2010) proposed a model to support nursing education's shift from teacher-centered education to student-centered education that incorporated current competency standards in the curriculum and transfer of learning through innovative technology-based androgenic strategies. They advocated for streamlining content-laden curricula using concept-based instruction. Finally, their nursing education model depicted development of shared outcomes for the learner and the instructor with the educator providing the active learning experiences that applied theoretical knowledge to practice environments. Other authors on models of nursing curriculum design encouraged use of best practices in adult learning theory using nursing professional

development specialists (Curran, 2014) or designs that integrate current trends in technology and inter-professional education, such as the Keele curriculum model (Humphreys et al., 2013). The Keele model also employed a focus on concepts as one of six segments around a central theme of person-centered graduate nurses. The other five segments consisted of curricular content, construction, collaboration, consolidation, and competence. The core content included four central themes: nursing practice and decision making; professional values; communication and interpersonal skills; and, teamwork, leadership, and management. All segments were intended to first address the what, then the how to of nursing practice.

Recurrent themes in nursing literature to support adult learners in establishing meaning to integrate an extensive amount of new knowledge, typically through concurrent enrollment in didactic and clinical care courses, included critical reflection and critical-thinking: a component of adult transformative learning theory. The use of critical reflection connotes a self-orientation in personal development by transforming meaning supported in the literature as a strategy of curriculum development (Grealish & Smale, 2011), and for development of professional and leadership skills (Polizzi & Frick, 2012). However, Lynam (2009) cautions that the ideology of critical thinking is a transformative process that may be confused with reasoning or problem solving in nursing education. Critical reflection and critical thinking were seen as core elements necessary to achieve competent professional judgment for decision-making (Huang, Huang, Chen, Yeh, & Chung, 2012). Critical thinking was defined as an epistemological approach based on understanding through questioning circumstances, social differences, and motivations (Osborne, Kriese, Toby, & Johnson, 2009). Questioning circumstances, social implications, and motivations engages the process of transformational learning and

exploration of cultural awareness of today's diverse populations in the American healthcare setting.

The principles of transformational learning theory necessitate development of curricula that stimulates and directs critical reflection about the concepts pertinent to human health topics. Nursing education literature supports the principles of adult education through learned experiences as a component of student-centered learning through self-awareness (Heise & Himes, 2010). Recent publications continue to discuss the applicability of transformative learning to a variety of higher education settings (Taylor et al., 2012) including nursing (Lynam, 2009). Principles of adult education for self-directed learning (Merriam, Caffarella, & Baumgartner, 2007) encourage transformation and principles of life-long learning endorsed by nursing standards of practice (American Nurses Association, 2010). Coupled with individual critical reflective practice, to effect transformation from student to professional nurse, it was encouraged that broadening the scope of applied sciences to enable transference of the new knowledge, skills, and attitudes to an interdisciplinary practice environment was necessary.

Utilization of professional nurses to their full level scope of practice level commensurate with educational preparation was cited in two renown reports of the Institute of Medicine, *To Err is Human* (2000) and *The Future of Nursing* (2011). Further supporting nursing education transformation were works by Benner. Frequently cited by nursing researchers, Benner (2001) detailed a five-stage model of skills acquisition based on the Dreyfus model. Career development progressed from novice (student) to advanced beginner (new graduate), competent (two to three years of experience), proficient (three to five years of experience), then expert. In another call for transformation in nursing

education, Benner et al. (2010) reiterated, in their Carnegie Foundation supported research report, that leadership is a multi-faceted skill requiring formation over time to integrate knowledge, skills, and ethical comportment through formal and informal curricula. Other authors echoed the time component necessary for acquisition and development of skills (Benner, 2001).

Nursing education. Nursing and nursing education is a highly regulated industry. State boards of nursing regulate in consultation with the National Council of State Boards of Nursing (NCSBN) (National Council of State Boards of Nursing, 2014a). The NCSBN was established in 1978 to assist state governments in the regulation of nursing and to oversee development and administration of the national council registered nursing licensure exam (NCLEX-RN®). NCSBN collaborates with members all 50 United States state boards of nursing, the District of Columbia, four territories and 21 associate member organizations for the creation and administration of the national registered nurse licensure exam. State boards of nursing regulations vary by state with public disclosure of regulations accessible through Internet hyperlinks from the NCSBN website (NCSBN, 2014).

Procedures for continuing program approval by state boards of nursing utilize the first-time pass rate for the on the NCLEX-RN® national licensure exam as a benchmark measure of program effectiveness. For example, California requires a minimum pass rate of 75% for first-time testers (California Board of Registered Nursing, 2014b). Meeting the pass-rate benchmarks established by the NCSBN can be a challenge for schools to achieve. For example, first-time pass rates for baccalaureate degree registered nurse applicants was 85.18% for year-end 2013, down from 91.66% in year 2012 (National Council of State Boards of Nursing, 2014b). This occurred following the evaluation of

the minimum passing standard that occurs every three years by a panel of experts, with assistance of psychometricians, historical record review, educator and employer surveys, and high school graduate readiness data (National Council State Boards of Nursing, 2014c). Documents to inform and assist faculty and students to success on the licensure exam are readily available from the NCSBN Internet website.

Supporting development of students, faculty, and quality nursing education programs to meet the passing standard may be found in the NCLEX-RN® test blueprint. The national licensure exam for registered nurses in the United States contains 17-23% of test questions about management of care (National Council State Boards of Nursing, 2014c). Pertinent information specific to content areas of professionalism and leadership in nursing in the exam blueprint showed 17-23% of the exam questions focus on management of care (National Council of State Boards of Nursing, 2014c). The detail of this test blueprint category for management of care items include, but are not limited to, supervision of others, initiating and evaluating care plans, client rights and responsibilities, advocacy for client rights, interdisciplinary collaboration, and taking action upon recognizing ethical dilemmas.

Schools of nursing may obtain further direction from their state boards of nursing regulatory statements for schools of nursing. For example, California regulations require nursing programs to include instruction on topics pertaining to development of leadership and management skills in the curriculum (California Board of Registered Nursing, 2014b). However, the nurse practice act does not prescribe the manner in which this is accomplished stating that the faculty are responsible for developing the curriculum.

Published guidelines available to assist program and curriculum development, at all levels of academic credentialing, include the state board regulations and professional

nursing organization accreditation guidelines. This assists faculty in developing programs that provide the educational support for applicants to gain approval from state boards of nursing to sit for the registered nurse licensure exam (American Nurses Association, 2014; National Council of State Boards of Nursing, 2011). Professional organizations that provide guidelines for program accreditation currently include the American Association of Colleges of Nursing (AACN) Commission on Collegiate Nursing Education (CCNE) (Commission on Collegiate Nursing Education, 2013) and the National League for Nursing (NLN) Accreditation Commission for Education in Nursing (ACEN) (Accreditation Commission for Education in Nursing, 2013), previously known as the National League for Nursing Accrediting Commission (NLNAC).

The ACEN baccalaureate program guidelines consist of six standards (Accreditation Commission for Education in Nursing, 2013). Standard-1 pertains to mission and administrative capacity. Standard-2 governs faculty and staff resources. Standard-3 addresses student policies and support. Standard-4 supports curricular and program learning outcomes. Standard-5 addresses financial, physical, and learning resources to sustain program outcomes. Finally, standard-6 guides expectations for evaluation of learning outcomes. One of the outcome benchmarks is maintaining a program NCLEX-RN® pass rate that meets or exceeds the national mean for identical three-year periods.

The AACN guidelines for baccalaureate program and curriculum development, published as the essentials of baccalaureate education (American Association of Colleges of Nursing, 2008), underlie the CCNE accreditation processes. The revised standards for accreditation (Commission on Collegiate Nursing Education, 2013) consist of four standards that focus on student learning outcomes. The standards include Standard-I

institutional mission and governance, standard-II institutional resources, standard-III curriculum and teaching practices, and standard-IV effectiveness of achieving program outcomes. The CCNE revised standards expect a NCLEX-RN® first-time pass rate to meet 80% or higher. The 2014 expectation has generated a standard higher than some state boards of nursing (California State Board of Nursing, 2014b).

Schools of nursing are at liberty to devise their curriculum as determined by the faculty (American Association of Colleges of Nursing, 2008; National Council of State Boards of Nursing, 2011). The professional organizations accreditation guidelines and state boards of nursing regulations include minimum expectations for undergraduate programs for development of a competent generalist professional nurse to ensure public safety. The focus on developing student professionalism in nursing, therefore has many aspects to consider within the context of leadership and management.

Nursing leadership. The NLN (2010) established the NLN education competencies model that delineated standards for educational outcomes and competencies for graduates of nursing programs. This document explicated the model's developmental history, guiding references, and procedure to validate the context and intent of the learning outcomes inclusive of all paths to licensure in nursing from diploma through doctoral degree attainment. The model stated a foundation for nursing that encompassed seven values, four of them essential to nursing. The four core values are caring, diversity, excellence, and integrity. The three additional values are ethics, holism, and patient-centeredness. The model further described learning objectives, each containing subthemes for content in knowledge, practice, and ethical comportment. Each of the subthemes incorporated learning domains consistent with Bloom's or revised Bloom's taxonomy (Su & Osisek, 2011; Anderson et al., 2001). The description of the

model stated nurses were essential for leadership of patient care quality and safety in all healthcare settings and thus incorporated the six competencies recommended by the quality and safety education for nursing initiative (QSEN). The six QSEN competency content areas are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Barnsteiner et al., 2013).

Professional ethics. The nursing code of ethics and the standards and scope of nursing practice defined the norms of the profession of nursing. The scope and standards of practice (American Nurses Association, 2015) contain 16 standards that discuss professionalism from the perspective of competence in practice and performance. The first six standards delineate the six phases of the nursing process, the guiding framework for nursing practice. The nursing process consists of assessment, nursing diagnosis, outcomes identification, planning, implementation, and evaluation to achieve optimal patient care. The remaining standards address performance behaviors in the professional role with leadership specifically emphasized. Performance competence included practicing ethically, maintaining current educational nursing knowledge, using evidence-based practice and research, contributing to quality of practice, communicating effectively, leading within practice and professional settings, collaborating, evaluating personal practice, utilizing resources effectively, and maintaining environmental safety.

A nursing code of conduct has been evident since the inception of the profession of nursing, which defined professional nursing norms. Fowler (2008) provided a summary of the history of the development of code of ethics for nursing identifying Florence Nightingale's establishment of a pledge patterned after the Hippocratic Oath in 1893. Within this work, nine provisions constructed the code of ethics. The code incorporated concepts of: (a) respect for human dignity; (b) compassionate practice; (c)

commitment to the patient; (d) advocacy to protect health, safety, and patient rights; (e) accountability for individual practice and delegation decisions; (f) duty to self and responsibility to others; (g) fostering positive healthcare and workplace environments; (h) participation in the advancement of the profession; (i) inter-professional collaboration; and, (j) participation in professional associations to shape social policy. Therefore, the keywords defining professionalism in nursing were respect, compassion, commitment, advocacy, accountability, duty, collaboration, and participation. These terms are consistent with interdisciplinary expectations of professionalism. These expectations for were evident in the public domain through review of government regulatory documents affecting nursing education.

Leners et al. (2006) provided a mapping of the American Nurses Association (ANA) code of ethics to the American Association of Colleges of Nursing (AACN) professional values. They summarized key terms from the ANA code of ethics as respect; protection of client privacy; public protection; responsibility and accountability for competent practice, judgment, and collaboration; and, participation in developing knowledge, practice standards, working conditions, and public health goals compared to the terms of human dignity, social justice, altruism, autonomy, and integrity associated with the AACN values.

Beginning Students

Evidence in the literature, specific to professionalism and beginning or first semester students, was limited. Sand-Jecklin and Schaffer (2006) studied students before the first nursing concepts and clinical courses and retested after six months of instruction and patient care experiences for development of professional identity using the Perception of Professional Nursing tool (PPNT). The PPNT surveyed perceptions of

profession value, practice, and public image. This study found that students who reported their perception of nursing as influenced by personal experience tended to have high scores on the value and practice subscales. Those influenced by role models scored lowest on all three subscales. Finally, those who perceived they were influenced by the media cored highest on the public value subscale.

