

A STUDY OF SOCIALIZATION OF ACCELERATED BSN GRADUATES

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By

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TEACHING, LEADERSHIP,
AND CURRICULUM STUDIES

A STUDY OF SOCIALIZATION OF ACCELERATED BSN GRADUATES (166 pp)

Co-Directors of Dissertation: James Henderson, Ph.D.
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The purpose of this phenomenological study was to investigate the socialization of accelerated BSN graduates who had been employed in the workforce for 2 to 3 years. Socialization was examined as a calling, not in terms of job socialization, which is the focus of research on socialization in the literature. Eight interviews with open-ended questions were conducted with graduates of a school of nursing at an urban university in Northeast Ohio. Data were analyzed using Colaizzi's (1978) procedural steps. The following assertions emerged: Assertion 1: The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization; Assertion 2: The feeling of being a nurse is a sense of becoming, involving personal commitment and internalization of values during the process of professional socialization; and Assertion 3: Critical incidents revealed that accelerated BSN graduates have a deep sense of commitment to nursing. A comparison of these findings to Benner's (1984) stages of nursing, the affective domain, and Ohlen and Segesten's (1998) concept analysis revealed that accelerated BSN graduates made the progression and transition through induction socialization and achieved professional socialization described as the feeling of being a nurse. The progression and transition through the stages of nursing, the affective domain leading to the feeling of being a nurse, occur concurrently.

CHAPTER I

INTRODUCTION

The current shortage of registered nurses will most likely continue, exacerbated by the increased health care needs of the baby boomers as they approach retirement, the aging of the nursing workforce, and increased employment opportunities for women (Hecker, 2001; Staiger, Auerbach, & Buerhaus, 2000). The American Association of Colleges of Nursing (AACN) reported that the Bureau of Labor Statistics announced a need for a potential million new nurses by 2010 (2003a). To address this shortage, colleges and universities nationwide investigated creative ways to attract students to nursing; and accelerated nursing programs for nonnursing graduates who had already earned bachelor's degrees in other areas emerged. These baccalaureate nursing (BSN) programs, which have been in existence for over 25 years (Meyer, Hoover, & Maposa, 2006), are full-time programs of 12–18 months in duration, provide uninterrupted summer study, transition second-degree students into nursing, and represent the fastest-growing type of nursing program in the United States (AACN, 2003a, 2003b). Accelerated students carry heavy course loads in addition to completing required clinical practice hours to meet the same prelicensure requirements as their traditional baccalaureate counterparts in less time.

Accelerated BSN programs are attractive to individuals for reasons, which include the following: more job opportunities, short time frame for program completion, and financial security (Wu & Connelly, 1992). Many accelerated BSN students enter nursing because they are unable to find employment in their original field of study, have worked

for companies that have downsized, or have identified within themselves the need to work with other human beings instead of engaging in technical occupations. Although some of these students are in their mid to late 20s, others have been employed in other careers for 20 to 30 years.

Individuals enter nursing with stereotypical views of nursing, which may be a consequence of both history and media portrayal (Ohlen & Segesten, 1998). Personal experiences and those of family and friends may broaden the perspective to identify nurses as caring and competent professionals. As students become socialized into nursing during nursing programs, these preconceived views begin to change. The values of the nursing profession, found in the American Nurses Association Code of Ethics for Nurses, guide nurses' behavior and reflect their commitment to the profession of nursing (See Appendix A). The ANA Code of Ethics for Nurses was chosen as a tool to investigate internalization of values because this document is presented in class and guides nursing practice at clinical sites. Internalization of the values of the profession of nursing is paramount to professional development because such values provide a foundation for behavior.

Students are exposed to nursing values during the nursing program as they observe the behavior of the nursing faculty (Weis & Schank, 2002). Found in the Code of Ethics for Nurses, these values focus on the nurse–client relationship and represent the “fundamental values and commitments of the nurse” (Weis & Schank, p. 273) as well address the “duty and loyalty of the nurse” (Weis & Schank, p. 273). Socialization begins

upon entry into the nursing program and continues with entry into the workforce.

Professional socialization, however, is ongoing, a facet of lifelong learning (Weis & Schank). Through the development of the affective domain, professional socialization occurs (Weis & Schank); however, nursing literature focuses on socialization primarily from the perspective of cognitive and psychomotor aspects instead of the affective aspect of being a nurse.

But can accelerated BSN students become socialized into nursing in 12–18 months? Dr. G. Meyer voiced this concern at St. Louis University, where the first accelerated BSN program originated in the early 1970s. Dr. Meyer stated, “There are so many pieces in nursing; it’s learning to know, it’s learning to do, it’s learning to be socialized into a profession” (G. Meyer, personal communication, November 18, 2004). Dr. C. McCahon of Cleveland State University, site of the first accelerated BSN program in Ohio, concurred with Dr. Meyer, stating, “The courses go so fast, and the program goes so quickly that they [accelerated BSN students] don’t have time to be socialized in the way a basic student in the 3-year program does” (C. McCahon, personal communication, December 3, 2004).

Studying socialization from the affective perspective allowed for determination whether the development of professional identity, specifically the feeling of being a nurse, was possible in an accelerated BSN program. Examining the socialization of accelerated BSN graduates was important for the following reasons: (a) the rapid pace of the program leaves almost no time to become involved in student professional

organizations; (b) students take classes fulltime; (c) the length of the program is 12–18 months; (d) the accelerated BSN program is the fastest-growing type of nursing program; (e) students experience uninterrupted summer study; (f) the program includes the same number of clinical and classroom hours as basic programs; and (g) it was developed for second-degree students.

The purpose of this study was to investigate professional socialization of accelerated BSN graduates from the affective perspective of “the feeling of being a nurse” as opposed to occupational socialization or the cognitive and psychomotor aspects of socialization, specifically the points at which the graduates first felt like nurses during socialization after entering the clinical setting as registered nurses.

Socialization

Socialization is the process during which individuals learn new roles, values, behaviors, and knowledge pertinent to a new social group or profession (Hinshaw, 1977). As a process, socialization begins upon entry into the nursing program but does not end with completion of nursing education. Socialization, which continues as the graduates are employed in the work setting, involves lifelong learning (Weis & Schank, 2002). Professional socialization is defined as “the process of internalization and development of an occupational identity” (Chitty, 1993, p. 137). Various definitions of socialization appear in the literature, some of which are identical to those for professional socialization. For the purpose of this study, the foregoing definitions of socialization and professional socialization will be used.

Socialization into nursing begins with prelicensure socialization, which occurs when nursing students enter into their formal academic experience (Hinshaw, 1977). Prelicensure socialization of nursing students occurs throughout formal education via interactions with other nurses, with the synthesis and integration of knowledge and skills, and with acquisition of values of the nursing profession (Ohlen & Segesten, 1998). The prelicensure phase of socialization corresponds with Benner's (1984) novice stage of nursing. Novices are students or beginners possessing no prior experience in the area in which they are expected to perform. They are taught basic skills, such as taking temperatures, pulses, respirations, and blood pressures as well as bathing patients and bed making, before their entry into the clinical setting for the first time. These skills do not require situational experience.

Professional Socialization

Professional socialization coincides with induction socialization when accelerated BSN graduates enter the clinical setting after licensure as registered nurses, corresponding with Benner's (1984) advanced beginner stage, which commences as students and continues as graduates. Advanced beginners demonstrate minimally satisfactory performance. They have experienced enough real-life situations to be able to recognize "recurring meaningful situational components" (Benner, p. 22). Prior experience is needed for advanced beginners to recognize situational components, which include such factors as the nurse's readiness for patient teaching. Through instruction and guidance by nursing instructors, advanced beginners develop the ability to formulate

principles based on prior experience. Advanced beginners require support in the clinical setting.

As progression continues through induction socialization, advanced beginners transition into the competent nurse stage, characterized by the following: employment in the same or similar area for 2 to 3 years; conscious development of long-range plans to facilitate both their present and future practice, and the acquisition of organizational skills.

Professional Identity

Professional identity emerges during induction socialization. Nursing literature focuses on socialization primarily from the angle of cognitive and psychomotor aspects instead of the affective aspect of the feeling of being a nurse. Professional identity entails the way in which individuals view themselves as nurses (Ohlen & Segesten, 1998).

According to Ohlen and Segesten an established professional identity includes determination, intuitiveness, and capability as well as “self-knowledge, professional knowledge, and trust in one’s own capacity and feelings” (p. 722). Professional identity is not only the feeling of being a nurse, but also the “feeling of being a person who can practise [sic] nursing with skill and responsibility” (Ohlen & Segesten, p. 721); therefore, the feeling of being a nurse is an integral aspect of professional identity.

Professional identity became an area of interest upon which to focus this study because of the large number of individuals graduating from accelerated BSN programs already possessing bachelor’s degrees or having been employed in other professions for a

significant number of years. Exploring induction socialization from the vantage point of professional identity is of interest for this population because it is indicative of “what it means to be and act like a nurse” (Fagermoen, 1997, p. 435). See Figure 1.

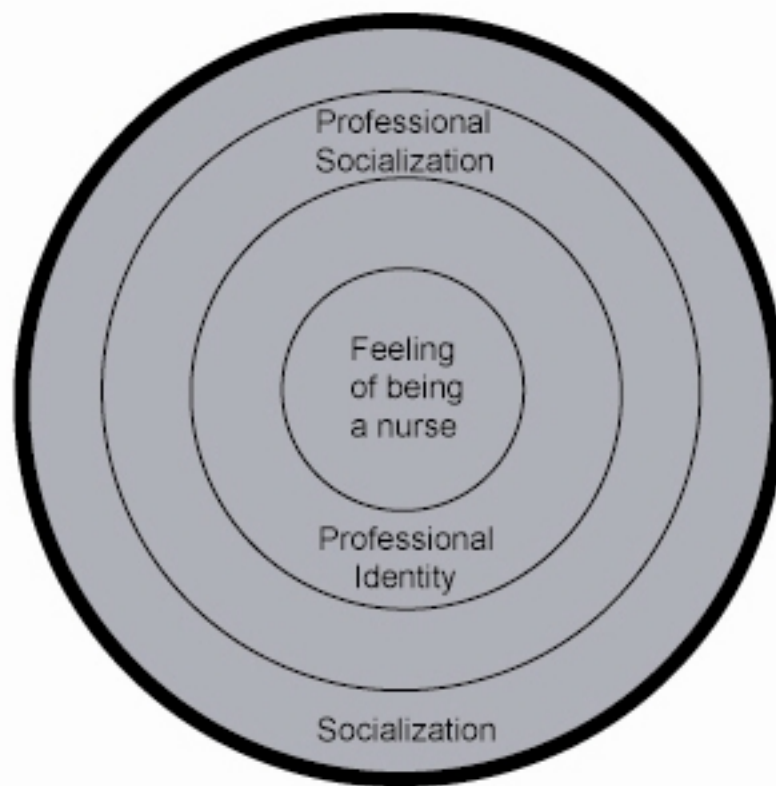


Figure 1. Socialization

Socialization comprises affective, cognitive, and psychomotor components. The affective components of socialization—professional socialization, professional identity, and the feeling of being a nurse—are depicted in Figure 1. Professional socialization is the internalization of the values of the nursing profession. An aspect of professional

socialization, professional identity is the manner in which individuals view themselves as nurses. The feeling of being a nurse is an aspect of professional identity.

Feeling of Being a Nurse

In the affective domain, the process of internalization falls on a continuum, beginning when students become aware of a phenomenon, which in the case of accelerated BSN graduates is entry into the nursing program. As awareness of the phenomenon or discipline of nursing increases, emotional significance is attached to nursing, and it becomes valued. The process of internalization “represents a continuous modification of behavior from the individual’s being aware of a phenomenon to a pervasive outlook on life that influences all [her or] his actions” (Krathwohl et al., 1956, p. 33).

Accelerated BSN students encounter the phenomena or discipline of nursing upon entry into the nursing program, that is, new roles, behaviors, and values. This encounter is subjective, and each student experiences the phenomena differently; however, as these students proceed through the process of internalization, which varies from student to student, professional identity develops, one attribute of which is the “feeling of being a nurse” (Ohlen & Segesten, 1998, p. 722). Because quantifying the “feeling of being a nurse” would be difficult, understanding this affective perspective of socialization necessitated a qualitative study.

A qualitative research study allowed for the investigation of induction socialization from the affective perspective with regard to each graduate’s specific frame

of reference. Investigating graduates of an accelerated BSN program permitted the researcher to focus on their lived experiences while in the program and afterward to identify the circumstances during which they first felt like nurses and to identify the circumstances that facilitated this transition. Conducting a qualitative research study enabled the researcher to examine complex daily social interactions of the graduates and the meaning that they attributed to them (Marshall & Rossman, 1999).

During interviews, graduates of an accelerated BSN program were asked to recall and describe their lived experiences during which they first felt like nurses. The phenomenological approach to this study provided a meaningful understanding of the everyday experiences of these graduates. This was not a problem-solving study but instead one in which the circumstances of these graduates' discovery of the feeling of being a nurse were investigated. A qualitative study provided insight into the accelerated BSN population, about which little is known and about which many questions persist (Seldomridge & DiBartolo, 2005).

Statement of the Problem

Socializing second-degree students into the role of the nurse requires the students to acquire professional identity, which includes "the feeling of being a nurse," a facet of professional identity within socialization. (See Figure 1.) Researchers into socialization and professional identity have investigated nursing students in 4-year baccalaureate programs but not those enrolled in shorter, accelerated BSN programs. Scholars have determined that students progress through the socialization process, developing a

professional identity at different rates; consequently, the development of a professional identity might take longer than the 12–18 months of an accelerated program.

The circumstances resulting in graduates of accelerated BSN programs feeling like nurses, an attribute of professional identity, are unknown. No supportive literature was found in which researchers investigated the socialization of accelerated BSN students or graduates from the angle of the feeling of being a nurse, in effect making this study pioneering research into the feeling of being a nurse.

As a teacher in an accelerated BSN program, the researcher has learned that the rapid pace of the accelerated program does not always permit adequate time for reflection. In addition time constraints prevent opportunities for other behaviors, such as joining student professional organizations, identifying and working with professional role models, and developing the confidence to accept constructive criticism (Chitty, 1993). Although over half of the researcher's students (not the graduates interviewed) reported they were able to complete reading and other course assignments in a timely fashion, some reported that they were unable to do so because of time constraints. The same students reported that more often than not they worked all night on papers after being in class and clinical situations during the day. Difficulty synthesizing, integrating, and applying course content and clinical laboratory skills into the clinical setting was apparent as was difficulty in dealing with the ideal and real view of the nurse.

Purpose of the Study

Although an abundance of literature on socialization exists, none addresses accelerated BSN programs. To be socialized into nursing, accelerated students need to internalize the values and learn the new roles, behaviors, and knowledge of their new social group or profession (Hinshaw, 1977). The effect of the rapid pace of accelerated programs on socialization is unknown. The literature indicates that the feeling of being a nurse is an important feature of socialization. The purpose of this study is to investigate the development of professional identity, specifically the feeling of being a nurse. To identify the point at which the accelerated BSN graduates first experienced the feeling of being a nurse, research questions were developed to explore when and how they did and what incidents corresponded with that feeling.

Research Questions

1. When and how did graduates of an accelerated BSN program first experience the feeling of being a nurse?
2. What experience(s) in the clinical setting after being employed as a registered nurse coincided with the feeling of being a nurse?

Definitions

For the purpose of this study the following definition were used:

- Accelerated BSN programs are defined as baccalaureate nursing programs designed for second-degree students who enter 12- to 18-month long programs. Accelerated BSN programs vary in length.

- Induction socialization occurs when accelerated BSN graduates enter the clinical setting after licensure as registered nurses.
- Prelicensure socialization is socialization into nursing as nursing students.
- Professional identity is the way in which individuals view themselves as nurses (Ohlen & Segesten, 1998).
- Professional socialization is defined as “the process of internalization and development of an occupational identity” (Chitty, 1993, p. 137).
- Socialization is the process whereby individuals learn the roles, values, behaviors, and knowledge of a new social group or profession (Hinshaw, 1977).

Assumptions

The assumptions underlying this study were the following:

- Accelerated BSN nursing students are expected to form their professional identity into nursing at a rapid pace.
- Accelerated BSN students enter the program with preconceived conceptions about nursing.
- Accelerated BSN students develop a sense of professional identity when they experience the “feeling of being a nurse” (Ohlen & Segesten, p. 722).
- The feeling of being a nurse is an important developmental feature of professional identity.

Limitations

This investigation focused on graduates of an accelerated BSN program at an urban state university in Northeast Ohio. Because graduates of no other accelerated BSN programs participated, determining whether course sequence and course requirements affect the development of their professional identity was impossible. Accelerated BSN students in Northeast Ohio may not be representative of similar students around the country.

Significance

Current scholarship suffers from a dearth of literature on the socialization of accelerated BSN students and/or graduates. Bentley (2006) compared traditional and accelerated BSN nursing graduates' pass rates on the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Of two studies published in 2005 on accelerated BSN students, Seldomridge and DiBartolo (2005) investigated the profile of students entering accelerated BSN programs, and Cangelosi and Whitt (2005) reviewed current literature to identify what is known about accelerated BSN students.

Little is known about students who enter accelerated BSN programs other than the following two points: They have bachelor's degrees in other disciplines, and some were employed for up to 30 years in other professions. A need exists to investigate students in these programs because coursework is presented at a much more rapid pace than in traditional programs (Seldomridge & DiBartolo, 2005; Youssef & Goodrich, 1996). Investigating the graduates of accelerated programs has permitted identification of

circumstances that facilitate or hinder the development of professional identity.

According to Dr. Meyer (personal communication, November 18, 2004), individuals entering the accelerated BSN programs are a different type of student. Not only are they second degree students, they are good students who have been successful in school. Furthermore, nurse educators are not attuned to the learning process of this population (C. Meyer, personal communication, November 18, 2004).

CHAPTER II

REVIEW OF LITERATURE

Introduction

As colleges and universities nationwide investigated creative ways to attract students to nursing, accelerated nursing programs for nonnursing graduates or second-degree students emerged. These baccalaureate nursing (BSN) programs, which have been in place for over 25 years (Meyer, Hoover, & Maposa, 2006), are full-time programs of 12–18 months in duration, provide uninterrupted summer study, transition second-degree students into nursing, and represent the fastest-growing type of nursing program in the United States (AACN, 2003a, 2003b).

With the rapid pace of accelerated nursing programs, the question arises of socializing second-degree students into nursing within the short time frame of an accelerated program, especially in light of their socialization into previous professions, some, as in this study, for 16 years or more. Socializing accelerated students into nursing involves not only the acquisition of knowledge, skills, and characteristics of nursing but also the behaviors and attitudes of nurses (Hardy & Conway, 1988). Is it possible to socialize accelerated students into nursing in 12–18 months when the literature suggests that socialization takes longer than the 3 or 4 years of a traditional bachelor of science in nursing (BSN) program for some students? Despite being the fastest-growing type of nursing program, little research on students in accelerated programs has been done. The review of literature that follows covers nonnursing accelerated programs, accelerated

BSN programs, socialization and professional identity, stages of nursing, and the affective domain. To understand acceleration fully, nonnursing accelerated programs were reviewed as well as accelerated nursing programs.

Accelerated Programs

At the time of this writing, accelerated college programs, which originated during the 1970s, experienced rapid growth (Husson & Kennedy, 2003; Wlodkowski, 2003). According to projections 25% of the student enrollment in accelerated programs during the next 10 years would comprise adults (Wlodkowski). Accelerated baccalaureate nursing programs are the fastest-growing type of nursing programs (AACN, 2003a; Meyer et al., 2006; Wink, 2005). With the need for a potential million new nurses by 2010, accelerated programs are perceived as a creative way to attract more nurses (AACN, 2003a). Students have entered accelerated nursing programs because of job opportunities, rapid program completion, failure to be admitted to medical school, desire to change careers and to rejoin the work force (Kearns, Shoaf, & Summey, 2004; Wu & Connelly, 1992).

