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Comparing Accelerated Bachelor of Science in Nursing RNs' and Traditional Bachelor of Science in Nursing RNs' Professional Socialization, Motivation, Resilience, and Intent to Stay

Dorothy Uhurebor
Walden University

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College of Nursing

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Dorothy Uhurebor

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Walden University
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Abstract

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by

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MSN, Walden University, 2018

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Dissertation Submitted in Partial Fulfillment

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Abstract

Professional socialization is an adaptation process during which RNs learn new roles and adapt to becoming members of the nursing profession, which creates a significant effect on the RN's professional development. Demographic factors such as prior work-related experience, gender, and education affect an RN's intent to stay in the nursing profession. The purposes of this three manuscript study, guided by the London career motivation model and Grotberg's resilience theory, were to determine (a) if there are differences in accelerated Bachelor of Science in Nursing (ABSN) RNs' and traditional Bachelor of Science in Nursing (TBSN) RNs' professional socialization process as measured by career motivation, and career resilience on intent to stay, (b) the effect of gender on professional socialization and intent to stay of ABSN RNs and TBSN RNs, and (c) the difference between RNs with more than 5 years of experience compared to RNs with fewer than 5 years of experience on the level of professional socialization and intent to stay. Data were analyzed from 242 RNs using multivariate analysis of variance. The results showed no significant differences between ABSN RNs' and TBSN RNs' professional socialization process as measured by career motivation and career resilience, and intent to stay, their years of experience, and gender. Further study may focus on identifying which variables of the professional socialization process (career motivation, career resilience, career insight) and which traits are more influential in promoting intent to stay. Exploring, identifying, and providing resources to nurses may promote positive social change when nurses can access the available resources to develop career resilience, career identities, and realistic career expectations.

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Dedication

I dedicate this study to the Almighty God for his guidance, strength, power of the mind, protection, skills, and for giving me a healthy life. Finally, I dedicate this study to my family and friends for their continual moral, spiritual, and emotional support. To my brothers, sisters, relatives, mentors, friends, and classmates in my educational journey who shared their words of advice and encouragement that helped me finish this study, this is for you all. Success results from the support of those individuals who surround you.

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Part 1: Overview

The educational and experiential base for entry-level professional nursing practice and building a career through graduate-level study is the 4-year Bachelor of Science in Nursing (BSN) degree. BSN education offers nurses enormous potential and responsibilities as nurses. The dynamic nature of the health care industry with emerging roles has escalated opportunities for nurses. The increased emphasis on preparing nurses at the baccalaureate and higher degree levels provided the idea for an innovative approach to nursing education: the accelerated Bachelor of Science in Nursing (ABSN) degree program. The ABSN programs offer the quickest route to licensure as an RN for adults who have already completed a bachelor's or graduate degree in a nonnursing discipline (American Association of Colleges of Nursing [AACN], 2021).

The ABSN program is designed to address the nursing shortage by educating more individuals seeking a second career and holding a degree outside nursing (Hennessy, 2018; Raines, 2015). The AACN (2018) survey found that 23,354 students were enrolled in ABSN programs compared to 19,541 students enrolled in 2017. In addition, the number of ABSN graduates had increased from 12,293 in 2017 to 13,442 in 2018 (AACN, 2019). After graduation, nurses, regardless of their degree, must successfully socialize professionally in nursing. Professional socialization is defined as an active, dynamic, changing process in which nurses learn appropriate values, norms, behaviors, and social skills related to a profession using knowledge, attitude, and skills (Moradi et al., 2017). In the professional socialization process, the RN internalizes the professional norms and becomes highly motivated to evolve into a knowledgeable

professional. The increase in learning and change in attitude leads to the RN's development of their professional identity (Quinn et al., 2020).

Successful professional socialization has positive outcomes, including acquiring a professional identity, coping with professional roles, job satisfaction, and organizational commitment and retention. Successfully professionally socialized RNs are focused, motivated, and resilient; make career commitments; and possess good critical-thinking skills. The RNs participate in the active lifelong learning process of integrating into the nursing culture, which increases the likelihood that they will stay in their nursing position, which is intent to stay (Kowtha, 2018; Mbambo, 2014; Moradi et al., 2017; Sadeghi Avval Shahr et al., 2019). Intent to stay increases an employee's organizational attachment and commitment (Cho et al., 2009). Intent to stay is a positive outcome of the RN's professional socialization (Moradi et al., 2017) and affects positive social change.

Background

Successful professional socialization by new RNs significantly affects the RNs' professional performance and career motivation levels, career resilience, and intent to stay in the profession (Mohammadreza et al., 2013). Career motivation, career resilience, a desire to seek professional knowledge, forming professional identity, critical thinking, and congruency between theory and practice are factors RNs need to socialize into nursing successfully (Dinmohammadi et al., 2013; Salisu et al., 2019).

Productive mentoring relationships that build resilience improve nursing professional socialization (Gazaway et al., 2019). ABSN-prepared nurses who experienced challenges in their practice believed their previous career experiences helped

them overcome the professional socialization process. Despite these challenges, ABSN-prepared nurses had remarkably elevated levels of job satisfaction and, as a result, intended to stay in nursing practice (Hennessy, 2018). When interviewed, their intent to stay in the profession was evident in their enthusiasm for their career choice (Hennessy, 2018).

First- and second-career nurses have high rates of stress, burnout, and presenteeism, and studies have shown differences in stressors and coping between traditional Bachelor of Science (TBSN) and ABSN nurses. However, first- and second-career nurses have different coping strategies and stressors (Rainbow & Steege, 2019). Raines (2015) explored the perceptions of a cohort of accelerated second-degree graduates 5 years after graduation to understand their perceptions about being a nurse and being employed in nursing. Raines found that 87.8% of the participants did not intend to change positions within the upcoming year. The reasons cited included “I like the patients I work with”; “I found my niche in this specialty”; “The job is hard, but when I see the improvement in the patients, it is worth it”; and “It allows me to combine my professional goals with my personal life” (pp. 47–48). About 12% indicated they intended to change positions in the next year, citing workload and looking for a better opportunity as the reasons for the change. The professional socialization for RNs develops over time as factors such as the socialization process, motivation, resiliencies, and intent to stay influence their transition (Shatto et al., 2016).

Professional Socialization

Professional socialization is an active, dynamic, changing process in which nurses learn appropriate values, norms, behaviors, and social skills related to a profession using knowledge, attitude, and skills (Moradi et al., 2017). Professional socialization is also a combined function of the educational process and workplace experience (Mohammadreza et al., 2013). Professional socialization begins when an individual enters a nursing program and continues as they interact with the work environment and develop interpersonal communication to remain in the profession. As the RN engages in the professional of nursing, the RN internalizes the professional norms and becomes highly motivated to evolve into a knowledgeable professional. The increase in learning and change in attitude leads to the RN's development of their professional identity (Quinn et al., 2020).

The socialization process provides the RN with the ability to successfully manage new opportunities, situations, and roles (Mohammadreza et al., 2013). Professional socialization is an adaptation process during which RNs learn new roles and adapt to their role of becoming members of the nursing profession by building professional relationships that provide value and opportunity for them, which creates a significant effect on the RNs' professional performance and motivation levels (Mohammadreza et al., 2013). RNs with high professional performance are typically very motivated to develop and contribute to the nursing profession (Kantek et al., 2013; Selma Demirhan et al., 2020). Intent to stay increases an employee's organizational attachment and

commitment (Cho et al., 2009) and is a positive outcome of the RN's professional socialization (Moradi et al., 2017).

Career Motivation

Career motivation is associated with satisfaction, organizational commitment, and job satisfaction. Job performance motivation relates to satisfaction with oneself, which can be reflected by achievement, recognition, acceleration, work, responsibilities, and personal growth (Paais & Pattiruhu, 2020). Nurses' motivation can influence the workplace's characteristics, working conditions, individual traits, individual priorities, and psychological factors (Baljoon et al., 2018; Toode et al., 2011). Nurse participation in organizational decision making, team member cooperation, independence, manager fairness, and leadership position consideration can also affect the level of motivation (Toode et al., 2011), which is an outcome of professional socialization. Career motivation and resilience are factors that may influence the success of professional socialization of a new RN.

Career motivation is a multidimensional construct consisting of three main components: career resilience, career insight, and career identity (Almıaçık et al., 2012; Day & Allen, 2004; London, 1993). Career insight is the energy RNs must possess to be involved in career planning and career decision making and the level to which the individual has realistic career perceptions in the profession (Almıaçık et al., 1993; Noe et al., 1990). Career identity is the influence that leads to the result or outcome affecting the individual's career decisions and behavior and is the direction of motivation (Almıaçık et al., 2012; Noe et al., 1990). Career resilience is the ability of the professional to

overcome career setbacks; it is the maintenance or persistence component of career motivation (Almıaçık et al., 2012; Noe et al., 1990).

Career motivation and job satisfaction vary among different RN generations. millennial RNs leave the profession due to a lack of job satisfaction (Powell et al., 2019; Tyndall et al., 2019) and career motivation (Daniel & Smith, 2018; Pyöriä et al., 2017). The current generational ages of RNs are the baby boomer generation who were born between 1946 and 1964, Generation X individuals who were born between 1965 and 198, and Generation Y or Millennials who were born between 1983 and 2001 (Martin & Kallmeyer, 2018).

Career Resilience

Career resilience is another factor in successful professional socialization and is defined as the ability to successfully adapt to disturbances posing a threat to functionality, viability, and development in the environment while using the available resources to thrive in the situation (Ramalisa et al., 2018). Psychologically, career resilience varies among individuals because some people develop better strategies for career resilience than others, which means that an individual is more or “does not have what it takes” to overcome adversity (Masten, 1994). Productive mentoring relationships that build career resilience improve nursing professional socialization (Gazaway et al., 2019).

Intent to Stay

Intent to stay is defined as the indication that a nurse has a strong feeling about remaining with an organization and not seeking job opportunities elsewhere before retirement (Liu et al., 2021; Wang et al., 2012). RNs who lack career motivation to

remain and continue in the nursing profession (Daniel & Smith, 2018; Pyöriä et al., 2017) will leave the profession due to a lack of job satisfaction (Powell et al., 2019; Tyndall et al., 2019). High intent to stay indicates that a person feels stronger about remaining with an organization than seeking opportunities elsewhere. Job satisfaction is an antecedent to intent to stay (Mayfield et al., 2021). Results of several studies showed that job satisfaction, career growth potential, achievement, recognition, acceleration, work, suitable working hours, a possibility to combine work and private matters, remuneration, job security responsibilities, personal growth, and collaboration were essential motivators for nurses (De Cooman et al., 2008; Hertting et al., 2004; Öztürk et al., 2006; Paais & Pattiruhu, 2020). A positive team spirit (Koivula et al., 1998) and the nurse's status as an equally valued team member are essential motivators for nurses.

Threats to intent to stay include seeking career advancement and not getting the opportunity to advance, lack of support from supervisors, experiencing difficulties providing patient-centered care, and frustration with limited teamwork (Senecal et al., 2020). Intent to stay and job satisfaction aligned positively and significantly with successful job performance. Feelings of competence strengthened self-confidence in skills and recognition for accomplishments, caring relationships, and going over and above in their work contributed to intent to stay (Mayfield et al., 2021). However, autonomy did not contribute to intent to stay (Mayfield et al., 2021).

TBSN and ABSN Nurses' Professional Socialization

When RNs enter their first professional position in a health care facility, they transition from student nurses to RNs. In the clinical areas, they train to become a

registered professional nurse. The transition from a student to an RN poses issues for new RNs because they must learn to socialize in the nursing profession. RNs enter nursing from several types of programs: ABSN and TBSN. Studies on ABSN RNs' experiences in their first years of practice found that ABSN graduates perceived themselves as prepared for practice as beginning RNs. Compared to TBSN graduates, ABSN graduates were happy with their professional choices but had the same fears of career support and advancement concerns commonly identified by new graduate nurses. ABSN graduates settle into the RN role more easily than TBSN RNs (Cangelosi, 2007; Hennessy, 2018; Raines, 2015; Sweeney Rico et al., 2010). ABSN nurses have higher 1-year job retention rates than TBSN RNs (Weathers & Raleigh, 2013).

