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A Comparative Study Evaluating the Impact of Participation in a VALOR

Nurse Externship on Job Satisfaction, Sense of Belonging,

Role Socialization and Sense of Professionalism:

Transition from Graduate to Registered Nurse

BY

CYNTHIA MARIE NUTTALL

B.S., Nursing, The University of New Mexico, 1985
M.S., Nursing, The University of New Mexico, 1989
M.P.A, The University of New Mexico, 1998

DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
Nursing

The University of New Mexico
Albuquerque, New Mexico

May, 2010

DEDICATION

I would like to dedicate this Doctorial dissertation work to my husband, Eric, our four children, Daniel, Erin, Sasha and Mari and to my friends, especially Angela, Irma and Alexis. I could not have completed this effort without their encouragement and understanding. I will always appreciate all they have done to support me throughout this process.

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ABSTRACT

There is an overall shortage of registered nurses. Additionally, there is a high turnover rate of new registered nurses. Externship programs, such as the Veterans Affairs Learning Opportunity Residency (VALOR) Scholarship Program, have been created but not been evaluated systematically. The primary purpose of this study was to examine the effects of the VALOR Program on job satisfaction, sense of belonging, professionalism and socialization by comparing two groups of VALOR and non-VALOR BSN registered nurses who graduated in 2006, 2007 or 2008. Surveys were sent to a national sample of RN's who were employed by 23 VA Medical Centers. Significant differences in sense of belonging were found for VALOR RNs over the age of 35. Further studies are needed to assess how the VALOR Program impacts sense of belonging for nurses over the age of 35. This was the first study to evaluate the VALOR Program and future research is needed to identify additional outcomes related to this Program.

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CHAPTER 1

INTRODUCTION

The United States is currently experiencing a critical shortage of registered nurses (RNs). According to the 2004 National Sample Survey of Registered Nurses, released in February 2007 by the federal Division of Nursing, the average age of the registered nurse population in March 2004 was 46.8 years of age, up from 45.2 in 2000, with approximately 41% of registered nurses presently over the age of 50 (2007). Nurses are expected to be retiring in large numbers over the next decade. Based on findings from the Nursing Management Aging Workforce Survey released in July 2006, 55% of surveyed nurses reported their intention to retire between 2011 and 2020 (Scholl & Swarts, 2006). According to a report released by Dr. Peter Buerhaus and collegues in March 2008, it has been projected that the shortage of nurses in the United States could reach as high as 500,000 by 2025. The report, titled *The Future of the Nursing Workforce* found that the demand for RNs is expected to grow by 2 to 3 percent each year. Other projections have stated that the nursing shortage will rise to 340,000 by 2020 (Buerhaus, Staiger & Auberbach, 2008)

The economic costs of the nursing shortage are high. Recent studies of the costs of nurse turnover have reported results ranging from about $22,000 to over $64,000 (OBrien-Pallas, Griffin, Shamian, Buchan, Duffield, Hughes, et.al, 2006). The rate of nurse turnover in 2000 was 21.3% (The HSM Group, 2002), with turnover costs up to two times a nurse's salary. The national average salary of a medical-surgical nurse is $46,832. Therefore the cost of replacing just one nurse would be $92,442. To replace a specialty area nurse, the cost can increase to $145, 000 (Bowles & Candela, 2005). Replacement costs include human

resource expenses for advertising and interviewing, increased use of traveling nurses, overtime, temporary replacement costs for per diem nurse, lost productivity, and terminal payouts (Colosi, 2002, Jones, 2005). The cost of nurse turnover to health care agencies is significant. Orientation programs are estimated to cost agencies more than $30,000 per participating new registered nurse hire. And, needless to say, the productivity of a new graduate registered nurse (RN) is less than that of an experienced nurse. Thus, the cost of nurse turnover to health care agencies is significant (Jones, 2002, Jones, 2004).

A key strategy to address the nursing turnover and workforce shortage is retention of existing nurses. Nowhere is the difficulty of retention more pronounced than with new graduate RNs. Turnover in the new RN graduate workforce is cFonsiderably higher than the more experienced nursing workforce (Godinez, Schweiger, Gruver & Ryan, 1999). Another study found that 13% of new graduate licensed RNs had changed principal jobs after one year and 37% reported that they felt ready to change jobs (Kovner, Brewer, Fairchild, Poornima, Hongsoo, & Djukic, 2007). In July 2007, a report released by the Pricewaterhouse Coopers' Health Research Institute found that, although the average nurse turnover rate in hospitals was 8.4%, the average voluntary turnover for first-year graduate nurses was 27.1% (2007). Roche, Lamoreau and Teehan (2004) and Cowin and Hengstberger (2006) highlight that between 35% - 60% of new graduate nurses change jobs in their first year and that despite a specialized internship program, 25% of new graduate nurses leave their first job within the first year. Research also suggests that the first six months may be a crucial marker for measuring retention of newly hired gradate nurses (American Association of Colleges of Nursing, 2007, Galt, 2000). High turnover rates are

not only costly for an organization, but create an unstable workforce which impacts patient outcomes, unit morale, and productivity (Lankshear, Sheldon, & Maynard, 2005). As the Nation's largest integrated health care delivery system, the Veterans Health Administration (VHA) workforce challenge's mirror those of the health care industry as a whole.

Graduate registered nurses are becoming a significant part of hospital recruitment and staffing strategies are geared towards these graduate nurses (Nursing Executive Center, 2002). However, between 50% and 60% of new graduates change their place of employment during the first year of employment (Rydon, Rolleston & Mackie, 2008, Godinez, Schweiger, Gruver & Ryan, 1999). Additional studies support that 30% of graduate registered nurse leave their first job within one year of employment and 57% within two years (Bowles & Candela, 2005). Graduate nurse transition from their educational preparation program into the practice setting has been widely recognized as a period of stress, role adjustment and reality shock that leads to turnover (Beecroft, Dory & Wenten, 2008, Garner, 1992; Kramer, 1974).

The Nation is in the midst of a workforce crisis in health care and the Veterans Health Administration experiences the same pressures and is also directing its efforts toward the recruitment and retention of graduate registered nurses. A variety of programs have been developed and implemented to enhance the experience of the graduate registered nurse including expanded preceptor/mentoring (Nelson & Godfrey, 2004), extended orientations or residencies (Goode & Williams, 2004) competency based curriculum in schools of nursing (Beecroft, Kunzman, Devenis & Guzek, 2005), and support/professional development groups (Johnstone, Kanitsaki, & Currie, 2008). Nursing externships have been promoted as a

mechanism to increase recruitment and retention and to ease the transition of nursing students into the nursing profession.

The Nursing Veterans Affairs Learning Opportunity Residency (VALOR) Scholarship Program, is a federal sponsored nursing student externship program. Initiated in 1990, this program provides opportunities for outstanding nursing students to develop competencies in clinical nursing while working at an approved VA health care facility. Opportunities for learning include didactic or classroom experiences, competency-based clinical practice with a qualified RN preceptor, and participation in nursing-focused clinical conferences.

The VALOR program, offering a paid externship, gives selected students the opportunity to develop competencies in their clinical practice in a VA facility under the guidance of a RN preceptor. The purpose of this externship program is to develop a candidate pool of qualified and highly motivated candidates for federal healthcare employment. While direct costs of externship programs for private hospitals is variable and largely unpublished, in fiscal year 2003 the VA provided $1.701 million for 290 VALOR students and allocated close to $4 million in 2007 (M. Raymer, personal communication, June 6, 2007). While many institutions have implemented these types of programs, very little research has been published to assess their long-term effectiveness or objectively evaluate externship programs (Cantrell, Browne & Lupinacci, 2005). Likewise, there is no published research evaluating the impact or outcomes of the VALOR program on student nurses.

Significance of the Problem

Healthcare institutions need to research which recruitment and retention methods work. Thus, developing strategies that actively recruit and retain nurses is vital to the future of the nursing profession. According to Duchene (2002), some recruitment strategies that have had positive effects on the nursing shortage include nursing entry opportunities (nursing internship/externships) learn and earn programs, (i.e., in-depth orientation training programs in specialty fields such as the intensive care unit, operating room, and emergency department), scholarship programs, loan assistance/forgiveness programs and bonuses/finder's fees. These programs are costly to maintain and often difficult to quantify success.

According to Duchene (2002), organizations would do best to avoid certain recruitment methods, such as free housing for new hires, sign-on bonuses, international recruitment, liberal shift differentials for all staff nurses and full-time benefits for part-time employees, which could negatively affect the organization. These negative recruitment strategies can cause animosity among team members, promote resentment among long-time hospital employees, and further increase the shortage of nurses on a unit.

During previous times of nursing shortages, nurse externship programs have been implemented in various states to combat the ongoing struggle of recruitment and retention of new graduate RNs. The goal of the externship program is to provide a positive opportunity for students pursuing a nursing career to work at a hospital and learn by observing what goes on within the hospital work environment (Stinson & Wilkinson, 2004). Externship programs

help to consolidate the student's nursing skills, easing the transition from student to RN and are targeted towards third and fourth term students (Stinson & Wilkinson, 2004). One purpose of externships is to moderate this adjustment period. However, literature documenting how graduate nurses perceive their orientation to the professional role is scarce. Understanding how graduate nurses perceive the transition to the professional role holds tremendous value for healthcare institutions when evaluating factors that influence both short and long term outcomes of successful role transition.

Socialization to RN Practice

The socialization of nurses into a professional group has been identified as an ongoing process within healthcare since the 1950s (William & William, 1959). Subsequent studies identify a number of different socialization processes which effect health care workers in general (Shuval & Adler, 1980) and nurses specifically (Mackintosh, 2006, Wyatt, 1978). Nursing studies on socialization normally focus on student nurse education (Bozich Keith & Schmeiser, 2003, Gary & Smith, 1999; Watson, Deary & Lea, 1999). This body of work largely provides a generalized overview of the professional development of nursing students, but few studies focus directly on the how socialization is effected by participation in nursing externship programs (Cantrell, Browne & Lupinacci, 2005).

Although there are many published reports of graduate nurse experiences as they enter the workforce, the data are widely variable, ranging from anecdotal narratives to surveys done on a one-time basis, often with a limited sample size (Valente & Wright, 2007). Persistent themes reported to influence the graduate nurse's initial workforce experience are

the consistency of role socialization support (Thomka, 2001; Winter-Collins & McDaniel, 2000), the quality of the clinical orientation (Brasier, 1993; Fey & Miltner, 2000; Owens, Turjanica, & Scanion, 2001) and the level of nursing leadership support (Bratt, Broome, Kelber, & Lostocco, 2000). These themes include knowledge and sensitivity to the phases and stages of professional nurse transition and development (Brenner, 1982; Godinez, Schweiger, Gruver & Ryan, 1999).

While much has been published on selected aspects of the socialization experiences of new nurses (DeBellis, Glover, & Longson, 2001, Hartigan-Rogers, Amirault, Cobbett, & Muise-Davis, 2007, Mackintosh, 2006) there are few published studies addressing effects of externship program and socialization. There exists little empirical evidence evaluating the direct effect externship programs have on the socialization process of student nurses to RNs (Cantrell, Browne, & Lupinacci, 2005). While there are many antidotal statements regarding the success of nurse externship programs, there is an overall lack of research evaluating the influence of a nurse externship on professional socialization role transition from graduate to RN. There is no published research on the effectiveness of the Nursing Veterans Affairs Learning Opportunity Residency (VALOR) Scholarship Program.

Purpose of the Study

The purpose of this research is to assess whether participation in a VALOR externship program has an effect on new registered nurses' role socialization to the healthcare environment, degree of professionalism, sense of belonging and level of job

satisfaction. Demographics, such as age, gender, number of years in practice, level of education, and areas of practice will be described.

Aim #1: The aim of this study is to assess whether participation in the federal VA VALOR externship program influences professional development of new graduate registered nurses by measuring role socialization, sense of belonging, job satisfaction, and professional attitudes.

<div align="center">Statement of the Research Question</div>

In this quasi-experimental non-equivalent comparison group study the following hypothesis is proposed:

There are no differences among professionalism, job satisfaction, sense of belonging and role socialization for newly graduate registered nurses who participated in a VA VALOR externship program and newly graduate registered nurses who did not participate in a VA VALOR externship program.

Research Question #1:

Are there differences in demographic characteristics (gender, age, years in nursing, level of education, and clinical area of practice) for newly graduate registered nurses who participated in a VA VALOR externship program compared to newly graduate registered nurses who did not participate in a VA VALOR externship program?

Research Question #2:

Are there differences among professionalism, job satisfaction, sense of belonging and

role socialization for registered nurses who participated in a VA VALOR externship

program compared to registered nurses who did not participate in a VA VALOR

externship program?

Definition of Key Terms

Professionalism: The practice of one's occupation in accordance with one's education, with

members of that occupation governing, defining, and controlling their own activities in the

absence of external controls (Schutzenhofer, 1987, p. 278).

Role socialization: A process in which a person incorporates knowledge, skills, attitude and

affective behavior associated with carrying out a particular role (Meleis, 1975).

Sense of Belonging: The experience of personal involvement in a system or environment so

that persons feel themselves to be an integral part of that system or environment (Hagerty,

Lynch-Sauer, Patusky, Bouwsema, (1993).

Job satisfaction: The degree of positive affective orientation toward employment (Price &

Mueller, 1986).

Nursing Externship Programs: The nurse extern program is typically a paid six to ten week

summer program sponsored by individual hospitals designed to increase the clinical

confidence and competence of nursing students through the development and strengthening

of clinical skills. Typically, students must be currently enrolled and in good standing in an

accredited nursing education program preparing to become registered professional nurses; participation criteria is locally determined.

Veterans Affairs Learning Opportunity Residency: This program provides opportunities for outstanding students to develop competencies in clinical nursing while working at an approved VA health care facility. Opportunities for learning include didactic or classroom experiences, competency-based clinical practice with a qualified RN preceptor, and participation in nursing-focused clinical conferences. The Nursing Veterans Affairs Learning Opportunity Residency (VALOR) Scholarship Program is one year in length, with a minimum of 400 consecutive hours worked during the summer months. During the senior academic year, an additional 400 hours may be worked. The VALOR program is designed to increase the clinical confidence and competence of nursing students through the development and strengthening of clinical skills. Students selected must have completed the final semester or quarter of the junior year in an accredited Bachelor's of Science in Nursing program. This is a paid program with the following nationally established eligibility criteria:

Eligibility Criteria

- Student must have a minimum cumulative grade point average of CGPA 3.0 on a 4.0 scale. The CGPA must be computed on post-secondary academic work taken within the past 3 years, or based on academic work accepted for credit towards the nursing degree. No grade lower than a B in a nursing course will be acceptable. Only data on official transcripts is used for determining grade qualifications**.**

- Student must be able to complete a minimum of 40 hours per week for 10 consecutive weeks as a Nursing VALOR student in a VA facility.

- Student must be a United States citizen and meet physical examination standards at the time of entry in the Nursing VALOR program.

- Students with a service obligation to any Federal, state, or private institution, or recipients of any Federal scholarships are ineligible for the Nursing VALOR Program.

CHAPTER 2

LITERATURE REVIEW

Graduation from the world of the academic environment to the world of work is a major step in the career of a nurse. Difficulties in adjustment to the realities of work are indicated by reactions such as reality shock and expectation disillusionment (Benner, 1982). This transition also involves several interrelated aspects as the individual must adjust to the general aspects of the work world as it differs from educational environments, while integrating into a specific job and a specific organization.

For those students who have had few opportunities to work during their college years, the transition from student to employee can be a dramatic shift which can lead to a struggle for some students if they are not prepared to develop a different mind-set. According to Holton (1998), if seniors are not taught about the workplace environment, they may unknowingly continue to expect their first job to be like college. Some behaviors that could adversely impact graduates include the following: inability to work independently without constant feedback or direction, complaining about not being allowed to use the skills that they were taught in college, and challenging the established policies and procedures too quickly at their new job (Holton, 1998).

The number of licensed registered nurses in the United States grew by almost 8 percent between 2000 and 2004. After a dramatic decrease in enrollments over the previous decade, registered nurses in the United States have climbed to a new high of 2.9 million. Since 2000, approximately 50,000 new nurses have passed state board examinations each year; more than half obtained positions in hospitals as new graduates (The Registered Nurse

Population: Findings From the 2004 National Sample Survey of Registered Nurses, 2007).