Leners et al. (2006) compared BSN students in a first nursing course-first week of class and exit survey results to track development of professional values during the program noting significant increases in total scores and changes in ranking in all five categories on the Nurses Professional Values Scale (NPVS). The five categories evaluate caring, activism, trust, professionalism, and justice (Weis & Schank, 2009). Fisher (2011, 2014) conducted a comparison of beginning and senior pre-licensure nursing students using the Nurses Professional Values Scale-Revised (NPVS-R) across various degree programs, but did not specify the point during the program that beginning students were studied. The sample of 351 northeastern United States nursing students stated that 58% were beginning-level students from four schools: two campuses of an associate degree program (ADN), two diploma schools within one healthcare system, and one university baccalaureate program (BSN). Significant findings were reported for differences in overall professional values scores of senior students with diploma participants scoring higher than those of the ADN program. However, no statistical significance was found between beginning and senior-level ADN and BSN students. One item, specific to professionalism (peer-review participation), was reported as one of the lowest valued items. Implications called for redesign of pre-licensure programs to align to ethical standards of nursing and support consistent professional values formation as a factor of nursing role formation as a leader in healthcare.

Student Nurse Population

The literature indicated that current beginning registered nurse students are nontraditional adult students. A nontraditional student in higher education is one who is 25 years of age or older and the fastest growing segment in undergraduate programs (Merriam & Bierema, 2014). Nationally, the U. S. Department of Health and Human Services (2010) indicated that the average age at graduation from an initial registered nurse (RN) program was 31 years of age in 2008 with graduates from bachelor degree programs tending to be 5 years younger than those graduating from associate degree or diploma programs. Compared to graduates before 1985, the average age at graduation increased by 7 years.

In California, greater than 95% of registered nursing students are nontraditional adult learners (California Board of Registered Nursing, 2014a). The state's annual schools survey indicated that only 2.2% of students were 17-20 years of age with 30.5% each between 21-25 years old or 26-30 years-old, 25.1% were 31-40 year-olds, and 9.4% were 41-50 year-olds and a negligible percentage greater than 50 years old. Adult education literature stated that the motivation for adult students to return to an academic environment focused on changes in the economic and job market environments (Kenner & Weinerman, 2011). The well-publicized financial market changes since September 11, 2001 would tend to support one explanation for the higher percentage of nontraditional students entering pre-licensure nursing programs. This information infers that today's student would bring their prior knowledge and experiences into their programs as nontraditional undergraduate students.

Theoretical Frameworks

The contexts of learning in adult education and nursing education provide the

framework to direct this dissertation research. Selecting appropriate theoretical frameworks are important to guide resolution of issues that may be identified (Porter-O'Grady & Malloch, 2011), develop research design (Melnyk, & Fineout-Overholt, 2011), and establish a perspective for interpretation (Merriam, 2009) in order to suggest recommendations for the improvement in nursing education curriculum. Meleis (2012) defined theoretical frameworks as structured perspectives that direct research. Two education theoretic frameworks serve to guide this proposed study pertinent to teaching in a student-centered environment of 21st century nursing students.

This century's student body is comprised of multiple generations in cohorts entering nursing schools who may possess workplace experiences or post-compulsory education knowledge that warrants consideration of student-centered needs of adults. The literature provided evidence that 37% to over 50% of student nurses across all types of pre-licensure programs are now over 25 years of age (California Board of Registered Nursing, 2014a). Blending principles of adult education and nursing theoretical perspectives enables educators to meet student-centered and professional expectations for developing a quality nursing curriculum.

Adult education. Gilstrap (2013) discussed adult learning theory as a basis for curriculum development that has evolved from pedagogical philosophies to an andragogy approach that assumes adult learners have developed to a stage of focusing on learning how to learn as compared to rote memorization as a way of knowing. A holistic inclusion of individual maturational learning, life experiences, and autonomy through self-directed learning incorporates a focus on the learner and the educator as facilitator or motivator. Further evolution of adult learning theory expanded on the concepts of self-directed learning and experience to include active decision-making through discernment of

meaning by transforming educational experiences via active engagement in critical reflection.

Transformative learning theory provided the framework for the adult learner perspective. The classic work of Mezirow and his colleagues described learning as occurring through socialization that built upon prior knowledge (Mezirow & Associates, 1990). The theory assumptions are that meaning schemes occur through socialization, habits of the mind incorporate ways of knowing, and points of view change meaning schemes by incorporating affective constructs (Mezirow & Associates, 1990). Transformative learning reorganizes meaning suddenly or over time following a disorienting event through rational critical reflection and validation of the meaning scheme through communication (Mezirow & Associates, 1990).

Transformative learning builds on a constructivist philosophy. Constructivism interprets ways of knowing as subjective within the context of social experiences and encourages exploration counter to scientific methods to acquire knowledge (Young & Maxwell, 2007). Constructivist learning theory assumes that adults have the mental capacity to store information and apply logic and reasoning to create mental meaning based on experiences through problem-solving and logical thinking (Candela, 2012; Smith & Taylor, 2010; Merriam, 2004). In transformative learning theory, Mezirow provides a framework that supports constructivist philosophy through the processes of reflection and social discourse self-directing learning to reconcile incongruous events that transforms prior knowledge (Taylor, Cranton, & Associates, 2012; Bennetts, 2010/2003; Mezirow & Associates, 1990). The subjective nature of transformative learning would indicate a need for qualitative inquiry to gain insight to an individual meaning schema.

Contrasting viewpoints of transformative learning have expanded exploration of

this topic to understand better the epistemological perspectives of truth. The alternative theories focus on ways of knowing from psychoanalytic, psycho-developmental, social emancipatory, or neurobiological, cultural-spiritual, race-centric, and planetary perspectives (Taylor, 2008). He summarized the alternative foci of these ways of knowing as (a) a lifelong process of individual discovery for understanding of self, (b) incremental progressive growth toward holistic learning, (c) reflection and action to balance power in relationships, (d) physiologic neurochemical functioning in the brain, (e) sociocultural-spiritual inter-relationships, (f) learning from African racial perspectives, and (g) human existence interacting with the larger universe, respectively. Mezirow's theory persists as the foundational framework for further research into transformational learning from these alternative perspectives. He stated that transformative learning theory had significance in the movement toward replacing andragogy as the central educational philosophy. Taylor, Cranton, and Associates (2012) compiled an extensive work describing the growth in utilization of transformative learning theory to many areas of education incorporating alternative theoretical outlooks, suggestions for research strategies, application to the domains of learning, and implementation using various instructional strategies.

Transformation learning theory persists as a cited theoretical framework in adult education and nursing research. The literature indicated acceptance of transformative learning as a theoretical framework for use in adult education and healthcare settings. Examples include higher education and job training (Madsen, 2010; Mathis, 2010), healthcare simulation learning (Parker & Byrick, 2010), nursing education (Brown, 2011; Lynam, 2009; Hegge & Hallman, 2008), nursing leadership in praxis (Thomas, 2012), and leadership development in a fundamental nursing course (O'Neal, 2004). Blending

the principles of adult education and transformative learning into nursing education becomes a logical progression. Literature indicated the exploration of transformational learning in adult education has expanded this holistic philosophical worldview with inclusion of critical theory and socio-cultural perspectives (Merriam & Bierema, 2014). Holistic caring is one focus of nursing theorists.

Nursing education. The profession of nursing is the art and science of caring for individuals, families, and communities to promote and restore health, prevent illness, and assist others in coping with disability and death (Taylor, Lillis, LeMone, & Lynn 2011). The demographics of the United States necessitate a holistic worldview to provide professional nursing education with the knowledge, skills, and attitudes for healthcare delivery to those diverse populations and for collaboration within a diverse workforce. Attaining cultural competence necessitates an ability to step beyond personal biases to include cultural and spiritual beliefs of others so as not to violate the patient legal right to self-determination (Zerwekh & Garneau, 2012).

Within the art and science of caring, it may be inferred that nursing students are a type of patient, or client, of nurse educators. When viewing a student nurse as a type of client receiving professional nursing care from a registered nurse whose career development path has taken them into higher education (Potter & Perry, 2013). From this viewpoint, consideration of a nursing theoretical framework as applied to nursing education assists educators to meet the curriculum design and delivery to care for nursing students from diverse backgrounds. Concepts of holism, also discussed in transformative learning, caring and inclusiveness are frequent factors included in nursing theories (Alligood & Tomey, 2010). One theory that incorporated the holistic view of transformative learning with caring and awareness of sociocultural factors is the culture

care theory of diversity and universality.

Dr. Margaret Leininger, founder of transcultural nursing and a Nobel Peace Prize nominee (Zerwekh & Garneau, 2012), developed the theory of culture care theory of diversity and universality, more commonly known as the culture care theory or transcultural nursing theory (Alligood & Tomey, 2010; Giger & Davidhizar, 2008). The major premise of Leininger's theory is that appropriate cultural congruence is necessary to provide culturally competent patient care (Leininger, 2002; Alligood & Tomey, 2010). She viewed culture as a set of beliefs, norms, and practices that guided a way of thinking and decision-making to sustain survival. Her sunrise model depicted a dynamic process between the patient and nurse in caring for diverse (different) and universal (similarities) health contexts across a holistic continuum from health through illness to death.

Leininger merged the principles of nursing with cultural anthropology (Leininger, 2002). This worldview, comprised of cultural and social dimensions, evolved the theory that delineated seven categories that were derived from the environment, language, and ethnohistory. Data from these cultural factors allowed the nurse an awareness of varying beliefs and values that defined health for the client, subsequently influencing institutional healthcare practices and the client's holistic sense of well-being (Leininger, 2002; Giger & Davidhizar, 2008; Alligood & Tomey, 2010; Zerwekh & Garneau, 2012). The seven categories included technologic; religious and philosophical; kinship and social; cultural values, beliefs, and lifeways; political and legal, economic; and, educational factors. Data obtained from formal and informal sources interact dynamically with folk remedies and professional care practices that the professional nurse coordinates.

Research philosophy. This study views student nurses as complex entities. An eclectic blending of the theoretical concepts of self-directed learning, transformative

learning, and cultural competence guide this study. Education and nursing literature have a history of blending philosophical approaches to understanding learning, patient care, and in research efforts. Applying the eclectic worldviews from complex social structures assists to derive insight into the needs of today's nursing student population pertaining to perceptions of professionalism upon acceptance into a professional nursing educational program. Understanding the meaning of professionalism held by students would assist in the development of appropriate student-centered curriculum that fosters formation of nursing leadership ability.

Summary of Literature Review

Theories of adult learning, constructivism, transformative learning, and cultural care were supported as relevant frameworks for research in nursing education (Bennetts, 2010/2003; Candela, 2012; Gilstrap, 2013; Merriam, 2004; Mezirow & Associates, 1990; Smith & Taylor, 2010; Taylor et al., 2012; Young & Maxwell, 2007). Transformation was a frequent theme in these articles containing frequent commentary on the need for a change in current educational practices. However, a cautionary note about the interpretation and use of transformation to ensure proper context was advised (Lynam, 2009; Hutchinson & Jackson, 2012). Also noted was research applied these theoretical frameworks to a variety of setting and research topics providing for some degree of generalizability of the theories (Brown, 2011; Madsen, 2010; Mathis, 2010; O'Neal, 2004; Parker & Byrick, 2010; Thomas, 2012). Culture care theory was described as a blending of anthropology and nursing principles adding additional value for application with adult education theory (Alligood & Tomey, 2010; Giger & Davidhizar, 2008; Leininger, 2002; Zerwekh & Garneau, 2012).

The literature showed a growing interest in the development of nurse leaders, at

all levels of practice in healthcare, as evidenced in national investigations into the state of the healthcare industry in the United States (Institute of Medicine, 2000, 2011; Benner et al., 2010). The literature indicated a consistent overlap of content pertaining to professionalism, and related terms, ethics, ethical values, morals, and leadership content (Benner et al., 2010; McBride, 2011; Polizzi & Frick, 2012; Porter-O'Grady & Mallock, 2011). Within a leadership formation context, an understanding of the baseline knowledge and belief systems students may bring to the classroom from past experiences is needed to develop appropriate student-centered adult education programs. Exploration of this topic from a position of student-centeredness may provide insight into possible revisions for nursing curriculum content, thereby enhancing curricular relevance and improve educational efficiency based on evidence.

Professionalism in nursing was defined similar to other disciplines for five concepts, a discrete body of knowledge, autonomy of practice, presence of a code of ethics, self-regulation, and commitment to the profession (Alvsvag, 2007; American Nurses Association, 2010; Apesoa-Varano, 2010; Cruess & Cruess, 1997; Fitzpatrick, 1983; Fowler, 2008; Hall, 1968; Miller, 1988; Miller et al., 1983; Rhodes et al., 2012; Ohlen & Segesten, 1998; Snizek, 1972). However, other authors identified a lack of consensus for a definition of professionalism (Akhtar-Danesh et al., 2013; Mack, 2011). In addition, the literature reported original investigational instruments related to professionalism based on nuances of terminology use (Hall, 1968; Sand-Jecklin & Scheffer, 2006; Weis & Schank, 2009).