Compared to TBSN RNs, the focus and motivation of ABSN students make teaching them challenging and rewarding. Irrespective of their diverse background, ABSN RNs tend to excel and are well prepared for nursing practice upon graduation, suggesting they are well socialized into the profession (Hamner & Bentley, 2007). ABSN-educated nurses experience high-level job satisfaction and intent to stay in the profession (Hennessy, 2018). ABSN-educated nurses are more focused, motivated, and goal oriented, and possess poor critical-thinking skills (Raines, 2015; Hamner & Bentley, 2007; McDonald, 1995; Meyer et al., 2006). However, TBSN nurses are less likely to seek additional professional training (Read & Laschinger, 2017). TBSN nurses are less likely to be members of professional organizations (Schwartz et al., 2015).

RNs need to have career motivation, career resilience with the desire to seek professional knowledge, and the ability to form a professional identity to socialize

professionally successfully (Dinmohammadi et al., 2013; Salisu et al., 2019). ABSN RNs also socialize better than TBSN RNs into the nursing career (Hennessy, 2018; Salisu et al., 2019). However, what is not known is why ABSN RNs are more successfully professionally socialized into nursing than TBSN RNs and what factors contribute to the effective professional socialization of the ABSN compared to TBSN nurses. The purpose of the current study was to determine (a) whether there are differences in ABSN RNs' and TBSN RNs' professional socialization process as measured by career motivation, and career resilience on intent to stay; (b) the effect of gender in professional socialization (as measured by career motivation, career resilience) and intent to stay of ABSN RNs and TBSN RNs; and (c) the difference between RNs with more than 5 years of experience compared to RNs with fewer than 5 years of experience on the level of professional socialization and intent to stay.

Theoretical Framework

The theoretical framework for this study included the career motivational model (London, 1983) and Grotberg's (1995) resiliency theory. I used the London career motivation model to explain the RNs' career decisions and behaviors that cannot be explained by the RNs' personal ability. London's (1983) concept of career motivation brings individual differences together into three domains: career resilience, career insight, and career identity. London's (1983, 1993) career motivational theory is an organizing framework in which to understand and enhance the effects of situational conditions on career decisions and behavior. Grotberg (1995), rather than examining failures, investigated the strengths that exist within individuals and communities seeking to

understand the combining factors that result in resilience. Grotberg (1995) proposed that individuals draw from three sources of resilience features: I HAVE, I AM, and I CAN. Grotberg (1997) stated “resilience is a universal human capacity to face, overcome, and even be strengthened by experiences of adversity. Resilience may be found in a person, a group, or a community, and may make stronger lives of those who are resilient” (p. 3). A universal capacity allows a person, group, or community to face, prevent, minimize, or overcome the damaging effects of adversity, can be strengthened by the experiences of adversity, and is also known as resilience (Grotberg, 1995).

Grotberg (1995) classified the sources of resilience into three categories: I HAVE, I AM, and I CAN. I HAVE applies to external supports and resources such as having trusting people who help guide the individual (mentors), people to help in times of difficulty, people who show love to the individual, people who care for the individual, and people who are looked up to as role models. I CAN applies to social and interpersonal skills, such as personal responsibility, problem-solving skills, and communication skills. I AM applies to features such as the individual’s inner strength, personal strengths, empathy, and self-esteem. RNs must draw from all three sources to have resilience (Grotberg, 1995).

A resilient RN needs a combination of I HAVE, I AM, and I CAN. An RN may have people who show love or have people to trust and those who can help (I HAVE), but if the RN possesses no inner strength (I AM) or social or interpersonal skills (I CAN), resilience is not present. An RN may have a great deal of self-esteem (I AM), but if communication or problem-solving skills are lacking (I CAN) or there are no trusting

relationships or help from people in times of difficulty (I HAVE), the RN lacks resilience. An RN who possesses effective communication skills (I CAN) but has no empathy (I AM) or does not learn from role models (I HAVE) also has no resilience. Resilience results from a combination of the features (Grotberg, 1995) shown in Table 1.

Table 1

Features of Resilience

Feature of I HAVE	Feature of I AM	Feature of I CAN
People I love and trust in all circumstances	Loved and liked by people	Express my fear and concerns to others
People set limits for me, so I know when to stop before there is danger or trouble	I am happy when I help others and show concern, respect for others and myself	Always find ways to solve the problems I face
People who show me the right way to do things	Take responsibility for what I do	Control myself when I want to do something wrong or dangerous
People who want me to learn to do things on my own	Confident thing will be all right	Figure out when it is a suitable time to talk to someone or to act
People to help me in times of need		Find someone to help me when I need it

The I HAVE resilience factors occur when RNs can affirm that they have developed trusting relationships in their careers; understand the structures and rules guiding their practice; and receive help from mentors, role models, and nurse leaders who are available to encourage and provide career growth and mobility opportunities. RNs receive encouragement for autonomy and independence, access to healthy work environment, education, welfare, and security services (professional development) (Grotberg 1997).

The I AM resilience factors occur when the RN has the inner strength with the beliefs, strengths, and attitudes that affirm that the RN is lovable with an appealing

temperament, is empathic, and is altruistic. The RN also can become autonomous and independent, which is reflected as self-pride, and is filled with hope, faith, and trust in the nursing profession and career. I AM resilience factors also include feelings of autonomy, responsibility, attitudes, beliefs, and strengths within the RN. The resilient features consist of an individual's inner strength and the support and resources available to the individual to strengthen their resilience.

The I CAN resilience factors occur when the RN can communicate effectively, has problem-solving skills, and knows how to seek trusting relationships. The RN's personal attributes and inner strengths are characteristics that are continuously developed throughout their career (Maneerat et al., 2011). Supports such as mentors, role models, engaging leaderships, and resources such as professional development opportunity and advancement opportunity training available to the RN strengthen the I AM resilience features that cannot be created (Grotberg, 1995). The RN must use mentors, role models, engaging leaderships, and resources such as professional development opportunity, skill training, and advancement opportunity training as they socialize into the nursing profession, as shown in Figure 1.

Figure 1*Sources of Resilience****Career Motivational Model***

The career motivational model is a multidimensional construct with components consisting of individual characteristics such as career identity, career insight, and career resilience domains and the corresponding career decisions and behaviors (London, 1983). Career motivation is a term used to explain the relationship in the individual's characteristics associated with the career, behaviors, decisions, and situational condition, to be explained not only by the individual's career ability but also by the direction, arousal, amplitude, and persistence of a person's behavior toward their career (London, 1983). In addition, career motivation includes motivation associated with a wide variety

of career decisions and behaviors resulting from situational conditions. These career behaviors and decisions include but are not limited to searching for a job, accepting a job, deciding to stay with a career or an organization, revising career plans, seeking training and new job experiences, and setting and working toward accomplishing career goals. Situational conditions that are important to career motivation include but are not limited to staffing policies and procedures, leadership style, job design, group cohesiveness, career development programs, and the compensation system. RNs make career decisions such as seeking new job experiences, remaining with an organization, revising career plans, and setting and trying to accomplish career goals. RNs interact with peers in various groups by collaborating and using the available developmental programs and job design to grow and develop in the nursing profession (London 1983).

London (1983) defined career motivation as a “set of individual characteristics and associated career decisions and behaviors that reflect the person’s career identity, insight into factors affecting his or her career, and resilience in the face of unfavorable career conditions” (p. 621). Career motivation is a multidimensional construct consisting of three main components: career resilience, career insight, and career identity (Almıaçık et al., 2012; Day & Allen, 2004; King, 1999; London 1983, 1985, 1993; London & Mone, 1987).

Career insight is the energy that the RNs must have to be involved in career planning and career decision making, and the level to which the RN has realistic career perceptions in the profession (Almıaçık et al., 1993; Noe et al., 1990). Career insight is the ability of RNs to be realistic about themselves and their career and to put their career

perceptions to use in establishing career goals. Career insight consists of establishing clear career goals and knowing one's strengths and weaknesses (London, 1983).

Career identity is the influence that leads to the result or outcome affecting the individual's career decisions and behavior and is the direction for motivation (Almıaçık et al., 2012; Noe et al., 1990). Career identity is the extent to which RNs define themselves by work and consists of the job they hold, organizational and professional involvement, a need for advancement, recognition, and leadership. Career resilience is the ability of the professional to overcome career setbacks in the maintenance or persistence component of career motivation (Almıaçık et al., 2012; Noe et al., 1990). Career resilience is the ability of RNs to adapt to changing circumstances, even when the circumstances are discouraging or disruptive. Career resilience consists of belief in oneself, a need for achievement, and willingness to take risks. The career motivation model proposes that career insight, influenced by resilience and working through career identity, affects an RN's persistence and intent to stay in the career (London, 1983).

London's Career Motivation and Grotberg's Resilience Theory Model

London's (1983, 1985; London & Mone, 1987; London & Noe, 1997) concept of career motivation (resilience, insight, and identity) is based on the trait factor and career theories. London and Noe (1997) defined career resilience as "the ability to adapt to changing circumstances, even when the circumstances are discouraging or disruptive" (p. 62). The definition is similar to Holland's (1997; Holland et al., 1980) notion that career decisions are influenced by the ability to face barriers, the need for information, the need for reassurance, and career identity. In addition, career resilience is conceptually like the

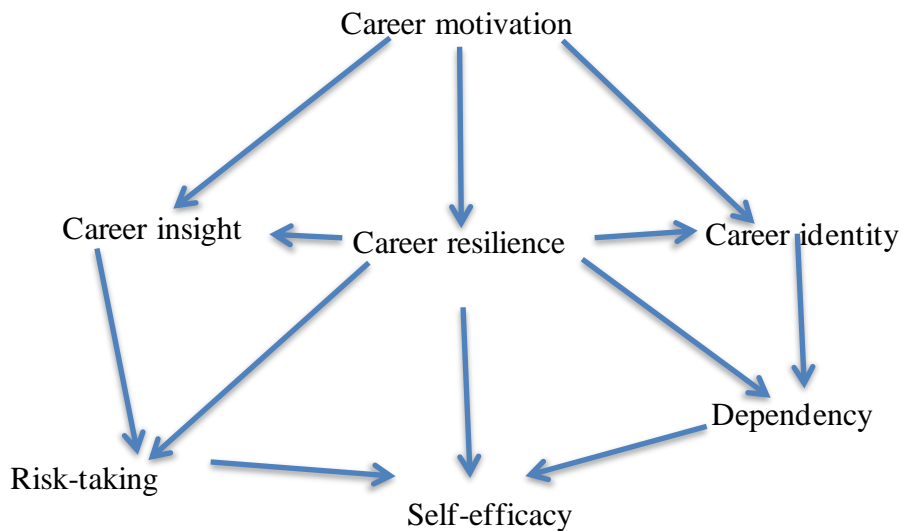
concepts of hardiness (Kobasa et al., 1982), self-efficacy of one's ability to overcome and progress in a certain situation (Bandura, 1977), and the motivation to achieve a set goal. Career resilience does not mean the individual is not sensitive to such environmental conditions but can cope more effectively with a hostile work situation (London, 1983). Career resilience has three subdomains: self-efficacy, risk-taking, and dependency.

The self-efficacy domain includes self-esteem, autonomy, adaptability, internal control, achievement, initiative, creativity, inner work standards, and development orientation. The risk-taking domain includes decision making involving risk tendency and fear of failure, need security, and tolerance of uncertainty and ambiguity. The dependency domain includes career dependency, need for superior approval, need for peer approval, and competitiveness. RNs who are more resilient will have high self-efficacy, risk-taking domain, and low dependency dimensions (London, 1983). RNs low in career resilience are likely to be motivated to avoid risk, be dependent on others, seek structure, and avoid situations in which organizational outcomes depend on their behavior. RNs who are high in career resilience are likely to take risks, be independent of others, create their own structure, and thrive in situations in which outcomes are contingent on their behavior rather than organizational behavior (London, 1983).

Conceptually, career resilience is reflected in Grotberg's (1993, 1997) resilience theory that resilience is a universal capacity that allows a person, group, or community to prevent, minimize, or overcome the damaging effects of adversity and be strengthened by the experiences of adversity. Grotberg (1993) noted that resilience might transform or strengthen the lives of individuals. Resilient individuals can respond to adversity in the

form of maintenance of normal development despite the adversity or a promoter of growth over and above a present level of functioning. Resilient behavior may also develop in anticipation of inevitable adversities (Grotberg, 1997).