The result of the sudden growth in nursing programs, combined with nurse vacancy rates that

are still in the double digits in many parts of the country, means a dramatic increase in the

number of new RN graduates now coming to work in acute care settings. All of these nurses

will be faced with transitioning from the academic setting to the work setting (Scott, Keehner

Engelke, & Swanson, 2008).

The transition of new graduate nurses into clinical practice is commonly perceived as

stressful. Bratt, Broome, Kelber and Lostocco (2000) found that newer and inexperienced

nurses had increased job stress as compared to experienced nurses. Previous high RN

vacancy rates from turnover increased the pressure to orient and employ new graduate nurses

as soon as possible. As a result, new graduate RNs were under pressure to perform in life-

threatening situations with the requisite skill and experience which they did not yet possess

(Rydon, Rolleston & Mackie, 2008). The subsequent inability to handle the pressure and

resultant stress is reflected in turnover rates of new graduate RNs at 35 % to 60% within the

first year of employment. These high turnover numbers suggest that new graduate RNs are

ill prepared to assume the role and subsequent realities of being a professional nurse the first

year post graduation.

Externships programs have been organized by hospitals for over thirty years

(Beecroft, Kunzman, & Krozek, 2001, Brady-Schwartz, 2005, Fire, Bozett, & Dearner, 1984;

Fleming, Gottschling, Woodcock & Taylor Boyd, 1975, Happell & Gough, 2007), with the

general intention of increasing recruitment and retention and to ease the transition from the

educational environment to the work environment. Recently, externships programs have

been re-initiated in an effort to promote new graduate retention (Lee, 2000). However, prior research on the effectiveness of externships has yielded (a) no consensus on the stressful aspects of the role transition, (b) little consensus on helpful interventions to avoid attrition among new nurses, (c) few hypotheses for testing, and (d) no theory to guide further study of the transition (Cantrell, Browne, & Lupinacci, 2005, Johnstone, Kanitsaki, & Currie, 2008).

<center>Socialization of Registered Nurses</center>

The process of socialization is begun during the educational program when students learn the norms of the professional group (Howkins & Ewens, 1999). However, an important component of this socialization takes place primarily after the nurse graduates from the academic setting and moves into the work setting and is introduced to more specific expectations. One of the goals of externship programs is to help students to acquire the skills, knowledge, and attitudes which are appropriate to the professional roles they will assume as graduate nurses.

Seminal works by Kramer (1974) and Benner (1982) describe the experiences of nurses as they move from one area or level of practice to the next. In particular, Kramer (1974) delineates four phases of reality shock and their implications for new nurses. Kramer contends that new graduates are at the highest risk for reality shock. Benner (1982) describes transitions that new nurses make in terms of the abilities the nurses demonstrate in clinical practice. The five stages, from novice to expert, detail what the capabilities of the nurse are at each level. Benner provides a detailed analysis of the competencies expected at each level of practice.

Boyle, Popkess-Vawter and Taunton (1996) investigated socialization of new graduate RNs into critical care with respect to congruence with a modified contingency theory. They recommended that attention be paid to positive preceptorial experiences, support systems, and congruence of assignments across each phase of the socialization process. The authors found that at initial employment, new graduate RNs differed from experienced nurses in role conception, self-confidence, and commitment to profession. After six months of employment new graduates differed from experienced nurses in self-confidence and mutual influence. For new graduate RNs, positive precepting experiences, support systems, and assignment congruence were related to high self-confidence, low anxiety, high commitment, high job satisfaction, and low role conflict and ambiguity. These variables were also associated with the development of role conception. The study results lend considerable support to the modified contingency theory of role socialization. Boyle, Popkess-Vawter and Taunton (1996) concluded that positive precepting experiences, support systems, and assignment congruence contributed to successful socialization for the new graduates in this study.

Morris and Faulk (2007) evaluated changes in professionalism in RN-to-BSN returning students. Nationally, the number of RNs with associate or diploma degrees who elect to obtain a bachelor of science in nursing is continuing to increase. Their research reported that within three months of graduation, professional behavioral changes, such as increased interdisciplinary team collaboration, patient advocacy, and role confidence as a patient educator in these students were measurable. Additionally, there were changes noted in other professional behaviors that included increased autonomy, delegation skills, joining professional organizations and seeking advanced degrees. They proposed that the need to

address the resocialization and perspective transformation in professionalism of these RN-to-BSN students be proactively incorporated into nursing curricula.

Much has been published on selected aspects of the early socialization experience of new nurses. For example, published reports support multiple approaches to facilitate critical thinking (Celia & Gordon, 2001; Smith-Blair & Neighbors, 2002), address the importance of implementing adult learning principles (Galt, 2000; Meyer & Meyer, 2000) and consider the variables attributable to role transition (Godinez, et al, 1999; Thomka, 2001). Reisling (2002) studied the socialization of new critical care nurses, across all levels of experience during their orientation process. The purpose of this research was to explore how the orientation process is perceived by the participants in an attempt to provide information needed to design interventions for critical points during the process. Kilpatrick & Frunchak (2006) described a successful Canadian hospital based externship, which provided activities such as orientation, guidance, workshops and transitional support. However, only Cantrell, Browne, & Lupinacci (2005) explored the impact of early socialization during an externship program and how it impacts later experiences.

Once new graduate RNs are employed by health care agencies, it is important to understand why they leave and which strategies will encourage them to stay beyond the first year. Kells and Koerner (2000) and Beecroft, Kunzman, and Krocek (2001) recommend that internships and/or capstone courses be initiated to support new graduates, reduce the reality shock they will experience, and enhance their clinical competency. Mentoring programs, usually incorporated into internship programs or capstone courses, are also viewed as

valuable in reducing workplace stress and contributing to retention (Bowles & Candela, 2005).

Roberts, Jones, and Lynn (2004) cite staffing shortages, heavy workloads, and compromised quality of care as contributing factors to new graduate turnover. Bowles and Candela (2005) surveyed new graduates to determine which factors contribute to the decision to leave their positions. Participants cited the following as contributing factors: stress related to patient acuity; inadequate staffing; unsafe patient care; management-related issues such as level of support; and the amount of responsibility placed on new graduates.

Kovner, Brewer, Fairchild, Poornima, Hongsoo & Djukic (2007) researched the employment patterns of newly licensed registered nurses. Their results from (n=3,266) the returned surveys attempted to describe the characteristics and attitudes toward work of these new RNs. Fifty percent of the respondents indicated that they had already changed jobs after one year or felt ready to change jobs. Based on their findings, they recommended that an improved orientation and more responsive managers might encourage lower turnover rates during the first and second post graduation employment years.

Casey, Fink, Krugman, and Propst (2004) report that new graduates need 12 months to gain comfort and confidence in their new roles and require professional development opportunities and support. The quality of orientation programs is cited as an influencing factor in new graduate RN retention. According to Messmer, Jones, and Taylor (2004), new graduate RNs must rapidly acquire critical thinking skills and the ability to master complex knowledge. Mentoring by experienced nurses facilitates this type of professional development. Nelson & Godfrey (2004), who report that the current fast-paced health care

workplace contributes to new graduates needing special attention, also support the need for close mentoring by experienced nurses. They cite a demonstrated reduction in new graduate turnover from 47 percent to 23 percent in a health care agency where a mentoring program was implemented.

According to Beecroft, Kunzman, & Krocek (2001), institutions must help new graduates acquire the values, attitudes, and goals characteristic of a member of the profession and gain a sense of identity within their chosen occupation. Formalized internship/mentoring programs, with one-on-one contact, facilitate the transition of new graduates to professional practice, prepare beginners who are able to provide competent and safe care, and strengthen the commitment and increase the retention of newly hired practitioners (Hayes & Scott, 2007).

These referenced articles demonstrate that the impact of professional socialization of new graduate nurses has been addressed in the literature. While professional socialization is an inevitable consequence of entry to any profession and plays an important role in the development of a professional identify, it should also be noted that the transition from the educational setting to the work setting can be fraught with anxiety and insecurity. Taking on a role is, in some sense, a process of internalizing the expectations of significant others. For the professional, the relevant society consists of other members of the professional group as well as members of the work place; socialization includes learning the norms and expectations of the professional group and those of the work place.

Student Nurse Externships

A limited number of articles have focused specifically on student nurses' summer employment in nursing (Grinstead, 1995; McAlpine and Cargill 1992; Tritak, Ross, Feldman, Paregoris, & Setti, 1997). These summer employment programs are often referred to as externship programs. The limited research examining this type of experience has focused exclusively on program evaluation (Hayes & Scott, 2007, Tritak, Ross, Feldman, Paregoris, & Setti, 1997). There have been no in-depth studies of how students experience their participation in an externship program and how they react to the transition to practice experiences that are part of their subsequent program.

In a pre-test and post-test study of (n=6) student nurses who had participated in a summer hospital employment program, McAlpine and Cargill (1992) examined students' attitudes towards the profession, role identification and degree of knowledge of the hospital organization. Results indicated that students had more positive attitudes towards their profession, greater knowledge of the hospital organization and felt more 'like nurses' at the end of their summer employment. Students' task performance was also observed and timed. Results suggested that as the number of skills performed by students per day increased, the quality of performance decreased. When interviewed, the students acknowledged that their performance was not as it should be. They reported "there is not time to take all those steps" and "everyone does it." When students were observed, it was often noted that they appeared to be modeling behaviors of nurses on the unit. Other findings indicated that the students felt that they received greater support and reinforcement of their identities as 'nurses' from individuals with little connection to the professional system (e.g., families, housekeepers) compared to those with more connection (e.g., nurses, doctors). Lastly, although students

"felt more like nurses" at the end of the summer program, the majority agreed that they would not really feel like a nurse until they passed their licensing exams.

Tritak, Ross, Feldman, Paregoris & Setti (1997) examined nursing autonomy and dimensions of professional activity among (n=41) student nurse externs. Pre-test and post-test results revealed no significant differences in autonomy or dimensions of professional activity. A positive correlation (chi-square 0.05) was found at post-test between age and professional activity, suggesting that dimensions of professional activity changed most in older students. At post-test (i.e., one year later), the results revealed significantly greater professional autonomy. Students also reported greater self-confidence and ease at answering examinations; better time management and insight into staff nurse duties; skills and knowledge development; and the opportunity to earn and learn simultaneously. Finally, the academic averages of the externs were compared with a representative group of students who did not participate in an externship program. Results found that externs obtained significantly higher mean grade-point averages, compared to the sample of non-externs.

Grinstead (1995) conducted a study that specifically investigated the long-term effect of an externship on new graduates' role socialization to the healthcare environment, degree of professionalism, and level of job satisfaction among former nurse externs as compared with a matched cohort of nurses who did have an externship experience. Grinstead concluded that the graduates who had participated in a summer externship did engage in activities that were directly related to published professional socialization outcomes as compared to those graduates who did not have an externship.

Cantrell, Browne & Lupinacci (2005) investigated whether or not participation in an externship promoted a greater degree of professionalism, job satisfaction, sense of belonging and role socialization among its participants. The authors compared two groups (n=52) of new registered nurse graduates, one group who had participated in an externship program and a matched cohort group who had not. The results of the ANCOVA analyses did not reveal statistically significant differences between the groups on job satisfaction or sense of belonging. In contrast, the ANCOVA analysis demonstrated statistically significant difference in the mean scores for professionalism and role socialization between the two groups, with the cohort group having higher mean scores. The results indicated that participation in an externship did not promote a greater sense of professionalism, role socialization, sense of belonging and job satisfaction.

There are multiple antidotal statements in hospital specific promotional articles which state that externship programs facilitate the transition of student nurses to professional practice, that they prepare beginners to provide competent and safe care, strengthen the commitment to an organization and increase the retention of new graduate RNs. Likewise, in these articles student externs report that the extern programs facilitated their integration into nursing practice, increased their confidence in clinical proficiency, and improved their organizational skills. Additionally, in these articles most students expressed an interest in future employment as summer externs. In conclusion a comprehensive literature search demonstrates that, while there are numerous articles identifying the causes for high new graduate turnover, the need to formalize orientation programs, develop mentoring opportunities, etc. there is little evidence based research that explores the longitudinal impact of externships.

Theoretical Framework

The concept of transition is familiar in a number of disciplines, specifically the fields of developmental psychology, counseling, and nursing. While there exists several major transition frameworks in these fields, the transitions model as defined by Meleis and colleagues (Chick & Meleis, 1986; Meleis, 1997; Meleis & Trangenstein,1994) was selected as the organizing framework to form the basis for understanding the socialization of new graduate RNs into a professional RN and to consider the variables attributable to role transition.

Life transitions are periods in time when individuals experience major changes. These transitions can occur when someone is faced with a new diagnosis, with a death, or during a period between two relatively stable states of human development. The changes associated with transition bring instability as a person passes through the period. During this transition period, the individual is typically required to make major adjustments, to develop new skills, or to learn to cope with new experiences to accommodate the changes. Transitions involve the incorporation of new knowledge, altered patterns of behavior, and change in the definition of self in a social context. At the end of the transition, the individual is at a new stage in life. Theoretically, the transition has ended at this point, and a period of more stability and less change has begun.

Transition Theory incorporates the complexity of personal and contextual aspects of transition, including the nature of transitions, conditions that facilitate or inhibit, and patterns of response to transitions (Meleis & Sawyer, 2000). Some transitions are marked by an identifiable event, such as marriage or college graduation. Meleis & Sawyer (2000) also

discussed conditions that facilitate or inhibit the transition. They asserted that to understand the experiences of individuals during transitions, it is necessary to understand the personal and environmental conditions that promote or hinder the progress toward achieving a healthy transition. These conditions can be personal (e.g., the meaning of the event, one's belief or attitude, socioeconomic status, knowledge), community (e.g., support from family or partners, role models.), or societal conditions (e.g., marginalization, gender, position). They concluded that transitions are complex and multidimensional.

Benner (1982) describes transitions that new nurses make in terms of the abilities the nurses demonstrate in clinical practice. The five stages, from novice to expert, detail what the capabilities of the nurse are at each level. Benner provides a detailed analysis of the competencies expected at each level of practice. New nursing graduates are expected to translate knowledge, principles, and theories learned in school into their practice in a particular setting with specific patient populations. This application to practice not only encompasses new clinical skills and techniques but also includes coping with issues of relationships with patients and families, organizational structure, and group work that may be new to them. Understanding what occurs during the transition process from the graduate nurse's perspective elucidates how the process is perceived by the nurses and provides information needed to design interventions for critical points during the process.

Chick and Meleis (1986) analyzed the concept of transition related to knowledge development in nursing. They identified universal properties related to transitions as seen from a nursing perspective. Transition includes three elements: process, time span, and perception. Process, the first element, incorporates movement across the second element,

time span. Transitions are a period of time when there is an ending and a period of confusion and distress, leading to a new beginning. There is a period of disconnectedness that is part of the transitional process and includes a disruption of the linkages on which the individual's feelings of security depend. Perception, the third element, reflects how the self interprets the process and what meanings are attributed to the transition events (Chick & Meleis, 1986). Perceptions vary among persons, communities, and societies. They influence one's responses to transition events, making them less predictable. Simply put, transition is a personal phenomenon that offers unique meanings for the individual.

In the Chick and Meleis (1986) model, there are factors that mediate the transition process. These factors are individual responses, environmental factors, and nursing therapeutics. Patterns of individual response can be observable or non-observable behaviors; examples include disorientation, distress, and happiness. The particular environment in which the transition occurs may inhibit or facilitate the transition. In studying the transition from extern to professional nurse, antecedents and consequences related to the transition need to be considered.

McNamara, Roberts, Basit & Brown (2002) focused on the processes involved in the rites of passage themselves; in particular the relationships involved between those who are undergoing the transition from one status to another (e.g. student nurses) through an initiation by those of the new status to which they aspire (e.g. registered nurses). Windsor (1987) found that students progressed in this professional transition socialization process by observing nurses and participating in nursing functions to learn how to act like a nurse and indicated that the more the students felt part of the profession the better they felt about their

clinical experience. Windsor (1987) concluded that this process involved three stages which resulted in the student becoming more confident in performing nursing tasks, more interested in expanding their role, and becoming more independent

This demonstrates how the transition from student nurse to professional nurse fits into the Chick and Meleis (1986) framework. This is a critical period of change in which the stability of the role as a nursing student is about to change as the individuals move through the process and take on the role of a registered nurse. The model is useful in understanding human responses to transition because it reminds professionals that transition periods are ones of disconnectedness. Graduation signals the beginning of a disconnectedness from nursing school because it ends years of the routine of school attendance with peers. For most students, this period will be the first career period of such disconnectedness they will experience. Success in coping with this transition will be the foundation for coping with successive career transitions during the life span.