Accelerated programs were designed in response to a larger number of working, older adults returning to college for degrees (Husson & Kennedy, 2003). At the time of this writing students enrolled in accelerated programs were 25 years old or older, required a college education to further their careers, and needed additional education to acquire skills and knowledge for fruitful careers (Wlodkowski, 2005). These students included more men and individuals from diverse ethnic and racial backgrounds (Wink, 2005).

Accelerated BSN programs require that all prerequisite courses, such as anatomy, physiology, and chemistry, have been completed prior to admission. The accelerated BSN students engage in the same number of classroom and clinical hours as traditional baccalaureate students, but these are compressed into a shorter time frame. Research has shown that completion of a BSN program in 12–18 months in contrast with the traditional 3- to 4-year program has not apparently affected nursing licensing examination passage rates. Seldomridge and DiBartolo (2005) found that second-degree nursing students not only “performed at a much higher academic level,” but also “had a better first-time pass rate on the licensing examination than did traditional students” (p. 67). On the contrary, Shiber (2003) found no significant difference between accelerated and traditional students’ first-time pass rate on the licensing examination.

Wlodkowski (2003) found that adult students in accelerated college programs benefited from prior college experience, were more determined and successful, and were more persistent if receiving financial aid; furthermore, more women than men were likely to graduate from accelerated programs. To promote success in accelerated programs, educators must possess an understanding of adult learners and focus on their learning needs, develop programs specifically with adult learners in mind, maintain the same standards and rigor as the traditional programs, provide flexible class scheduling at multiple sites, focus on customer service, and have a commitment from the college leadership to maintain quality courses (Husson & Kennedy, 2003). According to the review of literature, characteristics of accelerated BSN students have not been completely

identified, and the literature indicates that more research is needed on accelerated BSN students; however, the concept of the accelerated program provides a solution for the nursing shortage by graduating baccalaureate-prepared nurses at a more rapid rate.

Accelerated BSN Programs

Accelerated BSN programs originated in the 1970s, the first at St. Louis University School of Nursing, for individuals already holding bachelor's degrees in areas other than nursing (Cangelosi & Whitt, 2005). These programs were designed specifically to allow individuals with bachelor's and higher degrees to enter the profession of nursing in 12–16 months (AACN, 2003a; Wink, 2005; Wu & Connelly, 1992).

At the time of this writing the fastest-growing type of nursing program (AACN, 2003a), accelerated BSN programs were rapidly proliferating. Accelerated students carried heavy course loads in addition to the clinical experience. These students completed the same number of clinical and classroom hours as their traditional baccalaureate counterparts. The AACN (2003a) reported a preference by employers for these graduates because they have been found to possess higher degrees of skill and content knowledge, are more mature, present stronger clinical skills, and comprehend and learn more rapidly.

Research on Accelerated BSN Programs

The literature on accelerated BSN programs includes studies on the following: (a) pass rates on the National Council Licensure Examination for Registered Nurses

(NCLEX-RN) (Bentley, 2006), (b) individuals entering these programs (Meyer et al., 2006; Seldomridge, & DiBartolo, 2005), (c) critical thinking skills (Brown, Alverson, & Pepa, 2001), (d) effective development and evaluation of accelerated programs (Kearns et al., 2004), (e) student experiences in accelerated BSN programs (Toth, Dobratz, & Boni, 1998), (f) attitude of second-degree students toward nursing (Toth et al., 1998); and (g) reasons for entering accelerated BSN programs (Wu & Connelly, 1992). In most instances, only one study, in some cases two, had been done on the aforementioned topics. A review of these articles follows.

Bentley (2006) conducted a comparison of traditional and accelerated baccalaureate nursing graduates to determine whether science grade point average, HESI (Health Education Systems, Inc.) specialty-exam scores (pediatric, maternity, medical surgical, and psychiatric), HESI exit-exam scores, and nursing clinical course grades significantly affected their passing the NCLEX-RN licensure examination. Results for both traditional and accelerated students indicated that if, for example, they presented low science grade point averages upon entry into the program, they required advising on test-taking skills; and scores on the exit HESI exam correlated with NCLEX pass rates. Results of this study revealed that students in accelerated programs had a higher NCLEX pass rate, but the difference between pass rates for traditional and accelerated students was not statistically significant. Bentley (2006) cited the need for more research on accelerated students.

In a second study of accelerated BSN students, Cangelosi and Whitt (2005)

conducted a literature review to examine effective development and evaluation of accelerated programs. Results indicated that the demand for accelerated BSN programs has greatly increased because of company downsizing resulting in unemployment and the increased desire to assist other human beings in addition to universities promoting accelerated BSN programs to help ease the nursing shortage (Cangelosi & Whitt). What little research examining effective development and evaluation of accelerated programs was conducted during the 1990s and limited in scope with questionable applicability to current programs (Cangelosi & Whitt).

Wu and Connelly (1992) found that students who entered accelerated nursing programs did so because of improved employment opportunities, shorter time frame for program completion, and upward mobility. They concluded the following: (a) Nonnursing graduates who desire to enter nursing are interested in the shorter, accelerated nursing programs because of personal and financial responsibilities; (b) nursing schools should recruit individuals from the social and behavioral sciences as well as health care workers and those employed in health care settings; and (c) a need exists for federal, state, and local financial support to assist in the effort to attract more individuals to nursing in an effort to curb the nursing shortage (Wu & Connelly, 1992).

Vinal and Whitman (1994) investigated the differences between BSN students enrolled in accelerated and traditional programs using the Community Health Orientation Scale and the Bem Sex-Role Inventory. Few differences emerged, but among them were demographics, academic achievement and professional goals; content analysis showed

that both groups similarly defined nursing (Vinal & Whitman). Second-degree students were “highly motivated and goal directed” (Vinal & Whitman, p. 39), vocal about their learning experiences, and displeased about spending class time on nonnursing course content; furthermore, they expressed the “need for hands on experience” (Vinal & Whitman, p. 39) and were highly successful, attaining GPAs of 3.5 and above.

A Profile of Accelerated Nursing Students Pursuing Second Bachelor's Degrees

Seldomridge and DiBartolo (2005), who conducted one of only two published studies on accelerated BSN students, recognized the dearth of literature about them. The purposes of their descriptive study were to learn more about individuals entering accelerated BSN programs, to identify how students enrolled in accelerated programs differed from those enrolled in traditional programs, and to determine whether academic performance differed. Using two-sample *t* tests, they examined differences in admission GPA, scores on a standardized NLN achievement tests, and average test scores in 4 didactic nursing courses. Results indicated that accelerated students demonstrated a somewhat higher pass rate on the nursing licensing examination than traditional students, but no significant difference emerged on admission GPA for students in accelerated and traditional programs (Seldomridge & DiBartolo, 2005). Comparison of academic variables showed that students in accelerated programs outperformed those in traditional programs in “test averages from introductory and advanced medical/surgical, research, and psychiatric nursing courses, final GPA, and percentile scores on the National League

for Nursing (NLN) Baccalaureate Achievement Test” (Seldomridge & DiBartolo, 2005, p. 66).

An unexpected finding was a 25% no-show rate (those who were accepted into the program but never enrolled in the program) for accelerated students, six times higher than that for traditional students (Seldomridge & DiBartolo, 2005). Attrition rates for second-degree students were caused by the “rapid pace and intensity leading to unsatisfactory academic performance (50%), nursing not being what the student expected (25%), or unanticipated personal issues (25%)”; and traditional students’ reasons for leaving included the “inability to meet academic standards (65%) or change of career choice (35%)” (Seldomridge & DiBartolo, p. 67). Shiber (2003) stated a 3% or less attrition rate for accelerated students as compared to 6% to 7% for traditional students. In Seldomridge and DiBartolo’s (2005) study, which was conducted over 6 years, attrition rate was one to two students per cohort, most frequently occurring in the first semester of the program.

Differences in attrition rates of accelerated students and traditional students might be attributed to preconceived ideas these students held about nursing prior to entry into the program. Socialization involves acquisition and internalization of new roles, knowledge, and skills as well as the acquisition of behaviors and attitudes typical of the members of this profession; accelerated students enter nursing with a deep sense of altruism and self-reflection about their current employment situations, which has resulted in their intense desire to make a difference in the lives of others.

Critical thinking skills of accelerated BSN students have also been investigated. Critical thinking abilities of BSN students enrolled in accelerated and traditional programs were examined using the Watson–Glaser Critical Thinking Appraisal (WGCTA) (Brown et al., 2001). A paired *t*-test to measure differences on pretest and posttest results on the WGCTA revealed that traditional students who completed the program in 2.5 years and the RN-BSN students who completed the program in 2 years demonstrated a significant increase in critical thinking ability, but the accelerated students demonstrated no significant difference on the pretests and posttests (Brown et al.). These authors concluded that the rapid pace of the accelerated program may not have allowed for adequate opportunity for these students to “question and reflect on the information presented” (Brown et al., p. 7). They surmised that because students in accelerated programs were required to complete liberal arts courses prior to entry into the program and students in traditional programs completed liberal arts courses along with nursing courses, liberal arts courses may have stimulated development of critical thinking skills not reflected on the WGTA.

In addition to NCLEX pass rates and the profile of accelerated BSN students, an exploratory study was conducted to examine accelerated BSN students’ satisfaction with traditional versus web-based course delivery methods by evaluating “mean aggregate final course grades and composite examination scores” (Kearns et al., 2004, p. 280). Results indicated that the web-based method of course delivery was more effective than the traditional method for the following reasons: ease of accessibility of resources, timely

and frequent feedback of the instructor, and use of enhanced web-based delivery (Kearns et al.). The web-based group scored higher on the evaluation measures of mean final course grades and composite examination scores but had lower satisfaction scores although they would willingly participate in web-based courses again (Kearns et al.). Conclusions were that web-based course delivery may appeal to potential nontraditional students and lead to an increase in enrollment of nontraditional students (Kearns et al.).

Working with accelerated BSN students, Youssef and Goodrich (1996) determined that nursing educators must teach creatively, responding to the life experiences and earlier educational experiences of these students. They would benefit from computer-assisted instruction and self-study as an alternative to lecture-only courses (Youssef & Goodrich). Because accelerated BSN students bring a wealth of life experiences, maturity, and previous academic experience to the educational setting, Wu and Connelly (1992) determined that they would be able to accomplish the coursework at a more rapid rate. These researchers suggested that web-based and computer-assisted instruction would benefit students in accelerated BSN programs: Course work could be completed at the students' convenience because many of them were employed and had families. Interaction with faculty and peers and involvement with professional organizations facilitates socialization, so web-based and computer-assisted instruction could have a negative impact on socialization.

Toth et al. (1998) compared the attitude toward nursing of second-degree and traditional baccalaureate students to identify their personal attitudes toward nursing.

Nursing Views Questionnaire, renamed the Nursing Attitudes Questionnaire (NAQ), was used to obtain data pertaining to attitude. A two-tailed independent t test was used to test the null hypothesis that no differences in attitude existed between accelerated and traditional students (Toth et al.); no difference was found between the two groups of students. Toth et al. stated that attitudes toward nursing have multiple influences: experience with nurses prior to and after entry into the program, classroom experience, and clinical experience. Because accelerated BSN students have had experience with and in the healthcare system prior to entering nursing, the researchers concluded that these students were fairly well versed in the role of the nurse.

Although increasing numbers of scholars have been conducted on accelerated BSN students, they have confined themselves to critical thinking skills and NCLEX pass rates. No replication studies have been found nor have studies been conducted addressing socialization of accelerated BSN students or graduates.

Socialization

Socialization and professional socialization are defined differently and similarly, and the definitions often overlap. These definitions describe socialization as a process, an outcome, and internalization of values. For this study, socialization will be defined as a process; and professional socialization, as internalization of values.

Review of Definitions

Socialization has been defined as the process of learning new roles, knowledge, skills, and characteristics and as the acquisition of behaviors and attitudes allowing

individuals to become members of groups and society (Hardy & Conway, 1988; Hinshaw, 1977). During socialization individuals internalize these roles, knowledge, skills, and behaviors as they enter into new occupational roles (Hinshaw). In nursing, socialization has two components: formal socialization, during which students learn from the faculty how to care for and interact with patients; and informal socialization, which occurs as students witness nursing care in the clinical setting and engage in student professional organizations.

Although defined as the process involving the acquisition of knowledge, skills, and professional identity characteristic of the profession, professional socialization includes the development and internalization of the values and norms of the profession (Cohen, 1981). More specifically, Chitty (1993) defined professional socialization as “the process of internalization and development of an occupational identity” (p. 137), occurring primarily during the time students are in nursing school and continuing after graduation and entry into nursing practice.

Others define professional socialization as acquisition of knowledge, skills, values, attitudes, and behavior required to execute the professional role (Blais, Hayes, Kozier, & Erb, 2002; Howkins & Ewens, 1999), but the internalization of these characteristics is absent. For this study, professional socialization includes the internalization of these characteristics.

Socialization of Nursing Students

Nursing students become socialized into nursing during their formal academic

experience as they learn “new knowledge, skills, values, and attitudes of nursing” (Hinshaw, 1977, p. 108). Through this exposure to the culture of nursing in the academic and clinical settings, students internalize the profession of nursing (Hinshaw). The process of socialization varies from student to student: Some transition rapidly through the socialization process, but others transition more slowly and with difficulty. Slower transition may result from preconceived views on nursing stemming from personal and family experiences as well as the media, views that may be challenged upon entering a nursing program.

Socialization need not be a passive process for students. Chitty (2005) identified ways in which students can actively engage in the socialization process, for example, student interactions both in and out of class, formation of study groups, identification of role models, and participation in student nursing organizations. Professional socialization is an essential process needed to transform students into functioning professionals (Chitty).

The four goals accompanying professional socialization of students follow: (a) learn the “technology of the profession—facts, skills, and theory; (b) learn to internalize the professional culture; (c) find a personally and professionally acceptable version of the role; and (d) integrate this professional role into all the other life roles” (Cohen, 1981, p. 15). Of considerable importance, the process of socialization may not entirely occur during the 4 years of the program (Cohen, 1981). Although students progress through the socialization process at different rates, they must achieve all four of the goals for

socialization to be completed and to be comfortable in this role (Cohen).

Professional socialization may be viewed either as a process or an outcome.

When viewed as a process, professional socialization “transmits values, norms, and ways of seeing that are unique to the profession and provides a common ground that shapes the ways in which work is conducted and allows members of the profession to communicate effectively” (Blais et al., 2002, p. 9). Viewed as an outcome, professional socialization is the development of the professional identity the student assumes once she or he possesses the knowledge and responsibilities of the profession (Blais et al.). Whether viewed as a process or an outcome, professional socialization is interactive and the means through which professional identity is developed. The process is lifelong (Blais et al.).

Factors Affecting Socialization

Many factors affect the professional socialization of nursing students; these include family, friends, peers, the media, faculty, patients, and others in healthcare roles. These factors greatly influence novice nursing students and may challenge their views of the nurses’ role. Professional socialization is the “means of developing professional identity,” which is a lifelong process (Blais et al., 2002, p. 16).

Felton (2006) assumed that all nursing graduates possess a nursing identity, and it reflects on nursing as a profession. The characteristics of nursing identity possessed by graduates include the following:

1. Technical and interpersonal competencies that are important to performance after graduation and that are likely to endure;

2. High-level communication and computation skills and technological literacy that enable the graduate to gain and apply new knowledge and skills as needed;
3. Ability to arrive at informed clinical judgments, that is, to define problems, gather and evaluate information related to those problems, and develop solutions to manage multiple problems effectively;
4. Ability to function in a diverse community, including knowledge of different cultural and economic contexts; and
5. A range of attitudes and dispositions including self-awareness, empathy, and flexibility and adaptability. (Felton, p. 4)

Although Felton argued that all nursing graduates possess the foregoing characteristics of nursing identity, some scholars disagree based on evidence from the research on socialization and the development of professional identity.

Research on Socialization, Professional Identity

In a study entitled “How Students Experience Professional Socialization,” Howkins and Ewens (1999) investigated socialization, defining it as “the process by which professionals learn during their education and training, the values, behaviors, and attitudes necessary to assume their professional role” (p. 41). They explored professional socialization in light of personal construct psychology, which holds that individuals have the capacity to change the way in which they view the world. In order to do so, however, they must be conscious of the manner in which they view the world (Howkins & Ewens). In this qualitative study the researchers examined how students specializing in

community nursing interpreted their role and the changes that occurred in their views during their education and training.

Three themes emerged: the “development of the graduate practitioner, gaining a better understanding of own role, and adopting less polarized views” (Howkins & Ewens, 1999, p. 44). Development as a graduate practitioner was seen in the changing views of the students as they progressed through the course and in their professional practice. A better understanding of their role was supported by students’ comments that the course provided them with a greater understanding of their role. Lessening of polarized views was supported in that students concluded that professional roles were not as easy to define as they originally believed. Professional socialization occurred as students reconstructed and reflected on their roles and revised their personal views (Howkins & Ewens, 1999). This is facilitated in the curriculum through integration of theory and practice as well as emphasizing the need for lifelong learning (Howkins & Ewens, 1999). Professional socialization is not only complex and diverse but also dynamic and continually changing.

Secrest, Norwood, and Keatley (2003) investigated professional socialization in their study entitled “‘I Was Actually a Nurse’: The Meaning of Professionalism for Baccalaureate Nursing Students.” A phenomenological qualitative study using an interpretive framework was used to determine patterns or themes of an experience. Data analysis of interview transcripts revealed three themes: belonging, knowing, and affirmation. Students identified belonging as a valued aspect of nursing. Camaraderie

with other students and nurses was identified as essential as well. The sense of belonging provided the students with a sense of being a professional. Knowing was identified as occurring when students were able to answer patients' and families' questions. This provided a sense of competence and made them feel a part of the healthcare team. Students experienced affirmation with their knowledge and the point at which they felt that they made a difference; in other words affirmation was equated with external validation. These themes of belonging, knowing, and affirmation occurred as a result of course content as well as the clinical experience.

Secrest, Norwood, and Keatley (2003) asserted that the nursing curriculum focuses on the knowledge and skills students need for professional practice. Recommendations included the following: (a) Nursing professions courses would be more beneficial if offered earlier in the curriculum, for example, at the entry level, to allow students more time to reflect on their chosen career; (b) students should begin clinical experience in community settings where it is easier for them to develop professional relationships, enabling them to build a sense of professionalism and feel like part of a team; (c) student assignments should be made with nurses who will positively facilitate the student's growth; and (d) mentors should be assigned to facilitate the sense of belonging.

Ohlen and Segesten (1998) conducted a study on professional identity entitled "The Professional Identity of the Nurse: Concept Analysis and Development." Its purpose was to clarify the theoretical aspects of professional identity and investigate the

implications for nursing practice. Semistructured interviews were conducted to examine the meaning and development of professional identity, which were analyzed along with the review of literature. The analysis attended to three dimensions: personal, interpersonal, and sociohistorical.

In terms of the personal dimension, professional identity was directly related to and integrated with the nurse's personal identity, which is integral to the development of professional identity (Ohlen & Segesten, 1998). A nurse who has established a professional identity not only possesses the confidence to provide nursing care skillfully and responsibly but also displays an awareness of resources and limitations. Nurses identified as possessing professional identity exhibited the personal characteristics of "self-knowledge, curiosity, generosity, tolerance of stress, professional knowledge, and trust in one's own capacity and feelings" (Ohlen & Segesten, p. 722). The most distinguishing characteristic was the "feeling of being a nurse as opposed to working as a nurse" (Ohlen & Segesten, p. 722).

With regard to the interpersonal dimension, professional identity has been shown to be not only dependent upon the nurses' internal and external self-perception, but it also develops during the process of socialization or internalization of knowledge, skills, and values of nursing during interactions with other nurses (Ohlen & Segesten, 1998). The process of socialization is lifelong and interactive, beginning in nursing school and continuing throughout the nurses' professional life. Nurses identified reflective discussions with colleagues as important to the development of professional identity.

Historically, nursing has been viewed as a female profession, reducing its significance as a profession because of gender segregation (Ohlen & Segesten, 1998). Media portrayal of nurses has reinforced this stereotypical gender segregation.