Resilience is developed and nurtured from external resources and support systems available to RNs, the RNs' inner and personal strengths, and the RNs' social and interpersonal skills. External supports and resources include trusting relationships, encouragement of autonomy, role models, access to career development opportunities, and stability in the work environment. Inner and personal strengths include a sense of being lovable, autonomy, appealing temperament, achievement orientation, self-esteem, hope, faith, belief in God, morality, trust, altruism/empathy, and locus of control. Social and interpersonal skills include creativity, persistence, humor, communication, problem solving, impulse control, seeking trusting relationships, social, coping skills, and intellectual skills (Grotberg, 1997). During the RN's professional socialization process, resilience factors may act and interact differently to build or strengthen resiliency, but optimism, consistency, and stability are necessary elements that may promote career resiliency in RNs in the nursing profession. Career insight, career identity, and career resilience are the overall components of career motivation (see Figure 2).

Figure 2*Career Motivation Theory and Resilience Theory Interaction****Rationale for Using Grotberg's Resilience Theory and London's Career******Motivational Theory***

I selected the Grotberg (1995) resiliency theory and the London (1983) career motivational model as the theoretical models for my study. My rationale for using a combination of both theoretical model is that the career motivational model and the Grotberg resiliency theory offer a strong basis for investigating the differences in the RNs career motivation, resilience, and intent-to-stay as the RNs socializes into the nursing profession. Using Grotberg's resilience theory provides the opportunity to determine if the sources of the RNs career resilience results from the I HAVE, I AM, I CAN resilience features. Using the career motivational model provides the links to identify the RN's individual characteristics such as career identity, career insight, and career resilience components that drive the RN's motivation and intent to stay as the RN of Science in

Nursing socializes into the nursing profession. I used The Grotberg resilience theory and London career motivation theory as the theoretical model which provided insight into understanding what affects the level of career motivation and resilience has the intent to stay between ABSN RNs and TBSN RNs. Each theoretical framework provides the foundation for the development of a motivational resilience model (MRM) that may be supported by nurse leaders to help build resilience, improve intent to stay, and address staffing issues.

Summary of Existing Gap in Literature

An RN's career motivation is associated with satisfaction, organizational commitment, and job satisfaction. Career motivation related to the RNs' satisfaction, achievement, recognition, acceleration, work itself, responsibilities, and personal growth (Paais, & Pattiruhu, 2020). A study of the effect of motivation, leadership, and organizational culture on job satisfaction and employee performance found that motivation was a trigger in increasing work satisfaction. Giving generous bonuses is considered a form of organizational professionalism. Focusing on bonuses and high salaries does not always provide optimal results in satisfaction and performance. The most important motivation for an employee to remain in the company is a beneficial career path. The organizational environment and social relationships at work are also why employees are satisfied or unsatisfied and improve their intent to stay. (Paais & Pattiruhu, 2020).

A RNs' career resilience develops from internal and personal strengths such as a sense of being lovable; autonomy, appealing temperament, achievement-oriented, a high

self-esteem, hope, faith, belief in God, morality, trust, altruism/empathy, and high locus of control. The RNs' social and interpersonal skills include creativity, persistence, humor, communication, problem-solving, impulse control, seeking trusting relationships, social, coping skills, intellectual skills, and the external support system available to the RN, such as trusting relationships, encouragement, and encouragement of autonomy, role. RNs with a high level of resilience may feel more satisfied with their career choice, leading to increased self-esteem and have a better control over their work, even during disruption (Srivastava, & Madan, 2020). Career resilience is associated positively with career motivation and career satisfaction (Srivastava, & Madan, 2020, Ghandi et al., 2017; Haar & Staniland, 2016). Resilient RNs may show career identity, career insight, and maintain professional balance to overcome career setbacks (Almaçık et al., 2012, Noe et al., 1990). RNs who had resilience often displayed better work efficiency, became more confident at work, and adapted to work and career challenges (Kim & Windsor, 2015). Career insight, career identity, and career resilience were the overall components of career motivation and positively correlated with effective commitment and job satisfaction leading to intent to stay (Almaçık et al., 2012). During the RN's professional socialization process, resilience factors may act and interact differently to build or strengthen resiliency, but optimism, consistency, and stability are necessary elements that may promote career resiliency in RNs.

Job satisfaction, career growth potentials, achievement, recognition, acceleration, work, suitable working hours, a possibility to combine work and private matters, remuneration, and job security, personal growth, and collaboration were essential

motivators for nurses (De Cooman et al., 2008; Hertting et al., 2004; O'zturk et al., 2006, Paais, & Pattiruhu, 2020). A positive team spirit (Koivula et al., 1998) and the nurse's status as equally valued team members were essential motivators for nurses. Threats to intent to stay included lack of career advancement opportunities, lack of support from supervisors, experiencing difficulties providing patient-centered care, and feeling frustrated by limited teamwork (Senecal, et al 2020). Intent to stay and job satisfaction aligned positively and significantly with successful job performance (Mayfield et al., 2021). Feelings of competence strengthened self-confidence in skills and recognition for accomplishments, caring relationships, and going over and above in their work contributed to intent to stay. Productive mentoring relationships that build resilience improved nursing professional socialization (Gazaway et al., 2019). ABSN RNs are found to professionally socialize more effectively than the TBSN RNs into the nursing profession (Salisu et al., 2019, Hennessy, 2018). However, no study has identified the difference in the level of professional socialization and intent to stay of ABSN RNs TBSN RNs.

Overview of the Manuscript

I proposed three research questions to explore the difference between level of professional socialization and intent to stay of ABSN RNs and the TBSN RNs and what effect the professional socialization has on the ABSNs (Accelerated Bachelor of Science in Nursing), and the TBSN intent to stay. The first manuscript addressed the differences between ABSN RNs and TBSN RNs' professional socialization process (as measured by career motivation and career resilience) and intent to stay. In the second manuscript, I determined the effect of gender on the process of professional socialization (as measured by career motivation and career resilience) and the intent to stay of ABSN RNs and TBSN RNs. The third manuscript identified the effect of RNs' years of experience on professional socialization and intent to stay. The data were collected simultaneously through an anonymous survey electronically distributed to nurses in acute care, non-acute care, and inpatient and outpatient facilities using nurses' associations and agencies.

Manuscript 1

Specific Problem

Career motivation, resilience with the desire to seek professional knowledge, and forming a professional identity are needed by RNs to successfully achieve professional socialization (Dinmohammadi et al., 2017; Salisu et al., 2019). ABSN RNs socialize well and more quickly than the TBSN RNs into the nursing career (Hennessy, 2018; Salisu et al., 2019). Findings of a hermeneutic phenomenological research study showed that the ABSN nurse added a valuable dimension to the nursing workforce by virtue of their professional and personal maturity (Hennessy, 2018). While studies have identified

effective professional socialization through possession of higher career resilience and career motivation is associated with intent to stay and helps facilitate nurse's retention, there is a gap in research which has examined the differences in the level of professional socialization and intent to stay between ABSNs and TBSNs the (Read & Laschinger, 2017). Therefore, the purpose was to determine if there are differences between ABSN RNs and TBSN RNs' level of professional socialization (as measured by career motivation, career resilience) and intent to stay.

Research Question 1

RQ1: What are the differences between ABSN RNs and TBSN RNs' professional socialization process as measured by career motivation and career resilience, and intent to stay?

H₀1: There is no difference between ABSN RNs and TBSN RNs' professional socialization process as measured by career motivation and career resilience, and intent to stay.

H_a1: There is a difference between ABSN RNs and TBSN RNs' professional socialization process as measured by RNs career motivation and resilience, and intent to stay.

Nature of the Study and Design

I used a cross-sectional comparative research survey design. Cross-sectional designs are population-based surveys that assess the influencing factors existing at a given time within the population (Setia, 2016).

Sources of Data

I collected data from RNs using the motivation survey questionnaire developed by King (1999) to measure RN career motivation and resilience (RNCmr) to determine the differences in the RNs' career insight identity and resilience and the effect on intent to stay. The crescendo model of career motivation and commitment questionnaire (CMCM) is a 23-item questionnaire scored on a 7-point Likert type scale of *very much disagrees to very much agreed* (the low numbers describe statement with disagreement and high numbers with statements with agreement). The CMCMC has a Cronbach's alpha of 0.83 (King, 1999).

I measured the RNs' intent to stay (RNint) using the intent to stay scale developed by Mayfield and Mayfield (2007) to determine the RNs' intent to stay. The Intentions to Stay scale Has seven items and is measured on a 5-point Likert scale designed to elicit positive or negative reactions to intent to stay (Mayfield & Mayfield, 2007). Three of the test items reflect positive intention. Four of the test items have negative intentions. Reliability analysis of the 3-item Positive and 4-item Negative Affect subscales yielded Cronbach's alphas of 0.77 and 0.66, respectively. The overall model has a goodness-of-fit index of 0.93, but no validity data were provided for the test instrument (Mayfield & Mayfield, 2007). Three items measured the positive intent to stay with a credible reliability of 0.66, and 4 items measured the negative intent to stay with a credible reliability of 0.77 (Mayfield, & Mayfield, 2007). To obtain permission, I contacted the original author by email and obtained permission to use the test instruments. The permission to use the intention to stay survey is in Appendix G and the permission to use

the crescendo model of career motivation and commitment questionnaire is in Appendix H.

I analyzed data using multivariate analysis of variance (MANOVA) with SPSS version 28 software to determine if any difference existed between the independent groups ABSN RNs and TBSN RNs' professional socialization process. The professional socialization process was measured by career motivation and career resilience (IVs), and I also measured the intent to stay (DV).

Manuscript 2

Specific Problem

The effect of gender on motivation has been examined, but there are limited studies that explored motivation and resilience as components of professional socialization (Al-Haroon, & Al-Qahtani, 2020; Ayyash & Aljeesh, 2011; Alameddine, et al; 2021; Ang et al 2018; Zheng et al, 2017) and how career motivation and career resilience affect intent to stay in nursing. Thus, the purpose of this study was to determine the difference in the level of professional socialization as measured by career motivation and career resilience, and intent to stay between male and female RNs.

Research Question 2

RQ2: What is the difference in the level of professional socialization as measured by career motivation and career resilience, and intent to stay between male and female RNs?

H_02 : There is no difference in the level of professional socialization (as measured by career motivation, career resilience) and intent to stay between male and female RNs?

H_{a2}: There is a difference in the level of professional socialization as measured by career motivation and career resilience, and intent to stay between male and female RNs?

Nature of the Study

I used a cross-sectional comparative research survey design. Cross-sectional designs are population-based surveys that assess the influencing factors existing at a given time within the population (Setia, 2016).

Sources of Data

I collected data from RNs using the motivation survey questionnaire developed by King (1999) for the crescendo model to measure RN career motivation and resilience (RNCmr) to determine the differences in the RNs' career insight identity and resilience. The crescendo model of career motivation and commitment questionnaire (CMCMC) is a 23-item questionnaire scored on a 7-point Likert type scale of *very much disagrees to very much agrees* (the low numbers describe statement with disagreement and high numbers with statements with agreement) with a Cronbach's alpha of 0.83 (King, 1999).

I measured the RNs' intent to stay (RNint) using the intent to stay scale developed by Mayfield and Mayfield (2007) to determine the RNs' intent to stay. The Intentions to Stay Scale has seven items and is measured on a 5-point Likert scale (Mayfield & Mayfield, 2007). Three of the test items reflect positive intention. Four of the test items have negative intentions. Reliability analysis of the 3-item Positive and 4-item Negative Affect subscales yielded Cronbach's alphas of 0.77 and 0.66, respectively. The overall model has a goodness-of-fit index of 0.93, but no validity data were provided for the test

instrument (Mayfield & Mayfield, 2007). Thus, face validity will be used to validate the instrument.

I collected, organized, and analyzed data using MANOVA with SPSS version 28 software to determine if any differences that existed between the independent groups (male RNs and female RNs') and the continuous independent variable intent to stay. I tested the assumptions of MANOVA. I also conducted Cronbach's alpha on the Intent to stay scale and the CMCMC (a 23-item questionnaire).