In 1994, Schumacher and Meleis advanced the Chick and Meleis (1986) model. They identified factors that they believed indicated a positive transition outcome. Three outcomes were identified that are relevant to all types of transitions. These include a subjective sense of well-being, the mastery of new behaviors, and the well-being of interpersonal relationships. When a successful transition occurs, distress gives way to a sense of well-being. This subjective sense of well-being includes effective coping and managing one's emotions, along with job, marital, or other role satisfaction. Growth, liberation, and empowerment also may occur. Role mastery means achievement of skilled role performance

and comfort with the behaviors required in the new situation. Finally, well-being in one's relationships indicates that a successful transition is in process.

Schumacher and Meleis (1994) suggested that intervention during a transition should be directed toward alleviating the disruption in relationships and promoting the development of new relationships. They identified three nursing activities that are widely applicable during transitions. Initially, nurses should begin with an assessment of readiness that includes the indicators of subjective well-being, role mastery, and well-being of relationships. The second activity is preparation for the transition and includes some form of education for creating optimal conditions in anticipation of the transition. It also may include preparation of the environment. An example of such is formal hospital based orientation programs provided for new nursing graduates. The third nursing activity is role supplementation. This could be the assignment of senior nurse mentors during the initial weeks of orientation. Understanding what occurs during the nursing orientation process from the nurses' perspectives elucidates how the process is perceived by them and provides the information needed to design interventions for critical points during the process.

Chick and Meleis (1986) suggested that the concept of transition elucidates the person-environment interaction, and as such is of potential use to nursing practice and research. As both humans and contexts evolve, there is an ongoing process of adaption to personal and environmental change. It is possible for a given transition to compromise both situational and developmental change. For example, elements of situational change are possible in transition of the student nurse to a registered nurse because of the new social norms and expected behaviors and alterations in relationships with former classmates and

teachers. At the same time, academic progression can be thought of as a catalyst for personal development or as a normative expectation of a student. A transition is precipitated by a significant marker event, college graduation, or turning point, such as passing the NCLEX exam, that requires new patterns of response.

Characteristics of the transition are variables such as role change, affect, source, timing, onset, duration, and degree of stress. Schlossberg (1981) noted that most transitions can be described using these variables. For nursing school seniors making the transition to registered nurses, it includes a role change. The source of the transition is external, although the onset has been gradual because the point of graduation has been known. The duration of the transition is temporary, and the degree of stress is dependent on the individual and on environmental factors.

Another critical factor that influences the adaptation to transitions is the characteristics of the individual (Nicholson, 1984). These characteristics include psychosocial competence, gender, age, health status, race–ethnicity, socioeconomic status, value orientation, and previous experience with a transition of a similar nature. Psychosocial competence includes self, world, and behavioral attitudes. Self attitudes are similar to an internal locus of control that includes a sense of responsibility. World attitudes are ones that help the individual develop a pattern of constructive interaction with the community. Schlossberg (1981) stated that optimism and goal-directed behavior are more favorable. Behavioral attitudes are ones in which the person can set realistic goals, plan, and persevere through failure as well as success.

More recently, Meleis, Sawyer, Im, Hilfinger, & Schumacher (2000) described the emerging middle-range Theory of Transition in which several essential properties of transition experiences were identified. The first property was awareness and relates to the individual's perception, knowledge, and recognition of the transition, such as the student nurse preparing to sit for the NCLEX exam. The second property is the level of engagement in the process. An example of engagement is finding information specific to a certain healthcare employer or using as role models, practicing nurses they interacted with during clinical rotations. Change and difference, the third properties, are essential in that transitions are the result of change and result in change. The individual will confront difference typified by feeling different, as well as, by seeing the world and others in a different way. A fourth property is time span as all transitions are characterized by movement over time. The fifth and final property is critical points and events.

The Transitions Model developed by Meleis, et al., (2000) is appropriate to guide this research. It is expected that within the context of this framework, factors would be identified to serve as indicators of successful transitions from graduate nurse to registered nurse. For this study the four variables selected for measurement were utilized by Cantrell, Browne & Lupinacci (2005) in their study of nurse externships and their impact on role transition from graduate nurse to registered nurses. These variables, professionalism, role socialization, sense of belonging and job satisfaction represent the four Transition Framework process indicators: (a) feeling connected, (b) interacting, (c) location and being situated, (d) developing confidence and coping.

Transitions conditions, such as personal meaning of the transition, cultural beliefs and attitudes, and preparation and knowledge of the transition, facilitate or inhibit the transition. The patterns of response emerge from the transition. This includes both process and outcome indicators described below:

Process Indicator – Developing Confidence and Coping: Meleis et al., (2000) described the process indicator of developing confidence and coping as the extent to which there is an increase in the individual's level of confidence or the development of strategies for managing the transition process. Hamilton, Murray, Lindholm & Myers (1989) concluded in their study that mentoring and nurturing attends to professional role development and skill acquisition. For new nursing graduates, an indicator of a healthy transition to the registered nurse role would include the development of confidence and coping related to increasing clinical skills, knowledge, competence and confidence and a subsequent sense of professionalism (Mills, Jenkins, & Waltz, 2000).

Process Indicator- Interacting: Through interaction, individuals form the meaning of the transition and behaviors are developed in response to the transition (Meleis et al., 2000). Positive interactions with environment, self, and the social world would be thought to promote health and well-being, whereas negative interactions would be viewed as the opposite. Much has been published on selected aspects of the role socialization experience for new nurses. For example published reports support multiple approaches to facilitate critical thinking (Celia & Gordon, 2001), address the importance of implementing adult learning principles (Galt, 2000) and consider the variables attributable to role transition (Thomka, 2001).

Process Indicator- Feeling Connected: In the Meleis et al., (2000) Transition

Framework, a pattern of response reflective of adjustment to transition is feeling connected.

Feeling connected encompasses the individual's relationship to environment, self and social

work. These connections are important sources of social support and information, whereas

feeling worried or anxious, working many hours, and terminating a relationship may

contribute to a lack of connection. Kramer (1974) identified a supportive environment as one

element to help new graduates overcome the stress of a first job. Supportive environments

allow for new graduates to develop a sense of belonging with their environment and

coworkers. Hagerty and Patusky (1995) stated that a sense of belonging promotes personal

involvement in an environment so that persons feel themselves to be an integral part of the

system.

Process Indicator-Location and Being Situated: Meleis et al., (2000) describe location

as important to most transition experiences. The most frequent reasons among new

registered nurses for leaving a job were related to the hospital environment and the unit

environment. These reasons included management issues, lack of support and guidance, as

well as being given too much responsibility. Patient care work environment reasons included

reports of stress associated with the acuity of patients, unacceptable nurse-to-patient ratios,

and feeling patient care was unsafe (Fletcher, 2001). New nurse satisfaction is important as

studies have determined that dissatisfied nurse have higher turnover rates and negatively

influence patient satisfaction with care (Roberts, Jones & Lynn, 2004).

For nursing, the Meleis et al., (2000) Transitions Model, offers a rich framework in

which nursing practice and research could be expanded. The emerging middle-range theory

of transition that these authors offer provides critical points of interest for healthcare administrators. Using the transition model as described by Meleis and colleagues (2000) externship programs could help senior nursing students to recognize the nature of the impending transition and the associated stresses. Research is needed to provide healthcare administrators with the knowledge of the most effective interventions to meet the needs of these individuals. The framework presented by Meleis and colleagues (2000) provides numerous possibilities for further research in this area.

Meleis' middle-range theory of transitions was selected as a guiding framework for conceptualizing the graduate nurse to professional nurse transition and identifying relevant study variables because of the congruence between the concepts of this middle-range theory and the concepts of the specific transition situation involving maturation into the role of a professionally licensed individual. Testing of transitions theory concepts and relationships in the specific transition process from student to professional nurse will not only develop knowledge to examine the influence of nurse externships programs, but will also extend nursing knowledge about the phenomenon of transitions.

CHAPTER 3

METHODOLODGY

Research Design

This study surveyed a non-random sampling of registered nurses and assessed whether participation in a Veterans Affairs VALOR program influenced their professional development. This study used a quasi-experimental non-equivalent comparison group design that is a suitable alternative to an experimental design when randomization is not possible (Cook & Campbell, 1979). Although comparison groups are considered nonequivalent groups, a logical basis for comparison of these two groups in this study existed in that both groups were registered nurses who are employed by a VAMC acute care hospital and were three years or less post degree completion.

This study assessed whether participation in a VALOR externship program had an effect on new registered nurses' role socialization to the healthcare environment, degree of professionalism, sense of belonging and level of job satisfaction. The following hypothesis was proposed:

> There are no differences among professionalism, job satisfaction, sense of belonging
> and role socialization for registered nurses who participated in a VA VALOR
> externship program and registered nurses who did not participate in a VA VALOR
> externship program.

Setting

The nurses studied were all employed in a Federal Veterans Affairs Medical Center

inpatient acute care hospital setting. The specific data collection sites were limited to the VA

Medical Centers (VAMC) that sponsored a VALOR Program. There were multiple data

collection sites since the Department of Veterans Affairs (VA) is comprised of a nationwide

network of 155 medical centers. The sites that agreed to participate in the study were:

Albany, NY, Albuquerque, NM, Atlanta, GA, Battle Creek, MI, Bay Pines, FL, Boston, MA,

Canandaigua, NY, Fargo, ND, Grand Junction, CO, Houston, TX, Huntington, WV, Long

Beach, CA, Muskogee, OK, Northern Florida/Southern Georgia, FL, Northern Indiana, IN,

Philadelphia, PA, Portland, OR, Salt Lake City, UT, Shreveport, LA, Tennessee Valley, TN,

Syracuse, NY, Hampton, VA, and VA Gulf Coast, MS.   These 23 medical centers integrate

a wide array of services, encompassing patient care, clinical practice, education, research and

administration. The complexity and size of these VAMC's vary considerably as, in addition

to general medical, surgical and psychiatric units, select medical centers offer services in

intensive care, spinal cord injury, geriatric, dialysis, blind rehabilitation, specialty care (e.g.

diabetes clinics), hospice, domiciliary, oncology, and organ transplant units. Presently, the

number of patients treated annually is over 6 million with an operating budget in excess of

$86 billion dollars in 2008 (Department of Veterans Affairs, 2008).

In 1996 the National Advisory Council on Nursing Education and Practice

recommended that by the year 2010, two-thirds of all practicing nurses possess a bachelor's

degree or higher if optimal care is to be provided (U.S. Department of Health and Human

Services, 2008).   In 1999 the VA began working towards this goal of increased

baccalaureate degree staff with the implementation of its current Nurse Qualification

Standards policy (Department of Veterans Affairs, 2008). The standards define the

performance and education requirements for an RN to be appointed and promoted within the

VHA. The standards make a bachelor's of science in nursing (BSN) one of the key criteria

for promotion.

The VALOR program was initiated to develop clinical competencies and promote

BSN students to consider career options in the VA prior to graduation. In addition, to the

BSN student VALOR program, the VA implemented the National Nursing Education

Initiative (NNEI), designed to award tuition support to VA employed associate degree nurses

trying to obtain their BSN or post-graduate degrees and training, with the average awardees

receiving $11,000 in tuition assistance. These strategies have had an impact on increasing

BSN employment as between 1998 and 2008, the number of VA RNs with a BSN or higher

rose from 59 per cent to 68 per cent (Department of Veterans Affairs, 2008).

Sample

The Department of Veterans Affairs has one of the largest nursing staffs of any

healthcare system in the world with over 40,000 registered nurses nationwide. The exact

number of nurses who met the study criteria was not made available. However, the total

target population of eligible registered nurses employed by the 23 medical centers that agreed

to participate in the survey was 662 (G. Fuller, personal communication, February, 16, 2010).

The study population included two groups of baccalaureate degree (BSN) registered nurses.

One group consisted of registered nurses who participated in a VAMC VALOR externship

program and the other group of registered nurses consisted of nurses who had not

participated in a VALOR externship program. Both groups completed their BSN degree within the past three years and were employed at an acute care inpatient VAMC.

After approval of the study from the VA Research and Development Committee and the University of New Mexico's Institutional Review Board, permission was received from the VA Healthcare Retention and Recruitment Office to contact each VALOR Coordinator. However, it was first necessary to receive permission from each VALOR Medical Center's Chief of Research and Development to conduct the study before contacting the VALOR Coordinator (Appendix A). Invitations to participate were sent out to 89 VA VALOR Medical Centers. Twenty-three medical centers agreed to participate in the study. The VALOR Coordinators had access to the VALOR student nurse information, such as name of enrollee, VAMC facility enrolled in, dates of enrollment and termination of enrollment, and whether or not the VALOR student nurse accepted employment at their VALOR VAMC training site. The VA Healthcare Retention and Recruitment Office identified the registered nurses in each participating Medical Center, who met the study criteria, and these names were provided to each VALOR Coordinator. The VALOR Coordinators then conducted the initial approach to both VALOR and non- VALOR registered nurses at their facility and sent them an e-mail invitation, which included an electronic link to the survey.

Inclusion criteria were as follows:

1. Currently practicing as a registered nurse in a VAMC, who were one to three years post degree.
2. Registered nurses who participated in the VALOR nurse externship program in the summers of 2006, 2007 and 2008.

3. VAMC registered nurses who were one to three years post degree and who did

    not participate in a VALOR nurse externship program.

Sample Size

Sample size was determined using the comparison data file received from Mary Ann

Cantrell, PhD, which consisted of raw scores of each instrument for the 26 matched subjects

of her original research   Based on published results of Cantrell, Browne & Lupinacci (2005),

the strongest group differences may be in the Professionalism and Activity total subscales,

using comparable group means and standard deviations, targeting 80% power in a two

sample t-test using a two-sided significance level of 0.05, respective group sample sizes

required are 50 and 40 for the preceding scales (Cohen, 1992). Accounting for possible 50%

non-response rate and to offset routine participant losses and survey completion error, the

sample size was determined to be 150 nurses per group, for a total of 300.

Data Collection: Survey Procedure

Using an electronic survey software package (SurveyMonkey, LLC, at

www.SurveyMonkey.com), a four part web-based electronic survey was created from the

survey tool created by Mary Ann Cantrell, PhD (Appendix B). The VALOR Coordinators

sent the nurses, who met the inclusion criteria, an e-mail asking them to participate. In order

to ensure that the samples were clearly defined and authenticated, the invitation to

participate, along with the survey link, was sent to registered nurses who had a current

VAMC Outlook e-mail address.

The following electronic survey protocol outlined by Sue and Ritter (2007) was

initiated in an attempt to maximize the response rates. This protocol began with a pre-

notification phone call to each of the selected VAMC facility's VALOR Coordinator. This call explained the study and solicited their assistance in encouraging the selected registered nurses to participate in the study. Following this phone call an initial e-mail was sent to the registered nurses, who met the inclusion criteria and were currently employed at a VAMC, inviting them to participate. This invitation contained a cover letter that explained the study and also provided a link to the online survey.

By contacting only registered nurses who have a current med.va.gov address, this assisted in controlling for sampling error and establish credible samples (Norman, Friedman, Norman, & Stevenson, 2001). The four parts of the electronic survey were designed to allow in-and-out capability, so each part could be completed and saved separately if desired. It was estimated that the survey took less than ten minutes to complete. Two weeks after sending out the initial invitation, which included the electronic link to the survey, the VALOR Coordinators were asked to send a reminder e-mail message thanking those who have already participated and encouraging those who had not yet completed the survey to do so. Additionally, follow-up phone calls to the VALOR Coordinators were conducted at this time to encourage participation in the study. The survey was closed eight weeks after initial contact was made with the VALOR Coordinators.