A large portion of evidence pertaining to professionalism focused on behavioral aspects of image (Kolanko et al., 2006; McNamara, 2014; Lashinger et al., 2009; Leiter et al., 2010; Suttle, 2011). Communication skills were seen as an essential aspect of

leadership and professionalism (Windsor et al., 2012; McAllister, 2012; Vogel, 2011; Gonzalez et al., 2013; Mitchell et al., 2010). Some research addressed professional values (Lener et al., 2006). This literature revealed that typical studies about aspects of professionalism concentrated on students at the end of their nursing education or during the first year of transition into practice.

Literature on the development of professionalism from disciplines outside of nursing was predominated by medicine and focused on acquisition of knowledge, skills, and attitudes using a variety of educational strategies for learning. Studies included use of patient-centered case studies with role modeling or mentoring (Baernstein et al., 2009; Hays & Hamlin, 2013; Hendelman & Byszewski, 2014), lecture, discussion, or clinical reflection (Bossers et al., 1999; Cruess & Cruess, 2006, 2012; Davis, 2009; Kristiansonn et al., 2014; Mapukata-Sondzaba et al., 2014; Mason et al., 2014; Monrouxe et al., 2011), and use of reflective e-portfolios (Bossers et al., 1999; Davis, 2009; Mason et al., 2014). The evidence suggested that the best outcomes for learning professionalism resulted from student reflection in combination with clinical experience and small group discussion.

Curriculum design literature recognized the lack of training program specific to the health professions for leadership development (Curtis et al., 2011). A variety of program planning models recommended systematic approach for creation or revision of curriculum (Caffarella & Daffron, 2013; Curran, 2014; Humphreys et al., 2013; Page et al., 2009; Stanley & Dougherty, 2010). Published professional standards, models, regulations, and licensure documents for inclusion of leadership education and its components, such as ethics, were identified from the literature, professional organizations, and regulatory agencies (American Nurses Association, 2010; California State Board of Registered Nursing, 2014; Fowler, 2008; National Council of State Boards

of Nursing, 2014a; National League for Nursing, 2010). A recurrent theme for instructional strategies for use with adults emphasized crucial reflection or critical thinking for transformation (Grealish & Smale, 2011; Heise & Himes, 2010; Huang et al., 2012; Osborne et al., 2009; Polizzi & Frick, 2012) and applicability of transformative learning to higher education settings (Taylor et al., 2012; Lynam, 2009).

Data on the makeup of the BSN population in the United States indicated a shift to older students. Today's students were identified as predominantly nontraditional adult students seeking second degrees (Davis, 2011; California Board of Registered Nursing, 2014a; Merriam & Bierema, 2014; U.S. Department of Health and Human Services, 2010; California Board of Registered Nursing, 2014a). The literature in this century emphasized the use of nurses to their fullest potential of preparation to relieve the nursing shortage and to sustain future roles in nursing (American Nurses Association, 2010; Institute of Medicine, 2000, 2011; Benner et al., 2010).

A gap in the literature became evident to foster early development of professionalism in nursing of current and future nontraditional adult nursing students who must apply leadership skills in the clinical settings early in their education. The lack of research evidence about the nature of student knowledge, skills, and attitudes for ethical comportment at entry into a nursing baccalaureate program leaves questions as to the appropriateness of student-centered adult program content for today's predominantly nontraditional student population. Investigating entry students may identify a need to re-align nursing curriculum, as it may no longer be appropriate.

Research Questions

The literature indicated further exploration of professionalism in nursing was warranted as it related to nursing education for the 21st century student leadership skills

development. The complex nature of professionalism in nursing required narrowing of this exploratory study to one component of perceptions of professionalism in nursing by student nurses as they begin their first pre-licensure baccalaureate nursing courses. Questions for this proposed research study were developed using Creswell (2008), Creswell and Plano Clark (2011), and Fink (2003) for guidelines. One primary research question and secondary question resulted. The primary research question was:

1. To what extent do beginning student nurse perceptions of professionalism in nursing align with standards of professionalism in nursing as stated in the nursing code of ethics?

2. What is the relationship of undergraduate education status, age range, and demographic variables to perceptions of professional values?

The independent variable was operationalized as the statements of ethical practice in the nursing scope and standards of professional practice (American Nurses Association, 2010) and the nursing code of ethics (American Nurses Association, 2015; Fowler, 2008). The dependent variable was the student perception of professionalism in nursing as measured by self-reports of evaluation of ethical values. The dependent variable was operationalized as the Nurses Professional Values Scale-Revised (NPVS-R) instrument (Weis & Shank, 2009). This study seeks to understand beginning student perceptions of professionalism in nursing to align content in a leadership and management in nursing course. The insights gained were anticipated to assist in the design of appropriate instructional strategies.

Chapter 3: Methodology

Research Design

This exploratory quantitative method study sought to understand beginning nursing student perceptions of professionalism in nursing. The aim of the study was to better understand student prior knowledge to better align nursing curriculum to existing student perceptions of professionalism in nursing at one school of nursing.

In this study, two research questions were considered. Research Question 1 hypothesized that there was no difference in beginning student nurse perceptions of professionalism in nursing compared to established nursing standards for participants based on responses to an anonymous survey. The data collected within the sample further assisted in exploring research Question 2 that hypothesized no difference in perceptions of professionalism associated with age range, undergraduate education status, and other demographic variables.

A quantitative approach was selected because the purpose of the research questions sought to understand contemporary perceptions of nursing students within the context of established professional standards as they began their program of study. Qualitative and mixed method traditions were excluded because their definitions did not align with the purpose of this study (Glesne, 2011; Hentz, 2012; Mackey, 2012; Morse, 2012; Morse & Miehaus, 2012; Yin, 2014). This study was not seeking to understand a culture, the focus of ethnography; generate a theory as does grounded theory; obtain in depth stories of lived experience from the narrative tradition; or, understand a philosophy as seen in phenomenology (Creswell, 2013; Munhall, 2012; Merriam, 2009).

Participants

Quantitative. The target population was pre-licensure nursing students. The

convenience sample was drawn from a west coast accredited school of nursing. National demographic statistics of baccalaureate programs in year 2012 reported composition of students consisted of 16% over 30 years of age, 13% were male, and 33% of ethnic minorities (National League for Nursing, 2012 a, b, c; United Stated Department of Health and Human Services, 2010) with employment of RNs at 10% male for year 2013 (United States Department of Labor, 2013).

Sample location. The researcher was familiar with the application process of this west coast accredited pre-licensure BSN school of nursing, but had no input into the selection of the students accepted into the program. The general demographic diversity by age, gender, and ethnicity of the school was similar to those reported by a national professional nursing organization and government statistics (National League for Nursing, 2012 a, b, c; United Stated Department of Health and Human Services, 2010; United States Department of Labor, 2013). Demographic diversity since inceptions of this program in March of 2009 has been consistently distributed equally for ethnicity, and 33% age distribution between 20, 30, and 40-year olds, and gender ranging from 15% to 30% males to females. There was a rare outlier in the 50-year-old age bracket (Corrao, 2014). This school of nursing admitted students as a cohort.

Sampling procedure. The non-experimental convenience sample (Creswell, 2013) solicited for volunteer participants from students attending the cohort nursing program orientation day. The convenience sample size was anticipated to equal 20 to 50 diverse participants across three campuses during one admission cycle should all consent to complete the survey. This provided for a sample size of approximately 90 potential participants.

Inclusion criteria for participation included (a) acceptance into an accredited

pre-licensure Bachelor of Science in Nursing (BSN) program, (b) voluntary participation with no penalty for withdrawing at any time, and (c) receipt of a completed survey indicating consent for participation. Exclusion criteria included (a) prior completion of a nursing course, (b) withdrawal from the study, or (c) failure to complete the survey as acknowledgement of consent to participate.

The null hypotheses were that there was no difference between student nurse perceptions of professionalism in nursing specific to professional values compared to the nursing standards of professionalism and that there were no associations to age range, degree status, or other demographic variables to professional values. The independent variable was operationalized as the nursing scope and standards of professional practice (American Nurses Association, 2015) and the nursing code of ethics (Fowler, 2008). The dependent variable was the student perception of professionalism in nursing. The dependent variable was operationalized as responses to the Nurses Professional Values Scale-Revised (NPVS-R) instrument (Weis & Shank, 2009).

Ethical Considerations

Ethical consideration anticipated and planned for protection of participants during the research study (Creswell, 2013). Pre study ethical conditions were met by obtaining institutional review board approval from Nova Southeastern University and the target school of nursing and written permission for use of any copyrighted material. At the study initiation stage, disclosure and participant issues were mitigated using a scripted introduction and explanatory participant letter of consent at the time of data collection. Return of completed surveys constituted implied consent to participate. In addition, to minimize any conflict of interest attributable to a power disparity between the student and

the researcher, the researcher was not involved in the final selection of students admitted into the cohorts or had any prior contact with those accepted into the program.

Ethical considerations during data analysis, reporting, and publishing stages secured all raw data and analysis information using password access for electronic file storage. Identity coding of participants and the study location was generated to further ensure anonymity. Finally, aggregated report of findings and any conflicts of interest were disclosed.

Instrument

The survey instrument in this study was a pre-established survey: Nurses Professional Values Scale-Revised (NPVS-R) (Weis & Shank, 2009). This instrument was selected because it was designed to reflect the current nursing standards of professional values as stated in the 2008 edition of the nursing code of ethics (Appendix A). Permission to use the instrument was obtained from the author, but not for publication of the actual instrument. Another survey, the Perceptions of Nursing scale (Sand-Jecklin & Schaffer, 2006) was considered and consent for use and publication obtained, but further review of the content items indicated a main focus toward perception of nursing as a profession, not perception of professionalism in nursing.

Nurses professional values scale-revised. The original NPVS and the NPVS-R are the only known surveys based on the nurses' code of ethics with interpretive statements (Weis & Shank, 2009). The authors viewed the code as a source of clarity on the domain of professional nursing, norms of the professional, and values pertinent to professional identity. The original NPVS was revised because of changes to the nursing code of ethics in 2008.

The NPVS-R instrument is a 26-item Likert-scale instrument that measures

professional values of caring, activism, trust, professionalism, and justice (Weis & Shank, 2009). The instrument contained no subscales and takes approximately 15 minutes to complete. The items were positively phrased with no reverse scoring on a range from one (not important) to five (most important) yielding the resultant total range scores of 26 to 130 whereby the higher the score the stronger the rating for the professional value. Written consent to use the survey instrument was secured. However, the author declined permission to reprint the survey in this dissertation research report.

A detailed report of the development and evaluation of the NPVS-R established validity and reliability of the instrument (Weis & Shank, 2009). The authors reported content validity established by 100% agreement of four independent nursing code of ethics content experts. The instrument was tested with review board approval from a sample of baccalaureate (n=404) and graduate level (n=80) students, and nurses in practice (n=298). Students were from one of 19 programs randomly selected from NLN and CCNE accredited program in the United States and practicing nurses were randomly selected from a one state board of nursing list of registered nurses (total n=782) with 91% females, 82% White, 8% African Americans, 5% Asian/Pacific Islander, 5% Hispanic, and 0.1 % Native American. Construct validity was measured by confirmatory factor analysis using a priori rules identifying five factors explained 56.7% of common variance. Cronbach's alpha coefficient established internal reliability at .92 for the total scale with a range of .70 to .92 for the factors. Goodness-of-fit tests approached desirable (>.90) where Tucker-Lew index =.871, normal fit index =.865, comparative fit index =.894. Root mean square error of approximation was reported =.63 (<.08 indicated acceptable fit), and X^2=1,188 (df=89, p=.000) indicating further study of the model was recommended.

Procedures

The research consisted of a three-phases: pre study, study, post study. The pre study phase entailed obtaining permission for survey instrument use, IRB approvals, and training of faculty to assist in the study phase. The study phase began with the solicitation for participants by verbal invitation and distribution of a participant consent letter with the survey tool. The post study phase would incorporate data analysis and final report disseminated through Nova Southeastern University protocols.

Pre study. Pre study procedure consisted of obtaining several authorizations and training of faculty assistants for survey administration. Permission to use the survey tool was obtained from the authors. The proposal was submitted concurrently to two Institutional Review Boards (IRB) for review and authorization to conduct the research study. Following receipt of the IRB approvals from Nova Southeastern University and the target study location, nurse faculty were trained regarding the research study scheduled for the next available nursing orientation day at each campus location. Use of a trained assistant allowed for access to a larger participant pool due to the orientation day schedule for the various campus locations. The orientation periods occurred in different cities at times not conducive for the researcher to be present.

The pre study training of consenting nursing faculty for study implementation consisted of instruction as to the purpose of the study; the timing and procedure for participant solicitation, survey distribution and collection at the study location; and, the procedure to secure and deliver returned surveys to the researcher. The details of the procedures are described further in the study phase below.