Manuscript 3

Specific Problem

In the professional socialization process, RNs can bring significant contributions based on the length of their experience to the nursing profession (Dos Santos, 2020; Togashi, et al, 2018). The number of years of experience may influence the importance assigned by the RN to professional socialization process, which include acquiring professional skills, career motivation, career identity, career insight, adaptability to the nursing role, and developing career resilience (Fernández-Feito, et al, 2019, Dinmohammadi, et al, 2013). The professional identity of nurses with less than 4 years of working experience is more susceptible to change (Chen, et al 2020). The first 3 to 4 years of nursing practice of the RN's experience is the time for the highest level of pressure and burnout accompanied by the lowest level of professional identity (Liu, 2014; Rudman, 2014; Tao et al., 2016). Several studies have explored the relationship of career motivational levels with duration and length of service, level of experience, job satisfaction, resilience and nurses working experience and years of experience (Ayyash,

& Aljeesh, 2011; Alameddine et al, 2021, Bansal & Malhotra, 2016; Gaki, et al., 2013; Toode, et al 2015, & Zinnen, et al., 2012; Zheng, et al, 2017). More years of work experience were related to greater job satisfaction (Gaki et al., 2013). Similarly, there was a significant difference in the motivation among nurses with various years of experience (Ayyash, & Aljeesh, 2011). In addition, age was positively related to a higher intrinsic work motivation and nurses' work motivation increased with longer work experience (Toode, et al 2015). Alameddine et al. (2021) found no significant difference in resilience-based on years of experience. Bansal and Malhotra (2016) found no statistically significant difference in motivational level based on duration of service. Zheng, et al. (2017) found job satisfaction resilience scores were highest for nurses with longer working experience and those who were older age (50s, 60 and > 60 years) with a positive and significant association between job satisfaction and resilience ($p = 0.001$).

However, there is a gap in literature in the understanding of RNs professional socialization and the effect the RN prior years of work experience has on the level of professional socialization and intent to stay. Thus, the purpose of the study was to determine the difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

Research Question 3

RQ3: What is the difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

H₀3: There is no difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

H_a3: There is difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

Nature of the Study

I used a cross-sectional comparative research survey design with quantitative data collection and analysis methods. Cross-sectional designs are population-based surveys that assess the influencing factors existing at a given time within the population (Setia, 2016).

Sources of Data

I collected participant demographics data from the crescendo model of career motivation and commitment questionnaire (CMCMC) and the intent to stay survey . I carried out the statistical analysis using Multivariate Analysis of Variance (MANOVA) with SPSS version 28 software.

Significance

The focus of my study was significant as it focused on ABSN RNs and TBSN RNs, who are an essential part of the nursing profession and will fill a gap in the literature about their resilience, intent to stay, and career motivation. My results may show a difference in career motivation, resilience, and intent to stay between TBSN and ABSN. My study results provide the latest information and understanding of how best to

help nurses successfully professionally socialize. For the nursing profession, it is essential to develop strategies that may help in developing and retaining nurses who will replace the aging nursing workforce who are retiring and increasing need for health services for the growing aging population of the baby boomers (Trepanier, & Crenshaw, 2013).

Positive social change may result from the findings because I may identify factors that will help increase ABSN RNs' and TBSN RNs' intent to stay and successful professional socialization. Providing information on variables that drive the nurse's career motivation, resilience, and intent to stay may help the nurse executive develop activities specific to the nursing profession to help ease the staffing shortage in nursing.

Summary

Successful professional socialization has positive outcomes for RNs. Successfully socialized RNs are focused, motivated, have resilience, make career commitment gains professional identity, can cope with professional roles, job satisfaction, and organizational commitment and thus improves intent to stay. Productive mentoring relationships that build resilience improve nursing professional socialization (Gazaway et al., 2019). ABSNs socialize more easily than the TBSN into their nursing career (Salisu et al, 2019; Hennessy, 2018). However, what was not known is why ABSN RNs more easily successfully socialize professionally into nursing than TBSN RNs and what factors contribute to the effective socialization of the ABSN compared to TBSN nurses. Research is needed to identify the differences between ABSN RNs and TBSN RNs' career motivation, resilience, and intent to stay and identify what effect levels of career

motivation and resilience have on ABSN RNs and TBSN RNs' intent to stay to enhance nurse's retention and job satisfaction (Read & Laschinger, 2017). Part 2 provides a target outlet for the manuscripts as well as synthesize the relevant literature addressing each research question in detail and provide the method, results, and discussion of study.

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Part 2: Manuscripts

Manuscript 1

Comparing Accelerated Bachelor of Science in Nursing RNs and Traditional Bachelor of
Science in Nursing RNs' Professional Socialization and Intent to Stay

by

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Outlet for Manuscript

The *Journal of Nursing Education and Practice* (JNEP) is a double-blinded, peer-reviewed, international scientific journal published by Sciedu Press. JNEP provides a forum for original research, case reports, experience exchange, and reviews of the fields of nursing on clinical nursing, nursing administration, nursing practice, nursing education, and other relevant nursing issues. Through promoting the international exchange of ideas and experience that draws from the different cultures in which practice takes place, JNEP aims to promote a high standard of clinically related scholarships that support the practice and education of nursing (Journal of Nursing Education and Practice, 2021). JNEP aligns with the content in Manuscript 1 with the purpose of understanding the factors that contribute to effective and successful professional socialization by accelerated Bachelor of Science in Nursing (ABSN) RNs compared to traditional Bachelor of Science in Nursing (TBSN) RNs in addressing the staffing problem in nursing. Studies indicated that ABSN RNs socialize easier than the TBSN RNs in nursing careers (Hennessy, 2018; Salisu et al., 2019). Career motivation, resilience with the desire to seek professional knowledge, and forming a professional identity were identified as needed by RNs to socialize professionally and successfully (Dinmohammadi et al., 2017; Salisu et al., 2019). I sought to identify the variable that contributes to why the ABSN RNs socialize better than the TBSN RNs in nursing. The results of the study may have implications for nursing education and training in identifying the variable required to develop a program that focuses on new strategies in professionally socializing nurses and improves their intent to stay. The study results may also provide evidence-

based support for the professional socialization of nurses. The publication requirement of JNEP may be found on

<https://www.sciedu.ca/journal/index.php/jnep/about/submissions#authorGuidelines>.

Abstract

RNs' transition from student nurses to professional nurses through the process of professional socialization is an active, dynamic, changing process in which nurses learn appropriate values, norms, behaviors, and social skills related to a profession using knowledge, attitude, and skills. The purpose of this quantitative cross-sectional comparative study was to explore the differences between accelerated Bachelor of Science in nursing (ABSN) RNs and traditional Bachelor of Science (TBSN) RNs on the level of professional socialization and intent to stay. London's career motivation theory and Grotberg's resilience theory guided this study. Two hundred and forty-two RNs completed the Crescendo Model of Career Motivation and Commitment Questionnaire and the Intention to Stay Survey. Results of multivariate analysis of variance showed no statistically significant difference between ABSN RNs' and TBSN RNs' professional socialization process and intent to stay. The findings may contribute to positive social change by encouraging nurse leaders to identify ways for nurses to explore the available resources for RNs to develop newer career identity and have realistic career expectations in their career (career insight) irrespective of the how the RN became a nurse. Further study may focus on identifying which variables of the professional socialization process career motivation (career identity, career resilience, career insight) and which traits are more influential in promoting intent to stay.

Introduction

When RNs enter their first professional position in a health care facility, they transition from student nurses to RNs. RNs enter nursing with different types of educational preparation. One way to enter the profession of nursing is to earn a Bachelor of Science in Nursing (BSN) as the first degree by enrolling in a nursing program. Nurses who graduate from the program are traditional Bachelor of Nursing in Nursing (TBSN) graduates because they earned their BSN as their first degree.

Other individuals enter nursing as a second career and hold a degree outside of nursing (Hennessy, 2018). These individuals can enter nursing by enrolling in an accelerated Bachelor of Science in Nursing (ABSN) program (Hennessy, 2018; Raines, 2015). The ABSN degree program is one of the quickest routes to licensure as an RN for adults who have completed a bachelor's or graduate degree in a nonnursing discipline (American Association of Colleges of Nursing, [AACN], 2021). The transition from a student to an RN poses issues for new RNs regardless of the education route because they must learn to socialize in the nursing profession.

Professional socialization is an adaptation process during which RNs learn new roles and adapt to becoming members of the nursing profession by building professional relationships that provide value and opportunity for the RN, which creates a significant effect on the RN's professional performance and motivation levels (Mohammadreza et al., 2013). Professional socialization comprises two main components: career resilience and career motivation. Career resilience is defined as the ability to successfully adapt to disturbances that pose a threat to functionality, viability, and development in the

environment while using the available resources to thrive in the situation (Ramalisa et al., 2018). London (1983) defined career motivation as the “set of individual characteristics and associated career decisions and behaviors that reflect the person’s career identity, insight into factors affecting his or her career, and resilience in the face of unfavorable career conditions” (p. 621). Professional socialization is an active, dynamic, changing process in which nurses learn appropriate values, norms, behaviors, and social skills related to a profession using knowledge, attitude, and skills (Moradi et al., 2017). In the professional socialization process, the RN internalizes professional norms and becomes highly motivated to evolve into a knowledgeable professional. The increase in learning and change in attitude leads to the RN’s development of professional identity (Quinn et al., 2020). RNs with high professional performance are typically very motivated to develop and contribute to the nursing profession (Kantek et al., 2013; Selma Demirhan et al., 2020).

Successful professional socialization has positive outcomes, which include acquisition of a professional identity, the ability to cope with professional roles, job satisfaction, and organizational commitment. Successfully socialized RNs are focused, motivated, and resilient; make career commitment; and possess good critical-thinking skills. RNs participate in an active lifelong learning process of integrating into the nursing culture, which increases the likelihood that they will stay in their nursing position, which is intent to stay (Kowtha, 2018; MBambo, 2014; Moradi et al., 2017; Sadeghi Avval Shahr et al., 2019). Intent to stay is defined as the indication that a nurse has a strong feeling about remaining with an organization and not seeking job

opportunities elsewhere before retirement (Wang et al., 2012; Liu et al., 2021). Intent to stay is a positive outcome of the RN's professional socialization process (Moradi et al., 2017).

Because ABSN-educated nurses professionally socialize well into the nursing profession, they experience a high degree of job satisfaction and possess a high intent to stay in the profession (Hennessy, 2018). ABSN-educated nurses were found to be more focused, motivated, and goal oriented, and possessed good critical-thinking skills compared to TBSN educated nurses (Hamner & Bentley, 2007; McDonald, 1995; Meyer et al., 2006; Raines, 2015). TBSN nurses are less likely to be members of professional organizations (Schwartz et al., 2015). Similarly, TBSN nurses are less likely to seek additional professional training (Read & Laschinger, 2017). Although studies have identified effective professional socialization through possession of higher career resilience and career motivation associated with positive impact that helps facilitate nurses' retention, no studies have been conducted that determine the differences between ABSNs and TBSNs in the level of professional socialization and intent to stay (Read & Laschinger, 2017).

Significance/Importance

The advantages of understanding the variables that contribute to the ABSN RNs' and the TBSN RNs' professional socialization include enhancing RN transition into their roles, improved integration into the nursing profession, and improved social acceptance into the profession (Úna Kerin, 2020). The RN's socialization process is associated with satisfaction, organizational commitment, job satisfaction, achievement, recognition,

acceleration, work, responsibilities, personal growth, and intent to stay (Paais & Pattiruhu, 2020). Job satisfaction is an antecedent to intent to stay. Intent to stay remains the best predictor of RNs' turnover and retention (Berry, 2010; Brown et al., 2013; Fishbein & Ajzen, 2010; Liu et al., 2021; Lu et al., 2019; Mayfield et al., 2021). Negative work experience decreases an RN's intent to stay and workplace well-being (Gilles et al., 2021). An RN's resilience could significantly enhance their intent to stay, which has high practical value in nursing practice (Mills et al., 2017; Liu et al., 2021; Yu & Lee, 2018).

Professional socialization and the fitting-in process is a source of stress for some RNs. Nurses find the process of developing professional identity, role clarity, skill mastery, and social acceptance challenging, which could lead to a decrease in social acceptance. These challenges may pose patient safety issues and poor coworker relations that are associated with job dissatisfaction and can contribute to nurse burnout (Úna Kerin, 2020). Positive social change involves the changes that occur to enhance human and social conditions for a better society. Social acceptance into a profession improves staffing retention and in turn improves staffing shortage. The results of this study provided insight into the variables that could be useful in developing programs that could be beneficial in recruitment and retention strategies in nursing, thereby creating positive social change in the professional socialization of nurses (see Paais & Pattiruhu, 2020; Úna Kerin, 2020).