Assumptions

The assumptions underlying this study were as follows:

1. The instruments used are accurate reflections of the concepts

2. All nurses surveyed would have no previous licensure as a licensed practical nurse.

3. VALOR Coordinators are willing to participate in sending out the invitations.

4. Conducting VA Research would be easier than it was.

Instrumentation

The survey tool created by Mary Ann Cantrell, PhD was utilized for this study (Appendix B). This tool is a composite of the four instruments, Nursing Activity Scales, Nurses Self-Description Form, The Sense of Belonging, and the McCloskey/Mueller Satisfaction Scale with items on the tool being scored on either a 4 point or a 5-point Likert scale. Permission to use the individual instruments was granted by each of the authors (Appendix C). The instruments chosen by Cantrell, Browne, Lupinacci, (2005) represent the conceptualization of the phenomenon of professionalism, role socialization, sense of belonging and job satisfaction. The following measurement characteristics of each instrument were included in their article (Cantrell, Browne, Lupinacci, 2005, p. 190):

Demographic Data: The following demographic data was collected to describe the sample: age, gender, years of practice as a registered nurse, level of education and area of clinical practice.

Independent Variable: The two registered nurse groups were the independent variable. One group consisted of registered nurses who participated in a VALOR externship and the other group of registered nurses consisted of nurses who have not participated in a VALOR externship. Both groups completed their nursing degree within the past three years and were presently employed at a VAMC.

Dependent Variable #1: Professionalism: The practice of one's occupation in accordance with one's education, with members of that occupation governing, defining, and controlling their own activities in the absence of external controls (Schutzenhofer, 1987, p. 278).

Instrument: Nursing Activity Scales: A 35-item self-report instrument to measure autonomy in professional nurses. Each item described a patient care situation that requires some degree of professional nursing judgment. Respondents were asked to respond "very like me to act in this manner" to "very unlike me to act in this manner" to each scenario. Test-retest reliability at a four week interval with two convenience samples ($n = 58$ and $n + 62$) yielded reliability coefficients of $r = .68$ and $r = .79$. (Schutzenhofer, 1987)

Dependent Variable #2: Role socialization: A process in which a person incorporates knowledge, skills, attitude and affective behavior associated with carrying out a particular role (Meleis, 1975)..

Instrument: Nurses Self-Description Form (NSDF): a 19-item instrument with three subscales: professionalism, work ethic, and empathy that require respondents to rate themselves in relation to their professional peer group to measure these three dimensions of professional activity on a 7-point Likert-type scale. The internal consistency for the total scale reliability was tested using Cronbach alpha, which was .93 (Dagenais & Meleis, 1982) and .90 (Davis, 1987).

Construct validity was tested by a principal component factor analysis with a varimax rotation that revealed three factors with eigenvlaues greater than 1.0 (Dagenais & Meleis, 1982). Criterion-related validity was tested with the Seeman's Powerlessness Scale. The Professionalism subscale and the Seeman's Powerlessness Scale were negatively correlated

(p < .01). Using the Omnibus Personality Inventory, the Autonomy subscale was positively

correlated (p < .01) with social extroversion (p < .001).

Dependent Variable #3: Sense of Belonging: The experience of personal involvement in a

system or environment so that persons feel themselves to be an integral part of that system or

environment (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier (1993).

Instrument: The Sense of Belonging: a 32-item self-report instrument with two separately

scored subscales, SOBI-P (psychological state) and SOBI-A (antecedents), to measure an

adult's sense of belonging.

Internal consistency for each subscale was measured among three groups of subjects,

the coefficient alphas for each group were as follows: students, .93 and .72; depressed clients,

.93 and .63; Roman Catholic nuns, .91 and .76 (Hagerty & Patusky, 1995). Test-retest

reliability among a group of students (N = 379) over an 8-week period was .84 for SOBI-P

and .66 for SOBI-A (Hagerty & Patusky, 1995). Construct validity for the instrument was

measured using factor analysis, contrasted groups, and criterion-related validity. A factor

analysis to assess construct validity yielded two factor-based subscales that reflect the

theoretical structure of the scale. Contrasted groups analysis among students, depressed

clients, and Roman Catholic nuns yielded significant differences between group means for all

three groups using post hoc analysis for both subscales with ANOVA findings for SOBI-P

(F = 38.16, p = .001) and SOBI-A (F = 5.69, p = .001). Criterion-related validity was

assessed by using the Interpersonal Relationships Inventory (IRI) that contains three

subscales: social support, reciprocity, and loneliness. The SOBI-P and SOBI-A and the

subscales of social support and reciprocity had a positive correlation for students and nuns, but a negative correlation for the subgroup of depressed patients.

Dependent Variable #4: Job Satisfaction: The degree of positive affective orientation toward employment (Price & Mueller, 1986).

Instrument: McCloskey/Mueller Satisfaction Scale (MMSS): A 31 item self-report scale that measures eight types of job satisfaction: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility.

The internal consistency for reliability for the total scale using Cronbach alpha which was .89 and test-retest reliability at a 6-month interval was .64 (Mueller & McCloskey, 1990). Criterion-related validity was established with the Brayer-Rothe General Job Satisfaction Scale and the Hackman and Oldman's Job Diagnostic Survey in which the MMSS was positively correlated to both.

Statistical Analyses

Research Question #1:

Are there differences in demographic characteristics (gender, age, years in nursing,

level of education, and clinical area of practice) for registered nurses who participated

in a VA VALOR externship program compared to registered nurses who did not

participate in a VA VALOR externship program?

The demographic characteristics collected for this study were analyzed separately using

descriptive statistical procedures for calculating frequencies and percentages. For the

demographic characteristic categories, the frequencies of each category and the

corresponding percentages were calculated from both groups for all the demographic

questions asked in the survey instrument. Two independent samples t tests (which will be

shown as means and ± standard errors) were performed to compare the two groups (VALOR

and non-VALOR) on demographic characteristics.

Research Question #2:

Are there differences among professionalism, job satisfaction, sense of belonging and

role socialization for registered nurses who participated in a VA VALOR externship

program compared to registered nurses who did not participate in a VA VALOR

externship program?

A one-way analysis of covariance (ANCOVA) was calculated using the SAS Statistical

Package for Social Sciences 13.0 (SPSS).   Analysis of covariance (ANCOVA) was used to

examine group differences on the overall scale scores of professionalism, role socialization, sense of belonging and job satisfaction. It was expected that the number of years that a nurse has practiced as a registered nurse and the registered nurse's age would influence the measurement of the four dependent variables. Thus, age and years as a registered nurse were used as covariates for the ANCOVA procedure.

Protection of Human Subjects

Population. The study population consisted of former 2006, 2007, 2008 VALOR registered nurses and non-VALOR registered nurses employed by acute care inpatient VA healthcare facilities, who were all hired within three years of graduation. This was considered a high risk, vulnerable population.

Subject Recruitment and Informed Consent: The New Mexico VA Healthcare System's (NMVAHSC) Human Research Review Committee (HRHC) reviewed this proposal. This Committee is affiliated with the University of New Mexico's Institutional Review Board (IRB) Human Research and Review Committee and approval from the NMVAHCS's Committee facilitated approval with this governing body as well. Following approval of the protocol and after obtaining individual VA Medical Center approval, the names of the registered nurses who met the study criteria were sent to the VA Medical Center's VALOR Coordinators.

An e-mail message was sent out to the identified registered nurses by the VALOR Coordinators which contained a cover letter, with the survey link, that explained the research project. This cover letter contained the purpose and details of the research study,

identification of the investigators and affiliations, explanation of the research procedures, and

benefits and advantages of participating in this study. Additionally, the participants were

given assurance that participation in the survey is voluntary and that no identifying

information was being requested. For both groups of registered nurses, written informed

consent was not required. However, the cover letter stated that the project had been

approved by both their VAMC and the University of New Mexico's Institutional Review

Boards and that participant consent would be implied by completing and returning the

survey.

Potential Risk and Benefit

The potential physical, psychological, social and legal risks have been assessed for

both likelihood and seriousness. While the potential risk to participants will be minimal,

other retention studies have mentioned that participants are concerned about employment

security if their candid responses are not kept confidential and that they may be subject to

managerial retaliation (Milliken, Morrison & Hewlin, 2003). Acknowledging this, extra

precautions were taken by the VALOR Coordinators to assure the participants that there were

no identifiers on their surveys. This study did not involve any other special privacy and

confidentiality issues that needed to be addressed.

The subjects were informed that participation was completely voluntary, they were

under no obligation to answer all the questions and they may withdraw from the study at any

time. While no adverse events were anticipated in this study, none were reported. The

subjects were informed that they would not be expected to pay any costs associated with this

study.

Healthcare organizations seek the optimal integration of new registered nurses into hospital work environments. Potential benefits included a clearer understanding of the effects of the VALOR externship on professional development and job satisfaction for VAMC nurses one to three years post degree. Any knowledge gained from this study will also contribute to the overall understanding of the transition process from student to professional nurse and will, not only develop knowledge to examine the influence of nurse externships programs, but will also extend nursing knowledge about the phenomenon of transitions.

Data and Safety Plan

All electronic surveys were distributed and collected through SurveyMonkey. An anonymous collection method was used by SurveyMonkey which blocked any responders e-mail identifiers from being collected. This precaution was taken to protect the respondents' privacy and ensure the confidentiality of their responses. No subject identifiers were requested and no identifiers were noted prior to data analysis.

All data security elements were followed in compliance with the memorandum of February 6, 2007 from the Veterans Administration Deputy Under Secretary of Health Operations and Management. To further safeguard data security, all research data was stored on the Z drive of the New Mexico VA Healthcare System (NMVAHCS) computer network in the Shared Research Folder. This information was password protected and compliance to all elements in the Data Security Checklist and Principal Investigator's Certification was ensured by the NMVAHCS Research and Development Committee. The data was stored in a secure research computer with limited secured access.

All data entry into Statistical Analysis Software (SAS) was conducted by the primary researcher and checked by the VA staff statistician in order to minimize the risk of data entry error. A master file was created that contained the numeric identifier, which was coded and stored. The original survey data was copied and secured, with calculations conducted only on the copied data. As noted, all original and back-up files were stored on the Z drive of the New Mexico VA Healthcare System (NMVAHCS) computer network in the Shared Research Folder. All outliers were examined for possible data entry and coding errors.

Limitations

Since this was a non-random hospital selection, this group research may possess lower external validity than would research that uses random selection. A threat to external validity may be the interaction between how the subjects were selected and any medical center specific changes to the VALOR program that are not reported. Since these hospitals and the nurses employed in them were not selected randomly, it is possible that their particular demographic characteristics may bias their responses and the study's results may not be characteristics of the population.

There may be a threat to construct validity in that the degree to which inferences can be made about the dependent variables from this study can or cannot be generalized to the concepts underlying the program in the first place. Since all four study questionnaires are in existence, information regarding how these concepts were defined and measured by the original developer is not available. Since registered nurses from multiple VAMC healthcare facilities participated in this study, a selection threat to internal validity may be possible if one of these facilities has modified its VALOR program from the national protocol. An

example of such a modification may be if the individual medical center altered the program's duration, such as not having a concentrated ten week experience, but allowing the students to work weekends. This change may influence the nurses' experiences and thus their responses. There is also the likelihood of a multiple group threat to internal validity, as an unknown is the conditions in which the two groups were not comparable before the study. Another potential threat to internal validity in this study could be a social threat, in that the VALOR externs may be biased in their answers, as they are presently employed by the federal agency that sponsored their extern experience.

The limitations of this study include:

1. A convenience sampling of both registered nurse groups will be used and the lack of randomization of subjects is a major limitation of this study.

2. A threat to external validity is the generalizability of the findings which is limited by the lack of knowledge regarding the specific characteristics of individual VALOR externship programs.

3. There is potential recruitment bias as the nurses who chose to respond to the survey may not be a representative sample.

4. The findings may be limited by the self-reporting nature of the survey.

5. The possibility of social response, recall, or other bias may exist.

CHAPTER 4

RESULTS

Introduction

This study examined the influence of participation in the Nursing Veterans Affairs Learning Opportunity Residency (VALOR) Program on the process of transition from graduate to professional nurse. Chapter 4 presents the results of the study, including demographic characteristics of the sample. Data are analyzed and discussed in the order in which data appeared on the VALOR survey. Demographic and descriptive data are presented first. Examination and analysis of each research question and the testing of each hypothesis is presented after the descriptive data.

Sample Information

Invitations for registered nurses to participate in an anonymous survey were sent out nationally to the Associate Chief of Staff for Research and Development to 89 VA Medical Centers with VALOR Programs. This request (Appendix D) sought permission to survey registered nurses who had participated in the VALOR Program and a second group of registered nurses who had not participated in VALOR. Both groups of nurses received their Bachelor's Degree in Nursing (BSN) in either 2006, 2007 or 2008. Table 1 shows the category of responses received from the initial request sent to these 89 Medical Center's Associate Chiefs of Staff for Research and Development seeking permission to survey their employees.

Table 1: *Request to Survey Responses*

	N = 89	
No Response to Request	34	(38%)
Required Full IRB Application Submittal	24	(27%)
Immediate Approval	16	(18%)
Local IRB/VA R&D Review	9	(10%)
Replied: Not Interested	6	(7%)

All nine of the sites that required local Institutional Review Board (IRB) and VAMC Research and Development Committee (VA R&D) review of the original protocol approved it as submitted. This was the original proposal that had been approved by the Albuquerque VA Medical Center's Research and Development Committee and the University of New Mexico's Human Research Review Committee. An affirmative answer to participate was received from 23 medical centers, for a response rate of 26%. The final 23 VAMC's that agreed to participate were: Albany, NY, Albuquerque, NM, Atlanta, GA, Battle Creek, MI, Bay Pines, FL, Boston, MA, Canandaigua, NY, Fargo, ND, Grand Junction, CO, Houston, TX, Huntington, WV, Long Beach, CA, Muskogee, OK, Northern Florida/Southern Georgia, FL, Northern Indiana, IN, Philadelphia, PA, Portland, OR, Salt Lake City, UT, Shreveport, LA, Tennessee Valley, TN, Syracuse, NY, Hampton, VA, and VA Gulf Coast, MS. Thus, the sample reflected the national implementation of this program.

The Veteran Administration National Healthcare and Recruitment Office identified the registered nurses who were sent the invitation to participate through the National VA

Employee PAID System. This PAID System houses a national database of all current VA

employees and has the ability to identify individuals by specific coding. Using the registered

nurse occupation series code, degree code for Bachelor's Degree in Nursing (BSN), and

years of BSN graduation as 2006, 2007 and 2008, the VA Employee PAID System generated

a list of registered nurses who met the study inclusion criteria for the 23 medical centers that

agreed to participate in the study.

The total target population of eligible registered nurses employed by these 23 medical

centers was 662 (G. Fuller, personal communication, February, 16, 2010). It is unknown to

the researcher how many of these registered nurses were actually sent the survey invitation

by their medical center's VALOR Coordinator. This is due to the recruitment restrictions

required by the VA Research and Development Committee that the names of the registered

nurses, who met the inclusion criteria, would be sent directly from the VA Healthcare

Retention and Recruitment Office to the VALOR Coordinators of the participating Medical

Centers. Assuming all 662 were sent the invitation, 141 surveys were returned for a response

rate of 21%. Of the 141 surveys returned, 133 were usable for data analysis, for a rate of

94%. All returns were examined for completeness.   A missing value distribution was run

per scale to determine the acceptable cumulative percentage of missing data

For all 133 usable surveys, the cumulative percentage missing value rate is as

follows: The McCloskey/Mueller Satisfaction Scale was 15%; the Nurses Self-Description

Form was 17%; the Sense of Belonging Scale was 23% and the Nursing Activity Scale was

29% The Nursing Activity Scale was the last scale in the questionnaire and had the highest

number of imputed answers.   The range of 15% to 29 % was deemed acceptable as the

frequency distribution showed that in all four scales the highest number of surveys were missing 3 -5 values. Those with missing answers were recoded, with the mean for the non-missing item substituted for the missing value. There was only one survey rejected that did not meet inclusion criteria. This respondent was removed because the nurse reported being educated at the Associate Degree level.

Demographic and Descriptive Data

Demographic data collected included whether or not the registered nurse was a VALOR participant, and if they were, what year they participated in VALOR. Additionally, all participants were asked their age, gender, years as a registered nurse, highest level of nursing education, and clinical area of practice. Table 2 provides the results.