The major concept emerging from the work of Ohlen and Segesten (1998) was the integration of professional identity (professional self-image) and personal identity (self-image) of the nurses. Professional identity requires a realistic professional self-image, possession of professional pride, and honesty.

Du Toit (1995) investigated professional socialization in “A Sociological Analysis of the Extent and Influence of Professional Socialization on the Development of a Nursing Identity Among Nursing Students at Two Universities in Brisbane, Australia.” Professional socialization was defined as the process occurring when “professions apply certain procedures in order to merge novice practitioners into the profession to become successful professional practitioners” (du Toit, p. 164). Professional socialization, according to du Toit, is a developmental progression of adult socialization involving an implicit identity recognized by others as well as internal recognition and internalization of this identity. This study investigated possession of nursing identity and whether or not professional socialization facilitated its development. Because of changes made to nursing education in Australia, specifically moving nursing education out of hospitals and into tertiary institutions, a noticeable decline occurred in student nurses’ exposure to the role models in hospital settings. This move, however, created new role models. Under Cohen’s definition of professional socialization, an individual acquires the knowledge

and skills characteristic of members of the profession; it includes the internalization of the values of the profession, when the individual relinquishes the stereotypical societal and media views of the profession and assumes those held by members of the profession.

Du Toit (1995) selected the Nursing Departments at Queensland University of Technology and the Australian Catholic University for her study. She used questionnaires that included the Professional Socialization Scale to identify the scope of professional socialization. Participants were 2nd- and 3rd-year students. Results indicated that professional socialization was low for 11.6% of the participants and exceptionally low for 1.2% of them; 88.4% were slightly above the midpoint, and 6-9% were highly professionally socialized (du Toit).

Few statistically significant differences resulted from the biographical variables on the Professional Socialization Scale perhaps because the sample size was small and the study was conducted during the second semester of the 1st year (du Toit, 1995). According to du Toit, however, statistical significance emerged as the result of exposure to faculty as role models in the first semester and to professional nurses and patients in the second semester. In addition, du Toit stated that significance resulted from differences in teaching and selection approaches at the two universities that participants attended. The Australian Catholic University implemented a teaching method focusing on the generic concept of caring, engaged students in discussions regarding course materials, and admitted students based on personal interviews and essays about why they wanted to be nurses. Queensland University of Technology engaged in didactic teaching methods

and selected students based on TE scores achieved during the final year of secondary school (du Toit). Du Toit determined that the development of professional identity could be facilitated for students through discussions with faculty about students' views on nursing and the role of the nurse throughout the educational program.

Cook, Gilmer, and Bess (2003) investigated professional identity in a qualitative study entitled "Beginning Students' Definitions of Nursing: An Inductive Framework of Professional Identity" in which they asked 109 nursing students the following question: "What is your definition of nursing?" (p. 313). Data analysis revealed three themes: "nursing as a verb, noun, and transaction" (Cook et al., p. 315). Nursing understood as a verb was characterized by "caring, nurturing, teaching, implementing, assessing or analyzing, advocating, and managing" (Cook, et al., p. 315). Of these, caring was more important than implementing and managing. Nursing as a noun encompassed the categories of "profession, holistic system, connecting system, delivery system, and discipline" (Cook, et al., p. 316), and nursing as a transaction incorporated the following: "promotion of health, treatment of illness, prevention of illness, and promotion of self-care" (p. 316). In this study very few nursing students addressed descriptions of "ethics, cultural, legal, and economic issues" in the clinical setting (p. 316). Nursing was not always seen as a meaningful part of the healthcare delivery system, nor was it seen as a distinctive discipline, indicating that curriculum should be expanded to include development of professional identity.

Spouse (2000) investigated the nature of preregistration nursing students' images

and beliefs at the time of admission into the program and the impact these had on their desire to become nurses in England. Students entering nursing programs possessed strong beliefs and images as to what they believed they would do as nurses. “An Impossible Dream? Images of Nursing Held by Preregistration Students and Their Effect on Sustaining Motivation to Become Nurses” was a naturalistic, longitudinal study conducted to obtain an understanding of factors that influence how preregistration nursing students attained knowledge in the clinical setting. Participants consisted of ten 1st-year students in the clinical module in the 4-year BSN program in the United Kingdom. Focus groups and individual interviews were conducted and audiotaped. Data were analyzed using the constant comparative method. Findings revealed that 7 of the 10 students expressed preconscious images, which appeared to have developed over time and pertained to student–patient relationships; not all the students possessed an apparent awareness of what was involved or the direction they would pursue in the workforce. As a result of this study, Spouse recommended that nursing students be encouraged to identify and articulate their ideal images of nursing; furthermore, course curriculum and clinical experiences should support this.

Fagermoen (1997) conducted a descriptive study to examine professional identity, defined as “the values and beliefs held by the nurse that guide her/his thinking, action and interaction with the patient” (p. 435). The theoretical framework was devised from symbolic interactionism, moral philosophy, and work-sociology. With this framework in place, professional identity emerges from the processes of social interaction and self-

reflection. Identity develops in response to “moral and work values” (Fagermoen, p. 436).

Data was collected via questionnaires completed by Norwegian nurses at specific time periods in 1980, 1985, and 1990 and from in-depth interviews and written descriptions on values fundamental to professional identity. Findings indicated a higher degree of diversity with regard to value-expressions related to others (Fagermoen, 1997). The core value of the nurses was found to be human dignity, yet the guiding philosophy was that of altruism. Fagermoen deemed that a transcultural common core of professional identity existed, evident in the values of “dignity, personhood, being a fellow human being, and reciprocal trust,” which identified nursing as a “human and moral practice” (Fagermoen, p. 439). Professional identity initially originated from altruistic motivation but was modified as the nurses became more experienced, not only with practice but with interactions with peers, patients, and family members (Fagermoen).

Meyer et al. (2006) studied the profile of accelerated BSN graduates. These researchers examined the following: “students’ reasons for choosing an accelerated program”; “students’ assessment of the BSN experience”; and “students’ postgraduation plans for a career in nursing” (Meyer et al., p. 325). Results indicated that the students chose the program mainly because of its “reputation, duration, and location” (Meyer et al., p. 326). Most of the graduates were satisfied with the accelerated program, and these graduates were vigorously recruited.

Progression through socialization coincides with progression through the stages of nursing that Benner (1984) identified. These stages are based on the five stages of skill

acquisition as students progress through the stages of novice to expert, the subject of the next section.

Stages of Nursing

Skill Acquisition

Dreyfus and Dreyfus (1986) identified five stages of skill acquisition—novice, advanced beginner, competence, proficiency, and expertise—which Patricia Benner (1984) adapted and applied to nursing. According to Dreyfus and Dreyfus (1980, 1986) the novice acquires a new skill through the instructional process, simultaneously learning facts and characteristics pertinent to this skill as well as the appropriate occasions to use it based on facts and characteristics (Dreyfus & Dreyfus, 1986). The novice becomes an advanced beginner after improving performance to an acceptable level, having spent a considerable amount of time in actual situations (Dreyfus & Dreyfus, 1986). During competence, the third stage, the individual with a “goal in mind sees a situation as a set of facts” (Dreyfus & Dreyfus, 1986, p. 24). In the fourth stage the proficient individual becomes “deeply involved in the task,” experiencing it from a “specific perspective” from recent events (Dreyfus & Dreyfus, 1986, p. 28). The expert usually recognizes what course of action to pursue based on a “mature and practiced understanding” (Dreyfus & Dreyfus, 1986, p. 30).

In a phenomenological study entitled *From Novice to Expert*, Benner (1984) investigated the five stages of nursing to examine the “differences between practical and theoretical knowledge, provide examples of competencies identified from the study of

nursing practice, describe aspects of practical knowledge, and outline strategies for preserving and extending that knowledge” (p. 2). Her descriptions of the stages of nursing follow.

Novice

Novices are beginners without prior experience in the area in which they are expected to perform. Student nurses are novices: They are taught basic skills, such as taking temperatures, pulses, respirations, blood pressures as well as bathing patients and bed making for their entry into the clinical setting for the first time. These skills require no situational experience. At this stage beginners learn context-free rules to direct them (Benner, 1984). Because beginners possess limited knowledge and experience, their behavior is rigid and limited (Benner). This is not true only of students but also of nurses who transfer to an area in which they have no experience.

Advanced Beginner

Advanced beginners demonstrate minimally satisfactory performance, having experienced enough real-life situations to be able to recognize recurring meaningful situational characteristics or aspects of the situation (Benner, 1984). For aspects, such as readiness for patient teaching, to be recognizable by advanced beginners, prior experience is needed for recognition. Through instruction and guidance by nursing instructors, advanced beginners develop the ability to formulate principles that require prior experience. Advanced beginners require support in the clinical setting and assistance with priority setting and time management.

Competent

Employed in the same or similar area for 2–3 years, competent nurses have consciously developed long-range plans for themselves to facilitate their practice, both present and future, based on “considerable conscious, abstract, analytic contemplation of the problem” Benner, 1984, p. 26). Although competent nurses have gained mastery of skills (e.g., organizational ability) and engage in conscious and deliberate planning, they lack the speed and flexibility of proficient nurses, who benefit from engaging in decision-making games, which provide them with practice in planning and coordinating the care of patients with complex health issues (Benner).

Proficient

In the proficient stage the nurse sees a situation, not as parts, but as a whole in light of long-term goals. At this stage instruction is best done inductively, incorporating clinical circumstances to help the nurse identify what to expect in different kinds of situations. Learning from experience, proficient nurses gain a deeper understanding of situations and know how to make appropriate adjustments (Benner, 1984).

Expert

The expert nurse has an intuitive awareness of situations and does not need to rely on rules and guidelines to “[understand] the situation” or to identify the “appropriate action” (Benner, 1984, p. 31). The expert “operates from a deep understanding of the total situation” (Benner, p. 32). “Experience is a requisite for achieving expertise . . . [and results] “when preconceived notions and expectations are challenged, refined, or

disconfirmed by the actual situation” (Benner, p. 3). Experts not only know what needs to be attained but also possess the knowledge required to attain the goal (Dreyfus & Dreyfus, 1996). In normal situations, “experts don’t solve problems and don’t make decisions; they simply do what experience has shown normally works, and it normally works” (Dreyfus & Dreyfus, 1996, p. 42). As nurses negotiate the stages of nursing, the affective domain plays an integral role in their advancement to the expert stage.

Affective Domain, Feeling of Being

The acquisition of the feeling of being a nurse emerges as the internalization of attitudes, values, knowledge, and new roles; in other words, “all behavior connected with feelings and emotions” (Ringness, 1975, p. 5) occurs during the process of socialization (Ringness). The “process by which the phenomenon or values successively and pervasively become a part of the individual” (Krathwohl et al., 1964, p. 28), internalization puts the locus of learning on the individual (Krathwohl et al.). Because internalization or embracing of new values is a gradual process, it varies from individual to individual. Internalization for both socialization and affective learning is similar, and it is viewed as a gradual process varying from individual to individual. Affective learning specifically focuses on feelings, emotions, and values and lends itself to the “feeling of being a nurse.” (See Table 1 Affective Domain.)

This emotional component directs one’s goal preferences and means of procuring these goals (Ringness, 1975). Attitudes, values, and philosophies of life have an impact on goal preferences and goal attainment. Attitudes and values include the passion

associated with feeling like a nurse as demonstrated in patient advocacy when nurses protect their patients from harm when the latter are unable to do so or to ensure that patients receive proper medication and comfort (Zerwekh, 2006).

The development of the affective domain is not so readily apparent, however, because the development of attitudes, values, and personal characteristics occurs gradually. It is possible to foster the development of affective behaviors with the inclusion of appropriate learning experiences (Krathwohl et al., 1964). Incorporating experiences that “reflect the worth and dignity of each human being” is integral in fostering the development of the affective domain (King, 1984, p. 48).

At the level of receiving, learners become conscious of a phenomenon. Previous life experiences with similar phenomena will impact their attitudes, values, and feelings toward the phenomenon under study (King, 1984). Awareness compels learners to develop a consciousness of a phenomenon (King). At this point they have a willingness to receive; in other words they will attend to the phenomenon under study. Learners then progress to the point where they themselves begin to control circumstances and are able to choose appropriate intervention.

Responding moves along a continuum from that of compliance through feeling a degree of satisfaction (King, 1984). In the phase of acquiescence in responding, learners are involved in making a response but “have not fully accepted the rationale” (King, p. 53) for the response. Willing to respond, learners do so via free choice. At this point they demonstrate suitable behaviors reinforced by the environment (King). Satisfaction in

response is indicated when learners are willing to respond; they experience satisfaction from their behavior. Internalization of the feelings of satisfaction increases the occurrence of the behavior.

Valuing connotes the worthiness of the phenomenon (King, 1984). The learners are then able to describe the significance of the phenomenon consistently so that others can identify the value associated with the phenomenon. Learners having identified the significance of a phenomenon are able to pursue it actively. At the level of commitment, learners experience an emotional acceptance of the belief. As such the value is lasting, and personal energy is invested in the belief.

Organization is the means by which the value system is conceptualized and classified (King, 1984). At this point learners can see how the value “relates to those they already hold or to new ones they are coming to hold” (King, 1984, p. 57). Learners are now able to organize the value and conflicting values in an orderly fashion.

Characterization by a value or value complex rarely if ever occurs during the educational time frame because this continues throughout life and may require a lifetime to accomplish (King, 1984). When individuals possess this level of value(s) internalization, their behaviors are not only congruent with the value(s); but they have also integrated these value(s) into their “personal philosophy of life” (King, p. 59). At this level (generalized set) responses to situations are consistent in relationship to attitudes and values of the individuals. The level of characterization is identified with the development of a consistent philosophy of life and “may be described as maturity” (King,

p. 59).

In summary, the affective domain consists of receiving, responding, valuing, organization, and characterization by a value or value complex. Receiving is the stage during which the individual becomes aware of a new phenomenon. In the responding stage, the individual makes a response based on information available at that point in time. During the organization stage the individual handles values and conflicting values in an orderly manner. Characterization by a value continues throughout life and may never fully be realized.

Table 1

Affective Domain

- 1.0 Receiving (attending)
 - 1.1 Awareness
 - 1.2 Willingness to receive
 - 1.3 Controlled or selected attention
- 2.0 Responding
 - 2.1 Acquiescence in responding
 - 2.2 Willingness to respond
 - 2.3 Satisfaction in response
- 3.0 Valuing
 - 3.1 Acceptance of a value

Affective Domain

- 3.2 Preference for a value
 - 3.3 Commitment (conviction)
 - 4.0 Organization
 - 4.1 Conceptualization of a value
 - 4.2 Organization of a value system
 - 5.0 Characterization by a value or value complex
 - 5.1 Generalized set
 - 5.2 Characterization. (Krathwohl et al., 1964, p. 95)
-

As learners progress through the affective domain, integrating the values, beliefs, feelings, and characteristics of nursing, what emerges is the “feeling of being.” However, no literature on the “feeling of being a nurse” was located.

“All behavior connected with feelings and emotions” (Ringness, 1975, p. 5) occurs during the process of socialization. As learners progress through the socialization process, the feeling of being that develops and emerges within them is important, not simply the way they feel toward others. Being and becoming are influenced not only by interactions with other students, instructors, and other nurses but by personal life histories as well (van Manen, 1991). These interactions contribute to the learners’ identity as well as professional identity (van Manen).

According to Ohlen and Segesten (1998) the feeling of being for the nurse is a

gradual and individual process and is a part of personal identity. Nurses describing the “experience and feeling of being a nurse” (Ohlen & Segesten, p. 722) were those who possessed a professional identity, which is described as a condition in which they developed a “realistic professional self-image . . . to feel professional pride and to be genuine” (Ohlen & Segesten, p. 724). Notably, Ohlen and Segesten defined socialization as a “lifelong process characterizing human development as well as human growth” (p. 722) and professional identity as the internalizing values, beliefs, knowledge, and skills as well as interacting with other nurses.

Socialization has been defined and studied as a process of the internalization of knowledge, values, beliefs, and skills of a profession, not in terms of the feeling of being. After an exhaustive search no additional literature addressing the feeling of being was located. Socialization into nursing entails more than the acquisition of knowledge, skills, values, and beliefs of the profession, namely nurses’ feelings and experiences in addition to the way others perceive them as nurses (Ohlen & Segesten, 1998).

Summary

Accelerated programs have been in existence since the 1970s. These programs were designed primarily for older adults returning to school for college degrees (Husson & Kennedy, 2003). Although not all accelerated programs are second-degree programs, accelerated BSN programs have been designed specifically for those individuals who possess a bachelor’s degree in another discipline. The first accelerated BSN program was developed in the early 1970s. At the time of this writing, accelerated BSN programs are

the fastest-growing type of nursing program. With the current nursing shortage these programs are perceived as a means of preparing qualified nurses to combat this shortage.

Controversy has surrounded accelerated programs, disagreement having arisen about the effect of a shorter time frame for completion of a program. Brookfield (2003) stated that accelerated programs do not allow for an adequate amount of time for trust building between students and faculty or for peer interaction; Wlodkowski (2003) stated that the accelerated format did not permit adequate time for reflection on course content. The AACN (2003a), however, reported a preference by employers for these graduates because they have been found to possess higher-level skills and broader educational background as well as a greater level of maturity, stronger clinical skills, and critical thinking skills; furthermore, they comprehend and learn more rapidly.

Research on accelerated BSN programs is limited; what has been published covers, for example, characteristics of individuals entering accelerated programs, NCLEX-RN pass rates, web-based delivery contrasted with traditional delivery of course content, acquisition of critical thinking skills, experiences of students in accelerated programs, and differences between traditional and accelerated students. Individuals entering accelerated BSN programs have been generally found to be more mature, highly motivated, and goal driven; furthermore, they possess diverse life experiences. These individuals enter with high grade point averages, maintain them, and successfully pass the NCLEX-RN; and graduates of accelerated BSN programs are considered to be highly desirable as employees (AACN, 2003a). Yet research investigating the socialization of

accelerated BSN students is scarce.

Socialization has been defined in numerous ways, including as a process. For instance, Hinshaw (1977) defined socialization as “the process of learning new roles and the adaptation to them, as such, continual processes by which individuals become members of a social group” (p. 18). Hardy and Conway (1988) defined socialization as

the process by which people (1) learn to become members of groups and society and (2) learn the social rules defining relationships into which they will enter.

Socialization involves learning to “behave, feel, and see the world in a similar manner as other persons occupying the same role as oneself. (p. 261)

By contrast Ohlen and Segesten (1998) stated that socialization is a “lifelong process characterizing human development as well as human growth” (p. 722). Although their definition implies the notion of process, they perceive socialization in terms of development and growth.

Conclusion

The review of literature revealed many studies involving socialization and accelerated programs. Studies on accelerated BSN programs and students are increasing, but the literature available is limited. Studies that have been conducted on accelerated BSN programs and students run the gamut from characteristics of the students to NCLEX-RN passage rates.

No supportive literature was found in which the socialization of accelerated BSN students or graduates was investigated, making the current study pioneering research. In

this study I have examined socialization in terms of the affective domain, not as job socialization, which is the focus of research on socialization in the literature. The feeling of being is part of the affective aspect of socialization, but socialization has not been examined from this perspective.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to investigate accelerated BSN graduates' acquisition of professional identity, specifically the feeling of being a nurse. The study is of particular importance because of the rapid pace at which students progress through the professional curricula in an accelerated BSN program and because to date no studies have been conducted on professional identity in terms of the feeling of being a nurse.

All students in accelerated BSN programs are second-degree students, who must undergo socialization into the profession of nursing, defined as learning new roles and expectations. This definition is almost identical to another definition of socialization: "the process of learning new roles and the adaptation to them, as such, continual processes by which individuals become members of a social group" (Hinshaw, 1977, p. 18), during which time individuals learn new roles, knowledge, and skills and enter into the process of internalizing these as they enter a new occupational position (Hinshaw). As individuals proceed throughout life and change jobs or career goals, they engage in the process of resocialization. This process, however, varies from student to student. Some transition rapidly through the socialization process while others transition more slowly and with difficulty (Chitty, 1993). This makes one question whether the rapid pace and short time frame of the accelerated BSN program inhibits or facilitates professional identity and development of the feeling of being a nurse.