Theoretical Framework

I used Grotberg's (1995) resilience theory and London's (1983) career motivation theory to guide my study with the constructs of career motivation and career resilience

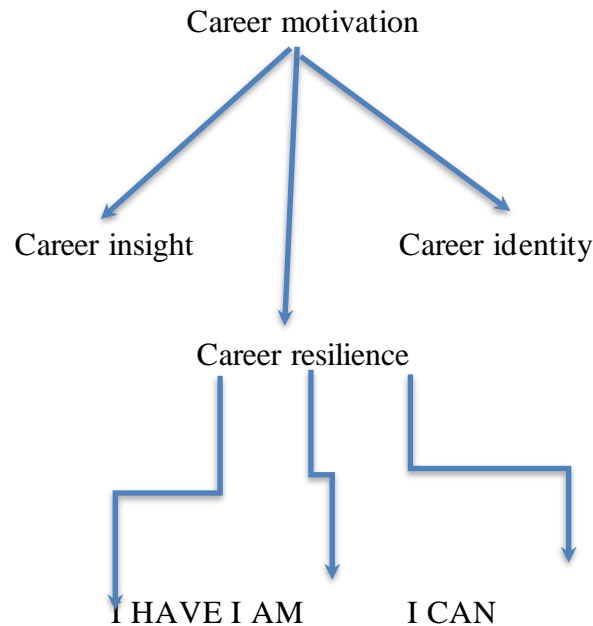
(see Figure 3). I used the London career motivation model to explain the RN's career decisions and behaviors that cannot be explained by only the RN's personal ability.

London's (1983) concept of career motivation places individual differences into three domains: career resilience, career insight, and career identity. London's (1983, 1997) career motivational theory is an organizing framework that aids in understanding the effects of situational conditions on career decisions and behavior. Grotberg (1997) , rather than examining failures, investigated the strengths that exist within individuals and communities seeking to understand the combining factors that result in resilience.

Grotberg (1997) proposed that individuals draw from three sources of resilience features:

I HAVE, I AM, and I CAN. Grotberg (1997) stated "resilience is a universal human capacity to face, overcome, and even be strengthened by experiences of adversity.

Resilience may be found in a person, group, or a community, and may make stronger lives of those who are resilient" (p. 3).

Figure 3*Career Motivation and Resilience Features*

Career resilience and career motivation are factors of professional socialization. Career motivation constitutes the RN's characteristics and behavior reflected in the RN's career identity, career insight, and career resilience (London, 1983). Career insight is the extent to which the RN possesses realistic career expectations and goals. Career identity influences the results of the RN's career decisions, behavior, and direction. Career identity shapes how information and peer support influence an individual's decision to stay in their job by supporting, interrogating, or rerouting their career plans (Williams, 2019). Career identity changes over time because it is flexible and pliable (Day & Allen 2004; London, 1983; Noe et al., 1990). Career resilience is the ability to overcome difficulties in career and cope successfully with stressful career situations and diminishes the effects of career stressors (Alameddine et al. 2021). The Grotberg resilience theory

provided the framework for the sources of the RN's career resilience features: I HAVE, I AM, and I CAN.

I used Grotberg's resilience theory to guide my study by aligning the resilience features with career motivation and identify how relating to motivation and resilience influences an RN's intent to stay. The Grotberg resilience theoretical framework provided the foundation for developing a motivational resilience model, which was a combination of the London career motivation theory and Grotberg's resilience theory. The purpose of this study was to determine whether there are differences between ABSN RNs' and TBSN RNs' professional socialization process (as measured by career motivation and career resilience) and intent to stay.

Relevant Scholarship

Professional Socialization

An RN transitions from their role as a student nurse to a professional nurse after graduating from their nursing programs. Through the professional socialization process, the RN learns to clarify professional values and form a professional identity that can lead to career fulfillment and satisfaction. During the first 2 to 3 years of the RN's professional career, the RN forms professional perceptions that create the basis of professional identity and the ways of professional practice (Zarshenas et al., 2014). Results of studies on RNs' professional socialization process revealed that ABSN RNs perceived themselves to be as prepared for practice as beginning RNs. Compared to TBSN RNs, ABSN RNs were happy with their professional choice but had the same fears and concerns commonly identified by new graduate nurses. ABSN RNs settle into their

role more easily than TBSN RNs (Cangelosi, 2007; Hennessy, 2018; Sweeney Rico et al., 2010). Results from a study that was designed to examine the 1-year retention and managerial performance ratings of newly licensed RNs by nursing education program types (associate degree, traditional baccalaureate, and accelerated 2nd-degree baccalaureate) revealed retention and performance differences suggesting the possibility of trade-offs in career commitment related to educational program type. ABSN RNs performed well in the health care system, received higher managerial performance ratings, and had a higher intent to stay than TBSN newly licensed RNs (Weathers & Hunt Raleigh, 2013).

Lin et al. (2022) compared the early development of professional values between students in the traditional BSN program to those in ABSN programs. Both the TBSN and ABSN programs reported a similar level of professional values as both ABSN and TBSN graduates began their learning of professional nursing. Strong motivation and willingness to be professional nurses might explain the similar levels of professional values between ABSN and TBSN nurses when they enter the nursing profession. Comparison of the TBSN and the ABSN programs showed no significant differences of the total scale and all subscales of Nurses' Professional Values Scale–Revised.

ABSN RNs are more likely than TBSN RNs to seek additional professional training (Read & Laschinger, 2017). Similarly, Schwartz et al. (2015) showed that 3 times the number of ABSN graduates ($n = 24$, 20%) held memberships in two or more professional nursing organizations than TBSN graduates ($n = 5$, 7%). In contrast, more than three quarters ($n = 47$, 76%) of TBSN graduates reported planning to matriculate in

an MSN program in the next 2 years compared with slightly more than half of the ABSN graduates ($n = 50, 53\%$). The results revealed a statistically significant difference in professional development outcomes for TBSN and ABSN RNs.

Career Motivation

London (1983) defined career motivation as a “set of individual characteristics and associated career decisions and behaviors that reflect the person’s career identity, insight into factors affecting his or her career, and resilience in the face of unfavorable career conditions” (p. 621). Career motivation is a multidimensional construct and consists of three main components: career insight, career identity, and career resilience (Alniaçık et al., 2012; Day & Allen, 2004; King, 1999; London, 1983, 1993; London & Mone, 1987). Career motivation is associated with organizational commitment, and job satisfaction. Job performance motivation relates to satisfaction with oneself, which can be reflected by achievement, recognition, acceleration, work, responsibilities, and personal growth (Paais & Pattiruhu, 2020).

Nurses’ motivation can influence the working conditions, individual traits, individual priorities, and psychological factors (Baljoon et al., 2018; Toode et al., 2011). Workplace characteristics include good collaboration between the nurse, the health care team (Hertting et al., 2004), and social support inside the team (Tummers et al., 2002; Tummers et al., 2003). Positive team spirit (Koivula et al., 1998) and the nurse’s status as equally valued team members are essential motivators for nurses (De Cooman et al., 2008; Hertting et al., 2004; Öztürk et al., 2006). Participation in organizational decision making, team cooperation, independence, manager fairness, and being

considered for a leadership position may affect levels of career motivation (Toode et al., 2011).

Career insight is defined as the extent to which RNs have realistic career expectations, knowledge of their strengths and weaknesses, career plans, current work situation, specific career goals, and their position in a career (Day & Allen 2004; London 1983; Noe et al. 1990). Career insight develops over time as the RN experiences different work situations, environments, organizational contexts, and structures. As RNs develop career insight, they may progressively increase and improve their understanding of the nursing profession and how to balance their career and other activities. RNs with career insight can be an essential element to their employers and the nursing profession because they develop the ability to maintain a balance between work and family life, which can increase intent to stay. Career insight energizes the RN to develop their career (London, 1993).

RNs who develop career insight have career goal flexibility, seek knowledge to improve in the career, and are able to shift and adjust behavior to meet career advancement goals. In a study exploring the determinants of information system developers' behavioral intention to learn business skills, Lin et al. (2013) found that both job involvement and career insight had significant and positive relationships with extrinsic and intrinsic motivation. Information system developers who perceived that their job had high importance were more likely to have higher extrinsic and intrinsic motivation to learn business skills than those who had low job involvement. Both extrinsic and intrinsic motivations positively affected career insight. Information system

developers who had a clear career plan and career goals were more aware of their strengths and weaknesses and tended to have higher extrinsic and intrinsic motivation to learn business skills than those who did not possess career insight.

Career identity is the influence that leads to the outcome affecting the individual's career decisions, behaviors, and direction (Alnaçık et al., 2012; Noe et al., 1990). RNs need career identity for achievement and advancement, recognition and accomplishment, and the desire to take a leadership role (London, 1993). Williams (2019) examined how career identity shapes the meaning of work for employees and found that career identity may shape how information and peer support lead to the individual staying or leaving their jobs. Santisi et al. (2018) conducted a study to determine whether there was a relationship between career identity and academic satisfaction in students and the effect of the related internal psychological resources during the RN's transition to professional practice. The results indicated a direct relationship between academic satisfaction and career identity mediating a relationship with the influence of readiness and confidence for a transition. Career identity may be involved with exploratory behavior, thereby increasing motivation and mindfulness leading to a virtuous circle that helps influence the development of knowledge and skills, which are the basis of proactivity and confidence in construction of the RN's future career development and advancement. (Santisi et al., 2018). Kristoffersen (2021) explored aspects of career identity in nurses' written narratives of what is important in their choice to remain in the nursing profession. The results showed that professional identity precluded leaving the nursing profession and that career identity is critical in the choice to remain at an organization.

Career Resilience

Career resilience is defined as the ability to successfully adapt to disturbances that pose a threat to functionality, viability, and development in the environment while using the available resources to thrive in the situation (Ramalisa et al., 2018). Career resilience is the ability of the professional to overcome career setbacks and the maintenance or persistence component of career motivation (Alınışık et al., 2012; Noe et al., 1990). Developing career resilience means the RN can adjust and adapt to changes in their career. The RN can take charge of their career path by continuously developing new knowledge and skills (Han et al, 2021). London's (1983) career motivation theory proposes that career resilience is a key component of career motivation. Career resilience plays a significant role in predicting career-related decisions and behaviors. RNs who are career resilient are better equipped to overcome career obstacles and disruptions such as impediments to achieving career goals, uncertainty, and poor relationships with coworkers (Caza & Milton, 2012; Gu & Day, 2013; Han et al, 2021). RNs who possess career resilience may tend to engage in more effective career management behaviors by deliberately assessing their career strengths and weaknesses so they can seek out new opportunities to upgrade their skills and are able to respond quickly to career disruptions (Han et al, 2021; London, 1983; Mishra & McDonald, 2017).

Lin et al. (2019) investigated the relationship between resilience, intention to stay, and work frustration in postgraduate 2-year program nurses and the mediating effect of work frustration. The results showed that work frustration had a significant negative impact on intent to stay and a partial mediating effect on resilience and intent to stay.

Furthermore, postgraduate 2-year program nurses' resilience was at a medium-high level. Similarly, Kim and Windsor (2015) explored how first-line nurse managers constructed the meaning of resilience and its relationship to work–life balance for nurses in Korea and found that nurses with better resilience often displayed better work efficiency, became more confident at work, and adapted more easily to work challenges.

Intent to Stay

Intent to stay is the best predictor of turnover (Berry, 2010; Fishbein & Ajzen, 201; Mayfield et al., 2021). RNs leave the profession due to a lack of job satisfaction (Powell et al., 2019; Tyndall et al., 2019) and may lack career motivation to remain in nursing (Daniel & Smith, 2018; Pyöriä et al., 2017). High intent to stay is associated with the RN feeling stronger about remaining with an organization. Job satisfaction is an antecedent to intent to stay (Mayfield et al., 2021). In a study investigating the relationships between the external influence of leader motivating language, Mayfield et al. (2021) found that each of the major dimensions of self-leadership, which included behavioral strategies, constructive thoughts strategies, and natural rewards strategies, were linked to the outcomes of employee job satisfaction, performance, and intent to stay. The results revealed that self-leadership, behavioral strategies, and focus of self-cues (contextual prompts encouraging motivation) were positively and significantly associated with job satisfaction. In comparison, constructive thought strategies of visualizing successful performance, self-talk, and belief evaluations aligned positively and significantly with job satisfaction and intent to stay.