Table 2: *Demographic Summary for VALOR and Non-VALOR Registered Nurses: Age, Gender, Years as a Registered Nurse, Highest Level of Nursing Education, Clinical Practice*

	VALOR (N = 35)		Non-VALOR (N = 94)	
Age Range (years)	**Mean**	**SD**	**Mean**	**SD**
21 - 55	29.4	8.9	N/A	N/A
23 - 60	N/A	N/A	38.7	11.0
	VALOR (N = 34)		**Non-VALOR (N = 99)**	
Gender				
Male (n = 23)	4 (12%)		19 (19%)	
Female (n = 110)	30 (27%)		80 (72%)	
	VALOR		**Non-VALOR**	
Age Range (years)	**Mean**	**SD**	**Mean**	**SD**
1 - 19	2.3	3.5	N/A	N/A
1 - 35	N/A	N/A	6.9	8.0
	VALOR (N = 34)		**Non-VALOR (N = 99)**	
Level of Nursing Ed.				
BSN	34 (100%)		95 (96%)	
MSN	0		4 (4%)	
Year of Graduation	**VALOR (N = 34)**			
2006	6 (18%)			
2007	6 (18%)			
2008	22 (64%)			

Table 2 Continued

	VALOR (N = 34)	Non-VALOR (N = 99)
Areas of Practice		
Med/Surg	13 (38%)	38 (38%)
Intensive Care	10 (29%)	12 (12%)
Emergency	4 (12%)	3 (3%)
Long Term Care	1 (3%)	8 (8%)
Behavioral Health	1 (3%)	5 (5%)
Specialty Care	5 (15%)	9 (9%)
Other*	0	24 (24%)

*These clinical areas included: Informatics, Research, Administration, Case Management, Quality Management, Education, Utilization Management, Kidney Transplant, Ambulatory Care, Intravenous Therapy, Telemedicine, Program Director, and Home and Community Based Care

Areas of practice of VALOR and non-VALOR nurses were subjected to Chi-Square testing to determine if there were any significant differences between VALOR and non-VALOR nurses. The results indicated there was a significant difference found ($p = .001$, Fisher's Exact Test) with different frequency levels reflected in the areas of practice.

<div align="center">Summary of Descriptive Data</div>

Age

Respondents provided information regarding their current age (N = 123). Ten participants did not answer the question. The VALOR results ranged from 21 – 55 years of age ($M = 29.7$, $SD = 8.8$). The non-VALOR results ranged from 22 – 60 years of age ($M =$

37.9, *SD* = 11.2). The 2004 National Sample Survey of Registered Nurses reported that the average age at graduation from a BSN program preparing students for initial RN licensure was 26.3 years. These VALOR respondents were similar in age to the average new BSN graduate.

Gender

Gender of VALOR and non-VALOR registered nurses were subjected to Chi-Square testing to determine if the groups were different. An alpha level of .05 was set for all statistical tests. The results were not significant at ($X^2(1) = 1.156$, $p = 0.28$). Males and females responded at the expected frequency levels. The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses, 2004, reported that male RNs represent 5.6 percent of the total RN population in the United States. Of the persons who choose to participate in this study, 17.2 percent were males. This higher percentage of male responders is reflective of the fact that nursing schools are heavily recruiting men and minority students into their degree programs to try and alleviate the nursing shortage. Men are increasingly accepting nursing as a viable, competitive, challenging career that is also stable even during economic downswings. Only five of the male respondents reported being a registered nurse greater than six years.

Years in Nursing

The VALOR nurses years in nursing ranged from 1 – 19 years (*M* = 2.3, *SD* = 3.5). For the non-VALOR, years in nursing ranged from 1 – 35 years (*M* = 6.9, *SD* = 8.0). The inclusion criteria, BSN graduates 2006, 2007 and 2008, resulted in identifying registered nurses who had previously earned either a Diploma or an Associate Degree in Nursing and

subsequently returned to school to complete a BSN. This is reflected in the above range of years that both groups reported working as registered nurses.

Highest level of nursing education

Participation in the VALOR Program is restricted to student nurses who are enrolled in a Bachelor's of Science in Nursing program. The inclusion criteria for this study included registered nurses who earned a BSN in the years 2006, 2007 or 2008. Thus 96% of the respondents have earned a Bachelor's degree, with 2.8% reporting they earned a Master's degree. One respondent earned an Associate degree and was removed from the study.

VALOR Participant Year of Graduation

A total of 99 respondents did not participate in VALOR and a total of 34 respondents participated in VALOR. New graduate nurses leave positions at higher rates than experienced nurses. The number of employed VALOR registered nurses who graduated in 2006 (N = 6; 18%) and in 2007 (N = 6; 18%) , as compared to the 2008 VALOR graduates (N = 22; 64%) may reflect this attrition rate of new graduates, which can range from 55% to 61% during the first year of employment (Tourangeau & Cranley, 2006).

Areas of Clinical Practice

These areas of practice numbers reflect national figures where the majority of acute care hospital nurses report that they worked in medical or surgical units. Intensive care, operating room/recovery, and obstetrics/gynecology units claimed the next largest numbers of registered nurses working in hospitals. Very small numbers of registered nurses work in a wide variety of areas, including administration, admissions, chemotherapy, cardiac and

intensive care step-down units, and oncology, which are represented in these numbers as well.

Summary of Demographic Data

Demographic and descriptive information obtained from respondents in this study indicated that they were similar to data gathered by the most recent National Sample Survey of Registered Nurses (2004). Overall, there were a few demographic differences in that the VALOR sample for this study had more males, were younger and subsequently and worked fewer years as a registered nurse.

Descriptions of Instruments

Four instruments were used to collect data on job satisfaction, role socialization, professionalism and sense of belonging. To determine the internal consistency of all four instruments, Cronbach's alpha tests for reliability were calculated. In this study, all four scales had Cronbach's alpha scores of 0.88 or greater, indicating reliability that was excellent.

The first instrument, The McCloskey/Mueller Satisfaction Scale (MMS) (Mueller & McCloskey, 1990) is designed to measure the nurses' overall level of satisfaction with their profession.   Items are written in list format and the total score sums the results of all categories of the items.   This scale measures eight subscales of job satisfaction: satisfaction with extrinsic rewards, scheduling, family and work balance, praise and recognition, co-workers, interaction opportunities, professional opportunities, and control/responsibility. All

eight subscales have been shown to be highly reliable with a Cronbach alpha of .89 (Mueller & McCloskey, 1990). For this study the Cronbach's alpha was .90. The nurse participants were asked to rate their degree of satisfaction on 31 items on a Likert-like Scale, with 1 to 5 response categories ranging from very dissatisfied, moderately dissatisfied, neither satisfied nor dissatisfied, moderately satisfied, and very satisfied. All MMS Questions are positively scored. A higher score indicates greater satisfaction. The job satisfaction score is the average of the scores for the 31 items.

The second instrument, The Nursing Self-Description Form (NSDF) is a 19-item instrument that measures dimensions of professional activity on a 7-point Likert-like scale. The 19 items of the NSD cover a wide range of characteristics, which are seen to capture professional competence, such as autonomy, scientific outlook, research ability, potential for acting as change agent, adaptability, altruism, empathy, ability to role-take and interest in professional involvement and improvement. The internal consistency for the total scale reliability was tested using Cronbach's alpha, which was .93 (Dagenais & Meleis, 1982) and .90 (Davis, 1987). For this study the Cronbach's alpha was .88. All NSDF Questions are positively scored, with a higher score indicating a higher level of role socialization. Recoding was not necessary.

The third instrument, Sense of Belonging (SOB), measures a person's sense of being valued and sense of fit in an interpersonal relationship. It also measures the experience of feeling valued, needed and accepted. Evidence of content and construct validity has been cited (Hagerty & Patusky, 1995). When administered to community dwelling college students, Roman Catholic nuns, and people with clinical depression and depressive

symptoms, Cronbach's alpha ranged between .91-.96 (Hagerty & Patusky, 1995; Hagerty & Williams, 1999). For this study, the Cronbach's alpha coefficient was .95. On this 32 item questionnaire, respondents rated their sense of connection to others on a 1-4 Likert-like scale; lower scores indicated low levels of belonging. The following items on the Sense of Belonging Scale were reversed coded: 54, 69, 70 and 80.

The fourth instrument, The Nursing Activity Scale (NAS) rates the likelihood of taking action in 30 clinical nurse situations ranging from refusing to administer a contraindicated medication to developing a career plan. This instrument consists of 34 items on a 4-point Likert-like scale with responses ranging from very unlikely to very likely, with an autonomy range from a low of 60 to 120, low autonomy, 121 to 180 mid, and high 181 to 240, with a Cronbach's alpha of 0.92. (Schutzenhofer, 1987). For this study, the Cronbach's alpha coefficient was .88. For this study, the Nursing Activity Scale were survey Questions 83 – 117 and were positively keyed, where a higher score is best. The Nursing Activity Scale Questions 113 -117 needed to be reversed coded.

Prior to statistical analysis, the normality of each instrument was assessed using a Kolmogorov–Smirnov test with a finding of non-significance for each instrument ($p \geq 0.15$). Thus, it was not necessary to conduct transformations on any of the instruments to approximate normality of the distributions. The mean and standard deviation for each of the instruments by VALOR and Non-VALOR groups as compared to the Cantrell, Browne and Lupinacci (2005) study, which used the same combined instruments, are shown in Table 3.

Table 3. *Comparative study of the mean and standard deviations for total outcome.*

	VALOR (N = 34)		Non-VALOR (N = 100)		Cantrell (N = 26)	
	M	**SD**	**M**	**SD**	**M**	**SD**
Job Satisfaction	73.0	18.6	71.1	18.4	69.6	13.1
Role Socialization	74.7	12.1	76.1	10.9	69.1	8.5
Sense of Belonging	94.6	10.1	98.0	7.8	90.5	10.4
Professionalism	98.8	11.2	100.4	13.6	180	21.8

Examination of Hypothesis and Research Questions

Data obtained from the respondents (N = 133) in this study were used to examine the hypothesis and the research questions. Participation in the VALOR program was reported by 34 respondents and 99 respondents indicated they did not participate in the VALOR Program.

The researcher used a null hypothesis for this study as follows:

H0: There are no differences among professionalism, job satisfaction, sense of belonging and role socialization for registered nurses who participated in a VA VALOR externship program and new graduate registered nurses who did not participate in a VA VALOR externship program.

Research Question #1:

> Are there differences in demographic characteristics (gender, age, years in
>
> nursing, level of education, and clinical area of practice) for registered nurses who
>
> participated in a VA VALOR externship program compared to newly graduate
>
> registered nurses who did not participate in a VA VALOR externship program?

Data from the 133 usable surveys were examined for demographic differences

between VALOR and non-VALOR nurses. The major demographic difference between the

groups is that the VALOR registered nurses were younger verses non-VALOR nurses ($t(127)$

$= 4.95, p < 0.0001$) with a mean difference of 9.4 years, se $= 2.1$ and the VALOR nurses had

worked fewer years as a registered nurse verses non-VALOR nurses ($t(137) = 3.47, p <$

0.0007) with a mean difference of 4.75, se $= 1.3$. Gender of VALOR and non-VALOR were

subjected to Chi-Square testing to determine if the groups were different.   The results were

not significant at ($X^2(1) = 1.156, \ p = 0.28$). Males and females responded at the expected

frequency levels.

Areas of practice of VALOR and non-VALOR nurses were subjected to Chi Square

testing to determine if there were any significant differences between VALOR and non-

VALOR nurses. The results indicated there was a significant difference found ($p = .001,$

Fisher's Exact Test) with different frequency levels reflected in the areas of practice between

groups. VALOR nurses were more likely to be employed in emergency, intensive and

specialty care. While non-VALOR nurses were more likely to be employed in behavioral

health, long term care and other areas, such as research, administration and education. For

both groups, 38% of all participants reported being employed in medical/surgical wards.

One hundred percent of VALOR nurses had a BSN, while 96% of non-VALOR nurses had a

BSN and 4% had a MSN.

Research Question #2:

> Are there differences among professionalism, job satisfaction, sense of belonging
>
> and role socialization for registered nurses who participated in a VA VALOR
>
> externship program compared to registered nurses who did not participate in a VA
>
> VALOR externship program?

The null hypothesis was examined using the analysis of covariance (ANCOVA). Age

and numbers of years that a nurse has practice were identified as covariates since it was

anticipated that these two variables might influence the measurement of the four dependent

variables. For each dependent variable, ANCOVA analysis showed that the number of years

as an RN and their age were not statistically significant. There were no significant findings

found among the VALOR and non-VALOR registered nurses in professionalism ($F(1,113) =$

0.19, $p = .66$) , job satisfaction ($F (1,120) = 1.90$, $p = 0.17$), and role socialization ($F.(1,97) =$

0.00, $p = 0.99$). The findings did show a statistically significant difference in the Sense of

Belonging variable for registered nurses, over the age of 35, who had participated in the

VALOR program ($F(1,106) = 5.41$, $p = 0.02$). Thus the null hypothesis was rejected.

Table 4 shows the results of the ANCOVA that was performed to assess for

differences between VALOR and Non-VALOR RN's measuring the dependent variable

McCloskey/Mueller Satisfaction Scale (MMS).

Table 4: *Analysis of Covariance of Dependent Variable: McCloskey/Mueller Satisfaction Scale*

Source	Type III SS	df	Mean Square	F Value	Sig
Age	526.6	1	526.6	1.70	0.1954
Valor	590.5	1	590.5	1.90	0.1705

a. Computed using alpha = .05

b. R Squared = 0.021884

Since $p > 0.05$, we do not reject Ho and conclude that there is no significant difference between the groups on job satisfaction.

Table 5 shows the results of the ANCOVA that was performed to assess for differences between VALOR and Non-VALOR RN's measuring the dependent variable Nursing Activity Scales (NAS),

Table 5: *Analysis of Covariance of Dependent Variable: Nursing Activity Scale*

Source	Type III SS	df	Mean Square	F Value	Sig
Age	215.4	1	215.4	1.25	0.2668
Valor	0.003	1	0.003	0.00	0.9967

a. Computed using alpha = .05

b. R Squared = 0.014268

Since $p > 0.05$, we do not reject Ho and conclude that there is no significant difference between the groups on the Nursing Activity Scale.

Table 6 shows the results of the ANCOVA that was performed to assess for differences between VALOR and Non-VALOR RN's measuring the dependent variable Nurses Self-Description Form (NSDF).

Table 6: *Analysis of Covariance of Dependent Variable: Nursing Self-Description Form*

Source	Type III SS	df	Mean Square	F Value	Sig
Age	853.5	1	853.5	6.75	0.0106
Valor	24.05	1	24.05	0.19	0.6635

a. Computed using alpha = .05

b. R Squared = 0.058318

Since $p < 0.05$, it appears that age is a stronger predictor of Role Socialization than VALOR. However, the age effect with Nursing Activity Scale is not really there since closer analysis demonstrated that it was influenced by several outliers, which lead to misleading results. When the two outliers were removed, the age effect was not significant.

Outliers Removed:

Source	Type III SS	df	Mean Square	F Value	Sig
Age	884.5	1	853.5	3.50	0.0335
Valor	24.05	1	24.05	0.19	0.6635

a. Computed using alpha = .05

b. R Squared = 0.058318

Thus, we do not reject Ho and conclude that there is no significant difference between the groups on the Nursing Activity Scale.

Table 7 shows the results of the ANCOVA that was performed to assess for differences between VALOR and Non-VALOR RN's measuring the dependent variable Sense of Belonging

Table 7: *Analysis of Covariance of Dependent Variable: Sense of Belonging*

Source	Type III SS	df	Mean Square	F Value	Sig
Age	161.6	1	161.6	2.29	0.1329
Valor	386.6	1	381.6	5.41	0.0170

a. Computed using alpha = .05

b. R Squared = 0.052310

Since $p < 0.05$, we reject Ho and conclude that, after adjusting for age, there is a significant difference between the VALOR groups on SOB. Thus, age was significant in the finding, with VALOR nurses reporting higher levels of SOB.

Table 8 shows the Pearson Correlation analyses for overall scale scores and demonstrates for the sample, a significant correlation was found between role socialization and professionalism ($r = .28$, $p = .004$). The strongest relationship was a significant positive correlation between sense of belonging and professionalism ($r = .38$, $p = .000$). The relationships between the other variables were not significant.