Theoretical Framework for Research Methodology

Qualitative research was the preferred methodology for this study, the purpose of which was to investigate the subjective experiences of accelerated students, because little is known about those who enter accelerated BSN programs and because scant literature is available on these students and programs (Bentley, 2006; Cangelosi & Whitt, 2005; G. Meyer, personal communication, November 18, 2004; Seldomridge & DiBartolo, 2005; Youseff & Goodrich, 1994). Investigating graduates of an accelerated BSN program permitted the researcher to focus on their lived experiences while in the program and afterward to identify the point at which they first felt like nurses and to identify the circumstances that facilitated this transition. Qualitative research has enabled the researcher to investigate complex daily social interactions of the participants and the meaning that they attributed to those experiences (Marshall & Rossman, 1999). It is “pragmatic, interpretive, and grounded in the lived experiences of people” (Marshall & Rossman, p. 2).

Because this researcher specifically investigated the lived experiences of accelerated BSN graduates vis-à-vis the acquisition of a professional identity manifested by the feeling of being a nurse, a phenomenological approach was used. As a research method, phenomenology is a “rigorous, critical, systematic investigation of a phenomena” (Speziale & Carpenter, 2003, p. 56). Phenomenology is both a philosophy and a research method, which allows the researcher to describe a phenomena as a lived experience and demonstrate how it provides meaning to a person’s perception of a specific phenomenon (Speziale & Carpenter). A phenomenological approach is congruent

with nursing in that phenomenology investigates the whole, and nursing is a holistic practice in that it involves caring for persons from the perspective of mind, body, and soul.

The use of a phenomenological approach creates a situation in which participants are forced to reflect on their past experiences, thereby bringing these experiences into the conscious realm (Boud, Keogh, & Walker, 1985). New understandings of these experiences are the outcomes of the reflective process (Boud et al.).

A phenomenological study generally includes the fundamental phases of bracketing, intuiting, analyzing, and describing (Polit & Hungler, 1995). Bracketing consists of identifying and suspending any preconceived beliefs the researcher may have pertaining to the phenomenon under investigation. Intuiting occurs when the researcher focuses on the phenomenon in an attempt to derive meanings as experienced by the participants. The researcher then begins analyzing by “categorizing and making sense of the phenomenon” (Polit & Hungler, 1995, p. 198). Understanding and defining the phenomenon occurs in the descriptive phase.

Data were analyzed using Colaizzi’s (1978) procedural steps for phenomenology. Following are the procedural steps:

1. Read all participants’ descriptions in order to acquire a feeling for them.
2. Reread each description and extract significant statements. Phrases and statements that pertain to the phenomenon under investigation should be extracted.
3. Try to spell out the meaning of each significant statement. Evaluate meanings of each significant statement.

4. Organize the aggregate formulated meanings into clusters of themes to facilitate the emergence of themes.
5. Integrate the results into an exhaustive description of the investigated topic.
6. Formulate the exhaustive description of the investigated topic in as unambiguous a statement as possible.
7. Return findings to the participants for validation of the description. Incorporate new data, if revealed during the validation, into an exhaustive description. (pp. 59-62)

Research Questions

1. When and how did graduates of an accelerated BSN program first experience the feeling of being a nurse?
2. What experience(s) in the clinical setting after being employed as a registered nurse coincided with the feeling of being a nurse?

Setting

The setting was the accelerated BSN program at an urban university in northeast Ohio. At the time of this writing, the School of Nursing was accredited by the Commission on Collegiate Nursing Education (CCNE) and in full compliance with the Ohio Board of Nursing rules and regulations for prelicensure programs.

Admission requirements for the accelerated BSN program are listed below:

- Bachelor's degree from an accredited university with a minimum cumulative GPA of 2.5

- Successful completion of prerequisite courses with a minimum cumulative GPA of 2.75 (Anatomy & Physiology I & II, Chemistry I & II, Microbiology, Psychology, Sociology, Ethics, Statistics, and Computer Competency)
- Successful completion of National League for Nursing (NLN) Admissions Test with writing component
- Two letters of reference.

The accelerated BSN program necessitates full-time student status for four semesters.

The cohort entering in May graduates in August of the following year; the spring cohort entering in January graduates in May of the following year.

Accelerated BSN coursework entails the same number of clinical and nursing resource laboratory hours as the basic BSN program. Students in the accelerated BSN program graduate in six semesters. See Appendix B for program curriculum.

Participants

Participants for this study were selected from the graduates of the accelerated BSN program at an urban university in northeast Ohio. These students have been granted licensure by the Ohio Board of Nursing and at the time of this writing were employed as registered nurses. Graduates of an accelerated BSN program were specifically identified to be participants in this study because they have experienced the phenomenon under investigation, that of the acquisition of professional identity, particularly the feeling of being a nurse. Colaizzi (1978) stated, "Experience with the investigated topic and articulateness suffice as criteria for selecting subjects" (p. 58). Names of graduates were obtained from the School of Nursing, and potential participants were contacted by

telephone by the researcher to ask whether they were willing to be interviewed for a research study investigating the acquisition of professional identity by accelerated BSN students. Participants were selected in the order of response to telephone calls. Interviews were conducted until data saturation was reached.

Role of the Researcher

The researcher is the primary research instrument in a qualitative research study, making known the thoughts and feelings of the participants. Reinharz (1983) identified the five steps that occur in phenomenological studies: (a) transforming an individual's experiences into language, (b) transforming what is seen and heard into an understanding of the original phenomenon, (c) transforming what is understood about the phenomenon under investigation into conceptual categories that are the essences of the original phenomenon, (d) transforming the essences into a written text that captures what the researcher has thought about the phenomenon, including the participants' descriptions of actions, and (e) transforming the written text into an understanding that clarifies the preceding steps.

As such, the researcher must recognize any personal bias so that interpretation of the data truly reflects the participants' feelings about their reality (LoBiondo-Wood & Haber, 2002). To ensure accurate interpretation of the data, the researcher returns transcripts to participants to make certain that the researcher's interpretation is correct and to obtain clarification or validation, if needed (LoBiondo-Wood & Haber, 2002).

As the researcher delved into the lived experiences of the accelerated BSN graduates through semistructured interviews, a description of the phenomenon emerged,

specifically that of professional identity leading to the feeling of being a nurse. This was accomplished by transforming participants' descriptions into language, transforming what was "seen and heard" by all of the participants into an "understanding of the original experience" (Speziale & Carpenter, 2003, p. 66), categorizing what was understood about the phenomenon into categories, providing a written text capturing the essence of the experience, which included the participants' descriptions (Speziale & Carpenter).

The researcher is a faculty member at the university from which the participants graduated; however, the group of graduates the researcher selected to interview had graduated prior to the researcher's employment at the School of Nursing.

Protocol for Human Subjects Review

The researcher obtained permission from the Internal Review Board from Kent State University and from the university where the research was conducted prior to recruiting potential participants. After permission was granted, the researcher contacted the potential participants by telephone. (See Appendix C for telephone script.) Written consent was obtained the day of the interview prior to the beginning of the interview. Interviews were conducted at a mutually agreed place upon place, such as a coffee house. Participants were informed of the following: (a) purpose of the study, (b) opportunity to withdraw from the study at any time, (c) measures to maintain confidentiality, (d) possible risks associated with the study, and (e) benefits for the participant. Demographic data to be obtained included date of birth, age at time of entering this program, gender, type and number of years of past employment, and area of previous degree.

Data Collection

Data Collection Methods

In a qualitative study, the researcher is the principal research instrument (Germain, 2001). Data were collected using semistructured interviews. Prior to beginning the interviews, participants were asked whether they had questions pertaining to the research. Informed consent was obtained as well as consent to audiotape the interview. The interviews were conducted at a mutually agreed upon location. Semistructured interviews were approximately one hour in length and were audiotaped. Because this was a phenomenological study, conducting more than one interview was unnecessary (Whitehead, 2002). During the initial telephone contact the potential participants were informed that all information obtained from the interviews would be confidential and that pseudonyms would be assigned. On the day of the scheduled interview prior to beginning it, each participant was given the consent form for the study and the consent form for audiorecording of the interview to read and sign. Prior to obtaining written consent from the participants, questions about the study were encouraged.

Procedures

Data collection commenced in 2006. Interviews were conducted at a mutually agreed upon place, such as coffee houses and restaurants, and were conducted until saturation was reached. Interviews were approximately 45–60 minutes in length and audiotaped; the questions were open-ended. Following the interviews, the audiotapes were transcribed verbatim. Detailed notes were written immediately following the

interviews. Data analysis began with the interviews. In addition, as the researcher I kept a journal of my feelings, reactions, and concerns to expose and reduce any bias on my part.

Interview Questions

1. When did you first experience the feeling of being a nurse as a graduate?
2. What challenging moment(s) made you feel like a nurse?
3. What was it about those moments that made you feel like a nurse?

Purposeful interviews were conducted to obtain information from the participants. The purpose of these interviews was to amass thick, rich descriptive data in the participants' own words to enable the researcher to examine topics from the participants' frame of reference. The researcher must convey to the participant that his or her views are valuable and useful (Bogdan & Biklen, 1998; Marshall & Rossman, 1999). It was important that the researcher not impose her values in structuring the interview questions and in interpreting data. The researcher must reinforce the maintenance of confidentiality and anonymity through the use of pseudonyms for all individuals, hospitals, and employers.

The interview process is characterized by benefits as well as weaknesses. The most significant benefit was the ability to obtain a large amount of data in a short period of time and to ask questions for clarification. Weaknesses included participants' discomfort or unwillingness to discuss the questions posed and the researcher's lack of skill with the interviewing process. Interviewers need to have exceptional listening skills and good interpersonal skills. Participants did not know the research questions prior to the interviews, but they knew they would be asked about when they initially felt like a

nurse. To offset weakness of the interviews, I asked questions for clarification as well as encouraging the participants to ask questions if they needed clarification. Several participants asked for clarification; occasionally a participant asked whether she or he had answered the question correctly. None of the participants exhibited discomfort or were unwilling to answer questions. On the contrary they were excited to discuss their experiences. As the interviews continued, I became increasingly skilled with the interviewing process as demonstrated by my improved follow up to responses verbalized by the participants.

The following table lists each research question along with the interview questions that addressed the research question. (See Table 2) Interview questions were not limited to those listed below because of the necessity of garnering additional information from the participants' responses.

Table 2

Research and Interview Questions

Research Questions	Interview Questions
When and how did graduates of an accelerated BSN program first experience the feeling of being a nurse?	When did you first experience the feeling of being a nurse?
What experience(s) in the clinical setting after being employed as a registered nurse coincided with the feeling of being a nurse?	What challenging moment(s) made you feel like a nurse? What was it about those moments that made you feel like a nurse?

Data Analysis, Trustworthiness

Data analysis began with collection of the initial interview and required that the researcher become immersed in the data; furthermore, data analysis allowed for participants' distinctive lived experiences to be maintained while concurrently allowing for an understanding of the phenomenon, that is, professional identity in the discipline of nursing (Speziale & Carpenter, 2003).

Data were analyzed according to Colaizzi's (1978) procedural steps. The verbatim transcripts of the audiotapes were read and reread to achieve an understanding of the phenomenon. Significant statements and phrases relevant to socialization, professional identity, and the feeling of being a nurse were extracted. Meanings were codified (coded and organized) from these statements and phrases, and then the codified meanings were

categorized into themes, providing an exhaustive description of socialization, that is, professional identity leading to the feeling of being a nurse.

Data were evaluated using three criteria for establishing trustworthiness. These criteria were credibility, transferability, and confirmability.

Credibility

According to Lincoln and Guba (1985) credibility entails two features: conducting the study in a manner that increases the believability of the findings and integrating measures to show credibility. The techniques employed for establishing credibility include peer debriefing and member checks (Creswell, 1998; Polit & Hungler, 2003). Peer debriefing occurs when an identified peer questions the researcher about methods, meanings, and interpretations. This was conducted by the methodologist on the dissertation committee. Member checking establishes credibility when the researcher asks participants to review the data, analysis, interpretations, and conclusions to determine accuracy and credibility (Colaizzi, 1978; Creswell, 1998; Polit & Hungler, 2003). Member checking was done at completion of the data analysis. Findings were emailed to the participants for review and comment. Only one participant replied.

Transferability

Transferability or applicability was addressed through the description of the participants. Use of thick, rich description enables the information to be transferred to other settings through common characteristics (Colaizzi, 1978; Creswell, 1998; Morse & Field, 1995; Polit & Hungler, 2003).

Confirmability

Through confirmability the researcher can verify the absence of bias in the research and in the research findings. To maintain confirmability, an external auditor was identified—a director of a School of Nursing who teaches research. The external auditor examined the research to determine whether the data supported the interpretations and conclusions (Creswell, 1998; Polit & Hungler, 2003).

Prior to beginning data collection, a timetable was devised for completion of the study (Morse & Field, 1995). (See Table 3 Timeline for Data Collection.) Included in this timetable was the timeframe during which each task was to be accomplished and completed. The flexible timetable was designed to accommodate changes that might be required; however, the study proceeded according to the timetable.

Table 3

Timeline for Data Collection

Month	Activity
January 2006	Contact potential participants
February–March 2006	Schedule and begin semistructured one-hour interviews. Includes obtaining consent to participate and to audiotape interviews. Transcribe and begin analysis of audiotapes.
April–May 2006	Continue to transcribe and analyze audiotapes. Continue interviews.
June–July 2006	Begin member checks.
August 2006	Peer debriefing.
September 2006	Data analysis.

Data Analysis

Interviews were conducted until data saturation was reached. A total of eight interviews were conducted with graduates of an accelerated BSN program in Northeast Ohio although data saturation was reached after six interviews. Six of the participants graduated in 2003; two, in 2004. All eight are currently employed in nursing settings, including acute care facilities, long-term facilities, and military facilities.

This section begins with demographic data and a brief biographical sketch of each participant, which includes age when entering the program, number of years of employment in previous professions, and previous bachelor's degrees. A brief biographical sketch of each participant follows. The second section (see Table 4 Demographics) includes a discussion of the initial open coding using Colaizzi's (1978) procedural steps for phenomenology, in which initial themes appearing in the interviews were identified. The third section contains a discussion of each participant's unique story accomplished through axial coding. The overarching theme of each interview was identified and supported by key words and phrases.

Table 4

<i>Demographics</i>					
Name	Gender	Age	Past Employment		Year
(pseudonym)		Entering Program			Graduated
Nathan	Male	40	Bachelor's in electrical engineering technology	16 years in Engineering	2003

Name (pseudonym)	Gender	Age Entering Program		Past Employment	Year Graduated
Brynn	Female	23	Bachelor's in health & sports studies; bachelor's in psychology	None	2003
Emma	Female	42	Bachelor's in combined sciences; bachelor's in medical technology	7 years as a medical technologist	2003
Zoe	Female	22	Bachelor's in applied health & science	Summer employment	2003
Madison	Female	38	Bachelor's in microbiology	14 years	2003
Kyle	Male	25	Bachelor's in biology	6 years as technician; 1½ years research	2003
Alexa	Female	34	Bachelor's speech & hearing	None	2004
Hilary	Female	40	Bachelor's in psychology; gerontological certificate, licensed massage therapist	Administrative assistant; massage therapist (own business); counselor in outpatient setting	2004

Biographical Sketches

Nathan

Nathan earned a degree in electrical engineering technology and was employed as an engineer for 16 years prior to entering the accelerated BSN nursing program at age 40, graduating in 2003. He stated his reason for entering nursing school: "I wanted to change fields because at the end of the day I wanted to know that I did something that made a difference. In nursing you can make an immediate difference." Nathan is employed fulltime at City General Hospital and pro re nata (prn or as needed) at Memorial Hospital.

Brynn

Brynn entered the accelerated BSN program at age 23, graduating in 2003. She earned a Bachelor of Science in health and sports studies and a Bachelor of Arts in psychology. She had no prior employment related to her degrees. During her time in the accelerated program, she was often frustrated because she wanted to care for pediatric patients; but much of her clinical experience dealt with adult patients. Brynn was enthusiastic, intense, and passionate about nursing. Her passion resonated in her voice as her eyes shone with intensity. She was thrilled to be a nurse and felt that her life would lack direction had she not become a nurse. She stated, "I love my job. I really do."

Emma

Emma entered the program at age 42 and graduated in 2003. She had bachelor's degrees in combined sciences and in medical technology. Prior to entering the program, she was employed as a laboratory technologist for 7 years at Marion City Hospital. At the time of this writing, she was employed at Community Hospital. Greatly influenced by

911, Emma entered nursing because of a strong desire to help people. She has volunteered as a disaster nurse for the Red Cross and was a member of the Committee for Disaster in a nearby city for the Red Cross. Helping others was extremely important to her. Emma had a passion for nursing, which resonated in her voice and was reflected in her body language.

Zoe

Zoe entered the program at age 22, graduating in 2003. She had a Bachelor of Science in applied health and science. Previous employment consisted of summer jobs, including life guarding and teaching CPR, which cultivated her love of teaching. At the time of this writing, she was enrolled in graduate school for a Master of Science in Nursing with the intent of becoming a clinical nurse specialist (CNS). Her goal was education because she liked to teach. Zoe entered nursing because of a desire to help people and the multitude of opportunities nursing has to offer, but she appeared overwhelmed by the heavy patient load and high acuity of the patients. Throughout her interview she voiced concerns as to whether she would be physically able to function as a staff nurse when in her 40s and 50s.

Madison

Madison was 38 years old when she entered the nursing program and graduated in 2003. She had a bachelor's degree in microbiology and had been employed as a microbiology technologist for 14 years. At the time of this writing, she was employed at the Smith Hospital and was enrolled in graduate school pursuing a master's degree, focusing on administration or education. Madison spoke of her impetus to study nursing:

They said, “Well, you have to start drawing blood,” and I’d never done that before as a tech; and when I started doing it I liked it. I liked being able to be that close to people and talking to them, find[ing] out what their day was like or whatever; and that’s when I realized I wanted to be a nurse. I missed that contact ‘cause you get isolated in the lab, and I knew then that I was ready. When I used to go to work to the lab and not be happy, but I would leave the nursing floor with a smile on my face everyday. I would be dog tired, but I would be so happy. I was still happy to be nursing. My heart belongs to nursing.

Kyle

Kyle entered the accelerated program at age 25 and graduated in 2003. His previous bachelor’s degree was in biology with a chemistry minor. He had been employed as a veterinary technician for 6 years and also worked in research for 1½ years. After graduation he was employed at hospital for slightly over one year and was in the U. S. Navy at the time of this writing. Kyle stated that nurses “fill the gap.” The severity of injuries of servicemen and women greatly affected him, and he has found himself “pushing down his feelings.” His focus was on training corpsmen. Describing a patient, he stated, “The only reason he’s alive is because of the corpsmen that go out there and take care of them, and one of the charges of the armed services nurse is to train the corpsmen.

Alexa

Alexa was 34 when she entered the program and graduated in 2004. Her previous degree was a bachelor’s in speech and hearing. Describing the experience of the

accelerated program, she said, “[It was a] very trying experience for me.” Initially she was employed at Green Community Hospital but now works at Sunview Medical Center, where she is very happy. Alexa stated that her first job provided her with the tools to flourish but feels she has been accorded more respect in her current place of employment. She stated, “I feel very good about being a nurse and professional, and I see changes in myself. I am becoming a leader.” Alexa is frustrated, however, by the heavy patient load and lack of time for interaction with patients and their families.

Hilary

Hilary entered the program at age 40 and graduated in 2004. She had a bachelor’s degree in psychology as well as a certificate in gerontological studies, and she was a licensed massage therapist. Prior to entering the program, she was employed at River Health Clinic, where she did counseling. She also worked as an administrative assistant at Yorkshire University and had her own massage therapy business for a short time. At the time of this writing she was employed at Briarhill Hospital. on a palliative care floor. The nursing program was difficult for her, and she described a hard journey. She stated, “I think I’m still trying to find out what nursing means to me. This has really been a hard journey for me. It’s not been easy for me. I can’t say I really love this profession because it’s so hard.” On having the feeling of being a nurse, she stated, “I don’t know that I’ve ever had that inner experience.” She is interested in palliative care and wants to go back to school.