In a phenomenological qualitative study conducted to explore intrinsic factors that influenced state-tested nursing assistants' intent to stay in their positions, Senecal et al. (2020) found that the basic psychological needs of competence and relatedness were primary influencers on intent to stay. The feeling of competence strengthened self-confidence in skills and recognition for accomplishments. Caring relationships and a commitment to go beyond work duties supported experiences of relatedness. However, autonomy did not contribute to intent to stay. The findings also showed that seeking career advancement, lack of support from supervisors, experiencing difficulties providing patient-centered care, and feeling frustrated by limited teamwork threatened the intent to stay. Shatto et al. (2016) studied direct entry clinical nurse leader graduates and how their transition to practice experiences developed over time, noting the factors that influenced their transition. The results revealed how the graduates transitioned-to-practice and noted that direct entry ABSN graduates displayed positive transitioning to practice over 12 months. Furthermore, employers might value direct entry nurses over more traditional nursing graduates due to their propensity to stay in their jobs longer and positively transition to practice (Hennessy, 2018; Salisu et al., 2019).

Job satisfaction, career growth potential, achievement, recognition, acceleration, work, suitable working hours, a possibility to combine work and private matters, remuneration, job security responsibilities, personal growth, and collaboration enhance career motivation (De Cooman et al., 2008; Hertting et al., 2004; O'ztu'rk et al., 2006; Paais, & Pattiruhu, 2020). Resilient RNs exhibit career identity and career insight and deliberately assess their strengths and weaknesses and seek out opportunities to upgrade

their skills to overcome career setbacks (Almaçık et al., 2012; Mishra & McDonald, 2017; Noe et al., 1990). The ABSN nurse's motivation to become a nurse is influenced by their desire to assist, serve, and care for other people. As they fully engage in nursing, ABSN-prepared RNs are more motivated to serve in different clinical specialties and proceed to advance practice nursing. ABSN-prepared RNs socialize into nursing faster and better than TBSN-prepared RNs and begin navigating the health care culture properly dealing with common issues associated with professional nursing practice at the entry level and later in their careers.

ABSN nurses are well prepared to face the challenges of nursing because they possess prior skills and professional maturity gained from their previous career, which helps them through the professional socialization process into nursing (Hennessey, 2018; Raine, 2015). ABSN RNs have higher levels of job satisfaction, plan to stay in nursing, may change their job in nursing or become advanced practice nurses, and are proud to be members of the nursing profession. ABSN-prepared nurses have commitment to continue in their nursing careers and consider themselves a member of a noble and honorable profession. ABSN-prepared nurses value the diverse opportunities presented by nursing and consider it a lifelong learning and professional obligation. ABSN-prepared nurses pursue graduate nursing education and are proud of being a nurse. As they advance professionally, their desire to help others continues to motivate them (Brewer et al., 2009; Hennessey, 2018; Raines & Sipes, 2007). However, Brewer et al. (2009) found no significant differences between ABSN RNs and TBSN RNs in intent to stay. ABSN-prepared RNs were less likely to plan to leave in 1 year and more likely to plan to stay

longer in their first job than TBSN-prepared RNs. The data also showed no significant differences between ABSN RNs and TBSN RNs in terms of job satisfaction, autonomy, supervisory support, and organizational commitment. However, there were significant differences between ABSN RNs and TBSN RNs in family–work conflict and work group cohesion as well as their demographic characteristics such as gender (male or female), age, and prior work experiences (Brewer et al., 2009; Cangelosi & Whitt, 2005).

Several studies identified ABSN RNs' commitment to nursing practice, to continuing their education, and to the profession. Hennessy (2018) explored the lived experiences of RNs educated in ABSN programs and found that the ABSN nurse added a valuable dimension to the nursing workforce by virtue of their professional and personal maturity. Although studies have identified effective professional socialization through possession of higher career resilience and career motivation, which increases the rate of retention, there was a gap in research regarding the differences between ABSN and TBSN RNs on the level of professional socialization and intent to stay (Read & Laschinger, 2017).

Research Question and Design

RQ1: What are the differences between ABSN RNs' and TBSN RNs' professional socialization process (as measured by career motivation and career resilience) and intent to stay?

*H*₀1: There is no difference between ABSN RNs' and TBSN RNs' professional socialization process (as measured by career motivation and career resilience) and intent to stay.

H_{a2}: There is a difference between ABSN RNs' and TBSN RNs' professional socialization process (as measured by career motivation and career resilience) and intent to stay.

I used a cross-sectional comparative survey design with quantitative data collection and analysis methods. Cross-sectional designs are population-based surveys that assess the influencing factors existing at a given time within the population (Setia, 2016).

Methods

Participants

The target population for my study was RNs in the southeastern region of the United States. RNs were recruited from inpatient and outpatient centers, hospice, home health nursing research organizations, and nursing administration. Inclusion criteria were RNs who (a) have a BSN from a traditional or accelerated program, (b) have 3 years or less of experience, (c) are over 18 years of age, and (d) work in either an outpatient or inpatient setting.

Sample and Power

I used convenience and snowball sampling to recruit RNs who were eligible to participate in the study. Snowball sampling was used to enable other RNs to forward the study information to other RNs who may be interested in participating in the study. I recruited participants electronically using social media such as Facebook, LinkedIn, Twitter, and email through nursing agencies or organizations, health care facilities such as hospitals, nursing homes, and assisted living facilities. I created a flyer with a quick

response (QR) barcode and a link to the survey (see Appendix B). I conducted a power analysis using G*Power (see Faul et al., 2007). I selected multivariate analysis of variance (MANOVA) with 0.8 power, a medium effect of .0625, and an alpha of .05, which yielded a sample size of 158 (79 RNs in each group).

Variables/Sources of Data

The independent variable was the type of RN (ABS RN and TBSN RN). The dependent variables were professional socialization process (career motivation, career resilience) and intent to stay. I measured the RNs' intent to stay using the intent to stay scale developed by Mayfield and Mayfield (2007). I asked the participants what type of program they graduated from to identify the TBSN and ABS RNs as part of the demographic data (see Appendix A).

Instrumentation or Measures

I collected data from RNs using the motivation survey questionnaire developed by King (1999) to measure RN career motivation and resilience (RNCmr) to determine the differences in RNs' career insight identity and resilience. The crescendo model of career motivation and commitment questionnaire (CMCMC) is a 23-item questionnaire scored on a Likert type scale of 1 (*very much disagree*) to 7 (*very much agree*). The CMCMC has a Cronbach's alpha of 0.83 and a validity of $r = 0.54, p < 0.05$; $r_{pb} = 0.76, p < 0.01$. Construct validity was assessed by identifying a set variable commonly used to evaluate worksite quality. Next, I extrapolated predictions concerning the expected relationships of the variables with phases of commitment. Then I tested the covariant to determine whether the phases of commitment mapped on them in expected ways (see King, 1999).

I measured intent to stay with the Intentions to Stay Scale, which has seven items on a 5-point Likert scale and measures positive or negative reactions to intent to stay (Mayfield & Mayfield, 2007). Three of the test items reflect positive intention. Four of the test items reflect negative intentions. Reliability analysis of the positive and negative subscales yielded Cronbach's alphas of 0.77 and 0.66, respectively. The overall model had a goodness-of-fit index of 0.93, which was established by loading each of the significant survey items on the appropriate measurement factors. The significant loadings of the items on their respective subscales of positive and negative intent to stay had a mean of 3.5 for positive intent to stay and a mean of 2.25 for negative intent to stay, which provided evidence of validity (see Mayfield & Mayfield, 2007). I obtained permission from the author by email to use the test instruments (see Appendix D).

Design and Analysis

I collected organized and analyzed data using MANOVA with statistical package for social sciences(SPSS)Version 28 software to determine any difference between the independent groups' (ABSN RNs and TBSN RNs) professional socialization process (career motivation, career resilience) and intent to stay.

Participant Recruitment

I created an invitation to participate and included the survey link (see Appendix A). The recruitment flyer contained information about my study, a link to the survey via Survey Monkey, and a QR code (see Appendix B) that took the participants to the screening questions:

1. Are you a Registered Nurse?

2. Do you have a BSN?
3. Do you have an active license?

If the individual answered “yes” to all questions, the next screen took them to the consent form. If the individual answered “no” to any of the screening questions, the individual was thanked for their time and the screen was closed. If individuals decided to participate, there was an informed electronic statement outlining the intent of the study, minimizing risk to the participant, and ensuring anonymity. If the individual signed the consent form, the next screen was the demographic information. After the demographic information (see Appendix C) was complete, the participant began the Intention to Stay Survey. After completing the Intention to Stay Survey, participants began the CMCMC. The maximum estimated time to complete all survey items was 15 minutes. Data was collected anonymously through Survey Monkey. I used the feature in Survey Monkey that de-linked the participants’ information from the data. Data were stored electronically on a secured external device and secure cloud storage. Data were also stored on a USB drive and an external hard drive, to which only I had access. All data storage was password protected. All raw data collected will remain in my possession for 5 years as required by the Walden Institutional Review Board (IRB). No monetary or similar form of compensation was offered.

Results

The initial recruitment plan for participants included using social media such as Facebook, LinkedIn, and emails from the Midwest and the Southeast regions of the United States. However, due to logistical reasons, I focused on recruiting participants

only from the Southeast by placing my recruitment flyer on the partner organization unit, sending emails, and posting the flyer on Facebook and LinkedIn. After receiving IRB approval (10-12-22-0736676), I recruited participants through a SurveyMonkey link and posted my recruitment flyer on Facebook and LinkedIn. I also sent 2,000 emails to nurses from the email addresses received from Florida Board of Nursing.

A total sample of 604 participants responded to the survey. Of the 604 responses, 242 were complete and 362 were partially complete. The G*power calculations that I conducted revealed that I needed a sample size of 158, with 79 per group, to achieve a 0.8 power, a medium effect of 0.625, and an alpha of 0.05. There were 127 TBSN RNs and 92 ABSN RNs (see Table 2 and 3). 70 RNs had less than 5 years of experience (28.9%), and 149 RNs had more than 5 years of experience (61.5 %; see Table 4). There were 182 female RNs (75.2%) and 37 male RNs (15.3%; see Table 5). Nursing specialty and nursing certification participants were widely spread across specialty with most of the RNs in intensive care, emergency nursing, oncology nursing, medical surgical nursing, operating room, psychiatric nursing, research, pediatric, nursing faculty, labor and delivery nursing, hospice, home health nursing, and cardiac nursing.

Table 2

RN Degree Level

Question	Value label	Number
What degree did you earn before RN (BSN)?	Associate's	88
	Bachelor's	79
	High school diploma	39
	Master's	13

Table 3*RN Degree Type*

Degree type	Number	Percentage
TBSN	127	52.5%
ABSN	92	38%

Table 4*RN Years of Experience*

Experience	Number	Percentage
5 years or less	70	28.9%
More than 5 years	149	61.5%

Table 5*RN Gender*

Gender	Number	Percentage
Female	182	75.2%
Male	37	15.3%

Before conducting the data analysis, I examined the assumptions of MANOVA. Table 6 shows the means and standard deviations for the dependent variables' career motivation, career resilience, and intent to stay (RN professional socialization) for the four groups by the degree earned before RN (BSN). Table 7 shows the results of Box's Test of Equality of Covariance Matrices, which tests the null hypothesis that the observed covariance matrices of the dependent variables (professional socialization) are equal across groups for the degree earned before RN (BSN). If the matrices are equal, findings should be nonsignificant (Laerd Statistics, 2015). Table 8 shows the assumption of homogeneity of variances and covariances in MANOVA, and linear discriminant analysis

was met with a p value > 0.05 . The Box test showed a nonsignificant value of $p = 0.624$.

Therefore, the assumptions were met.