Table 8: *Pearson Correlation Coefficients: Total Scale Scores for the Overall Sample*

	1	2	3	4
1. Job Satisfaction	1.000	-0.086	-0.193	0.018
2. Role Socialization	-0.086	1.000	-0.085	0.277*
3. Sense of Belonging	-0.193	0.085	1.000	0.378**
4. Professionalism	0.018	0.277	0.378	1.000

*p = .004
**p = .000

When the correlations among the study variables were examined by group, the correlation between Role Socialization and Professionalism (r =.28, p = .13) for the VALOR group was the same for the non-VALOR group (r = .27, p = .02). The difference between groups in the significance findings is due to the larger non-VALOR sample size. See Tables 10 and 11. This was also true for Sense of Belonging and Professionalism, with the VALOR group (r = .53, p =.003) and non-VALOR group (r = .32, p = .004). See Tables 10 and 11.

Table 9: *Pearson Correlation Coefficients: Total Scale Scores for the VALOR Sample*

	1	2	3	4
1. Job Satisfaction	1.000	-0.273	-0.208	0.078
2. Role Socialization	-0.273	1.000	0.038	0.289*
3. Sense of Belonging	-0.208	0.038	1.000	0.528**
4. Professionalism	0.018	0.277	0.378	1.000

*p = .13
**p =.003

Table 10: *Pearson Correlation Coefficients: Total Scale Scores for the Non-VALOR Sample*

	1	2	3	4
1. Job Satisfaction	1.000	-0.002	-0.161	0.060
2. Role Socialization	-0.002	1.000	0.096	0.272*
3. Sense of Belonging	-0.161	0.096	1.000	0.324**
4. Professionalism	0.060	0.272	0.324	1.000

  *p = .02
 **p =.004

Summary

An analysis of covariance was used to assess whether VA Medical Center registered nurses who participated in a VALOR program would have higher scores in Job Satisfaction, Professionalism, Sense of Belonging, and Role Socialization. Results indicated that VALOR nurses were younger than non-VALOR nurses ($t(127) = 4.95$, $p < 0.0001$) ($t(121)$, ($M = 29.7$, $SD = 38.2$) and had much less experience as nurses than non-VALOR nurses ($t(137) = 3.47$, $p < 0.0007$) , ($M = 2.4$, $SD = 6.6$), so it was deemed necessary to adjust, using analysis of covariance, for age and years of service before comparing VALOR to non-VALOR nurses on the primary scales: Job Satisfaction, Role Socialization, Sense of Belonging and Professionalism. Only in the Sense of Belonging Scale did the VALOR group differ significantly from the non-VALOR group, and then only after adjusting for age ($F(1,106) = 5.41$, $p = 0.017$). The estimated difference between groups after adjusting for age on Sense of Belonging was 4.6 lower for VALOR than for non-VALOR ($t(106) = -2.42$, $p = 0.017$).

The effect size for VALOR > 35 is d = 1.144888, which is quite large for Sense of Belonging, but is negible on all other variables.

An alternative analysis used age as a binary variable (Age > 35) in order to see better the effect of age on the scales. A two-way ANOVA using VALOR and Age >35 as factors showed a significant two-way interaction for Sense of Belonging ($F(1,106) = 6.15$, $p = 0.15$) after eliminating a single outlier corresponding to an older VALOR nurse with a very high value of Sense of Belonging. Interaction plots showed that younger VALOR and non-VALOR nurses differed little on Sense of Belonging, but older VALOR and non-VALOR nurses differed substantially with VALOR nurses having much lower values (estimated at approximately 12 points, se = 4.8). A discussion of this finding and its implication for nurse administrators and future research, as well as, strengths and limitations of the study will be in Chapter 5, Summary and Recommendations.

CHAPTER 5

SUMMARY AND RECOMMENDATIONS

Overview

Nursing extern programs were developed to bridge the gap between academic and practice settings by providing nursing students with an educational opportunity to improve their nursing skills in the clinical setting. These extern programs provide opportunities to put into practice material learned in the classroom in a more autonomous, yet supervised, paid or unpaid temporary position in a nursing department. Externships allow students to immerse themselves in the sociocultural setting of the agency or hospital and understand how nurses work and communicate. In that setting the clinical extern position has been viewed as a transitional role, whereby students develop the clinical expertise, specialty knowledge, and self confidence they will require as they move from student to registered nurse (Kilpatrick & Frunchak, 2006).

Despite decades of implementation, research, and evaluations of the extern role, the relationship to outcomes such as recruitment and retention has not been studied in depth and rigorous quantitative evaluation of the externship experience has been lacking. Literature relevant to extern programs that bridge the gap between the academic and practice setting and support student learning reported high satisfaction with extern programs (Starr & Conley, 2006). More recent research has been undertaken to address other outcomes of externship programs such as knowledge and skill development (Altier & Krsek, 2006), increased professional role identity (Cowin & Hengstberger-Sims, 2006), cost effectiveness,

ease of transition (Kilpatrick & Frunchak, 2006), and staff retention (Lindsey & Kleiner, 2005).

<div align="center">Implications of the Research Findings</div>

The pursuit to identify variables associated with long-term effect of an externship on new graduates' role socialization to the healthcare environment, degree of socialization, and level of job satisfaction among former VA VALOR nurse externs is a multi-dimensional and complex issue. There are several implications of this study. Findings from this research provided evidence that does not support VA expectations for the VALOR Program. This study's results provides evidence that participation in a VALOR externship did not foster a greater degree of professionalism ($p = 0.9967$), job satisfaction ($p = 0.1705$) and role socialization ($p = 0.6635$) among its participants compared to a non-VALOR registered nurse cohort group.

These findings did not match a similar pilot study by Cantrell, Browne, and Lupinacci, (2005) which investigated the influence of a summer nurse externship program on the graduate to professional nurse role with respect to socialization and transition. The Cantrell, Browne, and Lupinacci (2005) study results revealed statistically significant differences for professionalism and role socialization, but not for job satisfaction and sense of belonging between nurse externs and a matched group of graduate nurses who did not experience the extern program. However, the subjects in the Cantrell, Browne and Lupinacci (2005) study were all employed by one institution and had all participated in the same extern program.

The lack of significant difference between the VALOR and non-VALOR groups in this research measuring these same variables as in the Cantrell, Browne, and Lupinacci (2005) study is challenging to explain, but most likely involves the differences in the study population. A noticeable difference between the two study samples is the geographical location and the nature of the medical center's externship in which these nurses practiced. All Cantrell's subjects studied were employees from the same medical facility and had participated in that facility's externship program. The registered nurses in this study were recruited from 23 different VA Medical Centers, each having a VALOR program with potentially different orientation strategies. A second difference is the years of practice of the former extern nurses as a registered nurse, which is 2.4 years in the present study versus 1.5 years in the Cantrell, Browne, & Lupinacci (2005) study.

<div align="center">Significant finding: Sense of Belonging</div>

The ANCOVA for this VALOR study did indicate that the VALOR group of registered nurses over the age of 35 had a higher level of perceived sense of belonging ($p = 0.02$). Findings from this study provided evidence suggesting that participation in a VALOR program for those registered nurses over the age of 35 may positively influence their sense of belonging on the work environment. In the Cantrell (2005) pilot no significant differences were found with this sense of belonging variable.

Sense of belonging is an important aspect to study because of the impact interpersonal relationships have on an individual. Winter-Collins and McDaniel (2000) found that sense of belonging and cohesion in the work group is associated with new graduates' job satisfaction and intention to stay. Thus, an individual's sense of belonging in an environment

is dependent on the strength of relationships within that environment. Generally, people strive to be accepted by others because not being connected to others has cognitive, affective, and behavioral consequences (Hagerty & Williams, 1999). Hagerty and Patusky (1995) stated that a sense of belonging promotes personal involvement in an environment so that persons feel themselves to be an integral part of that system. Hagerty and Patusky (1995) concluded in their study that all participants who experienced a valued involvement in their environment positively identified a sense of belonging with peer groups in their environment.

A diminished sense of belonging can have deleterious emotional, psychological, physical and behavioral consequences (Twenge, Baumeister, Tice, & Stucke, 2001). A broad range of empirical evidence proposes that people who are deprived of belongingness are more likely to experience stress, anxiety, depression, diminished self-esteem and impaired cognition (Baumeister & Tice 1990; Hagerty & Williams 1999). Additionally, deprivation of stable social relationships has been linked to an array of pathological consequences, with those who lack belongingness suffering higher levels of both somatic and psychosomatic illness (Baumeister & Leary, 1995).

Even though many papers refer to the importance of nursing students and nursing externs being accepted, welcomed, and supported on clinical placements; few studies focus specifically on their sense of belonging. While it is argued that belonging is important to a positive clinical placement experience, few studies address the meaning or implications of belongingness (Levett-Jones & Lathlean, 2008). The ways in which clinical environments engender belongingness and the consequences for individuals, the nursing profession and for patient care, have not been widely explored. It was anticipated that the VALOR graduate

nurses, who had been former externs, would have perceived their externship experiences as having transported them inside and made them part of the unit's culture. It was expected that as an undergraduate VALOR extern, they would experienced a higher sense of belonging as they learned new skills, gained confidence, developed critical-thinking skills and learned to become a registered nurse as they became integrated into a team, as opposed to being a student on a unit during their clinical experience. An additional question might be if a student externs on a unit and is subsequently hired to work there, would this individual report a higher sense of belonging? This could be examined in a future VALOR study.

Additionally, there is no specific research that addresses sense of belonging and the older nursing workforce. Research has demonstrated that older nurses not only value hard work but also have loyalty towards their employing organization (Kupperschmidt 2006; Sherman 2006). Therefore, developing a sense of community and belonging is important for this age group. In turn, establishing a supportive community has also been shown to promote a sense of belonging, cohesion, and commitment to the organization (Hayhurst, Saylor, & Stuenkel, 2005) and to contribute to job satisfaction and staff retention (Hsiao-Chen Tang, 2003; Manion & Bartholomew 2004). Specifically, older nurses value loyalty, professionalism, and independent practice, while younger nurses value marketability, expertise, and credentials that would support them in uncertain labor markets (Kupperschmidt, 2000). Possibly the VALOR experience fostered a greater sense of community within the VA organization for the older VALOR nurses, which may increase their sense of belonging and emotional attachment to the organization. In an era of increased health care demand and a decreasing health professional workforce, recruitment and retention of older nurses is imperative. A future VALOR study might explore the longitudinal

retention rates of these older VALOR nurses, who reported a higher sense of belonging, as compared to their younger peers.

While the experience of belongingness has been demonstrated to be an important and measurable construct, apart from experimental studies, little research has explored the factors that enhance or detract from belongingness (Levett-Jones, Lathlean, Maguire, & McMillan, 2007). The concept of belongingness has not been adequately explored in nursing literature with respect to graduate nurses' transition and newly licensed registered nurses during their first three years of practice in the clinical area. Despite the lack of specific literature, it could be implied that the older VALOR nurses have a higher sense of belonging because the externship fostered an increased sense of loyalty to the VA medical center that employed them

Theoretical Framework

While the results indicated that participation in an externship did not promote a greater sense of professionalism, role socialization, sense of belonging (in non-VALOR nurses) and job satisfaction, it should be noted that the underlying theoretical framework of transition used for this study was appropriate. Both groups of registered nurses comparatively transitioned from being a graduate nurse to a fully practicing registered nurse. This may imply that both groups were exposed to a clinical learning experience in their respective VA medical centers that fostered the development of critical thinking, professional practice behaviors, job satisfaction, organizational commitment, clinical judgment and knowledge generation.

Meleis's theory of transitions proposes that assisting people to manage life transitions is a key function of nursing (Schumacher & Meleis 1994, Meleis et al. 2000). This theory is not concerned with a particular instance of a transition that is, starting a new job, but rather focuses on transitions more generally. Studies of the transition from student to professional registered nurse have found that support and guidance, acceptance by experienced nurses, preparation and responsibility, and knowledge and confidence can influence new graduate nurses. These influences affected their socialization, professional development (Godinez et al., 1999), self-concept, and ultimately retention (Whitehead, 2001).

The transition from student to professional nurse has yielded themes that are central to the development of a professional identity and self-concept (Godinez et al., 1999). In addition, students have suggested that nursing faculty, clinical preceptors, peers in clinical environments, and family are influential in their professional development (Heath et al., 2001). These findings suggest that an externship is not an essential element of new graduate nurse transition that promotes new graduate nurse retention, satisfaction, increased competency levels, and ease of transition. This research suggests that the VALOR externship does not significantly affect the professional transition of the graduate nurse to registered nurse. However, more research is needed to further evaluate these initial findings.

While the hypothesized benefits of a VALOR program were not supported, perhaps the major positive outcome is that participation in the VALOR program supports increased retention of these new graduates in the Veteran Affairs medical centers. From the initial inception of VALOR in 1990, early results of this program have demonstrated high retention rates of former student externs (Martin, Tolleson, Lakey, & Moeller, 1995). A number of

studies have reported on the recruitment and retention rates for externship programs (Salt, Cummings, & Profetto-McGrath, 2008). Although the authors do not compare the retention rates with graduates who had not completed an externship program, they stated that these figures represent a significant improvement of hospital retention rates prior to the externship introduction in that hospital (Olson, Nelson, Stuart, Young, Kleinsasser, Schroedermeier, & Newstrom, 2001). For the VALOR Program nationally, in 2008, of the 402 BSN students VA wide who participated in a VALOR program and graduated, 139 (35%) were retained as new employees. In 2009, of the 651 BSN students VA wide who participated in a VALOR program and graduated, 235 (36%) were retained as new employees. Thus, the VALOR program, for the Veterans Affairs Medical Centers, appears to be an effective student recruitment and retention strategy that exceeds national retention and turnover data (G. Fuller, personal communication, February, 16, 2010; Salt, Cummings, & Profetto-McGrath, 2008).

<center>Strengths</center>

This study had several strengths. Even though the VALOR program has been in existence since 1990, this was the first national study that attempted to evaluate program outcomes and to assess whether or not VALOR had an impact on the transition of new VA registered nurse hires. Perhaps unpublished local VALOR program evaluation has been previously initiated, but this was the first to nationally study former VALOR participants in all VA Medical Centers that sponsored a VALOR program. The study used well-established instruments to assess both groups of nurses. The lack of significant differences between the groups in job satisfaction, professionalism and role socialization, might be considered a good

result since these and similar variables have been identified as positive employment elements by nurses in other studies (Larabee, Janney, Ostrow, Witbrow, Hobbs, & Burant, 2003).

This lack of difference between groups implies that the VALOR experience did not impact the nurses in a significant manner, except in sense of belonging, and that the cost effectiveness of VALOR funding needs to be focused on recruitment and retention outcomes. The study is a starting point for more rigorous evaluation to measure program outcomes and guide the growth of a successful VALOR program

Limitations

Veteran Affairs Research

Unforeseen challenges to conducting research within the VA delayed the implementation of this study. Since VA registered nurses are bargaining unit employees, it was required that the National VA Office of Labor-Management Relations send out a courtesy notification to both the American Federation of Government Employees and the National Association of Government Employees, which are the major labor unions for the Department of Veterans Affairs, to obtain approval to survey VA registered nurses. Because these registered nurses are VA employees and cannot receive additional compensation to complete the survey on work time, no incentive to participate was possible. Recent increased oversight of all VA human subject research has resulted in a higher level of scrutiny and full IRB review of even low risk research populations such as this study.

When the VA Healthcare and Recruitment Office (HRRO) was initially contacted in Spring 2006 and this study was proposed utilizing a database of former VALOR students, it was assumed that the students had agreed to have their information used in any future

research. The initial plan for recruitment designated that, following Institutional Review Board (IRB) approval, permission would be granted from HRRO to have access to this database and the researcher would be the primary point of contact with the subjects. The research protocol was written and submitted as such.

During review of the protocol by the New Mexico VA Healthcare System's Research and Development Committee, it was determined that the former VALOR registered nurses had not agreed to participate in any future research study. In order to directly contact the potential participants, a separate IRB application to each individual participating Medical Center would have had to be submitted. The only alternative was to have the VALOR Coordinator at each site make the initial contact with registered nurses that met the study criteria. The protocol was amended to reflect this change and resubmitted.