Study phase. The study phase commenced with participant solicitation and ended with receipt of returned surveys by the researcher. Participant solicitation occurred at the

beginning of the nursing student orientation day following the general welcome period and before any information was presented about the nursing course content. As described by Fink (2003), a scripted introduction to the questionnaire was employed with semi-supervised administration for consistency within a group setting in the room designated for the orientation event. The nurse faculty member or researcher introduced themselves. They read the following scripted statements:

> I am asking for your voluntary participation to complete a short anonymous survey for the purpose of exploring nursing student perceptions of professionalism in nursing before beginning nursing courses. The anonymous survey will take about 15 minutes to complete. Please read the instructions in the packet for how to complete the questionnaire. When done, please return the survey directly to me or place it in the box (speaker will indicate the location of the box). Thank you.

A packet containing English language participant consent letter and survey cover sheet with the survey were distributed without additional comment to all students in the room. The survey administrator answered any participant questions (Fink, 2003) specific to the survey items by stating, answer the item according to your perception. After distributing the packets, the researcher positioned themselves at the survey return table. Unrestricted time was allowed for survey completion. The estimated time for completion of the survey was 15 minutes. Participants were directed to place their survey in the designated receptacle. The researcher thanked the volunteer participant for their participation in the study at that time. Participants then completed a rest break period before returning to continue their orientation program.

The researcher or nurse faculty member secured all survey packets by placing

them in a sealed envelope. The envelope was labeled with the researcher's name and mailing address. In the case of the remote location, a United States Postal Service pre-paid tracked mailing envelope was provided for return of the surveys to the researcher. The nurse faculty was instructed to mail all returned and blank surveys the same day upon completion of the orientation day. No compensation was given to the faculty or student participants for participating in the study.

Post study. Post study phase commenced immediately upon receipt of all returned surveys. Post study consisted of securing the surveys and completing raw data analysis and submission of the final dissertation report. The researcher collected and stored the raw data in electronic format in a personal file within a commercial Dropbox website. Data analysis procedures are described below.

Data Analysis

Statistical tests of the NPVS-R instrument indicated in prior research (Weis, & Shank, 2009; Moon et al., 2014) utilized Cronbach's alpha, a reliability coefficient to test for internal consistency, factor analysis to test variables for further reduction, and Bartlett's test of sphericity to test for homogeneity of variances from canonical variate, a linear combination of variables. There were no modifications to the survey instrument for this study.

In this study, quantitative data analysis utilized IBM Statistical Package for the Social Sciences 23 (SPSS) software. Preparation of the anonymous survey for data analysis coded individual participants with an alpha-numeric designation to maintain participant anonymity. Survey responses for individual line item alpha responses were converted to numerical values for analysis by the SPSS software application. A secondary review was conducted to verify accuracy in coding responses into the SPSS

program. The researcher resolved any discrepancies. Surveys with missing responses on any of the 26-items in the survey were reviewed for possible exclusion from the analysis before completion of statistical analyses. Scores were standardized by transforming data to T-scores for further statistical analysis.

General assumptions. The researcher assumed that professionalism in nursing as stated in the nursing code of ethics expressed professional values. The validated NPVS-R survey instrument was based on the nursing code of ethics to measure professional values. It was further assumed that professional values for leadership development in nursing can be learned by students through prior experience and instruction through nursing curricular content.

Research Question 1

Assumption. The pre-established assumption to determine the extent of alignment with the nursing code of ethics constituted a participant selection of very important or most important for an item option on the NPVS-R survey. This was set at a numeric value of 4 (very important) or 5 (most important) for software application use or total score range of 79-100 (very important) or 101-130 (most important) from the Likert-type 5-point scale.

Procedure. Research Question 1 (To what extent does the beginning student nurse perceptions of professionalism in nursing, specific to professional values, align with nursing standards as stated in the nursing code of ethics?) was analyzed using descriptive statistic, as recommended by Fink (2003). Survey total scores employed the method utilized by the survey developers that assigned a numeric value to each selection option (Weis & Schank, 2009). The possible range of total scores was 26-130, where 1-26 was not important, 27-52 was somewhat important, 53-78 was important, 79-100 was

very important, and 101-130 most important. Total scores for the NPVS-R survey were calculated. Statistical analysis for central tendencies and item analysis using rank score frequency using SPSS software was conducted. Review of the total scores and item analysis was completed to determine the extent of alignment with nursing standards based on aggregated results to meet an item score of four or five or a survey total score between 79-130.

Research Question 2

Assumption. The pre-established assumption for presence of significant associations was set at p=.05 for non-parametric Chi-square for goodness of fit and determination of Cramer's *V* for effect size.

Procedure. Research Question 2 (What is the relationship of age range, undergraduate education status, and other demographic variables to perceptions of professional values?) was analyzed by non-parametric correlation analysis using Chi-square for goodness of fit, as recommended by Fink (2003). Data was rescaled to avoid negative values. Subsequent review of SPSS results for determination of significant correlations was completed including determination of effect size as indicated from Cramer's *V* results for any identified significant association.

Chapter 4: Results

Analysis

This exploratory non-experimental quantitative study of a convenience sample of beginning nursing students from three campus cohorts at one university about perceptions of professionalism in nursing, specific to professional values, utilized the NPVS-R® instrument. The survey item statements are summarized in Appendix C. Participant responses were collected using the NPVS-R instrument administered as a semi-supervised anonymous survey that included self-reported demographic data of academic degree status, age range, gender, and ethnic background and 26 items derived from the nursing code of ethics. The 26 items in the NPVS-R instrument labeled professional values as caring (items 16, 17, 18, 20, 21, 22, 23, 24, and 25), activism (items 4, 10, 11, 19, and 26), trust (items 1, 2, 9, 14, and 15), professionalism (items 5, 6, 7, and 8), and justice (items 3, 12, and 13) (Weis & Shank, 2009). Results from descriptive and inferential analyses are described.

Three cohorts of nursing students were solicited for participation during the nursing program orientation period prior to the start of their first nursing course in a bachelor of science in nursing (BSN) program across three campuses at one university. Campus locations were designated as Campus F, Campus L, and Campus S. Campuses F and L admitted 20 students per cohort. Campus S admitted 50 students per cohort. Campus S reserved 10 slots students resuming nursing studies after an absence, who were excluded from this study based on the inclusion criteria of no participation in a prior nursing course. Reintegration students were not present during the orientation period. The researcher distributed the survey to participants at Campus L and Campus S. A trained faculty member distributed surveys at Campus F and returned surveys to the researcher

using a self-addressed pre-paid United States Postal Service envelope upon completion of the orientation day. Analysis of data began immediately upon receipt of participant surveys.

Data was entered into IBM SPSS version 23 statistical processing software. General review of the returned surveys yielded a 95% return rate from 80 surveys distributed. Campus F returned 19 of 20, Campus L 19 of 20, and Campus S1 section18 of 20, and S2 section 20 of 20. Secondary review determined eligibility for inclusion in the study using three demographic items intended to identify participants that did not meet criteria: no prior participation in a nursing course. This resulted in the exclusion of 15 surveys. Tertiary review of the data assessed for missing data. Responses of participants that did not answer all questions were reviewed and considered to not adversely affect the overall data analysis and were included in the sample.

Statistical analysis for internal reliability of the survey for this study sample resulted in a Cronbach's alpha for internal reliability of 0.906 (n=58). Three cases with missing data elements were excluded from the overall item analysis. The result is consistent with findings of the original study (Weis & Schank, 2009) a=0.92. Other studies reported similar findings (Moon et al., 2014; Iacobucci et al., 2012; Lin & Wang, 2010; Alfred et al., 2013). The survey contains no subsets and utilized a 5-point Likert-like scale. Subsequent analyses included the three participants with missing elements who qualified under inclusion criteria. A sample of 61 surveys were analyzed to address the research questions.

The research questions that guided the analysis were:

1. To what extent does the beginning student nurse perceptions of professionalism in nursing, specific to professional values, align with nursing standards as stated in the

nursing code of ethics?

2. What is the relationship of undergraduate education status, age range, and demographic variables to perceptions of professional values?

The data collected from a sample of West Coast University BSN students provided insight to identify current student nurse perceived priorities of professional values and assist development of nursing student leadership skills pertaining to professionalism in nursing.

Participant Demographic Analysis

Descriptive statistical analysis of eligible participants found that the majority were first bachelor degree students (63.9%) compared to second bachelor degree students (32.8%). Two participants (3.3%) self-disclosed academic preparation with a prior associate degree or undergraduate degree in a non-healthcare related course of study. These participants were considered as second bachelor degree students for the purpose of this study, yielding 36.1% of the sample as second bachelor degree students (enrolled in the undergraduate BSN program). Participants were 67.2% female and 31.1 % male, a ratio of approximately 2:1. Nontraditional students constituted 73.8% of the sample compared to 26.2% traditional college-age nursing students. The predominant age range was 25-30 year olds (34.4%). Participants over age 35 constituted 13% of the sample. The frequency of self-reported ethnic association was 4.9% African American, 21.3% Asian/pacific islander, 13.1% Hispanic, 45.9% white, with 13.1% selecting multiple ethnicities, and 1.6% (one participant) without a response.

Results for Research Question 1

To what extent does the beginning student nurse perceptions of professionalism in nursing, specific to professional values, align with nursing standards as stated in the

nursing code of ethics?

Descriptive statistics analyzed for response frequencies and central tendency. The assumption was that a rating of 4-very important or 5- most important would indicate alignment with nursing standards for professional values. The 26 item NPVS-R survey used a Likert-style scale of options for not important, somewhat important, important, very important, or most important. Responses were transcribed for software data analysis from alphabetic to numerical designations from one through five designating not important through most important, respectively

Participant responses were calculated for a total score. The possible range of scores was 26-130. This study's total scores ranged from 75 to 109. The higher a score meant a stronger rating for the professional value (Weis & Shank, 2009). The median total score was 109 with a mode of 106 (n=61). Total scores grouped and categorized (Table 1) indicated 72.1% rated their overall perception of professional nurse values in the most important range, 26.2% in the very important range, and 1.6% as important.

Table 1

Perception Rating Frequency

Score Range	Perception	Participants
1-26	Not important	0
27-52	Somewhat important	0
53-78	Important	1
79-100	Very important	16
101-130	Most important	44

Item analysis for central tendencies (n=61) are depicted in Table 2. The mean perception value within the 5-point Likert-style rating scale were negatively skewed with

mean range of 3.33-4.89. The mode better reflects findings for individual items (Fink, 2003). Four items had a mode of 3-important (items 4, 5, 19, and 26) constituting 15.4% of items. Eight items (30.8%) had a mode of 4-very important (items 1, 6, 7, 8, 10, 11, 12, and 13). The remaining fourteen items had a mode of 5-most important (53.8%).

Table 2

NPVS-R Item Central Tendencies

Item	Mean	Mode	Median	SD	NPVS-R Value Factor	Ethics Code Provision
Item 1	4.00	4	4	0.759	Trust	7
Item 2	4.48	5	5	0.648	Trust	8
Item 3	4.84	5	5	0.454	Justice	3
Item 4	3.54	3	3	0.828	Activism	9
Item 5	3.48	3	3	0.959	Professionalism	7
Item 6	4.26	4	4	0.728	Professionalism	7
Item 7	4.05	4	4	0.825	Professionalism	7
Item 8	4.10	4	4	0.831	Professionalism	6, 8
Item 9	4.46	5	5	0.721	Trust	5
Item 10	4.03	4	4	0.795	Activism	6, 7
Item 11	3.79	4	4	0.897	Activism	6
Item 12	4.34	4	4	0.655	Justice	2
Item 13	4.30	4	4	0.691	Justice	1, 2
Item 14	4.77	5	5	0.462	Trust	4
Item 15	4.89	5	5	0.370	Trust	5
Item 16	4.83	5	5	0.418	Caring	3
Item 17	3.33	5	4	1.469	Caring	5
Item 18	4.30	5	4	0.788	Caring	6
Item 19	3.50	3	3	0.948	Activism	7
Item 20	4.75	5	5	0.437	Caring	1
Item 21	4.82	5	5	0.431	Caring	3
Item 22	4.28	5	4	0.783	Caring	6
Item 23	4.38	5	5	0.846	Caring	3
Item 24	4.50	5	5	0.651	Caring	1, 2
Item 25	4.83	5	5	0.418	Caring	5
Item 26	3.50	3	3	1.157	Activism	9

Table 2 indicates the corresponding designation of the survey item NPVS-R

professional value factor category (Weis & Schank, 2009) and a corresponding nursing code of ethics provision (Appendix A). Results of the NPVS-R survey data analysis indicated that beginning nursing student perceptions of professionalism in nursing specific to professional values aligned with the standards of nursing as stated in the nursing code of ethics. Overwhelmingly, NPVS-R survey total scores fell between 79-130. Variables were tested for normality and found to be within expected values with the level of significance established at p=.05.