Table 6

Summary of Descriptive Statistics: Mean Standard Deviation of the RN Degree Types, Professional Socialization, and Intent to Stay

Variable	Degree type	Mean	Std. Deviation	Number
Career resilience	Associate's	27.1591	6.38404	88
	Bachelor's	27.8228	7.72568	79
	High school diploma	26.5897	6.09883	39
	Master's	28.0769	10.02049	13
	Total	27.3516	7.06131	219
Career motivation (self-identity)	Associate's	32.8068	7.14200	88
	Bachelor's	32.5570	7.83442	79
	High school diploma	32.5641	6.83179	39
	Master's	31.8462	9.83909	13
	Total	32.6164	7.47221	219
Career motivation (self-insight)	Associate's	32.3636	5.82342	88
	Bachelor's	32.2405	6.64525	79
	High school diploma	31.7692	5.97125	39
	Master's	31.1538	7.15130	13
	Total	32.1416	6.20248	219
Intent to stay	Associate's	21.4318	2.90776	88
	Bachelor's	21.6962	2.61335	79
	High school diploma	21.2051	2.70652	39
	Master's	22.6923	4.26975	13
	Total	21.5616	2.86542	219

Table 7*Test of the Equality of Covariance*

Box's Test of Equality of Covariance Matrices^a

Box's M	28.886
<i>F</i>	.900
<i>df1</i>	30
<i>df2</i>	7814.966
Sig.	.624

Note. Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept + DegreebeforRNBSN

I calculated the Levene's Test of Equality of Error Variances to test the assumption of homogeneity of variance (see Table 8) for each variable (career motivation self-identity, career motivation self-insight, career resilience, and intent stay across the groups of degree earned before RN (BSN). The Levene's test should be nonsignificant for all dependent variables if the assumption of homogeneity of variance has been met (Laerd Statistics, 2015). The data showed the variables (career motivation (self-identity), career motivation (self-insight), and intent stay were nonsignificant ($p > 0.05$), but career resilience was significant ($p < 0.035$), which decreased the confidence in the reliability of the univariate test.

Table 8

Summary of the Levene's Test of Equality of Error Variances

Variable		Levene statistic	<i>df</i> 1	<i>df</i> 2	Sig.
Career resilience	Based on mean	2.916	3	215	.035
	Based on median	1.753	3	215	.157
	Based on median and with adjusted <i>df</i>	1.753	3	184.968	.158
	Based on trimmed mean	2.446	3	215	.065
Career motivation (self-identity)	Based on mean	.194	3	215	.900
	Based on median	.158	3	215	.924
	Based on median and with adjusted <i>df</i>	.158	3	187.907	.924
	Based on trimmed mean	.165	3	215	.920
Career motivation (self-insight)	Based on mean	.457	3	215	.713
	Based on median	.388	3	215	.762
	Based on median and with adjusted <i>df</i>	.388	3	208.715	.762
	Based on trimmed mean	.470	3	215	.703
Intent to stay	Based on mean	.412	3	215	.744
	Based on median	.214	3	215	.887
	Based on median and with adjusted <i>df</i>	.214	3	156.457	.887
	Based on trimmed mean	.290	3	215	.833

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + Degree before RN (BSN)

Findings

The results of MANOVA showed there was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent stay, and the degree earned before RN (BSN)[TBSN RNs (Associates and High school) and ABSN (bachelors, Masters)]. Wilks' Lambda $F(4, 212) = .413, p > 0.0005$; Wilk's $\Lambda = 0.977$, partial $\eta^2 = .008$. (See Tables 8 and 9). Table 11 shows the mean scores and the confidence interval of ABSN RNs and TBSN RNs. Thus, the null hypothesis was retained.

Table 9

Summary of the MANOVA Analysis (Multivariate Tests^a)

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.980	2632.4 38 ^b	4.000	212.0 00	<.00 1	.980
	Wilks' Lambda	.020	2632.4 38 ^b	4.000	212.0 00	<.00 1	.980
	Hotelling's Trace	49.669	2632.4 38 ^b	4.000	212.0 00	<.00 1	.980
	Roy's Largest Root	49.669	2632.4 38 ^b	4.000	212.0 00	<.00 1	.980
Degree before RN (BSN)	Pillai's Trace	.023	.414	12.000	642.0 00	.958	.008
	Wilks' Lambda	.977	.413	12.000	561.1 91	.959	.008
	Hotelling's Trace	.023	.412	12.000	632.0 00	.959	.008
	Roy's Largest Root	.020	1.090 ^c	4.000	214.0 00	.362	.020

a. Design: Intercept + Degree before RN(BSN)

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Table 10

Tests of Between-Subjects Effects the RN Degree Types, Professional Socialization, And Intent to Stay

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	Career Resilience	50.276 ^a	3	16.759	.333	.801	.005
	Career Motivation (self-identity)	11.289 ^b	3	3.763	.067	.978	.001
	Career Motivation (self-insight)	23.202 ^c	3	7.734	.199	.897	.003
	Intent to Stay	24.490 ^d	3	8.163	.994	.396	.014
Intercept	Career Resilience	94977.375	1	94977.375	1887.319	<.001	.898
	Career Motivation (self-identity)	133042.398	1	133042.398	2352.217	<.001	.916
	Career Motivation (self-insight)	128475.471	1	128475.471	3302.747	<.001	.939
	Intent to Stay	59828.355	1	59828.355	7286.106	<.001	.971
Degree before RNBSN	Career Resilience	50.276	3	16.759	.333	.801	.005
	Career Motivation (self-identity)	11.289	3	3.763	.067	.978	.001
	Career Motivation (self-insight)	23.202	3	7.734	.199	.897	.003
	Intent to Stay	24.490	3	8.163	.994	.396	.014
Error	Career Resilience	10819.651	215	50.324			
	Career Motivation (self-identity)	12160.492	215	56.560			
	Career Motivation (self-insight)	8363.409	215	38.900			
	Intent to Stay	1765.428	215	8.211			

Total	Career Resilience	174706.00 0	219
	Career Motivation (self-identity)	245151.00 0	219
	Career Motivation (self-insight)	234631.00 0	219
	Intent to Stay	103604.00 0	219
Corrected Total	Career Resilience	10869.927	218
	Career Motivation (self-identity)	12171.781	218
	Career Motivation (self-insight)	8386.612	218
	Intent to Stay	1789.918	218
a. R Squared = .005 (Adjusted R Squared = -.009)			
b. R Squared = .001 (Adjusted R Squared = -.013)			
c. R Squared = .003 (Adjusted R Squared = -.011)			
d. R Squared = .014 (Adjusted R Squared = .000)			

Table 11

Multiple Comparison of the RN Degree Types, Professional Socialization, And Intent to Stay

Dependent Variable	What degree did you earn before RN (BSN)?	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Career Resilience	Associates	27.159	.756	25.669	28.650
	Bachelors	27.823	.798	26.250	29.396
	High school Diploma	26.590	1.136	24.351	28.829
	Masters	28.077	1.968	24.199	31.955
Career Motivation (self-identity)	Associates	32.807	.802	31.227	34.387
	Bachelors	32.557	.846	30.889	34.225
	High school Diploma	32.564	1.204	30.190	34.938
	Masters	31.846	2.086	27.735	35.958
Career Motivation (self-insight)	Associates	32.364	.665	31.053	33.674
	Bachelors	32.241	.702	30.857	33.624
	High school Diploma	31.769	.999	29.801	33.738
	Masters	31.154	1.730	27.744	34.563
Intent to Stay	Associates	21.432	.305	20.830	22.034
	Bachelors	21.696	.322	21.061	22.332
	High school Diploma	21.205	.459	20.301	22.110
	Masters	22.692	.795	21.126	24.259

Career Resilience

There was an increase in career resilience of associate degree RNs ($M=27.2$, $SD=6.4$) to bachelor's degree RNs ($M=27.8$, $SD=7.7$), a mean increase of 0.7, 95% CI [-3.5, 2.2], which was not statistically significant ($p = .931$). There was a decrease in career resilience of RNs who hold associate degree in nursing ($M=27.2$, $SD=6.4$) to RNs who entered nursing school with high school diploma ($M=26.6$, $SD=6.1$). a mean decrease of 0.57, 95% CI [-2.96, 4.10], which was not statistically significant ($p = .975$). There was an increase in career resilience of associate degree prepared RNs ($M=27.2$, $SD=6.4$) to master's degree prepared RNs ($M=28.1$, $SD=10.0$), a mean increase of 0.92, 95% CI [-

6.4, 4.5], which was not statistically significant ($p = .972$) see (Tables 12 and 13). The data show ABSN (master's degree RNs ($M=28.1$, $SD=10.0$) and bachelor's degree RNs ($M=27.8$, $SD=7.7$) had a higher level career resilience than TBSN (associate degree RNs ($M=27.2$, $SD=6.4$) high school diploma ($M=26.6$, $SD=6.1$).

Career Motivation (Self-Identity)

There was a decrease in career motivation (self-identity) of associate degree RNs ($M=32.8$, $SD=7.1$) to bachelor's degree RNs ($M=32.6$, $SD=7.1$), a mean decrease of 0.25, 95% CI [-2.8, 3.3], There was a decrease in career motivation (self-identity) of associates ($M=32.8$, $SD=7.1$) to high school diploma ($M=32.6$, $SD=6.8$). a mean decrease of 0.24, 95% CI [-3.5, 4.0], which was not statistically significant ($p = .998$). There was a decrease in Career Motivation (self-identity) of associate degree RNs ($M=32.8$, $SD=7.1$) to master's degree RNs ($M=31.8$, $SD=9.8$), a mean decrease of 0.96, 95% CI [-4.8, 6.7], which was not statistically significant ($p = .973$) (see Tables 12 and 14).

The data show ABSN (master's degree RNs ($M=31.8$, $SD=9.8$), to bachelor's degree RNs ($M=32.6$, $SD=7.1$)) had a lower Career Motivation (self-identity) score compared to TBSN (associate degree RNs ($M=32.8$, $SD=7.1$), high school diploma RNs ($M=32.6$, $SD=6.8$)). However, the bachelor's degree RNs ($M=32.6$, $SD=7.1$) and high school diploma RNs ($M=32.6$, $SD=6.8$) had similar levels of career motivation (self-identity).

Career Motivation (Self-Insight)

There was a decrease in Career Motivation (self-insight) of associate degree RNs ($M=32.4$, $SD 5.8$) to bachelor's degree RNs ($M=32.2$, $SD=6.6$), a mean decrease of 0.12,

95% CI [-2.4, 2.6], which was not statistically significant ($p = .999$). There was an increase in Career Motivation (self-insight) of associates ($M=32.4$, $SD=5.8$) to high school diploma ($M=32.6$, $SD=6.8$). a mean increase of 0.24, 95% CI [-2.5, 3.7], which was not statistically significant ($p = .960$). There was a decrease in Career Motivation (self-insight) of associate degree RNs ($M=32.4$, $SD=5.8$) to master's degree RNs($M=31.2$, $SD=7.2$), a mean decrease of 0.96, 95% CI [-3.6, 6.0], which was not statistically significant ($p = .914$) see (Tables 12 and 15).

The data showed ABSN (master's degree RNs($M=31.2$, $SD=7.2$) and bachelor's degree RNs($M=32.2$, $SD=6.6$),) have lower Career Motivation (self-insight) compared to TBSN(associate degree RNs ($M=32.4$, $SD 5.8$) and to high school diploma ($M=32.6$, $SD=6.8$)). However, master's degree RNs show a much lower Career Motivation (self-insight) ($M=31.2$, $SD=7.2$) than bachelor's degree RNs, associate degree RNs, and the high school diploma RNs.

Intent to Stay

There was an increase in *intent to stay* of associate degree RNs ($M=21.4$, $SD 2.9$) to bachelor's degree RNs ($M=21.7$, $SD=2.6$), a mean increase of 0.26, 95% CI [-1.4, 0.89], which was not statistically significant ($p = .933$). There was a decrease in *intent to stay* of associate degree RNs ($M=21.4$, $SD=2.9$) to high school diploma ($M=21.2$, $SD=2.7$). There was a mean decrease of 0.23, 95% CI [-1.2, 1.7], which was not statistically significant ($p = .976$). There was an increase in *intent to stay* of associate degree RNs ($M=21.4$, $SD=2.9$) to master's degree RNs ($M=22.7$, $SD=4.3$), a mean increase of 1.26, 95% CI [-3.5, 0.94], which was not statistically significant ($p = .451$) see

(Tables 12 and 16). The data show ABSN RNs [master's degree RNs (M=22.7, SD=4.3) and to bachelor's degree RNs(M=21.7, SD=2.6)] had a high intent to stay compared to TBSN [associate degree RNs (M=21.4, SD 2.9) and high school diploma RNs (M=21.2, SD=2.7).]