Following both the New Mexico VA Healthcare System's Research and Development Committee and the University of New Mexico IRB approval, permission from each individual VALOR program site's Associate Chief of Staff for Research and Development had to be obtained before contacting the VALOR Coordinator. Obtaining individual institutional approval was very time consuming, as it was often necessary to make multiple contacts with each individual medical center before permission was granted. Several sites required the protocol to be reviewed by their IRB and VA R&D Committee. Others requested that a full initial IRB application be submitted via a local Principal Investigator. Even after permission was granted, multiple VALOR Coordinators requested confirmation of national union approval to survey their nurses or their local union president had to also approve distribution of the survey.

With this limitation, the local VALOR Coordinators were responsible for all recruitment efforts, which included sending out the initial invitation and any follow-up reminders. This was less than ideal, as a variety of VALOR Coordinator responses were received, ranging from extremely engaged and supportive to no response to both phone calls and e-mail inquiries. Because of this recruitment process, the total number of invitation sent out by the VALOR Coordinators will remain unknown.

General Limitations

Several limitations of this study are important to note. The data were obtained from a convenience sample of nurses employed only at a VA medical center and were based on self-report. As with any survey approach to data collection there is the potential for bias in self-report measures. Thus, respondents may have answered in a way they felt was more socially acceptable. It was anticipated, however, that the anonymity offered by online submission of questionnaires would improve the likelihood of participants responding honestly to the survey. The recruitment of only 30 VALOR participants is an additional limitation as the small sample size reduced the power to detect significant differences between the two groups. Differences in the clinical experiences between the 23 acute care VA Medical Centers must be acknowledged as a further limitation as the data collected and the findings cannot be generalized to all VA hospitals.

The design of the study assessed two intact groups and the preexisting differences between the groups may partially account for the study's findings. Another limitation of the study is that little is known about the nature of the socialization experiences for VALOR externs. Individual externs' experiences are highly influenced by the specific medical center

where they extern and who their preceptor is. Their experience may even vary by unit within the same institution. The preceptors are volunteers who vary in clinical and educational background. Each VALOR programs may vary considerably in design as there is no standardized orientation curriculum that is implemented nationally. The objectives, rotation length, scope of services, and the extent of student participation may be different in each VALOR medical center. There are variations in registered nurses' ability and motivation. The results presented here could not account for individual factors, which are difficult to account for in any study. These experiences may have influenced the study's findings.

This research lays the foundation for future empirical work with the VALOR Program. To gain a student perspective of the program, a more comprehensive study should be designed that surveys the students pre-graduation and follows them prospectively. It would be interesting to track practice entry integration and intention to continue in Nursing longitudinally among nurses who have participated in the VALOR program. Qualitative research could examine more closely the specific values of primary concern to VALOR nurses that may enhance the programs outcomes. The reasons some VALOR students seek VA employment post degree completion and other do not could be explored more vigorously. The findings of numerous studies indicated that satisfaction with extern programs can be measured in a reduction in costs associated with orientation. Thus, it would be useful to further investigate the cost-effectiveness of the VALOR program and subsequent reduction in orientation costs.

Future studies that would provide more rigorous evaluation to measure VALOR program outcomes and guide the growth of a successful VALOR program could examine the following:

- Survey the differences between the VALOR Programs curriculum content and the amount and nature of training for or unit orientation provided to the externs.

- Assess factors and barriers that influence the decision to participate in VALOR.

- Conduct a prospective study to identify initial differences between the two groups and if so, how long these differences continue within the first year of VA employment.

- Examine why older VALOR nurses have a higher sense of belonging in the work environment and does this increase positive work-group cohesion as compared to younger VALOR nurses.

- A national prospective study of both VALOR and non-VALOR new graduate hires that follows variables such as retention rates, job satisfaction, organizational commitment, injuries, personal characteristics and attitudes and relationships with colleagues and intent to stay.

- Assess whether or not early VALOR clinical experiences impact intent to stay post graduation.

- Conduct a quantitative study to understand the transition for graduate nurses to professional and how the VALOR program influences this process.

- An examination of individual Medical Center's VALOR program curricula to identify commonalities and differences.

Long term studies may help to answer the question of what impact the VALOR Program has over time and provide a future direction to improve and strengthen the VALOR Program on a national level.

Reflections

The literature reports a variety of strategies and interventions to ease the transition process. These range from formal approaches such as graduate nurse programs, nurse extern programs, nurse residency program, and registered nurse internship. The more informal approaches reported include mentoring, lecturer practitioner support, preceptorship, clinical practice facilitators, and peer support. All of these approaches aimed to boost the confidence, competence, and sense of belonging of new graduates. However, there is little agreement in terms of what constitutes best practice and limited available evidence of the effectiveness of such approaches in achieving these desired aims and outcomes. Additionally, there is a lack of evidence to indicate the optimal structure, length and content of the strategies and interventions of externship programs.

The continued evaluation of the VALOR program will yield information regarding the potential benefits of the externship to retention of the registered nurses who transitioned into permanent employment positions following graduation. More nursing research is needed to inform the development and implementation of successful strategies to facilitate the transition for graduate nurses to the professional role and how the VALOR externship may influence this process.

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APPENDIX A

RESEARCH STUDY APPROVAL LETTER

Department of
Veterans Affairs

Memorandum

Date: July 9, 2009

From: Cynthia Nuttall, RN, PhD (c)

Subj: VA Research Study
HRRC #: 09-152
Title: A Comparative Study Evaluating the Impact of Participation in the VALOR Nurse Externship in Job Satisfaction, Sense of Belonging, Role Socialization, and Sense of Professionalism

To: ACOS/Research, Name of VA Facility: _____

I am requesting approval to conduct the above noted research study in your facility. I am the Associate Chief, Nursing Service at the New Mexico VA Health Care System (NMVAHCS) and a Nursing PhD candidate at the University of New Mexico. I am conducting a survey study to evaluate if there are any professional differences between VA registered nurses who participated in the Veterans Affairs Learning Opportunity Residency (VALOR) Scholarship Program and registered nurses who did not. Your facility was selected to participate in this research study because it is an approved VA facility that sponsors the VALOR Scholarship Program for student nurses.

Ms. Marisa Palkuti, Director of the VA Healthcare Retention and Recruitment Office (HRRC), which oversees the VALOR Program, has endorsed this research study. A preliminary notice regarding this study has already been was sent out by the HRRC to your Medical Center's VALOR Coordinators. Since no outcome research has been conducted on the VALOR Program, there has been a high degree of interest from Medical Center VALOR Coordinators wishing to participate. While there is no requirement to negotiate distributing this VALOR survey to VA registered nurses, the VA Office of Labor-Management Relations has sent a courtesy notification to both the American Federation of Government Employees and the National Association of Government Employees of this pending research study and it was approved.

I am recruiting 300 registered nurses from approximately 114 VA Medical Centers.   I have received final approval from the Human Research Review Committee at the University of New Mexico and the New Mexico VA Health Care System's Research and Development Committee in Albuquerque, New Mexico. Since no VA employees from participating VA Medical Centers are engaged in this study, no IRB and Research and Development Committee approvals from participating VA Medical Centers need to be obtained.

After I received final approval from the UNMHSC's HRRC and the NMVAHCS's Research and Development Committee, the VA Health Care Retention Office provided me the names of all VA VALOR Coordinators. I will be contacting the VA VALOR Coordinators at your VA Medical Center to ask them to send out an invitation letter to registered nurses at your facility. VALOR and Non-VALOR

Nurses who choose to participate in the study can access the survey through a hyperlink in the invitation letter.

The survey will be completed electronically through SurveyMonkey.com. There will be no contact from me with the participants during the recruitment phase or after and I will have no access to any of the participant identifiers. I have received a Waiver of Documentation of Informed Consent from the IRB and no protected health information will be obtained from any participant.

I would appreciate it if you would support this research at your facility and agree to my request. I hope to begin data collection by mid-July, 2009. Please contact me at (505)975-7419 or e-mail me at Cynthia.Nuttall@va.gov if you have any questions or need additional information.

Sincerely,

Cynthia Nuttall, RN, PhD (c)
PhD Candidate
University of New Mexico
College of Nursing
Albuquerque NM

APPENDIX B

SURVEY

Nuttall Survey

INTRODUCTION

Dear VA Registered Nurse:

You are being invited to participate in a research study entitled A Comparative Study Evaluating the Impact of Participation in the VALOR Nurse Externship on Job Satisfaction, Sense of Belonging, Role Socialization, and Sense of Professionalism. The study is conducted by Ms. Cynthia Nuttall, RN, PhD (c), Associate Chief of Nursing Service, New Mexico VA Healthcare System, Albuquerque, NM, in conjunction with the VA Office of Recruitment and Retention.

Ms. Nuttall is a Doctoral student under faculty advisement of Drs. Marie Lobo, Karen Carlson, P.J. Woods and Theresa Moyers at the University of New Mexico, College of Nursing. This research was reviewed and approved by the VA Research and Development Committee and the University of New Mexico Health Science Center Human Research Review Committee. You were selected as a possible participant in this study because you are a VA registered nurse who completed your degree within the past three years and either have or have not participated in a Veterans Affairs Learning Opportunity Residency (VALOR) program.

This study is on the transition process from graduate to registered nurse. The purpose of the study is to evaluate the effect of registered nurses' participation in the VALOR program. This study will help us evaluate if participation in the VALOR program impacts nurses over time. There is no direct benefit to you; however, your participation will help to identify if there are professional difference between VA registered nurses who participated in the VALOR program and VA registered nurses who have not. The potential risk of this study is the inconvenience of completing the survey.

This study consists of a five part web survey that is completely voluntary and anonymous. There are a series of questions in the survey about your satisfaction with your current job such as hours that you work, flexibility in your schedule, control over your work conditions, your amount of responsibility, and your opportunities for social contact at work. In addition, there are questions asked of you regarding sense of belonging in your work environment and how you compare yourself to other nurses.

You will not be asked for any personal identification and your e-mail address will not be associated with your response. All results will be reported as aggregate data and will be maintained in a locked cabinet and electronic aggregate data will be secured in the VA network in compliance with VHA policy. You are free to choose not to participate. You may choose not to answer particular questions or you can stop the survey at any point by simply clicking the "Exit This Survey" link at the top of the page. There is no cost to you for taking the survey and there is no monetary compensation for your participation. It will take approximately 5 minutes of your time to complete the survey.

If you have questions or concerns during the time of your participation of this study or after its completion or you would like to receive a copy of the aggregate results of this study, please contact me at (505) 975-7419 or e-mail me at Cynthia.Nuttall@va.gov or contact my dissertation chair, Marie Lobo, PhD, RN, FAAN at the University of New
Mexico (505) 272-2637 or mlobo@salud.unm.edu.

Thank you for participating in this research study. To begin the survey, please click the "Next" button below.

Sincerely,

Cynthia Nuttall, RN, PhD (c)
Associate Chief, Nursing Service, New Mexico VA Healthcare System

Nuttall Survey

Participation in this survey is voluntary and your anonymity and confidentiality will be maintained.

Nuttall Survey

Demographic Information

Please answer each of the following questions. They are for demographic purposes only.

Participation in this survey is voluntary and your anonymity and confidentiality will be maintained.

Did you participate in a VALOR Program?

◯ Yes

◯ No

What year did you participate in the VALOR Program?

[＿＿＿]

What is your current age?

[＿＿＿]

Please indicate your gender:

◯ Male

◯ Female

For how many years have you been a registered nurse?

[＿＿＿]

What is your highest level of nursing education?

◯ ADN

◯ BSN

◯ MSN

What is your clinical area of practice?

[＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Nuttall Survey

McCloskey/Mueller Satisfaction Scale (MMSS)

How satisfied are you with the following aspects of your current job? Please mark the choice which applies to you:

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
Salary	○	○	○	○	○
Vacation	○	○	○	○	○
Benefits Package (insurance, retirement)	○	○	○	○	○
Hours that you work	○	○	○	○	○
Flexibility in scheduling your hours	○	○	○	○	○
Opportunity to work straight days	○	○	○	○	○
Opportunity for part-time work	○	○	○	○	○
Weekends off per month	○	○	○	○	○
Flexibility in scheduling your weekends off	○	○	○	○	○
Compensation for working weekends	○	○	○	○	○
Maternity leave time	○	○	○	○	○
Child care facilities	○	○	○	○	○
Your immediate supervisor	○	○	○	○	○
Your nursing peers	○	○	○	○	○
The physicians you work with	○	○	○	○	○

Nuttall Survey

How satisfied are you with the following aspects of your current job? Please mark the choice which applies to you:

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
The delivery of care method used on your unit (e.g. functional, team, primary)	◯	◯	◯	◯	◯
Opportunities for social contact at work	◯	◯	◯	◯	◯
Opportunities for social contact with your colleagues after work	◯	◯	◯	◯	◯
Opportunities to interact professionally with other disciplines	◯	◯	◯	◯	◯
Opportunities to interact with faculty of the College of Nursing	◯	◯	◯	◯	◯
Opportunities to belong to department and institutional committees	◯	◯	◯	◯	◯
Control over what goes on in your work setting	◯	◯	◯	◯	◯
Opportunities for career advancement	◯	◯	◯	◯	◯
Recognition of your work from superiors	◯	◯	◯	◯	◯
Recognition of your work from peers	◯	◯	◯	◯	◯
Amount of encouragement and positive feedback	◯	◯	◯	◯	◯
Opportunities to participate in nursing research	◯	◯	◯	◯	◯
Opportunities to write and publish	◯	◯	◯	◯	◯
Your amount of responsibility	◯	◯	◯	◯	◯
Your control over work conditions	◯	◯	◯	◯	◯
Your participation in organizational decision-making	◯	◯	◯	◯	◯

Nuttall Survey

Nurses Self-Description Form

On the characteristics below, compare yourself with the total group of nurses you have known.

Please rate yourself, as compared to other nurses, as to:

	Definitely LESS than most nurses	Somewhat LESS than most nurses	About the SAME as most nurses	Somewhat MORE than most nurses	Definitely MORE than most nurses
Your DRIVE, as expressed in your work. Think of the energy with which you conduct your work activities. Also consider the speed with which you work and the amount of work you get done.	◯	◯	◯	◯	◯
Your RELIABILITY and dependability. Consider your willingness to uphold the standards of the nursing profession, to report findings honestly, and to perform reliably the services you have agreed to render.	◯	◯	◯	◯	◯
The degree to which you remain OBJECTIVE and impersonal in evaluating and analyzing ideas, individual abilities and performances - no matter how personally you may be involved.	◯	◯	◯	◯	◯
Your ABILITY TO CHANGE, to respond to new and changing situations, and to remain flexible in your thinking and action. Consider the degree to which you remain open to new ideas, procedures, and techniques and utilize them and the degree to which you make changes in your work and approaches to it.	◯	◯	◯	◯	◯
Your ABILITY TO GRASP IDEAS fully and use them effectively in SOLVING PROBLEMS. Consider how quickly you grasp the essentials of the problem, see alternative solutions and select the most appropriate solution.	◯	◯	◯	◯	◯

Nuttall Survey

Please rate yourself, as compared to other nurses, as to:

	Definitely LESS than most nurses	Somewhat LESS than most nurses	About the SAME as most nurses	Somewhat MORE than most nurses	Definitely MORE than most nurses
Your ABILITY TO INFORM OTHERS to teach, to present old and new ideas, to explain and illustrate complexities in a clear, orderly way. Think of your readiness and skill in adapting materials, demonstrations, and explanations to the needs of others. Consider your ability to hold their attention while presenting pertinent ideas.	○	○	○	○	○
Your ABILITY TO STAY WITH A PROBLEM PERSISTENTLY. Consider your ability to work hard over a long period, to finish a job once started, and never to give up unless it is clearly best to do so.	○	○	○	○	○
Your DESIRE TO ADAPT YOURSELF TO THE NEEDS AND WISHES OF OTHERS. Consider to what degree you can and do put aside your own ideas and feelings in the situation and accept those of other people, regardless of your views. Consider your with to be cooperative, to smooth over disagreements, and to get the job done with as little friction as possible.	○	○	○	○	○
Your INDEPENDENCE OF THOUGHT AND ACTION based on your own ideas, judgments, and goals. Consider your determination to set a course of action and to move toward a goal without prompting, pressure, guidance or authority from anyone but yourself.	○	○	○	○	○
Your RESOURCEFULNESS in thinking and acting. Consider your capacity to make use of all facilities and means, obvious or not, which are potentially available for the performance of your work and learning in nursing. Rate your resourcefulness in obtaining the material, facilities, opportunities, etc., which further your work.	○	○	○	○	○