Item analysis by rank scores indicated the largest dispersion in option selections on Item 17, refuse to participate in care if in ethical opposition to own professional values. This item had the most number of participants (11) selecting not important (18%). Most frequently ranked as somewhat important were items 19, participate in nursing research and/or implement research findings appropriate to practice, and 26, participate in activities of professional nursing associations, with 15% of participants each. Item 4, accept responsibility and accountability for own practice, and item 5, participate in peer review, were the most frequently selected rank of important for 42.6% and 40.9% of participants, respectively. Very important was most frequently selected on Item 1, engage in on-going self-evaluation, and item 7, promote and maintain standards where planned learning activities for students take place with 47.5% of participants each. At 45.9% each, were items 6, establish standards as a guide for practice and Item 12, promote equitable access to nursing and health care closely followed. Finally, most important was most frequently selected on items 15, maintain competency in area of practice; item 3, protect health and safety of the public; Item 25, maintain confidentiality of patient; and, Item 21, safeguard patient's right to privacy with 91.6%, 88.3%, 85%, and 83.3% of participants selecting this rank, respectively.

Conversely, few items were selected as not important with the exception of items 5, 17, and 26 for 1,6%, 27.4%, and 3.3% of participants, respectively. Somewhat important had no participant selections for items 2, 3, 12, 14, 15, 16, 20, 21, 24, and 25. The item least likely to be ranked as important was Item 20, provide care without prejudice to patients of varying lifestyles with no participant selecting this rank. Very important was least frequently selected for Item 15, maintain competency in area of practice with 8% of participant selections. Finally, most important was selected by only 6.6% of participants for item 4, participate in public policy decisions affecting distribution of resources.

Results for Research Question 2

What is the relationship of undergraduate education status, age range, and demographic variables to perceptions of professional values? Research Question 2 was related to Research Question 1 for further analysis of alignment with standards of nursing. The researcher completed a Chi-square goodness-of-fit analysis for a correlation matrix of the 26 independent professional value variables against the five dependent variables of degree status, age range, gender, ethnicity, and campus location. A Pearson's product moment correlation coefficient is generally accepted to indicate a good level of validity when .70 or higher (Litwin, 2003). Data was rescaled and standardized. Rescaling of ordinal data to interval data is supported for use in educational research for Likert-style rating scales (Harwell & Gatti, 2001; Henson, Hull, & Williams, 2010). Cramer's *V* provided for interpretation of effect size for findings as variables contained multiple categories for analysis. A Cramer's *V* effect size of .10 indicates a small effect, .30 for medium effect, and .50 for large effect (Huck, 2012). Appendix B provides details of the SPSS analysis for significant correlations.

The dependent variable of degree status (first degree or second degree nursing student) had no apparent correlation to any item of the NPVS-R. Other dependent variables resulted in limited significant findings as reported below.

The dependent variable of age range resulted in one significant association with professional value item 5, participate in peer review, (r=35.029, df=20, Cramer's V=.020, n=61) indicating a weak to moderate effect. Distribution of participant selections were 1.6% not important, 11.5% somewhat important, 40% important, 29.5% very important, and 16.4% most important. This indicated that 57% of participants selected options that did not align with nursing standards. Table 3 depicts the distribution of selected ratings.

Table 3

Participate in Peer Review Correlated by Age Range

Peer Review Rating	Age Range (years)						
	25-30	31-35	36-40	41-45	46-50	51-55	Total
Not important	0	0	1	0	0	0	1
Somewhat important	2	3	1	1	0	0	7
Important	6	8	10	0	1	0	25
Very important	6	9	2	0	0	1	18
Most important	2	1	2	5	0	0	10
Total	16	21	16	6	1	1	61

The dependent variable of gender significantly associated with professional value Item 16 (protect moral and legal rights of patients) and Item 20 (provide care without prejudice to patients of varying lifestyles). For Item 16, a moderate to strong effect (r=6.350, df=2, Cramer's V=.042, n=59) found 5% of women selected important and

62.7% most important while 1.6% of men selected important, 8.4% very important, and 22% most important (Table 4). For Item 20, provide care without prejudice to patients of varying lifestyles, a moderate effect (r=4.339, df=1, Cramer's V =.037. n=60) showed 11.7% of women and 13.3% of men selected very important while 56.7% of women and 18.3% of men chose most important (Table 5).

Table 4

Protect Moral and Legal Rights Correlated by Gender

Rating	Female	Male	Total
Important	0	1	1
Very important	3	5	8
Most important	37	13	50
Total	40	19	59

Table 5

Provide Care Without Prejudice to Lifestyles Correlated by Gender

Rating	Female	Male	Total
Very important	7	8	15
Most important	34	11	45
Total	41	19	60

The dependent variable of ethnic group had a moderate association to professional value Item 2, request consultation/collaboration when unable to meet patient needs,

(r=16.869, df=8, Cramer's V=.032. n=60). Table 6 depicts the count of perceived importance ratings by ethnic group with 6.7% Asian/Pacific islanders, 1.6% Hispanics selecting important; 8.3% of Asian Pacific islanders, 21.7% of whites, 3.3% of Hispanics and Native Americans selecting very important; and, 5% of African Americans, 6.6% of Asian Pacific islanders, 25% of whites, 8.3% of Hispanics, and 10% of Native Americans selecting most important. Important was selected most frequently by Asian/Pacific islanders. Most important was selected most frequently by whites and African Americans. Hispanics and Native Americans had almost identical distributions with most important predominating. Asian/Pacific Islanders were about equally distributed between the three ratings. However, 31% of Asian/Pacific Islander participants selected options that did not align with nursing standards.

Table 6

Request Consult/Collaboration Correlated by Ethnic Group

Rating	African American	Asian/ Pacific Islander	White	Hispanic	Native American	Total
Important	0	4	0	1	0	5
Very important	0	5	13	2	2	22
Most important	3	4	15	5	6	33
Total Count	3	13	28	8	8	60

The dependent variable of campus location had several significant findings across NPVS-R items 2, 5, 19, and 24. Significance associations included survey Item 2, request consultation/collaboration when unable to meet patient needs, (r=17.882, df=6, Cramer's V=.007, n=61); item 5, participate in peer review, (r=25.731, df=12, Cramer's V=.012,

n=61); Item 19, participate in nursing research and/or implement research findings appropriate to practice, (*r*=18.345, df=9, Cramer's *V*=.031. *n*=60); and, Item 24, practice guided by principles of fidelity and respect for person, (*r*=12.750, df=6, Cramer's *V*=.047, *n*=60) associated with campus location. Items 2 and 5 indicated a small effect across campus location. Items 19 and 24 had a moderate effect by campus location. Table 7 depicts the distribution of ratings selected across campus locations for these professional value items.

Item 2, request consultation/collaboration when unable to meet patient needs, found that the predominant selection for Campus S1 was very important. Campuses F, L, and S2 predominantly selected most important. In addition, across these three campuses 8.2% of participants selected important.

Item 5, participate in peer review, resulted in a variety of campus differences. Campus F (53%) predominantly rated as important, Campus L (55%) very important, Campus S1 (38%) important, and Campus S2 (47%) as important. The greater percentage of all participants (54%) perceived this item as not important (2%), somewhat important (11%), or important (41%).

Item 19, participate in nursing research and/or implement research finding appropriate to practice, found important was the predominant selection for 37% of participants followed by very important (32%), most important (17%), and somewhat important (15%). Of all participants, 52% selected somewhat important or important composed of 81% of Campus S1, 45% of Campus L, 44% of Campus F, and 41% of Campus S2.

Finally, Item 24, practice guided by principles of fidelity and respect for person, found the predominant option at three of four campuses to be most important (64–76%)

while Campus S1 selected very important (63%). Of all participants, 8% selected important, with campuses S1 and S2 at 13% each and Campus F with 6% for this option.

Table 7

Professional Value Items Correlated by Campus Location

Professional Value	Rating	Campus F	Campus L	Campus S1	Campus S2	Total
Request Consultation/ Collaboration	Important	2	2	0	1	5
	Very important	5	3	12	2	22
	Most important	10	6	4	14	34
Total		17	11	16	17	61
Participate in Peer Review	Not important	0	1	0	0	1
	Somewhat important	0	0	5	2	7
	Important	9	2	6	8	25
	Very important	2	6	4	6	18
	Most important	6	2	1	1	10
Total		17	11	16	17	61
Implement Research in Practice	Somewhat important	1	1	4	4	9
	Important	6	4	9	3	22
	Very important	5	7	2	5	19
	Most important	4	0	1	5	10
Total		16	11	16	17	60
Fidelity and Respect for Person	Important	1	0	2	2	5
	Very important	4	4	10	2	20
	Most important	11	7	4	13	35
Total		16	11	16	17	60

The survey contained space for open comments with each professional value item. Few participants wrote a comment and only one of these participants met study inclusion criteria. The one comment from the included participant qualitative data is not presented in this chapter of results. However, the comments provided some limited insight on

participant perceptions and will be referenced in the Chapter 5 discussion.

Summary of Results

Demographic analysis from the NPVS-R survey found this study sample was predominantly nontraditional white female students between the ages of 25-31. Data analysis for Research Question 1 (To what extent does the beginning student nurse perceptions of professionalism in nursing, specific to professional values, align with nursing standards as stated in the nursing code of ethics?) utilized descriptive statistics to analyze data for central tendency and item analysis with rank score frequency of response analysis. The results indicated that the majority of individual items and total scores selected ratings of very important or most important on the 5-point Likert-style scale.

Central tendency analysis found survey total scores ranged from 75 to 109, median=109, mode=106 (*n*=61). Four survey items returned a mode of 3-important (items 4, 5, 19, and 26) constituting 15.4% of items. Eight items (30.8%) had a mode of 4-very important (items 1, 6, 7, 8, 10, 11, 12, and 13) and 14 items (items 2, 3, 9, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, and 25) had a mode of 5-most important (53.8%).

Item analysis by rank scores found the largest dispersion on Item 17 accounting for 18% of not important selections. Most frequently ranked as somewhat important were items 19 and 26 with 15% of participants each. Items 4 and 5 most frequently selected rank of important at 42.6% and 40.9% of participants, respectively. Very important was most frequently selected on items 1 and 7 with 47.5% of participants each. Finally, most important was most frequently selected on items 15 and 3 accounting for 91.6% and 88.3% of responses, respectively. Items least likely to be selected for each of the ranks included all but three items for not important, 10 items for somewhat important, Item 20 for important with no participants selecting this item, Item 15 for very important (8%),

and item 4 for most important (6.6%).

Research Question 2 (What is the relationship of undergraduate education status, age range, and demographic variables to perceptions of professional values?) analyzed five dependent variables across 26 NPVS-R survey items. Dependent variables were education status, age range, gender, ethnic group, and campus location. No associations were found for comparisons of survey items with degree status (p=.05). Significant associations occurred with four of the dependent variables across six of the survey items. Significant associations for age range with item 5 and ethnic group with Item 2 were identified. In addition, two items correlated to gender, items 16 and 20. Finally, the four items that correlated to campus location were items 2, 5, 19, and 24. For each association, the effect sizes varied from weak to moderate.

Chapter 5: Discussion

Introduction

This chapter includes an analysis of this exploratory non-experimental quantitative study. The aim of this study was to gain insight into prior learning pertaining to professionalism in nursing specific to professional values and add to the knowledge about students entering a nursing program. This study revealed insights about the gap in perceptions beginning student nurses possess about professional nursing values. Analysis of beginning student perceptions were interpreted against current nursing standards. The study explored the concept of professionalism seeking to determine the essential attributes necessary for beginning student nurses to develop in response to gaps in senior student nurse performance in a capstone baccalaureate nursing program. This study sought to recommend appropriate student-centered curriculum for a leadership and management in nursing course for 21st century healthcare work environments. Results of this study may assist nurse educators and healthcare employers to develop future nurse leaders who impact safe and effective patient care outcomes. A summary of the entire study, interpretation of findings, implications derived from the findings, limitations of this study, and recommendations for future investigations are presented.

Overview of the Study

The research problem was the apparent gap in nursing leadership curriculum that resulted in senior student nurse inability to articulate the components of professionalism in nursing. The purpose was to explore student-centered curricular content for today's students in a leadership and management in nursing course to enhance professional leadership capacity. The aim of this study was to facilitate development of professionalism in nursing specific to professional values for leadership competence in

inter-disciplinary patient care environments for today's diverse student population. This discussion addresses the research questions within a leadership context.