Interviews

Interviews were transcribed verbatim by the researcher after completion of each one. Each line was numbered for ease of data retrieval. Data were then analyzed according to Colaizzi's (1978) procedural steps using open, axial, and selective coding looking for themes and patterns.

Open coding

Open coding was the initial step in data analysis, used to identify themes and patterns using Colaizzi's procedural steps (read all participants' descriptions in order to acquire a feeling for them, reread each description, and extracted significant statements). Phrases and statements pertaining to the phenomenon under investigation were extracted. Evolving themes included the feeling of being a nurse, role of the nurse, the new nurse, altruism, challenges, and accelerated graduates. (See Table 5 Themes from Open Coding.) Within each theme were subthemes, which further defined each theme.

Subthemes

Subthemes, which corresponded to the themes from open coding were identified. Corresponding to the feeling of being a nurse was the subtheme of caring for dying patients and their families. Interaction with patients, families, peers, physicians, and other healthcare personnel as well as advocating for patients and patient and family education corresponded to the role of the nurse. As new nurses, they experienced frustration and both confidence and lack of it and enjoyed the autonomy. Challenges included those involving caring for dying patients and their families.

Table 5

Themes from Open Coding

Themes					
	Feeling of	Role of	New Nurse	Challenges	Altruism
	Being a	the Nurse			
	Nurse				
Frequency					
themes	7	8	7	8	7
Subthemes					
	Caring for	Interaction	Comfort/	Challenges	
	dying		Discomfort	of Nursing	
	patients/				
	families				
		Advocate	Confidence		
		Education	Frustration		
			Autonomy		
Frequency					
subthemes	7	18	23	8	
Total					
Frequency	14	26	30	16	7

In response to the research questions, six common themes emerged from open coding: feeling of being a nurse, role of the nurse, new nurse, challenges, altruism, and the accelerated program and its graduates. (See Table 5 Feeling of Being a Nurse.) Seven of the eight participants expressed the feeling of being a nurse: Hilary was the only one who stated, “I don’t know that I’ve ever had that inner experience.” The circumstances under which the participants had the feeling of being a nurse are as follows.

The Feeling of Being a Nurse

Table 6

Feeling of Being a Nurse

Participant	Feeling of Being a Nurse During Induction Socialization
Nathan	“... but the ones I can think of right off the bat, are probably with patients that you know will be going to be passing away and family had agreed to a DNR [do not resuscitate] and dealing with these families.”
Brynn	“When I think back to it, it was actually 5 days after I was off precepting, and I had my first patient pass away.”
Emma	“I had a code at 7 o’clock on the change of shift. They called me to the room, and I needed to be there with the patient. He was in V tach [ventricular tachycardia] and transferred to ICU [intensive care unit], and because I was lab [laboratory] technologist, I was able to put IV [intravenous] in very fast, which he needed. Everything went good, I think, that first day.”
Zoe	“You know what? Being able to multitask all those people who were disoriented.”

Participant	Feeling of Being a Nurse During Induction Socialization
Madison	“The first time I felt like a nurse was when I was in orientation and I had to be paged to the nurse’s station.”
Kyle	“I think the best time I figured out I was a nurse was when I was helping a young intern, a medical intern, steer him down the right path, make sure the patient got what he needed.”
Alexa	“It was probably a year maybe a little over a year after I’d been practicing nursing, and it just kind of fell into place. I’d been struggling just organizing, and then I just felt really good.”

A variety of circumstances evidently prompted the feeling of being a nurse. Working with dying patients and their families, although challenging, contributed to the accelerated graduates’ feeling of being a nurse. (See Table 7 Challenging Moments Dying Patients.)

Table 7

Challenging Moments: Dying Patients

Participant	Feeling of Being a Nurse
Brynn	“Talking with the family, getting all the family in there, and having been doing care conference with the whole family to discuss what we were going to do with their family and having to bring up life and death, basically saying that their child had no chance.”
Kyle	“When a 25-year-old young man comes back, and you know he’s not

Participant	Feeling of Being a Nurse
	going to live, and you have to tell his mom that.”
Nathan	“Well, there’s a lot of them, but the ones I can think of right off the bat are probably with patients that, you know, will be going to be passing away.”
Madison	“I find myself kinda getting caught up in the, you know, dying process with the patient. . . . Because I value my life and you can’t do anything to stop someone from dying. It can make you feel helpless.”
Alexa	“I feel like I contribute to the family. I feel like I can help the patient along.”
Hilary	“It’s stressful [working with dying patients] and being with somebody who is dying and comforting the family. That’s hard but doable.”

Roles of the nurse included interaction, advocacy, and education. Interaction was not just with patients and families but also with other nurses, doctors, and healthcare workers. Brynn stated, “I love being able to go into a room and explain things to parents that maybe they didn’t understand.” She continued, “Explaining it in layman’s terms really helps people who have no idea what is going on.” On being an advocate for patients, Hilary stated, “I mean, when I’m with patients right now, I need to be their

advocate, and that I've got a good in with the doctors, so I can ask questions that maybe they've forgotten, so—it's like—but I see it's really is one on one.”

As new nurses, accelerated graduates expressed feelings of comfort and discomfort, frustration with situations, confidence that they could manage their jobs, and the autonomy needed to perform their jobs. Feeling comfortable was important to these graduates. Nathan stated, “I was real comfortable. That's why I stayed at Memorial Hospital. I did my preceptorship there, and I'd been there for clinicals for school and knew the people. In fact my preceptor was one of the guys I worked with during my critical care rotation.” Zoe said, “I could move right now to somewhere else, and I wouldn't feel like a nurse again because you're totally uncomfortable. It's the comfort level that you get. So I think the longer time you spend on that unit and having all your clinicals at the same place and more than one of them on the same unit, where I knew I was going to end up working, knowing the staff, and being comfortable—there is part of the reason I felt like a nurse earlier.” Regarding confidence, Kyle stated, “I had to step back and say none of this is freaking me out anymore. It is what it is, and I can work through it. You know, I know what I'm good at, and I know what I'm not good at.”

Autonomy was an integral aspect of feeling like a new nurse. Emma stated, “So then when I became a nurse, it was kind of it was a little scary because I'm on my own. That first day when you're on your own, you know you have help. That's one thing you always know: You always have people that you can always go, but you know you're pretty much on your own—although I felt pretty prepared for it.”

All eight identified challenges in the profession of nursing. (See Table 8 Challenges as Registered Nurse.) They discussed the long hours, heavy patient loads, shortage of nursing staff, supervisors' poor management skills, and the high acuity of patients. Even with the challenges these graduates experienced, they maintained their altruistic outlook, which had been the impetus for most to enter nursing. While in school, the accelerated graduates did not experience the full spectrum of the responsibilities of a registered nurse. As students in school, these graduates were assigned to one or two patients, had time to teach, and document details on each patient. When they gained employment as registered nurses, they identified many changes and challenges, including being on their own, lack of confidence, and heavy patient loads.

Table 8

Challenges as Registered Nurses

Participant	Challenges
Nathan	"Overall it's demanding. It's very demanding but also very fulfilling when you go home."
Emma	"And I remember my first day on floor—medical surgical. It's a very tough floor to work. A lot of people sick clinically, telemetry also. I have nine patients minimal all the time for every single night—nine patients, full floor. We didn't have enough people."
Zoe	"I think the patients are so heavy on that floor. Even if they were oriented, it might help; but just that they're not oriented. They're total care patients. They've got stage fours [pressure ulcers], they're on tube feeds, they need suctioned, they

Participant	Challenges
	need all of that. Some of them are evaluated for transplants.”
Madison	“In fact that’s the only thing about my practice that really frightens me—a code situation.”
Alexa	“I’m strictly a weekender, though. I’m only given—we’re given—not a lot of patients, five or six patients and limited sometimes. No PCAs [patient controlled analgesia]. The acuity is too high for one person to handle. For instance, I had five patients one day, and they were four dementia, four c. diff (clostridium difficile), four blood sugars. And there’s just no way I can do a good job, and I mean to. You know, in those situations you do the best you can that day.”

Summary

The following six themes emerged from the open coding: (a) the feeling of being a nurse, (b) role of the nurse, (c) the new nurse, (d) altruism, (e) challenges, and (f) accelerated graduates. Within the themes subthemes evolved.

When caring for dying patients and their families, the accelerated graduates had the feeling of being a nurse. Working within the role of the nurse, graduates of accelerated programs identified interaction as an important role, not only with patients and families but also with other healthcare workers because of the need to advocate and educate patients, families, and other healthcare workers. As a new nurse during induction socialization, the accelerated graduates experienced feelings of comfort and discomfort, confidence and the lack of it, frustrations, and pleasure with their autonomy. Challenges included caring for many high acuity patients and short staffing.

Axial Coding

Axial coding was completed to formulate meanings for each participant based on responses to the research questions. The following table contains specific incidents, which support the questions, as described by the participants during their interviews. (See Table 9 Research Questions.) The first research question addressed when and how accelerated graduates first experienced the feeling of being a nurse, and the second research question addressed specific incidents during which the feeling of being a nurse occurred. Two themes emerged for this research question: (a) caring for dying patients and their families and (b) teaching.

Table 9

<i>Research Questions</i>		
Themes	As an RN	Not Yet
Frequency	6	1
Incident	<p>“The ones I can think of right off the bat are probably with patients that, you know, will be going to be passing away.” (Nathan)</p> <p>“I can definitely say it was after my 9 weeks’ (orientation) because I felt more on my own and that I was able to do everything on my own and I felt more confident.” (Brynn)</p> <p>“And I had a code at 7 o’clock on the change of shift. They called me to the room, and I needed</p>	<p>“I don’t know that I’ve ever had that inner experience.”</p>

Themes	As an RN	Not Yet
	<p>to be there with the patient. He was in V tach and transferred to ICU, and because I was lab technologist, I was able to put IV in very fast, which he needed. Everything went good, I think, that first day.” (Emma)</p> <p>“You know what being able to multitask all those people who were disoriented” (Zoe)</p> <p>“The first time I felt like a nurse was when I was in orientation and I had to be paged to the nurse’s station. They said, “Madison, the patient in such and such a room wants to see his nurse.” (Madison)</p> <p>“I think the best time I figured out I was a nurse was when I was helping a young intern, a medical intern, steer him down the right path, make sure the patient got what he needed.” (Kyle)</p>	
<p>Research Question #2: What experience(s) in the clinical setting after being employed as a registered nurse coincided with the feeling of being a nurse?</p>		

Themes	Caring for Dying Patients	Teaching Within the Professional Context
Incident	<p>“Helping families, leaving your shift knowing that you made a difference in family’s life” (Nathan).</p> <p>“If you don’t deal with the families, you don’t deal with the patient, you’re just a clinician . . . [when caring for dying patients].” (Nathan).</p> <p>“Talking with the family.”</p> <p>“Having to bring up life and death [death conference] (Brynn).</p> <p>“I feel like I’m making a contribution” (dying patient) (Madison).</p> <p>“When a 25-year-old young man comes back, and you know he’s not going to live, and you have to tell his mom that” (Kyle).</p> <p>“I feel like I contribute something to their existence while they’re here”</p>	<p>“Knowing that I could fill in the gaps” (Nathan).</p> <p>“Just the education we can provide” (Nathan).</p> <p>“I like being able to go into a room and explain things to patients that maybe they didn’t understand.” (Brynn)</p> <p>“Because I do so much teaching. I do so much precepting” (Zoe).</p> <p>“We’re the ones who had to explain things to the patients” (Kyle).</p> <p>“I think that is an enormous responsibility of a nurse to take on a lot of teaching the patients, teaching other staff about what it is you’re doing” (Alexa).</p> <p>“Just trying to get their questions answered if they don’t have the voice</p>

Themes	Caring for Dying Patients	Teaching Within the Professional Context
	(dying patients) (Alexa).	when the doctors are in the room”
	“Death isn’t a failure” (Hilary).	(Hilary).
	“When he died, I felt there’s a sense of ease” (Hilary).	
	“It feels like something holy has just happened” (Hilary).	

Discussion

Open coding revealed six themes: feeling of being a nurse, role of the nurse, new nurse, challenges, altruism, and the accelerated students/program. Subthemes were identified within these themes. Feeling of being a nurse revealed the subtheme of caring for dying patients and their families; the role of the nurse revealed subthemes of interaction, advocacy, and education; subthemes for new nurse were comfort/discomfort, confidence, frustration, and autonomy; and challenges as a nurse revealed specific incidents to nursing.

Further data analysis with axial coding indicated dying patients as a continued theme in the socialization with patients. When caring for dying patients and their families, the participants felt they were making a difference in the lives of those individuals. In addition, teaching emerged as a theme in the socialization process, not only for professionals but also for patients and families. The accelerated graduates took

pride in having the ability to teach patients and families as well as other nurses, doctors, and novice nurses.

CHAPTER IV

FINDINGS AND DISCUSSION

Introduction

Eight interviews were conducted with graduates of an accelerated BSN program in northeast Ohio. Students from the first two accelerated BSN classes at an urban university in Northeast Ohio were identified as participants. Because of an insufficient number of interviewees from the first class, graduates from the second class of accelerated BSN program were also contacted. Graduates interviewed from the second class of accelerated BSN graduates met the criterion for this study: practice as registered nurses for 2 to 3 years. Six participants graduated in 2003 and two in 2004. At the time of this writing, all eight were employed in nursing settings, which included acute care facilities, long-term facilities, and military facilities. Participants were eager to share their experiences in the accelerated program and their experiences as registered nurses. This section contains a discussion of selective coding as well as the findings from which the themes emerged.

Selective Coding

The final analytical step entailed selective coding in which themes were integrated into core categories (Strauss & Corbin, 1988). These were then integrated into the exhaustive description of the phenomenon being studied (Colaizzi, 1978). Three assertions emerged from the selective coding:

1. The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization.
2. The feeling of being a nurse is a sense of becoming, involving personal commitment and internalization of values during the process of professional socialization.
3. Critical incidents revealed that accelerated BSN graduates have a deep sense of commitment to nursing.

Table 10

Research Questions and Assertions

Question #1. When and how did graduates of an accelerated BSN program first experience the feeling of being a nurse?

Assertion 1. The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization.

Assertion 2. The feeling of being a nurse is a sense of becoming, involving personal commitment and internalization of values during the process of professional socialization.

Assertion 3. Accelerated BSN graduates have a deep sense of commitment to nursing.

Question #2. What experience(s) in the clinical setting after being employed as a registered nurse coincided with the feeling of being a nurse?

Assertion 1. The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization.

Findings

With induction socialization, the feeling of being a nurse began during orientation and continued in the place of employment for these graduates. For many, this was the result of a challenging circumstance, which for most was caring for dying patients and their families. Other challenging moments entered into the feeling of being a nurse, but not all occurred at the same time as the critical incidents. Below are the assertions with data from the interviews illustrating the assertions.

Assertions

Assertion 1

The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization. Critical incidents or challenging circumstances occurred during induction socialization, which the accelerated BSN graduates identified as specific moments when they felt like a nurse. The graduates felt like nurses during a culmination of several specific critical incidents or challenging circumstances. Critical incidents gave them the feeling that they had made a difference in the lives of patients and families. For many graduates, the critical incidents involved caring for dying patients and their families; teaching patients, families, students, physicians, and other healthcare workers as well as “being on their own”; and the

expectation that they possessed the ability to handle the situations with which they were confronted. Considering these graduates in light of Benner's stages of nursing demonstrated that most had progressed to the advanced beginner stage, and several had transitioned into the competent stage.

Critical incidents varied from participant to participant and involved caring for dying patients and numerous other circumstances. (See Table 13 Critical Incidents.) These graduates stated that caring for dying patients and their families was instrumental in their feeling like nurses. Although it was stressful and difficult to engage in care conferences and discuss death, their ability to "fill in the gaps" gave them the feeling that they had contributed to the patients and families, making their situations less stressful. Death was described as a release. Although nurses cannot reverse the dying process, they are able to accompany the patient part of the way with their presence (Zerwekh, 2006). Alexa stated, "I feel like I help the patient along."

For Hilary the hospice clinical rotation was highly significant. The impetus for her desire to engage in a hospice clinical evolved from experience surrounding the death of a family member. During this clinical rotation, which consisted of home visits, she realized that she was not ready to do "hospice homecare yet." She intended to continue working with terminally ill patients and considered eventually working in hospice. Caring for dying patients made the graduates feel they were making a difference, which was identified as a primary reason for entering the accelerated BSN program.

Death and dying may be a cause of fear for many; however, Hilary said, "Watching a dying person or being with someone who's just died—that's not really scary

for me right now. It feels normal.” Hilary did not view death as a failure but instead as a sense of ease when patients completed the work they need to do on earth.

End-of-life care is a component of the theoretical coursework in the accelerated program and begins in the fundamentals course, which includes cultural issues, stages of grief, and advanced directives as well as reactions to death and dying and communication. The stages of grief identified by Kubler-Ross (1969)—denial, anger, bargaining, depression, and acceptance—provide guidance for the students as far as what to expect from dying patients and their families. Learning about these stages provides the graduates with the knowledge that the actions of dying patients are not a personal reflection on the nursing care provided but are instead coping mechanisms for the dying patients. Another outcome is that this knowledge assists the students in confronting their feelings and discomfort surrounding death and dying. Caring for dying patients provided the graduates the opportunity to answer questions and engage in teaching, also identified as a time when the feeling of being a nurse occurred.

According to Benner (1984), advanced beginners “need help in the clinical setting” (p. 24). They require the support of nurses who have at least reached the competent level of skill acquisition. An example of this occurred when Madison related how she requested assistance from her peers, a behavior consistent with the advanced beginner, who needs the support of other nurses in the competent stage, when she needed to insert a nasogastric (NG) tube for the first time. Unfortunately, Madison did not receive this support. She said, “I was afraid, and the sad part about that was I could not get one person that would go in with me and be emotionally supportive. It was horrible.”

The behavior exhibited by Madison's peers could have had a detrimental effect on her induction socialization into nursing because socialization involves learning the values, behaviors, and beliefs of others in the same role (Hardy & Conway, 1988). Madison said, "So I said, 'Well, I know how to do this 'cause I did this in school in skill check'"; and she proceeded to insert the NG tube successfully. For Zoe, being able to multitask her patients and keep them from harm during a very hectic work shift made her feel like a nurse.

Alexa stated that she struggled during her first year as a registered nurse. Organizational skills as well as lack of self-confidence were identified as a cause of her struggle. The turning point for her was a week during which she made a concerted effort to organize her days. The success of her effort to develop organizational skills increased her self-confidence, resulting in her pride in being a nurse.

Kyle related the incident about a 25-year-old patient who, he stated, "really bothered me." This patient suffered a traumatic brain injury resulting from an explosion from an improvised explosive device in Iraq. Kyle said that the patient was unable to respond: "Can't get out of bed, doesn't talk, got a trach (tracheostomy), a PICC [peripherally inserted central catheter]. He's completely in contractures, mouth wide open and all that jazz, has not a single indication of a bedsore on him," all because of the care provided by his mother, a nurse's aide. Kyle said, "So she does wonders for him, but you—I—stand in the room—you still—I think—nurses understand real well that if they respond, you still talk to them, and you know you can look in his eyes and tell he's just trapped in there. And there's *nothing* we can do."