Nuttall Survey

Please rate yourself, as compared to other nurses, as to:

	Definitely LESS than most nurses	Somewhat LESS than most nurses	About the SAME as most nurses	Somewhat MORE than most nurses	Definitely MORE than most nurses
Your ABILITY TO DISCRIMINATE between the relevant and the irrelevant, between the essential and the accidental, between the fruitful and the barren in your work. Consider your appreciation of what is needed and not needed, what is practical or impractical, and what is primary or secondary in your work.	○	○	○	○	○
Your ABILITY AS A LEADER to guide and direct the activities of others. Consider your ability to get others to follow your advice and direction, to accept your opinion. Consider your persuasiveness, your firmness and your forcefulness.	○	○	○	○	○
How SOCIABLE you are and how easily you get along with many different kinds of people. Consider how much you really desire the company of others as opposed to being by yourself, to what degree you prefer work activities that you perform with others rather than activities that are generally done while alone.	○	○	○	○	○
Your overall interest and CONCERN FOR OTHER PEOPLE. Consider how warmly you feel and act toward others, how considerate and thoughtful you are of their feeling, and how much you desire to help others.	○	○	○	○	○
How SENSITIVE ARE YOU TO THE REACTIONS AND MOTIVES OF OTHERS. Consider how well you understand people and why they do what they do. Think of your awareness and perceptiveness of what others feel and wish, your ease in dealing with people, and your ability to respond knowledgeably and effectively in helping others to solve their own problems.	○	○	○	○	○

Nuttall Survey

Please rate yourself, as compared to other nurses, as to:

	Definitely LESS than most nurses	Somewhat LESS than most nurses	About the SAME as most nurses	Somewhat MORE than most nurses	Definitely MORE than most nurses
Rate your DESIRE TO MASTER THE KNOWN BODY OF SCIENTIFIC OR TECHNICAL PRINCIPLES and theories pertaining to nursing. Consider the degree to which you seem eager to grasp any and all such principles, rather than merely to know what you can use on a specific hob or problem.	○	○	○	○	○
Your DESIRE TO ADD TO THE AVAILABLE INSIGHTS IN NURSING THROUGH EXPERIMENTAL STUDIES. Think of the intensity of your desire to achieve new insights for their own sake and for the sake of people generally, and of the degree to which you draw major satisfaction from searching for such insights.	○	○	○	○	○
Your INTUITIVENESS, your ability to sense and grasp the significance in thoughts, situation, etc., without being fully aware of it. Consider your power and tendency to find meaning in structure, situations, facts, relationships, and ideas through a feeling inside yourself of that meaning and of its character before you can explain why you sense it.	○	○	○	○	○
Your POWER TO CREATE, NURTURE, AND IMPLEMENT a new idea in nursing. Think of this new idea as occurring in any area of nursing - such as patient care, community health action, teaching, administration, supervision, research, etc. Consider the uniqueness of the idea and the number of people it might affect.	○	○	○	○	○

Nuttall Survey

Sense of Belonging Instrument

Here are some statements with which you may or may not agree.

Please mark the choice next to each statement which most closely reflects your feelings about it.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I wonder if there is any place on earth where I really fit in.	◯	◯	◯	◯
I am just not sure if I fit in with my friends.	◯	◯	◯	◯
I would describe myself as a misfit in most social situations.	◯	◯	◯	◯
I generally feel that people accept me.	◯	◯	◯	◯
I feel like a piece of a jigsaw puzzle that doesn't fit into the puzzle.	◯	◯	◯	◯
I would like to make a difference to people or things around me, but I don't feel that what I have to offer is valued.	◯	◯	◯	◯
I feel like an outsider in most situations.	◯	◯	◯	◯
I am troubled by feeling like I have no place in this world.	◯	◯	◯	◯
I could disappear for days and it wouldn't matter to my family.	◯	◯	◯	◯
In general, I don't feel a part of the mainstream of society.	◯	◯	◯	◯
I feel like I observe life rather than participate in it.	◯	◯	◯	◯
If I died tomorrow, very few people would come to my funeral.	◯	◯	◯	◯
I feel like a square peg trying to fit into a round hole.	◯	◯	◯	◯
I don't feel that there is any place where I really fit in this world.	◯	◯	◯	◯
I am uncomfortable knowing that my background and experiences are so different from those who are usually around me.	◯	◯	◯	◯
I could not see or call my friends for days and it wouldn't matter to them.	◯	◯	◯	◯
I feel left out of things.	◯	◯	◯	◯
I am not valued by or important to my friends.	◯	◯	◯	◯

Nuttall Survey

Please mark the choice next to each statement which most closely reflects your feelings about it.

	Strongly Disagree	Disagree	Agree	Strongly Agree
It is important to me that I am valued or accepted by others.	◯	◯	◯	◯
In the past, I have felt valued and important to others.	◯	◯	◯	◯
It is important to me that I fit in somewhere.	◯	◯	◯	◯
I have qualities that can be important to others.	◯	◯	◯	◯
I am working on fitting in better with those around me.	◯	◯	◯	◯
I want to be a part of things going on around me.	◯	◯	◯	◯
It is important to me that my thoughts and opinions are valued.	◯	◯	◯	◯
Generally, other people recognize my strengths and good points.	◯	◯	◯	◯
I can make myself fit in anywhere.	◯	◯	◯	◯
All of my life, I have wanted to feel like i really belonged somewhere.	◯	◯	◯	◯
Fitting in with people around me matters a great deal.	◯	◯	◯	◯
I feel badly if others do not value or accept me.	◯	◯	◯	◯
Relationships take too much energy for me.	◯	◯	◯	◯
I just don't feel like getting involved with people.	◯	◯	◯	◯

Nuttall Survey

Nursing Activity Scale

The following items describe situations in which a nurse must take some action that requires the exercise of some degree of professional nursing judgment. You are asked to respond to each item according to how likely you would be to carry out the action in each item. Please respond to each item even if you have not encountered such a situation before.

Circle the number after each situation that most accurately describes how you would act as a nurse. There are no "right" or "wrong" answers, just different ways of responding to a situation. Please do not add qualifying statements to the items to justify your answer.

Please answer the items as stated.

	Very Unlikely	Unlikely	Likely	Very Likely
Develop a career plan for myself and regularly review it for achievement of steps in the plan.	○	○	○	○
Consider entry into independent nursing practice with the appropriate education and experience.	○	○	○	○
Voice opposition to any medical order to discharge a patient without an opportunity for nursing follow-up if the teaching plan for the patient is not completed.	○	○	○	○
Initiate nursing research to investigate a recurrent clinical nursing problem.	○	○	○	○
Refuse to administer a contraindicated drug despite the physician's insistence that the drug be given.	○	○	○	○
Consult with the patient's physician if the patient is not responding to the treatment plan.	○	○	○	○
Depend upon the profession of nursing and not on physicians for the ultimate determination of what I do as a nurse.	○	○	○	○
Evaluate the hospitalized patient's need for home nursing care and determine the need for such a referral without waiting for a physician's order.	○	○	○	○

Nuttall Survey

Please answer the items as stated.

	Very Unlikely	Unlikely	Likely	Very Likely
Propose changes in my job description to my supervisor in order to develop the position further.	○	○	○	○
Answer the patient's questions about a new medication or change in medication before administering drug, whether or not this has been done previously by the physician.	○	○	○	○
Answer the patient's questions about a new medication or change in medication before administering drug, whether or not this has been done previously by the physician.	○	○	○	○
Institute nursing rounds on the patient unit.	○	○	○	○
Withhold a medicine that is contraindicated for a patient despite pressure from nursing peers to carry out the medical order.	○	○	○	○
Consult with other nurses when a patient is not responding to the plan of nursing care.	○	○	○	○
Routinely implement innovations in patient care identified in the current nursing literature.	○	○	○	○
Initiate a request for a psychiatric consult with the patient's physician if my assessment of the patient indicated such a need.	○	○	○	○
Promote innovative nursing activities, like follow-up phone calls to recently-discharged patients, to evaluate the effectiveness of patient teaching.	○	○	○	○
Assess the patient's level of understanding concerning a diagnostic procedure and its risks before consulting with the patient's physician if a patient has questions about the risks of the procedure.	○	○	○	○
Assume complete responsibility for my own professional actions without expecting to be protected by the physician or hospital in the case of a malpractice suit.	○	○	○	○
Develop effective communication channels in my employing institution for nurses' input regarding the policies that affect patient care.	○	○	○	○
Develop and refine assessment tools appropriate to my area of clinical practice.	○	○	○	○

Nuttall Survey

Please answer the items as stated.

	Very Unlikely	Unlikely	Likely	Very Likely
Initiate discharge planning concerning the nursing care of the patient, even in the absence of discharge planning by the physician.	○	○	○	○
Report a physician who harasses me to the appropriate manager or administrator.	○	○	○	○
Offer input to administrators concerning the design of a new nursing unit or the purchase of new equipment to be used by nurses.	○	○	○	○
Complete a psychosocial assessment on each patient and use this data in formulating nursing care.	○	○	○	○
Adapt assessment tools from other disciplines to use in my clinical practice.	○	○	○	○
Carry out patient care procedures utilizing my professional judgment to meet the individual patient's needs even when this means deviating from the "cookbook" description in the hospital procedure manual.	○	○	○	○
Decline a temporary reassignment to a specialty unit when I lack the education and experience to carry out the demands of the assignment.	○	○	○	○
Initiate referrals to social service and dietary at the patient's request even in the absence of a physician's order.	○	○	○	○
Write nursing orders to increase the frequency of vital signs of a patient whose condition is deteriorating even in the absence of a medical order to increase the frequency of such monitoring.	○	○	○	○
Accept a temporary assignment to a specialty unit even if I lack the education and experience to work there.	○	○	○	○
Make appropriate in-house referrals to social service and dietary only if I have a physician's order.	○	○	○	○
Assess the needs of a patient for home nursing care only if ordered by physician.	○	○	○	○

Please answer the items as stated.

	Very Unlikely	Unlikely	Likely	Very Likely
Administer a medication to which a patient reports an allergy if the physician agrees to be responsible for my actions.	○	○	○	○
Assume all the blame or fault for any incidents of nurse-physician conflict in which I am involved.	○	○	○	○

APPENDIX C

PERMISSION TO USE COMPARISON DATA AND INSTRUMENTS

APPENDIX C

From:	Mary Ann Cantrell <mary.ann.cantrell@villanova.edu>
Subject:	RE: Replication/data base request
Date:	Thu, 18 Oct 2007 10:41:18 -0400
To:	Cynthia Marie Nuttall <cnuttall@unm.edu>

```
Hi Cynthia,

Sorry this email took me longer to get to you than what I had anticipated.
Both of my children are sick with sinus infections... Attached is my data
file in an Excel spreadsheet, the actual instruments themselves and the
data collection collation form that I used. I have received your request
to use my data and I give you my full permission to use the data for
comparative purposes for your dissertation. If there is anything else that
I can do to help you with the study, please don not hesitate to contact
me. Best wishes for a successful dissertation and defense! Keep me posted!
Mary Ann Cantrell
```

From:	"Dr. Bonnie Hagerty" <bmkh@umich.edu>
Sender:	bmkh@mail.umich.edu
Subject:	Re: Permission to use Instrument
Date:	Wed, 31 Oct 2007 10:49:48 -0400
To:	Cynthia Marie Nuttall <cnuttall@unm.edu>

```
Yes, you may use the instrument. Do you have it? Just please let me know
your findings and any validity/reliability have as a result of using it.
Thanks for your interest in my work. BHagerty

--On Tuesday, October 30, 2007 5:26 PM -0600 Cynthia Marie Nuttall
<cnuttall@unm.edu> wrote:

Dear Dr. Hagerty, I am seeking permission to use "The Sense of Belonging
Instrument" you developed for my nursing dissertation research. I plan
to conduct a comparison study using the findings from Dr. Mary Ann
Cantrell's published research on nurse externship programs. You granted
Dr. Cantrell permission to utilized your tool in her study:
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Cantrell, M.A. & Browne, A.M. (2005). The impact of a nurse externship program on the transition process from graduate to registered nurse: Part 1 quantitative findings. Journal for Nurses in Staff Development, 21(5), 187-195.

I will be sampling the Veteran's Administration VALOR externship students, comparing their responses to your instrument with Dr. Cantrell's private sector sample.
If I need to obtain copyright permission from a publishing company, please direct me the appropriate source. Thank you for considering my request.

kkelly@siue.edu		
Subject:	Re: Permission Request	
Date:	Mon, 5 Nov 2007 20:09:51 -0600	
To:	Cynthia Marie Nuttall <cnuttall@unm.edu>	

Cynthia,

I am pleased to grant you permission. I would appreciate a copy of your study's summary when complete. Let me know if you need a copy of the NAS.

Karen
****
Karen Kelly, EdD, RN, CNAA, BC
Associate Professor and
Coordinator, Continuing Education
SIUE School of Nursing
Dept. of Primary Care and Health Systems Nursing
Box 1066
Edwardsville, IL 62026-1066
618-650-3908
fax: 618-650-2522

Quoting Cynthia Marie Nuttall <cnuttall@unm.edu>:

> Dear Dr. Kelly, I am writing to request permission to
> utilize your "Nursing Activity Scale" in my dissertation
> research. I am the Associate Chief for Nursing at the New
> Mexico VA Healthcare System and am conducting a comparision
> study of federal VALOR nursing student externs with Dr.
> Mary Ann Cantrell's research on private sector nursing
> externs (Cantrell, M. A., Browne, A. M. & Lupinacci, P.
> (2005). The impact of a nurse externship program on the
> transition process from graduate to registered nurse: Part
> 1 quantitataive findings. Journal For Nurses in Staff
> Development, 21(5), 187-195). You previously granted Dr.

> Cantrell permission to use your scale in her research
> study. Thank you for considering my request.
>

Meleis, Afaf" <meleis@nursing.upenn.edu>	
Subject:	RE: Nurses Self-Description Form Permission
Date:	Fri, 9 Nov 2007 14:10:02 -0500
To:	"Cynthia Marie Nuttall" <cnuttall@unm.edu>

Dear Ms. Nutall,

It is my pleasure to grant you the permission. I would so appreciate Dr. Cantrell papers and results, and I request the same from you.

Thank you,

Afaf I. Meleis, Phd, DrPS(hon), FAAN
Margaret Bond Simon Dean of Nursing
Professor of Nursing and Sociology
University of Pennsylvania
School of Nursing
Room 4005 Claire M. Fagin Hall
418 Curie Boulevard
Philadelphia, PA 19104-6096
USA

+1-215-898-8283 (phone)
+1-215-573-2114 (fax)

meleis@nursing.upenn.edu
www.nursing.upenn.edu

-----Original Message-----
From: Cynthia Marie Nuttall [mailto:cnuttall@unm.edu]
Sent: Monday, November 05, 2007 10:34 PM
To: Meleis, Afaf
Subject: Nurses Self-Description Form Permission

Dear Dr. Meleis, I am writing to request permission to utilize your "Nurses Self-Description Form" in my nursing

doctoral research. I am conducting a comparision study of federal VALOR nursing students externs with the results of

Dr. Cantrell's study on private sector nursing externs.

You previously granted Dr. Cantrell permission to use your NSDF in her study (Cantrell, M.A., Browne, A.M., & Lupinacci, P. (2005). The impact of a nurse externship program on the transition process from graduate to registered nurse: Part 1 quantitative findings. Journal for Nurses in Staff Development, 21(5), 187-195.) Thank you for considering this request.

	-Select Mailbox- ▼	

Sweeney, Sharon K" <sharon-sweeney@uiowa.edu>	
Subject:	MMSS tool
Date:	Thu, 15 Nov 2007 09:50:06 -0600
To:	"Cynthia Marie Nuttall" <cnuttall@unm.edu>

Dear Cynthia:

Thank you for your interest in the McCloskey/Mueller Satisfaction Scale. Attached please find the following:

1. The McCloskey/Mueller Satisfaction Scale

2. Permission form

Sincerely,

Sharon Sweeney, Coordinator

The Center for Nursing Classification

Attachment: Permission to use CNuttall.pdf (26Kbytes)

Attachment: MMSS SCALE.DOC (99Kbytes)