Another goal of this study was to determine the prevailing attributes of professionalism in nursing from evidence in the literature in response to academic and workplace concerns for prevention of lapses in professionalism. Designing curriculum with appropriate content for inclusion in a leadership and management in nursing undergraduate course necessitated a priori understanding of professional expectations. Reducing occurrences of lapses in professionalism fosters positive inter-personal relationships, thereby enhancing patient safety for effective and cost-conscious patient care outcomes. Reducing incidents that exemplify a lack of professionalism in nursing due to inadequate knowledge, skill, or attitude supports recommendations of QSEN and the IOM, reduce incivility in the workplace, and further enhances the advancement of the profession of nursing in society.

Supporting student nurse preparation for competent and effective direct patient care may be accomplished through improved perceptions that value ethical behavior. The nursing code of ethics present professionalism in nursing through statements that delineate the complex aspects of professional nursing values. The code also manifests the standards and scope of nursing practice. This study measured professionalism in nursing values based on the validated NPVS-R survey instrument that was based on the nursing code of ethics. Results of this study are summarized with implications and recommendations for developing leadership curriculum employing adult and nursing education theoretical principles for transformative learning.

Summary of Findings

This study began from a need to understand why senior nursing students were

unable to articulate the meaning of professionalism in nursing during a capstone course. This recurring event across several cohorts of students in one baccalaureate nursing program on the West coast, coupled with nurse faculty and employers consistently recounting episodes of unprofessional behaviors by student nurses and their professional colleagues in the workplaces, led to a need to develop strategies to improve student nurse performance, confidence, and competence in professional behaviors for leadership in patient care environments. Formation of the research questions evolved under a suspicion that today's diverse student nurse population would have different learning needs for younger traditional students than nontraditional students. It was speculated that today's students begin nursing programs with prior experiences that would allow for revision of topics presented in a leadership and management in nursing course for undergraduate nursing students. In order to make suggestions for curriculum revisions, an understanding of the current thoughts on what constituted professionalism in nursing was necessary.

The researcher conducted a literature review in five areas (a) leadership and professionalism, (b) nursing curriculum, (c) beginning nursing students, (d) student nurse population, and (e) theoretical frameworks for adult and nursing educations. A concept analysis of professionalism found much literature was present from several industries with the medical profession providing the majority of evidence on the topic. Resources on leadership development in nursing and curriculum design were abundant. There is a dearth of evidence specific to research involving beginning nursing students while government and professional organizations provided information about student nurse demographic trends. Principles of adult education and transformative learning for culturally diverse populations from the theories of Mezirow and Lieninger provided the theoretical frameworks for this study.

The researcher then completed a review of the literature. Chapter 2 provided resources on several topics. A summary of the five areas included the following evidence. The concept analysis of professionalism found common criteria across multiple disciplines defined professionalism. Central to the all disciplines were five elements that included (a) possessing a specialized body of knowledge, (b) maintaining autonomy in practice, (c) presence of a code of ethics, (d) the ability to self-regulation, (e) and active commitment to the profession. Current evidence from national healthcare initiatives and analysis of nursing education emphasized a need to fully utilize nurses as leaders in initiatives for improved patient care outcomes and recognized the formative nature of leadership skill acquisition. Nursing curriculum design from professional accreditation, regulatory, and licensure standards required inclusion of ethics education with few programs available to develop leadership skills in the health professions. National surveys identified a shift in the demographic composition of students in BSN programs in the United States to nontraditional second-degree students. Systematic approaches to curriculum revision were emphasize and recommended instructional strategies for adults utilize reflection and critical thinking to promote transformational learning. The evidence suggested a gap in the literature for appropriate curriculum design in professionalism or leadership in nursing for today's student nurse population. The researcher considered the evidence from the literature within context of observed student nurse inability to articulate the meaning of professionalism in nursing for leadership in the workplace.

The purpose of this study was to begin to fill the gap in evidence about today's beginning nontraditional student as they enter a BSN program to enhance development of professional nursing leadership capacity. Adult learning principles state that formative learning occurs based on prior learning. Prior learning provides a beginning student with

baseline knowledge, skills, and attitudes to continue their formative learning in nursing school. Principles of adult learning for ongoing formation of leadership skills of a culturally diverse student nurse population were considered to establish the design of this study.

The research selected a quantitative design to answer two questions in this exploratory study.

1. To what extent does the beginning student nurse perceptions of professionalism in nursing, specific to professional values, align with nursing standards as stated in the nursing code of ethics?

2. What is the relationship of undergraduate education status, age range, and demographic variables to perceptions of professional values?

The research attempted to determine perceptions of beginning student nurses about professionalism in nursing specific to professional values. This knowledge establishes a baseline to understand the prior learning students bring with them to continue their professional development and advance their leadership skills.

The researcher presented the study methodology in Chapter 3. This study employed an anonymous self-administered survey. The validated NPVS-R instrument was based on the nursing code of ethics providing data on participant perceptions of professional values. This survey provided the means to quantify beginning student nurse perceptions of professionalism in nursing specific to professional values to address research Question 1. The survey instrument supported exploration of the related research Question 2 for relationships between five dependent variables and 26 independent variables.

The researcher provided details of the data analysis from survey responses in

Chapter 4 for each of the research questions. Data was obtained from 78 voluntary participants admitted to a BSN program. The convenience sample was solicited from three campuses at one West coast university at the beginning of their orientation to the BSN program. The researcher selected this time for survey administration to minimize influence on participant perceptions due to instruction in a nursing course. The intent was to obtain perceptions based on prior knowledge and experience to provide baseline data. The data analysis provided insights into each of the research questions. Findings from the survey with corresponding implications for development of student-centered curriculum in leadership and management in nursing will be addressed sequentially.

Demographic Analysis: Conclusion and Interpretation

The demographic composition of this sample was found to vary from newly enrolled students in BSN cohorts reported in the 2015 annual state report of schools of nursing pre-licensure nursing programs (Waneka, Bates, & Spetz, 2015). The annual report stated BSN programs enrolled 40.0% of the state's new students that comprised an approximate 4:1 ratio of females to males predominantly 21-25 years of age with 38.5% of nontraditional age. The finding of this sample had a 2:1 ratio of females to males predominantly 25-30 years with 73.8% nontraditional age students. This finding indicated that the sample was not comparable to the larger regional geographic population of BSN students as this sample was comprised of older nontraditional students and had more proportionately more males represented.

Findings from this study reflected three ethnic groups were represented in greater numbers than BSN students in the state (Waneka, Bates, & Spetz, 2015). In the state report, 3.4% of students identified as multi-race while this study found 13.1% selected multiple ethnic backgrounds when presented with the traditional survey options, 9.7%

greater. In addition, African Americans and Caucasians were represented 1.4% and 12.8% more often in this study than reported for state BSN enrollments. Conversely, two ethnic groups represented fewer participants than state BSN programs. This study found 3.5% fewer Hispanic and 15.6% fewer Asian-related participants in this sample. Overall, the ethnic composition of the sample was comparable for non-Caucasian groups (52.4%) compared to the state (52.9%).

Study participants would have been expected to be first degree students in an undergraduate BSN program. This was found to be supported with a 2:1 ratio of first-degree to second-degree students in the sample. However, greater than one-third of participants were second-degree students. Second-degree participants would reflect those who are changing careers.

Interpretation of these findings indicated a difference in the composition of this sample compared to the larger state population of BSN students. The possibility exists that survey results may reflect socio-cultural variables. First, the sample may not reflect all newly enrolled BSN students for the population. Second, local variation may only reflect the composition of the population in a limited geographic area.

Conversely, the finding of this study may be a reflection of the changing demographics of schools of nursing reported in recent years that are not yet reflected in state or national surveys. Demographic data reported in a recent survey of active RNs reflect demographic changes in graduates of schools of nursing with near 20% of all US RNs graduating after 2004 (United Stated Department of Health and Human Services, 2013). This same study reported a near 64% increase in the number of minority group RNs between 2000 and 2008. Another indicator that the changing demographics are not yet reflected in the workforce was seen in the 2013 national workforce survey of

registered nurse (RN) that reported active license registered nurse composition was 17% non-Caucasian with a small increase of ethnic minorities working as RNs (2%) representing 19% of RNs compared to the 37% in the 2012 United States population (Budden, Zhong, Moulton, & Cimiotti, 2013). The disparities noted in the literature about demographic variables of BSN students warrants continued investigation to better design appropriate nursing curricula for increasingly diverse student populations.

Research Question 1: Conclusion and Interpretation

To what extent does the beginning student nurse perceptions of professionalism in nursing, specific to professional values, align with nursing standards as stated in the nursing code of ethics? The hypothesis was that there would be no difference in beginning student nurse perceptions of professionalism in nursing as stated in the standards of nursing in the code of ethics. Data analysis found an overwhelming alignment of beginning student nurse perceptions of professionalism in nursing with professional standards as stated in the nursing code of ethics.

The researcher established a priori assumptions that selections of very important or most important were indicators of perceptions that aligned with established professional nursing standards. Two ranks were included to avoid response bias from those who do not utilize extreme responses on either end of a scale. Chapter 2 stated that the independent variable was operationalized as the statements of ethical practice in the nursing scope and standards of professional practice and the nursing code of ethics. The dependent variable was the student perceptions self-reported on the NPVS-R instrument. The assumption was that beginning student nurse perception ratings NPVS-R total score would equal 79 or greater. The null hypothesis failed to be rejected as 98% of participants NPVS-R total scores were 79 or greater. This result is similar to a related longitudinal

mixed-method study by Dever et al. (2015) who found no significant improvement following curriculum interventions between first semester junior year and last semester senior year student NPVS-R professional values self-reports.

Item analysis findings may be better understood using categories to integrate the concepts of the nursing code of ethics to the NPVS-R survey statements. Although the NPVS-R did not have subscales, the survey authors incorporated five theme factors for professional values termed caring, activism, trust, professionalism, and justice (Weis & Shank, 2009). This researcher cross-referenced the factor descriptor to the survey item and the nursing code of ethics (Table 2) to interpret the meaning of the survey rankings. Central tendency and rank frequency tabulations found the greatest perception dispersion occurred on Item 17, a professional value of caring. The top four most frequently chosen items ranked important indicated three involved the professional value of activism and one professionalism (items 4, 5, 19, and 26). Top four items of very important incorporated values of trust, justice, and professionalism (items 1, 6, 7, and 12). Top four most important values selected were trust, justice, and caring (items 3, 15, 21, and 25).

Conversely, the least frequently selected rankings were numerous for not important and somewhat important. Of note was the large number of participants who selected not important for Item 17, a professional value of caring. No items stood out in the somewhat important rank. The other ranks revealed larger dispersion of selections with important least selected for Item 20 pertaining to caring, very important had Item 15 on trust, and most important was item 4 regarding activism.

The researcher considered the most and least frequently selected items from a context of alignment with standards of professionalism in nursing. The themes suggest that participant perceptions of were most aligned to themes of trust, justice, and caring,

(items 15, 3, 21 and 25, respectively). This was followed by professionalism (items 6 and 7). Interpreting this finding is the noted absence of perceived importance of the professionalism theme of activism. This raises a question as to the manner participants understand the concept of activism for professionalism in nursing. This would require further investigation. However, awareness of the deficit of beginning students valuing activism may lead to appropriate nursing curriculum to address the topic.

Conversely, themes least frequently aligned to professionalism in nursing were themes of caring (Item 17), followed by activism (items 19, 26, and 4) and professionalism (item 5). Examining the specific topical content of these survey items found they incorporated perceptions regarding ethical dilemmas, involvement and use of research in practice along with active involvement in nursing associations, public policy development, and peer review. When least selected items are merged with deficits in most selected items, it becomes apparent that beginning student nurses would require additional knowledge, skills, or attitudes pertaining to professional activism, with some support for caring and professionalism themes. The item topics suggest that nursing curriculum specific to resolution of ethical dilemmas for self-determination, use of research in practice, maintenance of quality autonomous practice, and involvement in more global aspects of professional nursing through involvement in professional organizations and healthcare policy development.

Research Question 2: Conclusion and Interpretation

What is the relationship of undergraduate education status, age range, and demographic variables to perceptions of professional values? The researcher analyzed five dependent variables across 26 independent variables. Findings included the following:

1. Degree status associated with no survey item.

2. Age range weakly associated with item 5, participate in peer review.

3. Gender moderately associated with Item 16, protect moral and legal rights of patients.

4. Gender moderately associated with Item 20, provide care without prejudice to patients of varying lifestyles.

6. Ethnic group moderately associated with Item 2, request consultation or collaboration when unable to meet patient needs.

7. Campus location weakly associated with Item 2, request consultation or collaboration when unable to meet patient needs.

8. Campus location weakly associated with item 5, participate in peer review.

9. Campus location moderately associated with Item 19, participate in nursing research and/or implement research findings appropriate to practice.

10. Campus location moderately associated with Item 24, practice guided by principles of fidelity and respect for person.