Table 11

Critical Incidents

Graduate	Dying Patients	Other
Nathan	<p>“She was terminally ill with cancer, pancreatic. It had spread to her lungs. It had metastasized all over the place, and she was under an experimental program over there. So she came to the medical ICU (intensive care unit) more for individual care. She knew and her family knew that her chances were very slim, but there was hope. And I just think dealing with her. She had coped and come to the point where she was understanding her chances weren’t very good, but there was hope.”</p>	<p>“But when you’re on your own—that first day when you’re on your own—you know you have help. That’s one thing you always know. You always have people that you can always go, but you know you’re pretty much on your own—although I felt pretty prepared for it. Yeah, yeah.”</p>
Brynn	<p>“When I think back to it, it was actually 5 days after I was off precepting [orientation)], and I had my first patient pass away. And it was a very—I was working in the</p>	<p>“I can definitely say it was after my 9 weeks because I felt more on my own and that I was able to do everything on my own and I felt more confident.”</p>

Graduate	Dying Patients	Other
	<p>intensive care unit, and he eventually passed away. He came in with change in mental status, and the family was so well known over on the hematology–oncology floor. And he came to me, being a new nurse, and just the care that I gave him that day, and the family came up to me and saying, ‘You did such a great job.’</p> <p>And everyone from the hemo [hematology] floor coming over and saying, ‘Thank you for helping him,’ and everything and being 5 days out of precepting (orientation). And I had no idea what I was doing, and at that point I really didn’t feel like I can do this. And you have hard days and good days. That was probably one of the hardest days I had, being so new at this. I’d say that that was the first day that I actually did feel like I could</p>	

Graduate	Dying Patients	Other
Madison	<p>actually be a nurse and do this on my own without being in nursing school with the help of others and everything.”</p>	
	<p>“I remember the first time I had to insert an NG tube. That felt challenging ‘cause I was afraid. And the sad part about that was I could not get one person that would go in with me and be emotionally supportive. It was horrible. So I said, ‘Well, I know how to do this ‘cause I did this in school in skill check.’ It was, you know, it just took a while to get used to feeling like I was actually a nurse. You know, totally responsible for some another person like that. You know, having a license, you know.”</p> <p>“Um, but being in the real world is like people are saying, ‘You’re on</p>	

Graduate	Dying Patients	Other
Zoe		<p>your own now. You've got to do this on your own. We'll help you. We'll come. We'll let you ask us some questions now and then, but you're essentially on your own.'"</p>
		<p>"One day I had a patient going to surgery in the morning. Nothing was ready for the surgery. I had to talk to the family. And the family's all worried about the patient going down for the surgery. He had a stage 4 (pressure ulcer) so it's questionable. The doctors said it's a very high-risk surgery, but if he doesn't do it, he's going to die; and if he does do it, he might die. That was my issue through the morning getting him sent off. I had 6 patients and 5 of them were disoriented. One of them got out of bed about 6 times that day. I ended up having to bring him out into the</p>

Graduate	Dying Patients	Other
		<p>hallway, 'cause he is in the restraints already. Brought him out into the hallway, sat him down in the hallway. Another one of my patients locked herself in the bathroom, turned the lights off. When I finally got her to open the door, she had the soap tray in her mouth. She thought they were her dentures. I brought her out in the hallway. Had her sitting next to the other guy I had confused in the hallway. She started trying to give away all her jewelry to anyone who passed by—uh, everything. The secretary said she started to echo, and then she started talking to the other man who was confused right next to her, saying, 'I'm not married to you.' He's like, 'You're not married to me.' Oh God, that day was just like crazy. So with all the disoriented</p>

Graduate	Dying Patients	Other
		<p>patients that day.”</p> <p>“You know what being able to multitask all those people who were disoriented and try to find some other interventions for these people who are going to fall? Because they’re totally unsteady getting up out of bed, they’re in their restraints already. OK, let’s bring them out into the hallway. What else can we do? What can we do to get them to stay a little bit more focused on something? And when your patients tell you, ‘I really appreciate what you did for me,’ that is one of the biggest things that makes me feel like a nurse.”</p>
Kyle	<p>“When a 25-year-old young man comes back, and you know he’s not going to live, and you have to tell his mom that.”</p>	<p>“I think the best time I figured out I was a nurse was when I was helping a young intern, a medical intern, steer him down the right path, make sure the patient got what he needed. It</p>

Graduate	Dying Patients	Other
Emma		<p>was something I knew that the patient needed. It was helpful, you know.”</p>
		<p>“So she does wonders for him, but you—I—stand in the room—you still—I think—nurses understand real well that if they respond, you still talk to them, and you know you can look in his eyes and tell he’s just trapped in there. And there’s <i>nothing</i> we can do.”</p>
		<p>“So then when I became a nurse, it was kind of—it was a little scary because I’m on my own.”</p> <p>“And I had a code at 7 o’clock on the change of shift. They called me to the room, and I needed to be there with the patient. He was in V tach [ventricular tachycardia] and transferred to ICU, and because I was lab [laboratory] technologist, I was</p>

Graduate	Dying Patients	Other
		able to put IV [intravenous] in very fast, which he needed. Everything went good, I think, that first day.”
Alexa	<p>“I feel like I can help the patient along. Um, I just had a patient pass away yesterday, and um, before he passed away, not of cancer, but before he passed away, he said, um, that the nursing was excellent. We had a very good rapport. Um, his family and I had a good rapport, so I really flourish in that area.”</p>	<p>“I decided to organize my day, think about what I’m doing, just keep reminding myself what it is that my purpose is, and that whole week I was able to organize and take care of my patients very well. It wasn’t one particular incident. It’s just I felt like now I get it.”</p>
Hilary	<p>“It’s stressful and being with somebody who is dying and comforting the family. That’s hard but doable. I’m not scared.</p>	<p>“I had to give somebody a cottonseed enema, which is two quarts of oily soapy fluid, and this man was in excruciating pain. And probably lesions along his spine, so he wasn’t moving that well. But I just—it’s—I asked a nurse that I feel really safe with to come in with me ‘cause it’s better if two of us. I always just feel a</p>

Graduate	Dying Patients	Other
		<p>little heartened if I have backup even if somebody's not doing anything there just. I'm still in that place where—just come with me, be with me for a little bit. So this nurse came with me, and I just—you know—I'm talking to the man, trying to set up verbally, set up verbally what's going to go on. And she's there. And I mixed the enema already, and she's there. OK, while Lisa is talking to you—Here we go. And I was like—I saw how easily she was doing things, and I still have this hesitancy.”</p>

Table 11 shows the critical incidents that according to the accelerated BSN graduates gave them the feeling of being a nurse. This is not inclusive of all incidents. This table shows that multiple critical incidents happened, during which time the feeling of being a nurse occurred. Many of the incidents coincide with Benner's stages of advanced beginners and competent nurses.

Although teaching never surfaced as a critical incident, teaching in the clinical setting emerged as a situation during which the accelerated BSN graduates experienced

the feeling of being a nurse. Assessing the patients' readiness to learn coincides with Benner's (1984) advanced beginner stage. For these graduates, teaching was directed toward families, nurses, and other healthcare workers. Describing how they felt about teaching, Zoe stated, "Teaching definitely. You teach patients, you teach other nurses, you teach the doctors. You teach the doctors, too." Kyle said, "I really like to teach. . . . One of the charges of the Navy nurse is to train the corpsmen." Alexa stated, "I think that is an enormous responsibility of a nurse—to take on a lot teaching the patients, teaching other staff about what it is you're doing."

Assertion 2

The feeling of being a nurse is a sense of becoming, involving personal commitment. This coincided with the internalization of values during the process of professional socialization. The sense of becoming, which involves personal commitment, emerged as the graduates internalized the values of the nursing profession. These values are contained in the provisions of the Code of Ethics for Nurses. (See Appendix A.) Table 14 Personal Commitment lists provisions 1 through 4 with excerpts from the graduates, illustrating internalization of nursing values. Personal commitment strongly supports the altruistic values of nursing.

These graduates spoke of a strong desire not only to help people but also to be able to make a difference. For example, Nathan stated, "I wanted to changed fields because at the end of the day, I wanted to know that I did something that made a difference. In nursing you can make an immediate difference." Emma entered nursing because of September 11 and a desire to help people. Following graduation she became a

disaster nurse for the Red Cross as well. Zoe stated, “I think almost every nurse says, ‘I want to go to nursing school to help people.’ I want to be a nurse to help people.”

Nathan cited “helping families, leaving your shift knowing that you made a difference in a family’s life” as well his desire to change fields “because at the end of the day [he] wanted to know that [he] did something that made a difference.” For Nathan “you’re just a clinician . . . if you don’t deal with the families” or the patient.

Nathan related his view of nursing to his upbringing, stating, ethics and treating people how you want to be treated—those type of things are always things—my parents brought me up that way, good teachers. I always put myself in the shoes of the patient, the patient’s family. Personally, I—everybody hopes they do the best they can do. I spend the drive home usually thinking about the day and the shift, what I should have done, what I could have done better—those types of things.

Family involvement was important to Brynn, especially when caring for dying children. She said: Talking with the family, getting all the family in there and having been doing care conference with the whole family to discuss what we were going to do with their family and . . . bringing up life and death, basically saying that their child had no chance. And they had a chance to let him stay on the ventilator or die on the ventilator or extubate him and let him die on his own. That was a big challenge for me. I’d never been a part of doing something like that before, seeing the family dynamics changing. Very interesting being in the room to give a little bit of morphine to comfort the patient. That was difficult with the family crying around the patient, actually extubating the patient, watching everything on the monitor. Very challenging. I love being able to go

into a room and explaining things to parents that maybe they didn't understand. The parents and family or patient are always involved in rounds. I've been afforded a lot more opportunities than most of the nurses who have been there as long as me. They see that I'm willing to do all this stuff and the same thing with being focused. I want to learn. I constantly want to know what's going on. I'm like the nosiest person in the unit. What's going on? I really am. It's because I want to learn, and because of that people are constantly asking me to be part of something else or take the most complex patient in there, and they trust me with that.

Graduates experienced affirmation when answering patients' and families' questions. Nathan stated, "There's a lot of questions that the family was even afraid to ask the doctor. Just being able to fill in the family and putting them at ease about procedures and what's going to happen"; his comments represent one example of affirmation, which according to Secrest et al. (2003) is a form of external validation, confirming the graduates' knowledge base of nursing. Answering patients' and families' questions was not the only factor that validated the graduates' knowledge; so did teaching—teaching other nurses, physicians, and other healthcare personnel.

Benner stated (1984) that patients look to nurses for help. From the patients' perspective, help may come in the form of the nurse listening or in the form of patient teaching. Teaching emerges during the advanced beginner stage (Benner). As advanced beginners, the graduates possess enough knowledge and have enough experience to recognize patients' readiness for teaching.

Teaching is an integral component of nursing, but no critical incidents involving teaching emerged in this study; however, the graduates stated that they had the feeling of being a nurse when engaged in teaching situations. Kyle said, “We’re the ones who explain things to the patients when the patients ask for explanations after the doctors leave the room.” Teaching is also viewed as an “enormous responsibility,” not just in teaching patients, but other nurses, doctors, and healthcare workers as well. Hilary commented on “trying to get their questions answered if they don’t have the voice when the doctors are in the room.”

These graduates demonstrated their passion for nursing through their patient advocacy aimed at protecting their patients from harm when they were unable to speak for themselves as well as ensuring that they received proper medication and comfort (Zerwekh, 2006). (See Table 12.)

Table 12

<i>Personal Commitment: Provisions of the Code of Ethics for Nurses and Incidents</i>		
Code of Ethics	Graduate	Incident
for Nurses:		
Provision		
Provision 1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and	Nathan	“Ethics and treating people how you want to be treated—those type of things are always things—my parents brought me up that way, good teachers. I always put myself in the shoes of the patient, the patient’s family.”
	Madison	“So you try to put yourself in a situation

Code of Ethics for Nurses: Provision	Graduate	Incident
uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.	Alexa	where if it were a family member of mine how would I want them to be treated if they were dying.” “I treat people with more dignity and respect, not that I didn’t before, but I put myself in people’s situations more. What would I want, what would I need if I were in this situation, and I think I have more compassion for people.”
	Hilary	“Whenever I’m with a patient, I think this could be me in the bed. This could be my mother or my brother or my father or my sister, so how do I want to treat them? How would I want to be treated?”
Provision 2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.	Nathan	“Because I think if you don’t deal with the families, you don’t deal with the patient. You’re just a clinician.”
	Nathan	“I always knew because I came from a previous field that I wanted to change

Code of Ethics for Nurses: Provision	Graduate	Incident
		fields because at the end of the day I wanted to know that I did something that made a difference.”
	Kyle	“Um, it was—it was a COPD patient, who the young intern was convinced that her pulse ox needed to be treated with a nonrebreather. The night before we had figured out that she was a retainer. We had done some ABGs to figure that out. And she was very convinced that this was what she needed to do, that this was going to make her better, you know. You pull them off on the side and explain that we know that she’s a retainer, and if we do that, we’ll end intubating her and never getting her off. Are you really sure you want to go that route? He didn’t know she was prediagnosed the night before, and he just was just looking at one partial thing, and he

Code of Ethics for Nurses: Provision	Graduate	Incident
	Alexa	<p>stopped looking at it and thanked me, and we kept going on, you know, with the rest of the day.”</p> <p>“I feel like I contribute something to um, their existence while they’re here and their family.”</p>
<p>Provision 3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.</p>	Nathan	<p>“Personally know that I have to the best I can do for the patients and their families, knowing—knowing when the proper time for humor is a big thing, knowing when to be serious. Read people’s body language, not just what they say. Sometimes people are afraid to ask for help through the families, through the patients reading body language, reading those type of things, and offering things you see in the past that may help. Offering education so that’s what I learn, and I try to build on and go forward.”</p>

Code of Ethics for Nurses: Provision	Graduate	Incident
	Brynn	<p>“I’m that patient’s advocate for at least 12 hours straight. It’s really neat to see what happens. Yes, I like my job.”</p>
	Emma	<p>“Sometimes we know the patient more. And I—observation—you learn like what’s being done before by doctors. You know, it’s not about authority. It’s about working for patient.”</p> <p>“Actually it was about v tach [ventricular tachycardia], too. The patient, the doctor wanted to give lidocaine. It wasn’t v tach. I think that it’s not necessary to give first maybe couple grams lidocaine. That’s not really the drug of choice. . . . So then I called his senior, and you know, he agreed with me, and then I actually—before I called—I called the house and we called senior. You know, Community Hospital kind of a challenge, especially at night.</p>

Code of Ethics	Graduate	Incident
for Nurses: Provision		
		<p>When you're giving and not everybody knows what's going on and what's being done for the patient. Sometimes we know the patient more. And I—observation—you learn like what's being done before by doctors. You know, it's not about authority. It's about working for patient."</p> <p>"I go with the patient. I don't care what I would do. I wanted to be a nurse. I was 42 when I made the decision, and it really doesn't matter who—I will be with the patient."</p>
	Kyle	<p>"I think another incident I had was a very high ranking enlisted—I think he's an E8 out of an E9, which is as high as they go Marine. You know, he's been a Marine for his entire life, and in the course of rescuing a couple of his—who he was in charge of—he got shot up pretty bad and</p>

Code of Ethics	Graduate	Incident
for Nurses: Provision		
		<p>came to us. And you realized that when a Marine of this caliber is crying and the pain that he's dealing with, it's the time to be a nurse and get really snotty on the phone and get someone up here to deal with it immediately or start going over their head. It just— people can tell you about pain, but when someone like that's crying, you know you don't have time to mess around. You don't have time to wait. I don't care what time it is. You come up here and do something, or I'll find someone who will."</p>
	Alexa	<p>"Sometimes you have to do—either stick out or advocate for your patient. And that's what you hear in school, and you get on the floor, and you're, 'Yeah, right' when you're just doing paperwork and giving meds and things like that. But I felt</p>

Code of Ethics for Nurses: Provision	Graduate	Incident
	Hilary	that they—that's what it's all about. It's an advocate for your patient." "I mean, when I'm with patients right now, I need to be their advocate."
Provision 4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.	Nathan	"We can blow it, too. We get into a hurry sometimes with the way nursing is now. So many patients, so many tests. That—that can be tough, too. But I try to do my best. We all do I think. Personally, I everybody hopes they do the best they can do. I spend the drive home usually thinking about the day and the shift. What I should have done, what I could have done better—those types of things."
	Brynn	"I want to learn. I constantly want to know what's going on. I'm like the nosiest person in the unit. What's going on? I really am. It's because I want to learn, and

Code of Ethics for Nurses: Provision	Graduate	Incident
		because of that people are constantly asking me to be part of something else or take the most complex patient in there, and they trust me with that.”
	Zoe	“You know what being able to multitask all those people who were disoriented and try to find some other interventions for these people who are going to fall because they’re totally unsteady getting up out of bed. They’re in their restraints already.”
	Kyle	“One of the charges of the Navy nurse is to train the corpsmen.”
Provision 5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to	Brynn	“I want to learn. I constantly want to know what’s going on. I’m like the nosiest person in the unit. What’s going on? I really am. It’s because I want to learn, and because of that people are constantly asking me to be part of something else or take the most complex patient in there and

Code of Ethics for Nurses: Provision	Graduate	Incident
continue personal and professional growth (American Association of Nurses Code of Ethics).	Kyle	they trust me with that.” “Continuing education credits. The first 2 years when I didn’t need any, I had 104. And I think I’m up to 120 right now for my next 2-year cycle.” “So I think I chose a very broad major for my masters, too. Adult and gero CNS, and I don’t want to be specific.”

Table 12 Personal Commitment: Provisions of the Code of Ethics for Nurses and Incidents illustrates the internalization of the values of nursing by linking provisions 1 through 4 in the Code of Ethics for Nurses to specific situations described by the graduates, supporting this internalization of values in the affective domain of organization of value.

Assertion 3

Accelerated BSN graduates have a deep sense of commitment to nursing. The AACN (2003a) reported a preference by employers for these graduates because they have been found to possess higher skill and academic knowledge, demonstrate a greater level of maturity as well as stronger clinical skills and critical thinking skills, and comprehend

and learn more rapidly. The accelerated graduates described themselves as follows: confident, patient advocates, desiring acceptance, proud, making a difference, and team players. Behaviors of the accelerated graduates demonstrated internalization of values as put forth by the Code of Ethics for Nurses. The graduates responded to situations involving free choice and experienced satisfaction from their behavior, which increased the occurrence of the behavior. (See Table 13 Commitment to Nursing Practice.)

Many of these graduates had progressed to Benner's competent stage, not only with reference to employment in the same or similar area for 2 to 3 years but also through their actions as registered nurses. Competent nurses have consciously developed long-range plans for themselves to facilitate their practice, both present and future, which includes such things as organizational skills (Benner, 1984; Dreyfus & Dreyfus, 1986). Long-range plans were confirmed through the interviews: At the time of this writing several of the graduates were enrolled in graduate programs in nursing and others intended to return to school.

Table 13

Commitment to Nursing Practice

Code of Ethics for Nurses: Provision	Graduate	Incident
Provision 5. The nurse	Brynn	"I just became certified as an chemo specialist."
owes the same duties to	Emma	"I am working for the Red Cross. I just go for to
self as to others,		help with the hurricane, the other one [Wilma]. I'm

Code of	Graduate	Incident
Ethics for Nurses: Provision		
including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.	Zoe	<p>on committee for disasters in Hopetown for the Red Cross.”</p> <p>“I do so much teaching. I do so much precepting. I started about 6 months out of school. So I think because you’re teaching your fellow nurses, it makes you feel like a competent nurse yourself, more when you go and find out ahead of time what people don’t know. You know the treatment for the skin that other people don’t know, and you’re able to teach them. That—I think that—makes you feel more competent and um, a better nurse. And precepting other students, you know, um, either a student or new nurse, you realize how much they don’t know compared to what you do even though you don’t know everything. Looking back at what they know makes you feel good. So I think that getting into precepting helps make you feel like more of a nurse because you realize what you do know. So um I’ve been doing that so early that I think another reason</p>

Code of	Graduate	Incident
Ethics for Nurses: Provision		<p data-bbox="768 512 1187 539">why I feel like feel like a nurse.”</p> <p data-bbox="768 585 1438 1052">“Teaching the patients, teaching the nurses um, and—I think that drove my career choice also because I chose something that does a lot of education, which is CNS (clinical nurse specialist).” “You can be a general CNS. Your scope just isn’t as well defined as a nurse practitioner as a specific area nurse practitioner or CNRA.”</p> <p data-bbox="630 1098 1333 1125">Madison “Now I’m working on my master’s degree.”</p> <p data-bbox="630 1171 1435 1638">Kyle “And I think that my path is going to be to stay as critical care as I can because it’s what the Marines and the Navy see as their top priorities.” “One of your professional goals is to maintain, that is, show that you’re a good professional officer is to maintain your license and to maintain your education.”</p>
Provision 8. The nurse collaborates with other health professionals and	Emma	<p data-bbox="768 1686 1435 1860">“I am working for the Red Cross. I just go for to help with the hurricane, the other one [Wilma]. I’m on committee for disasters in city for the Red</p>

Code of Ethics for Nurses: Provision	Graduate	Incident
the public in promoting		Cross.”
community, national, and international efforts to meet health needs.	Zoe	“And I still teach CPR at Forest City Hospital. And I’ve switched over. I do both American Heart and Red Cross, and um, I think the teaching part of it was a huge role. Um, and it’s still something that I still do so much on the floor now and taking the quality accreditation position that I just took—that’s going to be all teaching nurses. This is what we need to be doing or this is going to be how we make things better or whatever. It might be. And going back for a clinical nurse specialist.”
	Kyle	“We recently we were called up our hospital ship went to Katrina relief so I was down there for 6 weeks.”