Findings for the dependent variable of age range for beginning students significantly associated with perceived importance of participating in peer review (item 5), a theme of professionalism. Although the strength of correlation was small, the majority of participants perceived peer review at a rating below four were between 25-40 years of age. The small effect size may indicate generational differences may not be present. Peer review, as a component of professionalism, entails a willingness to take responsibility and accountability to lead constructive feedback with others for improving professional performance. However, the ability to engage in peer review is a soft skill requiring judgements that may be subjective in nature and therefore avoided based on

potentially negative emotional situations. Beginning students may not perceive peer-review as an important to professionalism without instruction for strategies of objective assessments indicating professionalism in nursing. The skill to critique professional performance is an expectation stated in standards for accreditation of healthcare and academic institutions (Clavelle, & Bramwell, 2013: Commission on Collegiate Nursing Education, 2013). Curricular content to integrate skills of how to conduct a peer review as a concrete operationalization of professional self-regulation may improve beginning student nurse perceptions of importance on this topic.

Another finding was a moderate to strong association for dependent variable of gender with protecting the moral and legal rights of patients (Item 16) and provide care without prejudice to patients of varying lifestyles (Item 20), both components of the theme of caring. Females overwhelmingly were more likely to rate these items as most important compared to men. The overall distribution of gender ratings is consistent with the 2:1 ratio of women to men in this study. Therefore, findings should be interpreted with caution.

Significant findings with the dependent variable of ethnic group was weakly associated for requesting consultation or collaboration when unable to meet patient needs (Item 2), professional theme of trust. Beginning students of Asian/Pacific Islander or Hispanic ethnic groups across three of the four cohort sections (Fr, La, and S2) selected 3-important. The African American, white, and Native American ethnic groups predominantly selected very important or most important options. This may reflect the presence of the influence of social culture on individual values. The impact of cultural awareness in education of beliefs and perceived values have been documented by other researchers.

Finally, the significant findings associated with campus location found weak associations to requesting consultation or collaboration and valuing peer review. Moderate associations to participating or implementing research in practice and applying principles of fidelity and respect were potentially indicative of the socio-cultural differences at each campus as noted previously. Cautions was necessary to avoid skewing statistical analysis across the campus locations as two campuses had cohort sizes of 20 each compared to 50 at the third location. Had cohort groups S1 and S2, who were separate section course sections with different instructors, been analyzed as a combined city of participants, the potential to skew statistical results existed due to overall cohort enrollments. Caution to interpret the findings purely by city campus location is advised.

Implications for Curriculum Design

The findings from the survey research Question 1 indicated that today's beginning nursing student already begins a nursing program with underlying professional values that are generally in alignment with the nursing code of ethics. Research Question 2 found significant differences across four dependent variable and three professional value themes including (a) age range weakly associated with professionalism as pertained to peer review, (b) gender associated with caring as pertained to rights of patients and respect for lifestyle, (c) ethnic group associated with trust as pertained to requesting collaboration or consultation, and (d) campus location associated with trust (collaboration/consultation, professionalism (peer review), activism as pertained to implementing research in practice, and caring as pertained to fidelity/respect for person. These findings provide opportunity to examine the leadership course curricular content to support safe, effective patient care. Areas to address in a student-centered curriculum to maximize student nurse development of professionalism in nursing specific to

professional values within a leadership context include consideration of modifications to leadership development content from two perspectives: opportunities for formative learning across the program curricula and demonstration of summative learning in the leadership course at this school of nursing.

Two participant comments provided a limited view into the thoughts of two qualitative insights on participant perceptions. Two participants stated a prior degree type facilitating a decision for inclusion in the study. Although excluded from participation, another commented on survey Item 22 stating:

> A lot of factors must be considered before I could confront anyone. 1.) Do I have the authority to confront this person? 2.) Do I have concern for pt [sic] safety, or do I just not agree with the person's implementation or practice? (Participant L19)

This comment exemplified a level of critical thinking integrated for leading patient care advocacy in practice with inter-disciplinary teams. In comparison, the final participant comment from participant Fr 13 stated: "My professional background consists of 5 yrs. As a surgical technologist. What I see in real life, I'm told, varies from class work that makes me nervous." This comment speaks to a need for knowledge, skill, or attitude development to integrate nursing values.

Principles of transformation in adult learning (Mezirow & associates, 1990), culturally competent nursing (Lieninger, 2002), and attainment of expert competence in nursing (Benner, 2001; Benner et al., 2010) emphasized the formative nature of professioanl values attainment and skill expertise in leadership. Explicit and implicit in these theories was the focus on learning based on reflective practice that begins with the current mindset and skill level of the learner. Similar recommendations were made by Dever et al. (2015) who reported strategies of reflective practice supported student learning pertinent to professional values for positive patient outcomes. The ability to

teach involves an interpersonal approach that involves a receptiveness to learn. This is study suggests that formative development of professionalism in nursing may be better taught via student-centered curricular strategies that focus on practical applications of professional values as beginning students already self-report values that generally align with stated professional nursing ethical standards. What appears to be needed is specific and selective learning experiences to address a limited number of topics.

This study identified potential areas where adult education principles can build upon the perceptions of beginning student nurses based on their prior knowledge and the awareness of changing demographics, and increasingly morse diverse socio-cultural backgrounds and ages of BSN students.

Continual periodic assessment of professional standards and local student demographic composition assists in development of nurse leadership knowledge, skills, and attitudes appropriate to student-centered educational needs. Shortly before administration of the survey, an updated publication of the nursing code of ethics was released. The researcher considered the semantic changes of the new edition (American Nurses Associaton, 2015) and determined that no material impact to the intent of the provisions of the code of ethics occurred as stated previously (Fowler, 2008) that might impact the interpretation of results from the NPVS-R instrument.

Chapter 1 wondered what aspects of professionalism were essential for a beginning student nurse to possess prior to direct patient care encounters or whether content should be integrated or explicitly taught regarding professionalism and leadership expectations in nursing. It is proposed that explicitly informing beginning student nurses of the five attributes of professionalism in nursing would assist in simplifying the complex matrix of performance expectations of professional nurses that go far beyond a

surface appearance or image.

This study implies that developing beginning student nurses into tomorrow's nurse leaders necessitates a focus on improving their soft skills for advanced communication strategies, such as transfer of information in emotionally changed situations and negotiation in power imbalance situations. Strategies to support interpersonal relationships through communication across diverse cultural and inter-professional mindsets develops over time. The expectation of employers, patients, and other healthcare consumers of professional nurses does not appear to grace student nurses or novices in clinical practice situations. This generates an imbalance of power undermining leadership performance within professionalism standards. Building beginning student nurse confidence for competent early clinical application of performance standards may provide students with serendipitous advantages to cope with stressful situations frequently reported in the literature (Baernstein, Oelschlager, Chang, & Wenrich, 2009). Curriculum designers should consider changing a mind-set that assumes soft skills are learned serendipitously. Direct mentoring for dealing with difficult situations may be one option.

The findings from this study at this school of nursing suggest that students might benefit from strategies to actively participate in professional problem-solving exercises. Curriculum development in didactic and clinical courses could incorporate teaching/learning methodologies already commonly in use in schools of nursing. Student-centered learning might provide faculty with a toolbox of activities selected specifically to meet individual cohort deficits following anonymous completion of the NPVS-R survey as an assessment strategy to customize leadership course learning activities. For example, in this study, specifically selected clinical case studies or role play simulation

exercises could be employed for graded individual submission or peer review practice to reinforce remaining areas requiring additional learning support. Providing examples from real life clinical situations addressing peer reviews, supporting patient decision-making in ethical dilemmas, advocating with colleagues to protect patient rights, or exercises in therapeutic communication to deal with difficult colleagues, patients or other care-givers would not be difficult to present to students.

The lack of valuing peer review reflects a lack of understanding of the importance of maintaining professional autonomy through ethical self-regulation that is quantified through peer-review processes. No generational differences were noted in the perceived rating scores indicating that all students should review principles of autonomy in practice and the responsibilities for maintaining the standards of the professional through self-regulation.

Limitations

Several factors may limit the generalizability of this study's findings. The aim of this study was to explore the current population of beginning student nurse perceptions of professionalism specific to professional values at one school of nursing. As all studies have limited ability to generalize findings to other settings. Limitations of a self-administered survey questionnaire may exist as described by Fink (2003), such as issues of timing of data collection, representative sample, language literacy, accuracy of respondent reporting, respondent motivation, supervision of third-party administrators, and geographic coverage as factors to consider in the analysis of the findings.

One limitation of this study was the narrow time to complete data collection before students were exposed to nursing courses and clinical experiences after acceptance into a BSN program. The time to completion of this study restricted the inclusion of

multiple admission cycles to enhance sample size. State regulations restrict the number of students admitted by schools of nursing for each admission cycle. In addition, the positioning of the survey distribution before a break period had the potential for participants to rush to complete the survey or decide not to participate in order to leave for break based on knowledge of the orientation day agenda.

Although Cramer's *V* returned small or small-to-moderate effect size on significant findings, weak associations warrant caution in generalizing the results to other situations (Creswell, 2008; Huck 2012). Weak effect size increases the possibility that this sample suggested associations that are not present in the greater population (Polit, 1996). As the intent of this study was to explore students attending one BSN program, the small sample size, limited to three geographic areas at one school, potentially generated a type II sampling error (Creswell, 2008; Fink, 2003; Polit, 1996). Other researchers suggested that in education a smaller sample size utilizing a 5-point survey may be adequate (Bartlett et al., 2001). A larger sample size of beginning nursing students may reduce potential effects on NPVS-R scores suspected by other researchers (Leners et al., 2006; Moon et al., 2014; Fisher, 2014). Although the final number of participants eligible for inclusion in the study for this sample approached the recommended sample size due to the exclusion of several participants that did not meet inclusion criteria, the reliability of the survey results in this study was similar to that found in previous investigations (Moon et al., 2014; Alfred et al., 2013; Iacobucci et al., 2012; Lin & Wang, 2010; Weis & Schank, 2009).

Control of response rates vary. Fink (2003) stated mailed questionnaires may be up to 20% and online surveys ranging from 10-20% are common. No data on response rates for semi-supervised administered surveys was given. This study employed a semi-

supervised face-to-face one-day distribution and return procedure, which may be reflected in the high survey return rate. Solicitation for participants by a nursing faculty member of their nursing program during their orientation day may influence the motivation to volunteer to participate. The earnestness of new students to generate a positive cooperative first impression with their school of nursing may add a motivation variable to explain the high survey return rate. Use of a third-party administrator may have introduced variability during administration that might influence participants differently across campus locations. Although a scripted introductory statement and written participant consent to participate was utilized.

Although several of the survey items sought to identify those with prior exposure to nursing course content, it was not possible to ascertain whether participants had no prior exposure to the principles of the nursing code of ethics or standards and scope of nursing practice. This study may not reflect the changing demographic or experiential make-up of today's diverse BSN cohorts.

English language literacy was not an expected limitation for this study as the applicant pool for nursing schools requires English proficiency in the United States. The ethnic diversity of the sample should be considered. The inability to control for accuracy of respondent reporting bias may be present related to socio-cultural differences (Creswell, 2008; Fink, 2003; Viswanathan, 2005).

Recommendations

Recommendation 1. The researcher recommends that future research include exploration of actual behavior in practice compared to perceived behavior in demonstrating professional ethical values. Investigation of best practices for beginning student nurse peer review, collaboration, and diversity skills for communication strategies

in clinical nursing curricula warrants further study. Two aspects of professionalism in nursing necessitates skill development for patient-centered care and inter-disciplinary collaboration and consultation. Beginning student nurse clinical practice in introductory course assignments with integration across a curriculum would hope to strengthen unrealized hidden student talents.

Recommendation 2. Develop faculty continuing education to facilitate mentorship and supervision of leadership skills in practice settings for beginning student nurses to reinforce integration of professional values into patient-centered nursing practice. Improving faculty understanding of beginning student nurse gaps in knowledge or misperceptions of professionalism in nursing would assist didactic and clinical faculty to facilitate further growth in student nurse knowledge, skills, or attitudes for earlier application of professional values in interdisciplinary practice settings.

Recommendation 3. Develop tools to evaluate leadership competence of student nurses. Assessment and evaluation of leadership competence criteria for student nurses that employs adult and nursing education theoretical principles for transformative learning could be integrated across the nursing curriculum. Feedback from the assessment or evaluation tools could incorporate provisions for a professional development plan early in a student's academic and professional career. Identifying beginning student strengths and personal attributes early assists in mentoring students toward developing nursing's future leaders.

Recommendation 4. Encourage increased collaboration between academic programs and healthcare employers to meet expectations of for novice registered nurses for leadership of interdisciplinary patient care encounters. Strategies to enhance coping with difficult patient encounters would augment beginning student nurse knowledge of

patient care issues, develop communication skills, and support positive attitudes for health workplace environments.

Recommendation 5. The researcher recommends this study be replicated with larger samples across a broader geographic area. Inclusion of public and for-profit baccalaureate programs is also recommended for future studies. Inclusion of nursing programs utilizing other routes of entry into professional nursing practice should be considered.

This study may provide insight as a pilot exploration of beginning student nurses perceptions of professionalism in nursing specific to professional values. The study found that overall beginning student nurse perceptions were in alignment with professional standards. However, areas for improvement existed in the professional areas of self-regulation, autonomy of practice, and commitment to the profession. The findings indicated that to enhance alignment with standards of professional values leadership curriculum would benefit from increasing emphasis on the professional attributes of self-regulation through strategic application of skills in peer-review; provide for strategies to improve communication in requesting collaboration or consultations guided by principles of fidelity and respect for person, and commitment to the professions through participation in professional organization policy activities and use of research in practice. Leadership skills to perform peer-reviews, request collaborative consultations, and practice fidelity and respect for others may be a factor of inadequate communication skills. Further research is needed to consider aspects of soft skills necessary to enhance student nurse leadership capacity and evaluate competence in actual behavioral performance compared to perceived performance. Recurring themes needing support for beginning students were aspects of activism, caring, and professionalism. Selected

curricular content to address soft skills, communication strategies, for dealing with difficult situations are recommended.

It is a hope that this research enlightens a blending of the principles of adult education with those of nursing education for a focus on early formation of soft skills necessary for competent leadership capacity. The 21st century beginning student nurse brings a rich blend of prior knowledge, skills, and attitudes. Designing curricula that instructs through strategic application activities to demonstrate professional values adds to the student's body of knowledge to lead patient care initiatives. Engaging adult learner's metacognitive processes should be a goal of nursing programs to enliven future strong ethical leaders challenged to meet changing diverse worldviews.

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Appendix A

Nursing Code of Ethics

Nursing Code of Ethics

Provision One

The nurse, in all professional relationships, practices with compassion and respoect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems (Fowler, 2008, 1).

Provision Two

The nurse's primary commitment is to the patient, whether an individual, family, group, or community (Fowler, 2008, 11).

Provision Three

The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient (Fowler, 2008, 23).

Provision Four

The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care. (Fowler, 2008, 41).

Provision Five

The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth (Fowler, 2008, 55).

Provision Six

The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective

action (Fowler, 2008, 71).

Provision Seven

The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. (Fowler, 2008, 89).

Provision Eight

The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs. (Fowler, 2008, 103).

Provision Nine

The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy. (Fowler, 2008, 121).

Appendix B

Significant Correlations

Significant Correlations

Item 5 * Age

Crosstab

			Tscore Age						
			18-24	25-30	31-35	36-40	41-45	46-50	Total
Tscore5	Not Important	Count	0	0	1	0	0	0	1
		Expected Count	.3	.3	.3	.1	.0	.0	1.0
	Somewhat Important	Count	2	3	1	1	0	0	7
		Expected Count	1.8	2.4	1.8	.7	.1	.1	7.0
	Important	Count	6	8	10	0	1	0	25
		Expected Count	6.6	8.6	6.6	2.5	.4	.4	25.0
	Very Important	Count	6	9	2	0	0	1	18
		Expected Count	4.7	6.2	4.7	1.8	.3	.3	18.0
	Most Important	Count	2	1	2	5	0	0	10
		Expected Count	2.6	3.4	2.6	1.0	.2	.2	10.0
Total		Count	16	21	16	6	1	1	61
		Expected Count	16.0	21.0	16.0	6.0	1.0	1.0	61.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	35.029[a]	20	.020
Likelihood Ratio	32.070	20	.043
Linear-by-Linear Association	.919	1	.338
N of Valid Cases	61		

a. 26 cells (86.7%) have expected count less than 5. The minimum expected count is .02.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.758			.020
	Cramer's V	.379			.020
Interval by Interval	Pearson's R	.124	.129	.958	.342[c]
Ordinal by Ordinal	Spearman Correlation	.081	.141	.622	.536[c]
N of Valid Cases		61			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Item 16 * Gender

Crosstab

			Tscore Gender		
			Female	Male	Total
Tscore16	Important	Count	0	1	1
		Expected Count	.7	.3	1.0
	Very Important	Count	3	5	8
		Expected Count	5.4	2.6	8.0
	Most Important	Count	37	13	50
		Expected Count	33.9	16.1	50.0
Total		Count	40	19	59
		Expected Count	40.0	19.0	59.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	6.350[a]	2	.042
Likelihood Ratio	6.260	2	.044
Linear-by-Linear Association	6.242	1	.012
N of Valid Cases	59		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .32.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.328			.042
	Cramer's V	.328			.042
Interval by Interval	Pearson's R	-.328	.123	-2.622	.011[c]
Ordinal by Ordinal	Spearman Correlation	-.318	.134	-2.529	.014[c]
N of Valid Cases		59			

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
c. Based on normal approximation.

Item 20 * Gender

Crosstab

			Tscore Gender		
			Female	Male	Total
Tscore20	Very Important	Count	7	8	15
		Expected Count	10.3	4.8	15.0
	Most Important	Count	34	11	45
		Expected Count	30.8	14.3	45.0
Total		Count	41	19	60
		Expected Count	41.0	19.0	60.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.339[a]	1	.037		
Continuity Correction[b]	3.107	1	.078		
Likelihood Ratio	4.139	1	.042		
Fisher's Exact Test				.055	.041
Linear-by-Linear Association	4.267	1	.039		
N of Valid Cases	60				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.75.
b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	-.269			.037
	Cramer's V	.269			.037
Interval by Interval	Pearson's R	-.269	.134	-2.126	.038[c]
Ordinal by Ordinal	Spearman Correlation	-.269	.134	-2.126	.038[c]
N of Valid Cases		60			

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
c. Based on normal approximation.

Item 2 * Ethnic Group

Crosstab

			Tscore Ethnic Group					
			African American	Asian/ Pacific Islander	White	Hispanic	Native American	Total
Tscore2	Important	Count	0	4	0	1	0	5
		Expected Count	.3	1.1	2.3	.7	.7	5.0
	Very Important	Count	0	5	13	2	2	22
		Expected Count	1.1	4.8	10.3	2.9	2.9	22.0
	Most Important	Count	3	4	15	5	6	33
		Expected Count	1.7	7.2	15.4	4.4	4.4	33.0
Total		Count	3	13	28	8	8	60
		Expected Count	3.0	13.0	28.0	8.0	8.0	60.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.869[a]	8	.032
Likelihood Ratio	17.963	8	.022
Linear-by-Linear Association	2.285	1	.131
N of Valid Cases	60		

a. 12 cells (80.0%) have expected count less than 5. The minimum expected count is .25.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.530			.032
	Cramer's V	.375			.032
Interval by Interval	Pearson's R	.197	.114	1.529	.132[c]
Ordinal by Ordinal	Spearman Correlation	.202	.131	1.569	.122[c]
N of Valid Cases		60			

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
c. Based on normal approximation.

Item 2 * Campus

Crosstab

			Tscore Campus				
			Fr	La	S1	S2	Total
Tscore2	Important	Count	2	2	0	1	5
		Expected Count	1.4	.9	1.3	1.4	5.0
	Very Important	Count	5	3	12	2	22
		Expected Count	6.1	4.0	5.8	6.1	22.0
	Most Important	Count	10	6	4	14	34
		Expected Count	9.5	6.1	8.9	9.5	34.0
Total		Count	17	11	16	17	61
		Expected Count	17.0	11.0	16.0	17.0	61.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	17.882[a]	6	.007
Likelihood Ratio	18.677	6	.005
Linear-by-Linear Association	1.140	1	.286
N of Valid Cases	61		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .90.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.541			.007
	Cramer's V	.383			.007
Interval by Interval	Pearson's R	.138	.127	1.069	.289[c]
Ordinal by Ordinal	Spearman Correlation	.139	.129	1.082	.284[c]
N of Valid Cases		61			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Item 5 * Campus

Crosstab

			Tscore Campus				Total
			Fr	La	S1	S2	
Tscore5	Not Important	Count	0	1	0	0	1
		Expected Count	.3	.2	.3	.3	1.0
	Somewhat Important	Count	0	0	5	2	7
		Expected Count	2.0	1.3	1.8	2.0	7.0
	Important	Count	9	2	6	8	25
		Expected Count	7.0	4.5	6.6	7.0	25.0
	Very Important	Count	2	6	4	6	18
		Expected Count	5.0	3.2	4.7	5.0	18.0
	Most Important	Count	6	2	1	1	10
		Expected Count	2.8	1.8	2.6	2.8	10.0
Total		Count	17	11	16	17	61
		Expected Count	17.0	11.0	16.0	17.0	61.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	25.731[a]	12	.012
Likelihood Ratio	26.201	12	.010
Linear-by-Linear Association	3.640	1	.056
N of Valid Cases	61		

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .18.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.649			.012
	Cramer's V	.375			.012
Interval by Interval	Pearson's R	-.246	.112	-1.952	.056[c]
Ordinal by Ordinal	Spearman Correlation	-.227	.117	-1.788	.079[c]
N of Valid Cases		61			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Item 19 * Campus

Crosstab

			Tscore Campus				Total
			Fr	La	S1	S2	
Tscore19	Somewhat Important	Count	1	0	4	4	9
		Expected Count	2.4	1.7	2.4	2.6	9.0
	Important	Count	6	4	9	3	22
		Expected Count	5.9	4.0	5.9	6.2	22.0
	Very Important	Count	5	7	2	5	19
		Expected Count	5.1	3.5	5.1	5.4	19.0
	Most Important	Count	4	0	1	5	10
		Expected Count	2.7	1.8	2.7	2.8	10.0
Total		Count	16	11	16	17	60
		Expected Count	16.0	11.0	16.0	17.0	60.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.345[a]	9	.031
Likelihood Ratio	21.599	9	.010
Linear-by-Linear Association	.676	1	.411
N of Valid Cases	60		

a. 10 cells (62.5%) have expected count less than 5. The minimum expected count is 1.65.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.553			.031
	Cramer's V	.319			.031
Interval by Interval	Pearson's R	-.107	.138	-.820	.416[c]
Ordinal by Ordinal	Spearman Correlation	-.091	.143	-.696	.489[c]
N of Valid Cases		60			

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
c. Based on normal approximation.

Item 24 * Campus

Crosstab

			Tscore Campus				
			Fr	La	S1	S2	Total
Tscore24	Important	Count	1	0	2	2	5
		Expected Count	1.3	.9	1.3	1.4	5.0
	Very Important	Count	4	4	10	2	20
		Expected Count	5.3	3.7	5.3	5.7	20.0
	Most Important	Count	11	7	4	13	35
		Expected Count	9.3	6.4	9.3	9.9	35.0
Total		Count	16	11	16	17	60
		Expected Count	16.0	11.0	16.0	17.0	60.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.750[a]	6	.047
Likelihood Ratio	14.320	6	.026
Linear-by-Linear Association	.263	1	.608
N of Valid Cases	60		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .92.

Symmetric Measures

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Nominal by Nominal	Phi	.461			.047
	Cramer's V	.326			.047
Interval by Interval	Pearson's R	-.067	.129	-.510	.612[c]
Ordinal by Ordinal	Spearman Correlation	-.029	.132	-.222	.825[c]
N of Valid Cases		60			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Appendix C

Survey Professional Value Statements

Survey Professional Value Statements

Item	Statement
1	Engage in on-going self-evaluation.
2	Request consultation/collaboration when unable to meet patient needs.
3	Protect health and safety of the public.
4	Participate in public policy decisions affecting distribution of resources.
5	Participate in peer review.
6	Establish standards as a guide for practice.
7	Promote and maintain standards where planned learning activities for students take place.
8	Initiate actions to improve environments of practice.
9	Seek additional education to update knowledge and skills.
10	Advance the profession through active involvement in health related activities.
11	Recognize role of professional nursing associations in shaping health care policy.
12	Promote equitable access to nursing and health care.
13	Assume responsibility for meeting health needs of the culturally diverse population.
14	Accept responsibility and accountability for own practice.
15	Maintain competency in area of practice.
16	Protect moral and legal rights of patients.
17	Refuse to participate in care if in ethical opposition to own professional values.
18	Act as a patient advocate.
19	Participate in nursing research and/or implement research findings appropriate to practice.
20	Provide care without prejudice to patients of varying lifestyles.
21	Safeguard patient's right to privacy.
22	Confront practitioners with questionable or inappropriate practice.
23	Protect rights of participants in research.
24	Practice guided by principles of fidelity and respect for person.
25	Maintain confidentiality of patient.
26	Participate in activities of professional nursing associations.