The foregoing shows how the accelerated graduates internalized the values of the nursing profession as their behaviors related to the Code of Ethics for Nurses. They committed themselves to furthering their personal and professional goals; several were

enrolled in graduate education at the time of this writing. They were also committed to community service, especially in times of disaster.

Discussion of Benner and the Affective Domain

Brief attention to prelicensure socialization in light of Benner's (1984) stages of nursing and the affective domain is helpful in the discussion of induction socialization. Prior to induction socialization, the graduates, as students, experienced prelicensure socialization. At the prelicensure level of socialization, the graduates entered and completed Benner's (1984) novice stage of nursing as well as the lowest categories of the affective domain, that is, receiving (Krathwohl et al., 1964).

Novices are beginners who possess no prior experience in the area in which they are expected to perform. As students the graduates learned new skills and acquired knowledge pertinent for these skills as well as learning the appropriate situations in which to use these skills (Dreyfus & Dreyfus, 1980, 1986). At the novice level these skills require no situational experience; furthermore, their knowledge and experience is limited, and their behavior is rigid (Benner, 1984). As novices these graduates were guided from the emotional aspects of the affective domain, which influenced their decision to enter nursing and the manner in which they would achieve this (Ringness, 1975). Because the novice stage is the lowest of Benner's stages, receiving is the lowest in the affective domain (Krathwohl et al., 1964).

The category of receiving is subdivided into three categories: awareness, willingness to receive, and controlled or selected attention (Krathwohl et al., 1964). With regard to receiving, when the graduates were students, they became aware of and

interested in the profession of nursing. In terms of willingness to receive and controlled or selected attention, the graduates further investigated nursing as a profession and enrolled in the accelerated BSN program. Prelicensure socialization commenced at this time and evolved into induction socialization after graduation and upon entry into the clinical setting as registered nurses. At this point the graduates had reached Benner's (1984) advanced beginner or competent stage, having experienced enough real life situations to recognize specific needs of patients; however, advanced beginners continue to require support in the clinical setting, which may take the form of priority setting (Benner).

The advanced beginner stage shares some characteristics with responding in the affective domain. The category of responding consists of three subcategories: acquiescence in responding, willingness to respond, and satisfaction in response (Krathwohl et al., 1964). Progression through these categories is demonstrated by "complying with expectations" (Krathwohl et al., 1964, p. 34), and an increasing response to inner feelings; and evidence of initial internalization of values (Krathwohl et al., 1964). (See Critical Incidents.)

Level of responding corresponds to the competent stage once the graduates had been employed in the same setting for 2 to 3 years. At this point they were in the process of developing long-range plans or goals. (See Table 15 Commitment to Nursing Practice.) In the competent stage the nurse has a feeling of mastery and is able to cope with and handle multiple situations in the clinical setting (Benner, 1984). The categories of the affective domain blend with Benner's stages, and direct comparison of both is

impossible. The category of valuing within the affective domain, defined as the internalization of values, may actually begin in the advanced beginner stage of nursing and is evident in the interviews. Subcategories of valuing include acceptance of a value, preference for a value, and commitment (Krathwohl et al., 1964). Internalization is the “process by which the phenomenon or values successively and pervasively become a part of the individual” (Krathwohl et al., 1964, p. 28). Internalization of new values is a gradual process and will vary from individual to individual.

Once the process of internalization begins, the values are organized into systems, which lead to the next category—organization. Organization has two subcategories: conceptualization of a value and organization of a value system (Krathwohl, 1964). It is within this category that the fundamental assumptions of the code of ethics come together. (See Table 14 Personal Commitment: Provisions of the Code of Ethics for Nurses and Incidents & Table 15 Commitment to Nursing Practice.) These categories of the affective domain continue to blend with Benner’s (1984) stages of nursing. As the competent nurse progresses into the proficient stage, she or he sees situations as a whole instead of as parts. The whole is viewed from the standpoint of long-term goals. Proficient nurses are able to learn from experience what to expect in different situations and how to make adjustments in these situations (Benner); furthermore, they possess a deeper understanding of situations.

Expert nurses possess tremendous amounts of experience, giving them an intuitive sense of situations. Expert nurses are able to focus on problems and “manage complex clinical situations” (Benner, 1984, p. 34). The expert operates from a “deep

understanding of the total situation” (Benner, p. 32). In this sense, the stage of expert is similar to the affective domain category of characterization by a value or value complex, which requires a significant amount of time, continues throughout the lifetime, and may rarely occur (King, 1984). Individuals possessing this level of value(s) internalization not only exhibit behaviors congruent with the value(s) but also demonstrate integration into their “personal philosophy of life” (King, p. 59). At the time of this writing, the graduates had not entered the expert stage.

Summary

The following three assertions emerged from the data analysis:

1. The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization.
2. The feeling of being a nurse is a sense of becoming, involving personal commitment and internalization of values during the process of professional socialization.
3. Critical incidents revealed that accelerated BSN graduates have a deep sense of commitment to nursing.

Critical incidents, such as caring for dying patients and their families, performing psychomotor skills, and caring for seriously ill patients, have highlighted the circumstances under which the accelerated graduates experienced the feeling of being a nurse. These feelings commenced during induction socialization after entry into the workplace. The development of professional socialization, the time during which the

values of the profession of nursing were internalized, is evident when compared to the values set forth by the Code of Ethics for Nurses.

Studying the accelerated graduates in light of Benner's (1984) stages of nursing and the affective domain allowed for the identification of their transition through these stages as they told their autobiographical stories. However, the development of the affective domain is not as readily apparent because the development of attitudes and values occurs gradually and vary from individual to individual. Affective learning specifically focuses on feelings, emotions, and values and lends itself to the "feeling of being a nurse."

For example, as an advanced beginner, Emma related, "And one time I do think I had a patient with problems with the breathing. He was sitting on the edge of the bed. At that time I didn't know what was wrong. Now I know he had fluid in the lungs. At that time I didn't know. I wasn't as experienced. . . ." Reflecting on the situation, she cited lack of experience as the cause of her perplexity of the situation, but at the time she had recognized that the patient experienced a problem.

The stage of competence, defined as being employed in the same or similar area for 2 to 3 years applied to the graduates, confirmed through their "feeling of mastery and the ability to cope with and manage" numerous situations as registered nurses (Benner, 1984, p. 27). In addition, competent nurses have consciously developed long-range plans for themselves to facilitate their practice, both present and future (Dreyfus & Dreyfus, 1986). Several of the graduates are currently enrolled in graduate programs in nursing, and several plan to return to school. Proficient nurses benefit from engaging in decision-

making games, which provide them with practice in planning and coordinating the care of complex patients (Benner). By the time of this writing, some of these graduates had reached the identified time frame of 2 to 3 years needed before entering the proficient stage.

During the process of professional socialization, the feeling of being a nurse emerges as the internalization of attitudes, values, knowledge, and new roles of the nursing profession (Ringness, 1975). This is evident because the values of the nursing profession stated in the Code of Ethics for Nurses are apparent in the graduates' stories. Internalization of the values of the profession or the Code of Ethics for Nurses corresponds to the organization category of the affective domain where the fundamental assumptions of the code of ethics come together; however, internalization of new values is a gradual process varying from individual to individual.

Evaluating Benner's stages of competent and expert revealed that the graduates had moved toward the competent stage at the time of this writing; however, none had transitioned into the expert stage. Similar to the characterization of a value, the last category of the affective domain develops throughout the lifetime and had not been achieved by any of the graduates during this study.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

Introduction

The premise of this study was to identify the point at which accelerated BSN graduates experienced the feeling of being a nurse, a facet of professional socialization. Socialization of accelerated BSN graduates was of interest to me because no scholars to date have investigated socialization pertaining to accelerated BSN programs and because accelerated BSN programs are the fastest-growing (AACN, 2003a; AACN, 2003b). The literature indicated that accelerated BSN programs will continue to proliferate in response to the nursing shortage. With the rapid pace of accelerated BSN programs, an investigation of the socialization of students completing these programs is needed. Although a multitude of scholars have investigated socialization in nursing, their focus has been on students in traditional baccalaureate nursing programs, primarily their socialization in the cognitive and psychomotor domains, not the affective domain, which was the focus of this study.

This study showed that for this particular group of accelerated BSN graduates, both caring for dying patients and their families and teaching made them feel like nurses. Caring for dying patients is usually a difficult and uncomfortable situation for new nurses and was described as stressful by one graduate. During the interviews the graduates maintained intense eye contact and spoke with conviction in their voices, especially when describing situations in which they had provided care for dying patients. Passion was in their eyes and voices as they spoke of the situations that revealed that they had

internalized the values of nursing when describing their challenging moments, all of which corresponded to Benner's stage of nursing and the affective domain.

This chapter contains a discussion of the findings of this study in light of Benner's stages of nursing. The affective domain and Ohlen and Segesten's concept analysis also shed light on the nurses' observations; in addition program implementation and recommendations for further research will be discussed.

Findings

During induction socialization, the feeling of being a nurse commenced during and after orientation in the place of employment for these graduates, who described critical incidents coinciding with the feeling of being a nurse. For six of the graduates, caring for dying patients and their families was a challenging moment or the critical incident during which the feeling of being a nurse occurred. Other challenging moments coincided with the feeling of being a nurse, but not all were identified as critical incidents. Based on the data analysis, the following assertions emerged:

1. The feeling of being a nurse, an attribute of professional identity, coincided with the occurrence of specific incidents during induction socialization.
2. The feeling of being a nurse is a sense of becoming, involving personal commitment and internalization of values during the process of professional socialization.
3. Critical incidents revealed that accelerated BSN graduates have a deep sense of commitment to nursing.

Relationship of Findings to Benner's Stages of Nursing

Novice

Benner's (1984) first stage of nursing is novice, coinciding with entry into a nursing program. Although this study did not investigate students in the novice stage, a brief description will nonetheless be helpful. Novices are beginning students who possess no prior experience in the area in which they are expected to perform. They are taught basic skills, such as taking temperatures, pulses, respirations, and blood pressures as well as bathing patients and making beds, for entry into the clinical setting for the first time. These require no situational experience. Novices possess limited knowledge and experience, their behavior is rigid and limited, and they require structure and direction (Benner).

Advanced Beginner and Competent

By the time of the interviews, most of the accelerated BSN graduates had transitioned to the next stage—advanced beginner. As such, they possessed enough prior experience to be able to recognize changes in patient conditions, but the proper response to the change may be unknown; and to recognize the need for patient teaching (Benner, 1984). Emma described the following situation in which she recognized a change in her patient's condition but could not identify the problem:

And one time I do think I had a patient with problems with the breathing. He was sitting on the edge of the bed. At that time I didn't know what was wrong. Now I know he had fluid in the lungs. At that time I didn't know. I wasn't as experienced that the fluid can cause that much of—Nothing can.

There is only one solution for it stopping. I didn't know that at the time what can be done for the patient.

When confronted with complex clinical situations, advanced beginners focus on tasks instead of on the patient as a person because they feel overwhelmed (Benner, Tanner, & Chelsa, 1996). Many advanced beginners feel successful when they are able to complete multiple tasks (Benner, Tanner, & Chelsa, 1996). Alexa stated the following, which supports Benner et al.:

I just feel very overwhelmed because I have to do paper work, and then I have to take care of my patients, and you know, you have to give meds. You have a lot of tasks that we have to complete on shift.

In addition advanced beginners require support in the clinical setting, such as assistance with skills, priority setting, and time management. Needing assistance in the form of emotional support when required to perform a skill for the first time while still in orientation, Madison stated:

I remember the first time I had to insert an NG tube. That felt challenging 'cause I was afraid. And the sad part about that was I could not get one person that would go in with me and be emotionally supportive. It was horrible.

Some advanced beginners possess the ability to assume more responsibility for their decisions and are able to disagree with those in authority, such as a physician (Benner, et al., 1996). The following serves as an example:

Actually it was about v tach, too. The patient—the doctor wanted to give lidocaine. It wasn't v tach. I think that it's not necessary to give first, maybe

couple grams lidocaine. That's not really the drug of choice. . . . That's right. So then I called his senior, and you know, he agreed with me, and then I actually—before I called, I called the house provider, and we called senior (Emma).

Attending to the psychosocial needs of patients and families while delivering care in complex situations often challenges the advanced beginner. Caring for a dying child, Brynn stated:

When I think back to it, it was actually 5 days after I was off precepting, and I had my first patient pass away. And it was a very—I was working in the intensive care unit, and he eventually passed away. He came in with change in mental status, and the family was so well known over on the hematology–oncology floor. And he came to me being a new nurse, and just the care that I gave him that day and the family came up to me and saying, “You did such a great job. And everyone from the hemo floor coming over and saying, “Thank you for helping him,” and everything, and being 5 days out of precepting, and I had no idea what I was doing. And at that point I really didn't feel like I can do this, and you have hard days and good days. That was probably one of the hardest days I had being so new at this.

Advanced beginners recognize their need for assistance because of their lack of experience with skills and for emotional support when performing new skills. Madison described her experience of asking for assistance and being refused:

I remember the first time I had to insert an NG tube. That felt challenging 'cause I was afraid. And the sad part about that was I could not get one person that would go in with me and be emotionally supportive. It was horrible.

Hilary described a situation in which she was to administer an enema. She received the emotional support she requested from another nurse:

I had to give somebody a cottonseed enema, which is two quarts of oily soapy fluid, and this man was in excruciating pain. And probably lesions along his spine, so he wasn't moving that well. But I just—it's—I asked a nurse that I feel really safe with to come in with me 'cause it's better if two of us. I always just feel a little heartened if I have backup even if somebody's not doing anything. They're just—I'm still in that place where—just come with me, be with me for a little bit.

Competent

The competent nurse has been employed in the same or similar area for 2 to 3 years and has consciously developed long-range plans for themselves to facilitate their practice, both present and future. This includes such things as organizational skills. These plans are based on “considerable conscious, abstract, analytic contemplation of the problem” (Benner, 1984, p. 26). Although competent nurses have gained mastery of skills and engage in conscious and deliberate planning, they lack the speed and flexibility of the proficient nurse (Benner). Competent nurses possess better organizational and technical skills than the advanced beginners (Benner et al., 1998).

All of the graduates in this study have practiced in the clinical setting for 2 to 3 years. Competent nurses describe themselves as feeling good when their actions have positive results (Benner et al., 1998). They feel less overwhelmed as they develop improved understandings of situations (Benner et al., 1998). Brynn stated:

It's being more confident in being a nurse now because I've been there for 2 years. I love the nurses that I work with. I work with such group of smart nurses, and I'm starting to feel like maybe I'm a part of that team. I love being able to go into a room and explaining things to parents that maybe they didn't understand.

Several graduates have made long-range plans to enhance their nursing careers. At the time of this study, Zoe and Madison were enrolled in nursing master's programs, and Hilary planned to return to school at some point. Emma, who volunteered as a disaster nurse for the Red Cross, intended to continue traveling to areas in need of assistance during times of disasters. Teaching CPR was important for Zoe, and she was an instructor for the American Heart Association and the Red Cross.

During the competent stage nurses are likely to change positions. Although Kyle planned to remain in the military, he had just received word that he was to be transferred from a medical–surgical position to critical care.

Proficient

In the proficient stage the nurse sees a situation as a whole instead of as parts, viewing it in light of long-term goals. Proficient nurses are able to learn from experience what to expect in various situations, deeply understand them, and know how to make suitable adjustments to accommodate them (Benner, 1984). At this stage teaching

inductively is the best means to incorporate clinical circumstances as the basis for understanding those circumstances. Using clinical experiences for teaching assists the nurse in identifying what to expect from certain situations.

Expert

Expert nurses have an intuitive awareness of situations and do not need to rely on rules and guidelines for an “understanding of the situation” or for identifying “appropriate action” (Benner, 1984, p. 31). The expert “operates from a deep understanding of the total situation” (Benner, p. 32) of which “experience is a requisite for achieving expertise” (Benner, p. 3). Experience results “when preconceived notions and expectations are challenged, refined, or disconfirmed by the actual situation” (p. 3). Experts not only know what needs to be attained but also possess the knowledge required to attain the goal (Dreyfus & Dreyfus, 1986). In normal situations, “experts don’t solve problems and don’t make decisions; they simply do what experience has shown normally works, and it normally works” (Dreyfus & Dreyfus, 1986, p. 42). As nurses negotiate the stages of nursing, the affective domain plays an integral part in their development to the stage of expert nurse. (See Table 14 for a comparison of Benner, the affective domain, and Ohlen and Segesten.)

Table 14

<i>Comparison of Benner, Affective Domain, and Ohlen and Segesten</i>			
Findings	Benner	Affective Domain	Ohlen & Segesten
Students were	Novice: coincides	Receiving: students	Socialization begins
taught theory in the	with entry into the	become conscious	in nursing school.

Findings	Benner	Affective Domain	Ohlen & Segesten
classroom and learned and practiced skills in the nursing resource laboratory prior to entering the clinical setting and as they progressed through the program.	clinical setting as students. Novices are beginners, possessing no prior experience in the area where they are expected to perform. They are taught basic skills, such as taking temperatures, pulses, respirations, and blood pressures as well as bathing patients and making beds, for their entry into the clinical setting for the first time. Beginners possess limited knowledge and	of a phenomenon. Learners have a willingness to receive.	Development of professional identity begins with interaction with other nurses.

Findings	Benner	Affective Domain	Ohlen & Segesten
	experience; therefore, their behavior is rigid, and their knowledge is limited (Benner, 1984).		
<p>This study investigated graduates of an accelerated BSN program. It did not examine novice students or those at the receiving level of the affective domain; however, when the graduates referenced their time in the accelerated BSN program, their comments were congruent with Benner, the affective domain, and Ohlen and Segesten.</p>			
Madison related an incident where she was required to insert an NG tube while still in orientation. Her coworkers were not willing to assist her with this skill, which she had performed only in	Advanced beginners “need help in the clinical setting” (Benner, p. 24).	Responding: Learners comply with expectations.	Socialization continues with entry into the clinical setting as registered nurses.
	Advanced beginners require the support of nurses who have at least reached the competent level of	Learners then progress to the point where they themselves begin to control the	Possess feeling of being able to carry out skills and responsibilities of the nurse (Ohlen &

Findings	Benner	Affective Domain	Ohlen & Segesten
the nursing resource	skill acquisition.	circumstances and	Segesten, 1998).
laboratory;		are able choose the	
however, she said,		appropriate	
“So I said, ‘Well, I		intervention despite	Development of
know how to do this		others being in	professional identity
‘cause I did this in		evidence.	begins with
school in skill			interaction with
check,” and she			other nurses as well
proceeded to insert			as internalization of
the NG tube			knowledge, skills,
successfully.			and values (Ohlen &
“I had to give			Segesten, 1998).
somebody a			Prerequisite for
cottonseed enema,			development of
which is 2 quarts of			professional identity
oily soapy fluid, and			is to focus on
this man was in			primary needs of
excruciating pain.			patients.
And probably			
lesions along his			
spins, so he wasn’t			

Findings	Benner	Affective Domain	Ohlen & Segesten
moving that well.			
But I just—it's—I			
asked a nurse that I			
feel really safe with			
to come in with me			
'cause it's better if			
two of us. I always			
just feel a little			
heartened if I have			
backup even if			
somebody's not			
doing anything—			
They're just—”			
(Hilary).			
“Ethics and treating		Valuing:	
people how you		Individual able to	
want to be treated—		handle environment;	
those type of things		is committed.	
are always things—		Internalizes own	
my parents brought		point of view;	
me up that way,		actions based on	

Findings	Benner	Affective Domain	Ohlen & Segesten
good teachers. I		own beliefs instead	
always put myself in		of those of others.	
the shoes of the			
patient, the patient's			
family" (Nathan).			
"So you try to put			
yourself in a			
situation where if it			
were a family			
member of mine,			
how would I want			
them to be treated if			
they were dying"			
(Madison).			
"I treat people with			
more dignity and			
respect, not that I			
didn't before, but I			
put myself in			
people's situations			
more. What would I			

Findings	Benner	Affective Domain	Ohlen & Segesten
<p>want, what would I</p> <p>need if I were in this</p> <p>situation? And I</p> <p>think I have more</p> <p>compassion for</p> <p>people” (Alexa).</p> <p>“Whenever I’m with</p> <p>a patient, I think this</p> <p>could be me in the</p> <p>bed. This could be</p> <p>my mother or my</p> <p>brother or my father</p> <p>or my sister. So how</p> <p>do I want to treat</p> <p>them? How would I</p> <p>want to be treated?”</p> <p>(Hilary).</p> <p>“Actually it was</p> <p>about v tach, too.</p> <p>The patient—the</p> <p>doctor wanted to</p>			

Findings	Benner	Affective Domain	Ohlen & Segesten
<p>give lidocaine. It</p> <p>wasn't v tach. I</p> <p>think that it's not</p> <p>necessary to give</p> <p>first, maybe couple</p> <p>grams lidocaine.</p> <p>That's not really the</p> <p>drug of choice. . . .</p> <p>That's right. So then</p> <p>I called his senior,</p> <p>and you know, he</p> <p>agreed with me, and</p> <p>then I actually—</p> <p>before I called, I</p> <p>called the house</p> <p>provider, and we</p> <p>called senior"</p> <p>(Emma).</p> <p>"Teaching</p> <p>definitely. You</p> <p>teach patients, you</p>			

Findings	Benner	Affective Domain	Ohlen & Segesten
<p>teach other nurses,</p> <p>you teach the</p> <p>doctors. You teach</p> <p>the doctors, too”</p> <p>(Zoe).</p> <p>“I really like to</p> <p>teach” (Kyle).</p> <p>“One of the charges</p> <p>of the Navy nurse is</p> <p>to train the</p> <p>corpsmen” (Kyle).</p> <p>“I think that is an</p> <p>enormous</p> <p>responsibility of a</p> <p>nurse to take on a</p> <p>lot teaching—the</p> <p>patients, teaching</p> <p>other staff about</p> <p>what it is you’re</p> <p>doing” (Alexa).</p>	<p>Advanced beginners</p> <p>possess prior</p> <p>experience to</p> <p>recognize readiness</p> <p>for patient teaching</p> <p>(Benner, 1984).</p>		
At this point the graduates coincided with Benner’s advanced beginner, who needs			

Findings	Benner	Affective Domain	Ohlen & Segesten
<p>assistance from a competent nurse in the clinical setting. Madison's actions also corresponded to the affective domain of controlling the situation and being committed and with Ohlen and Segesten's being able to carry out nursing skills. In addition, involvement in patient teaching corresponded to Benner's (1984) advanced beginner stage, which in turn coincided with internalization of the values of nursing, identified in the Code of Ethics for Nurses. This was evident when the graduates tried to put themselves into their patients' situations and identity with their patients; furthermore, Ohlen and Segesten (1998) stated that a prerequisite for professional identity requires focus on the patients, which is apparent in the above incidents. Emma exhibited actions based on her beliefs and knowledge, pursuing further input when she felt it was warranted. Behavior of the participants supports Benner's stages of nursing. The graduates expressed a deeper understanding of situations, such as when Emma stated, "You know something is wrong, but did not know what the problem [was]." Awareness emerged but was not fully developed. Interactions with other nurses facilitated the development of professional identity (Ohlen & Segesten, 1998). In the incidents described Madison experienced a negative interaction with other nurses, and Hilary experienced a positive interaction. Madison was forced to perform a skill she had not performed before without the support she asked for, but Hilary received the support she requested. I was impressed that Madison was able to proceed under the circumstances.</p>			
Alexa stated, "I decided to organize	Competent stage: nurse has been	Valuing continues. Internalizes own	Continuing development of

Findings	Benner	Affective Domain	Ohlen & Segesten
my day, think about what I'm doing, just keep reminding myself what it is that my purpose is; and that whole week I was able to organize and take care of my patients very well. It wasn't one particular incident. It's just—I felt like now I get it.”	employed in the same or similar area for 2 to 3 years.	point of view; actions based on own beliefs instead of those of others. This process of internalization puts the locus of learning on the individual (Krathwohl et al., 1964). Because internalization or embracing of new values is a gradual process, this varies from individual to individual.	professional identity begins with interaction with other nurses as well as internalization of knowledge, skills, and values (Ohlen & Segesten, 1998).
Currently Zoe and Madison are working on master's degrees. “I want to learn. I	Competent nurses have consciously developed long-range plans to facilitate their		Professional identity is integrated with the nurse's personal identity and consists of the individual's

Findings	Benner	Affective Domain	Ohlen & Segesten
constantly want to know what's going on. I'm like the nosiest person in the unit. What's going on? I really am. It's because I want to learn, and because of that, people are constantly asking me to be part of something else or take the most complex patient in there; and they trust me with that"	practice, both present and future. This includes such things as organizational skills. Having gained mastery of skills and engage in conscious and deliberate planning, they lack the speed and flexibility of the proficient nurse (Benner, 1984).		feeling and experience of self as a nurse (Ohlen & Segesten, 1998).
(Brynn). "Continuing education credits. The first 2 years when I didn't need			

Findings	Benner	Affective Domain	Ohlen & Segesten
any, I had 104. And			
I think I'm up to			
120 right now for			
my next 2-year			
cycle" (Kyle).			
"So I think I chose a			
very broad major for			
my master's, too.			
Adult and gero CNS			
and I don't want to			
be specific" (Zoe).			
"You know what?	It is helpful for the		
Being able to	competent nurse to		
multitask all those	engage in practice		
people who were	of "planning and		
disoriented and try	coordinating		
to find some other	multiple, complex		
intervention for	patient-care		
these people who	demands" (p. 27).		
are going to fall. . ."			
(Zoe).			

Findings	Benner	Affective Domain	Ohlen & Segesten
<p>The incident described by Alexa corresponds to being in the competent stage having practiced for 2 to 3 years; furthermore, it corresponds to the affective domain from the perspective of her actions being based upon her own beliefs instead of those of others. Alexa demonstrated this when she reflected on the skills she had demonstrated while in nursing school and proceeded to complete the procedure successfully. Directly corresponding to the affective domain and Ohlen and Segesten is the internalization of values of the nursing profession as stated in the Code of Ethics for Nurses. Comparing what the participants related indicates a correlation to Benner's stages of nursing as well as progression through the affective domain, leading to the development of professional identity and the feeling of being a nurse. Benner (1984) stated that competent nurses are able to plan and coordinate care for complex patients. Zoe's example of coordinating care for a number of confused patients supports this ability. Another of Benner's characteristics of the competent nurse was involvement in long-range goals, which corresponds to Ohlen and Segesten's (1998) premise that professional identity is integrated with personal identity. As stated above several graduates were enrolled in master's programs to pursue management and/or teaching.</p>			
Some graduates may have entered this stage, but there was no supporting evidence found in	Proficient individual becomes "deeply involved in the task," experiencing it from a "specific	Organization: Learner able to organize multitude of values into one value system.	

Findings	Benner	Affective Domain	Ohlen & Segesten
the interviews.	<p>perspective” from</p> <p>recent events</p> <p>(Dreyfus & Dreyfus, 1986, p. 28).</p> <p>Proficient stage: the nurse sees situations as a whole instead of as parts; views the whole with regard to long-term goals; able to learn from experience what to expect in different situations and how to make adjustments in these situations (Benner, 1984). Proficient nurses have a deeper understanding of the situations.</p>		

Findings	Benner	Affective Domain	Ohlen & Segesten
The graduates have not progressed to the proficient level at this time.			
None of the graduates in this study has reached the expert stage.	Expert nurses: have an intuitive awareness of situations and do not need to rely on rules and guidelines for an “understanding of the situation” and identify the “appropriate action” (Benner, 1984, p. 31). The expert “operates from a deep understanding of the total situation” (Benner, p. 32); “experience is a requisite for achieving expertise” (Benner, p. 3).	Characterization: Consistently responds to “value-laden situations” (Krathwohl et al., 1964, p. 35). At this point behavior is so profoundly internalized that it has become automatic (Krathwohl et al, 1964). Internalization is the “process by which the phenomenon or values successively and pervasively become a part of the	Well-established professional identity.

Findings	Benner	Affective Domain	Ohlen & Segesten
		individual”	
		(Krathwohl et al.,	
		1964, p. 28).	

None of the graduates in this study has become expert nurses or entered this level of the affective domain. For the expert nurse an intuitive awareness of situations exists, eliminating the need to rely on rules and guidelines. No incidents were provided by the graduates in which they described this intuitive awareness.

Summary of Table 14

Table 14 shows the correlation of the graduates’ responses as they correspond to Benner’s (1984) stages of nursing, the affective domain, and Ohlen and Segesten’s (1998) concept analysis. Although this study investigated socialization from the perspective of the feeling of being a nurse, which Ohlen and Segesten (1998) found to be the basis of professional identity, this study also supports Benner’s (1984) study involving the stages of nursing. As advanced beginners, the graduates required assistance from nurses in the competent stage and were able to recognize changes in patient conditions; but they did not know the cause of these changes. During the advanced beginner stage the graduates internalized the values of the nursing profession stated in the Code of Ethics for Nurses, demonstrated in patient advocacy and putting themselves in their patients’ place. Internalization of values was apparent when the graduates

transitioned into the competent stage and pursued education in nursing, which also demonstrated further development of professional identity.

Conclusion of Comparison

The findings of this study support Benner's stages of nursing, the affective domain, and the concept analysis of Ohlen and Segesten (1998). To date, studies in nursing investigating Benner's stages of nursing and the affective domain did not include accelerated BSN graduates. What emerged from the comparison is that accelerated BSN graduates progress and transition through induction socialization and achieve the professional socialization described as the feeling of being a nurse. The progression and transition of the stages of nursing, the affective domain leading to the feeling of being a nurse, occur concurrently. Not only do these findings strengthen the existing theory but also support the fact that accelerated BSN graduates become socialized into nursing in a shorter period of time.

Study Findings Compared to the Literature

The participants entered the accelerated program primarily because of the desire to help people, because of the shorter time frame, and because of the intent to change career paths, which coincides with the findings in the literature indicating that many enter accelerated programs because of the loss of employment from company downsizing, the desire to help others, the desire for security in the workplace, and the rapid pace of the programs (Wink, 2005; Wlodkowski, 2003; Wu & Connelly, 1992). The participants in this study ranged in age from 22 to 42 years of age consistent with the literature that

stated that students enrolled in accelerated programs are 25 years old or older (Husson & Kennedy, 2003; Wlodkowski, 2003).

These graduates spoke of a strong desire to make a difference, not only resulting from the lack of interaction with people in their previous employment but also from personal or family involvement with the healthcare system, which is consistent with the literature as is the desire to enter nursing for altruistic reasons (Fagermoen, 1997). Nathan related his entrance into the program after 16 years in another discipline because he wanted to know he had made a difference at the end of the day. September 11 was the impetus for Emma to enter the program; following that event she became a disaster nurse for the Red Cross.

The themes of dying patients and teaching patients were not found in the literature; however, in this study these were the circumstances under which the participants felt like nurses. The assertions that emerged from this study were consistent with the literature with the exception of the dying patients and teaching.

Examination of the socialization of these graduates as registered nurses showed their progression through Benner's stages of nursing. By the time they entered the work arena as registered nurses, they had progressed to advanced beginners. At the time of the interviews, it was apparent they were entering or had entered the stage of competence.

The graduates' identification of feeling like a nurse, which was the premise for socialization for this study, in terms of caring for dying patients and their families was unexpected. This may be attributed to the nursing curriculum of this accelerated program. End of life is a component of their course work throughout the curriculum. Although the

end-of-life component is not as evident in all courses, care of dying patients is addressed as well as the inclusion of hospice clinical experience for some senior students. The end-of-life component emphasizes communication with patients, families, and other health care workers as well as pain, culture, and quality of life.

Teaching is a component of the nursing care plans in every clinical course across the curriculum. Students are to identify patient needs or family needs, develop teaching plans with assistance from their clinical instructor, and actually present the teaching plan to the patient, family members, or both.

Recommendations for Further Research

Since no other research was found investigating socialization of accelerated BSN graduates, a definite need exists for additional study; however, research in general is needed on accelerated BSN programs and the students and graduates of these programs. Further research is needed involving not only accelerated BSN graduates but also accelerated BSN students. This study was conducted with graduates of an urban university in northeast Ohio, and the results may not be characteristic of graduates of other accelerated BSN programs. Other recommendations for further research of accelerated BSN graduates include teaching preferences of these students as well as identification of the most effective teaching methods for these students. This would include investigating web-based course delivery and web-based course enhancement.

What is not known at this time is (a) what paths these graduates pursue after initial entry into nursing, (b) whether they spend any length of time in the clinical setting as bedside nurses, and (c) the number that pursue advanced degrees in nursing and enter

administration and education. Whether accelerated graduates remain in nursing or return to former professions if positions in their prior disciplines become available remains unknown.

Researchers on socialization and professional identity to date have investigated nursing students in 4-year baccalaureate programs, not accelerated BSN students or graduates. This study indicated that professional socialization for accelerated BSN graduates occurs during induction socialization into the clinical setting after licensure as registered nurses. Further research is needed to determine whether this is the case for all accelerated BSN graduates.

Ohlen and Segesten (1998) found in their concept analysis that the “feeling of being a nurse as opposed to working as a nurse” was identified as the “distinguishing” characteristic of professional identity (p. 722). No other researchers have investigated the feeling of being a nurse. This is an area ripe for further research because this study supports the feeling of being a nurse as a part of socialization.

Investigating professional identity, specifically the feeling of being a nurse from the viewpoint of accelerated BSN graduates, may inform nurse educators how to develop curriculum to best meet their learning needs. Research is also needed to identify the ease accelerated graduates experience during the transition into the professional role of the nurse.

Program Implementation

Developers of educational programs for accelerated BSN graduates need to address both the academic program when prelicensure socialization begins as well as the

clinical orientation program in the work setting when induction socialization begins. In the academic educational program multiple forms of course delivery should be considered. The rapid pace of accelerated BSN programs lends itself to more web-based course delivery methods as well as hybrid courses. Using these methods could increase the class time spent in discussion and verbal interaction, which facilitate the process of socialization. Findings from this study indicate that the inclusion of death and dying modules and teaching modules strengthened and facilitated professional socialization because these areas were identified as primary circumstances during which the feeling of being a nurse emerged. Death and dying content is interwoven throughout the nursing curriculum in this particular nursing program. Participants' responses revealed that the content of the end-of-life curriculum has been successfully integrated into the courses.

Within this nursing program teaching was addressed primarily in the clinical courses in the form of teaching plans. An introduction to patient teaching was briefly discussed in the classroom; the need for assessing the patient's readiness to learn was included. Tools to assess readiness to learn, however, were not included. Tools and methods to assess this readiness would benefit the students, especially those unfamiliar with this type of assessment. Since teaching has been identified as one particular situation during which graduates feel like nurses, a deeper and better-structured focus on teaching would be beneficial.

Implications for induction socialization indicate that a strong orientation program with available preceptors would facilitate the transition into the clinical setting. Benner (1984) stated that competent nurses are needed to assist advanced beginners as they

engage in new and challenging situations and skills. This is outside of the realm of this study because it focused on nursing programs at the university level.

Conclusion

From this study I found that it is possible to socialize accelerated BSN graduates into nursing in a short period of time. Although the academic nursing program is considerably shorter in length than the traditional program, the socialization of these graduates coincided with Benner's (1984) stages of nursing, stages of the affective domain, and the concept analysis of Ohlen and Segesten (1998). When these graduates entered the clinical setting as registered nurses, they continued to progress through the stages of nursing. Internalization of the values of nursing as portrayed in the Code of Ethics for Nurses was demonstrated when the graduates discussed their experiences caring for patients. The findings of this study support existing theories that nurses' progress and transition through specific stages of nursing as well as through the stages of the affective domain.

With the rapid pace of accelerated BSN programs, focusing on the affective domain and the internalization of the values of nursing would facilitate the development of professional identity leading to the feeling of being a nurse as described in the concept analysis by Ohlen and Segesten (1998). Incorporating the provisions of the Code of Ethics for Nurses as a guide would make it possible to address the affective domain from the aspects of advocacy, primary commitment to patients, and protection of rights.

Additional research on socialization is needed for this population because no studies were found in the literature; furthermore, socialization of this population should

be studied for those in practice more than 3 years to investigate the progress through the stages of nursing.

The findings of this study support Benner's stages of nursing, the affective domain, and the concept analysis of Ohlen and Segesten (1998). Incidents described by the graduates demonstrate that during induction socialization, they progressed through the stages of nursing and from the affective domain internalized the values of the nursing profession.

APPENDICES

APPENDIX A
CODE OF ETHICS FOR NURSES

APPENDIX A

CODE OF ETHICS FOR NURSES

American Nurses Association

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity for the profession and its practice, and for shaping social policy (American Association of Nurses Code of Ethics, 2001).

The Code of Ethics was approved June 30, 2001.

APPENDIX B

COURSEWORK FOR ACCELERATED BSN PROGRAM

APPENDIX B

CURRICULUM FOR ACCELERATED BSN PROGRAM

Semester I 18 credits	Semester II 19 credits
<ul style="list-style-type: none"> • Stress Framework • Pharmacology • Health Assessment • Strategies for Nursing Practice • Pathophysiology 	<ul style="list-style-type: none"> • Tertiary Preventive Strategies • Secondary Preventive Strategies • Mental Health/Psychosocial Preventative Strategies
Semester III 17 credits	Semester IV 18 credits
<ul style="list-style-type: none"> • Leadership and Management • Mental Health/Psychosocial Preventive Strategies • Primary Preventive Strategies for Childbearing • Secondary Preventive Strategies for Children • Research 	<ul style="list-style-type: none"> • Primary Preventive Strategies for Community/Home Care • Primary Preventive Strategies for Communities • Preventive Strategies for Complex/Critical Situations • Role Practicum • Issues/Trends

APPENDIX C

TELEPHONE SCRIPT

APPENDIX C

TELEPHONE SCRIPT

Hello. My name is Linda Wolf, and I am on the faculty at Cleveland State University. I am doing my dissertation on the socialization of accelerated BSN graduates and would like you to participate.

The purpose of my study is to investigate the socialization of accelerated BSN graduates, specifically from the perspective of the feeling of being a nurse. I want to interview graduates from the first and second class of accelerated graduates. I have obtained permission from the Internal Review Boards at Kent State University and Cleveland State University.

If you agree, you may withdraw from the study at any time; confidentiality and anonymity will be maintained. Pseudonyms will be used to maintain confidentiality and anonymity. There are no risks associated with the interviews other than that which may be experienced in everyday life situations. The benefits are in curriculum development for accelerated students and will add to the body of knowledge pertaining to accelerated BSN graduates and about accelerated programs, which are rapidly proliferating.

If you agree to participate, I will obtain written consent for the interview as well as written consent to audiotape the interview the day of the interview prior to beginning. You will be given copies of both consent forms.

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