Discussion

Interpretation

The overall findings of the study showed that there was no statistically significant difference in level of professional socialization (as measured by career motivation and career resilience) and the intent stay, and the degree earned before RN (BSN) ABSN (bachelors, Masters) and TBSN RNs (Associates and High school) . My results support Lin et al. (2022) who compared the early development of professional values between the students in the traditional program (BSN) and those in the accelerated BSN (ABSN) programs. The results showed that both the TBSN and ABSN programs reported a similar level of professional values as both ABSN and TBSN graduates began their learning of professional nursing. Similarly, Brewer et al. (2009) also found no significant differences between ABSN RNs and TBSN RNs in nursing in intent to stay. Conversely, the results from my study did not support Schwartz et al. (2015) which showed a statistically significant difference in professional development outcome of TBSN and ABSN RNs.

Limitations

Limitations included the sample distribution. I drew the sample from two states in the southern region of the United States thus, limiting generalizability of the results to other sections of the US. I received more than twice as many responses from TBSN RNs

127 TBSN RNs (Associates 88 and High school 39) compared to 92 ABSN (bachelors 79, master's 13) which could have affected the analysis. Also, the data did not meet the assumption of equal variance between groups which decreases the confidence in the reliability of the univariate test for data analysis.

Implications

Career resilience and career motivation are components of professional socialization. The result of this study has implications for the RN's professional socialization process. Even though the results were not statistically significant, the study data show ABSN had a higher career resilience and higher intent to stay than TBSN. The ABSN RNs had a lower career motivation (self-identity) and Career Motivation (self-insight) compared to TBSN RNs. Career insight is the extent the RN possesses realistic career expectations in their career goal. Career identity is what influences the results of the RN's career decisions, behavior, and direction (London, 1983). Career identity shapes how information and peer support lead to participants staying in or leaving their jobs by supporting, or re-routing their career plans (Williams, 2019). Career identity is temporary, flexible, and pliable as individuals who stay in nursing develop newer identities over time (Day & Allen 2004; London 1983, Noe et al. 1990). The implication for the RN in the professional socialization process is to focus on building the RN's career resilience through developing programs that can improve career identity and career insight of RNs. Nursing could also create ways of expanding the resilience features of I HAVE, I AM, I CAN build RNs career resilience (Grotberg, 1995). Positive social change occurs when, at any stage in nursing practice, RNs can develop newer career

identity, have realistic career expectations in their career (career insight) irrespective of how the RN became a nurse. Possessing career resilience gives the RN the ability to overcome difficulties in career and cope successfully with stressful career situations and diminishes the effects of career stressors (Alameddine et al. 2021).

Recommendations

Further research should focus on identifying which specify variables of the professional socialization process career motivation (career identity, career resilience, career insight) and which traits are more influential in promoting intent to stay. The study may also be replicated in other regions of the United States with larger sample size.

Conclusion

In my study there was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent stay between ABSN RNs and TBSN RNs. The nursing profession may need to develop the some educational and career resources in the RNs professional socialization process that combines career motivation and career resilience features of the I AM, I HAVE, and I CAN model at every stage or level in nursing practice that RNs can autonomously and independently access to develop their career.

The results of my study have the potential to contribute to an increased understanding of professional socialization process ABSN and TBSN RNs. Career motivation (career identity career resilience, career insight, and career identity) and intent to stay may promote the process of identifying how best to develop educational and career development resources to promote professional socialization.

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Manuscript 2

Relationship of Gender to Professional Socialization and Intent to Stay

by

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Outlet for Manuscript

The Journal of Nursing Administration (JONA) is a peer-reviewed journal published by Wolters Kluwer health, selected, and developed with the guidance of a distinguished group of editorial advisors. **JONA** is an authoritative source of information for the variety of nurse leaders in the different healthcare systems, such as hospitals, home care agencies, and clinics. **JONA** provides information on healthcare administration, management, leadership development and human and material resources management to include staffing development and scheduling systems as well as innovations; and professional trends in nursing (JONA 2021). To enhance nurse retention and job satisfaction (Read & Laschinger, 2017) nurses, professional socialization of and help ease the staffing shortage in the units and the organizational levels in the nursing profession. Understanding the effect career motivation and resilience may have in the nurse's intent to stay are administrative, management, leadership, and human resource development issues that nurse leaders may need the information on to help address the nurse staffing shortage. JONA manuscripts are prepared according to the *American Medical Association (AMA) Manual of Style* (10th edition) and submitted online. The maximum manuscript length is 3600 words (abstract through references) with no more than four figures or tables. However, submit content exceeding this number as supplemental digital content (SDC). Submission guidelines are found on the URL <https://www.editorialmanager.com/jona/default.aspx>

Abstract

Professional socialization is a combined function of the educational process and workplace experience (Mohammadreza et al., 2013). It is an active, dynamic, changing process where nurses learn appropriate values, norms, behaviors, and social skills related to a profession utilizing knowledge, attitude, and skills (Moradi et al., 2017). Professional socialization comprises two main characteristics: career resilience and career motivation. Gender, as a social construct, has been examined as a factor that influences nurses' professional socialization process. Limited studies have examined the gender differences in RN professional socialization process. The purpose of this quantitative cross-sectional comparative study guided by the London career motivation and the Grotberg resilience theories, was to determine if there was a difference in the level of professional socialization (as measured by career motivation, career resilience) and intent to stay between male and female RNs. Two hundred and forty-two registered nurses completed the Crescendo Model of Career Motivation and Commitment Questionnaire (CMCMC) and the Intention to Stay survey. Using MANOVA, the results showed no statistically significant difference in the level of professional socialization and intent to stay between male and female RNs. Irrespective of gender, the RN has inner strength, support, and resources available that reinforces career resilience. Replicating the study with a larger geographic population and sample is warranted.

Introduction

Gender is a social construct ascribed to male or female persons. Gender influences interactions, communication, and participation in an activity. Nightingale's philosophical view of nursing was that nursing was an extension of a woman's role (Nightingale, 1991), hence the nursing profession was considered a women's profession. Around 90% of the world's nurses are female and the remaining 10% are male (Buchan, & Catton, 2020). However, healthcare globally, and nursing have seen more men entering the profession (Kearns & Mahon, 2021).

When registered nurses (RNs) enter their first professional position in a healthcare facility, they transition from their role as a student nurse to a professional nurse. The process of professional socialization occurs during transition into the new role is affected by several factors, including the type of degree, the nurse's gender, and their motivation and resilience. Professional socialization is an adaptation process during which RNs learn new roles and adapt to becoming members of the nursing profession (Hennessy, 2018; Raines, 2015; Powers, et al., 2019).

Professional socialization comprises two main characteristics: career resilience and career motivation. Career resilience is defined as the ability to successfully adapt to disturbances, posing a threat to functionality, viability, and development in the environment while using the available resources to thrive in the situation and is needed for successful professional socialization (Ramalisa et al., 2018). London (1983) defined career motivation as the "set of individual characteristics and associated career decisions

and behaviors that reflect the person's career identity, insight into factors affecting his or her career, and resilience in the face of unfavorable career conditions" (p.620).

Successful transition to the professional practice role may result in the new RNs intent to stay (Hennessy, 2018; Power et al., 2019; Raines, 2015). Career motivation and career resilience include factors such as leadership support, training, reward resources, and an organizational environment that contribute to improved social relations at work that influence a RN's level of job satisfaction and intent to stay in the nursing profession (Paais & Pattiruhu, 2020).

New RNs also learn the professional norms, develop, and gain knowledge of the nursing profession as they develop professional identity (Quinn et al., 2020). In the professional socialization process, the RN builds professional relationships that provide value and career development opportunity, which significantly affects the RN's professional performance and helps the RN develop professional and career identity (Mohammadreza et al., 2013). Professional socialization for RNs develops over time and factors such as the socialization process, motivation, resiliencies, and intent to stay influence their transition into nursing (Shatto et al., 2016). RNs with high professional performance are typically very motivated to develop and contribute to the nursing profession, making career commitments, which increases the RNs' intent to stay (Kantek et al., 2013; Selma Demirhan et al., 2020). Although higher career resilience and career motivation (professional socialization) levels are associated with desirable outcomes such as job satisfaction and intent to stay, the way men and women develop professional socialization is not clear (Cooper, et al., 2021).

Significance/Importance

Identifying the effect of professional socialization on intent to stay may reveal how to improve the RN's onboarding process into the nursing profession. Adequate professional socialization increases RN's comfort, confidence, and competence in their patient care skills while the RN transitions into the nursing profession (Gazaway et al., 2019). Professional socialization is enhanced with positive organizational environment that influences nurses to help improve job satisfaction for nurses and their intent to stay (Paais & Pattiruhu, 2020). Intent to stay is defined as the indication that a nurse has a strong feeling about remaining with an organization and not seeking job opportunities elsewhere before retirement (Liu et al., 2021; Wang et al., 2012). Job satisfaction is an antecedent to intent to stay and is the best predictor of actual turnover of RNs (Berry, 2010; Fishbein. & Ajzen, 2010, Lu, et al., 2019, Mayfield et al., 2021). Negative work experiences such as lack of peer support, limited opportunity to develop new professional skills, stressful work experiences, and lack of internal workplace consistency decreases a RN's intent to stay (Gilles et al., 2021).

Male and female RNs may vary in how they experience professional socialization into nursing. Waugaman (2000) conducted a study to identify the influence of age and gender on professional socialization and career commitment of student registered nurse anesthetists. The results of the study showed that men achieved socialization more readily in the dimension of occupational orientation. Male gender was positively correlated with a bureaucratic orientation and administrative/supervisory roles, and female gender was positively correlated with holistic patient care. The authors recommended that a study on

the influence of gender must be considered in the professional socialization process.

Hedenskog (2017) explored how the nurse anesthetist valued their profession and whether professional self is affected by age, work experience, and/or gender. The results showed that perceived professional self depends on was related to age and amount of work experience but was not related to gender.

Al-Haroon, and Al-Qahtani (2019) studied the impact of key demographic variables on nurses' levels of job satisfaction were studied. The results showed that gender was not a significant predictor of overall job satisfaction and career motivation. Conversely, Alameddine et al. (2021) investigated the level of resilience and factors associated with the resilience of nurses practicing at the main COVID-19 referral center in Lebanon. Results showed that gender was associated with resilience, with males having higher career resilience scores than females. However, results of studies by Ang et al. (2018) and Zheng et al. (2017) showed that gender did not affect career resilience. Conversely, Zarei et al. (2016) studied the effects of suitable working relationships, remuneration, job content, and career development differed by gender. Female employees attached greater importance to remuneration, and males attached greater importance to other factors such as job type, social respect, autonomy, recognition, career development, and working relationships ($p < 0.001$) (Zarei et al., 2016). Zhang (2021) found that gender had no significant relationship with professional identity as a component of career motivation in the regression model. Identifying the effect gender has on professional socialization and on intent to stay needs to be understood because career motivation and resilience increases work satisfaction and intent to stay (Paais & Pattiruhu, 2020).

However, there are limited studies that explored the differences between how men and women in nursing experience the process of professional socialization. The benefit of understanding factors that contribute to gender differences in nurses' professional socialization could be helpful in creating and developing recruitment and retention strategies in nursing.

Theoretical Framework

I used the Grotberg resilience theory and London's career motivation theory to guide my study with the constructs of career motivation and career resilience (see Figure 1). Hence, the theoretical frameworks for this study are the (London, 1983) career motivational model and the Grotberg (1995) resiliency theory. I used the London career motivation model to explain the RNs career decisions and behaviors that cannot be explained by only the RNs personal ability. London's (1983) concept of career motivation places individual differences into three domains: career resilience, career insight, and career identity. London's career motivational theory is an organizing framework which aids in understanding the effects of situational conditions on career decisions and behavior (London 1997; London 1983). Grotberg is a developmental psychologist, who rather than examining 'failures,' investigated the strengths that exist within individuals and communities seeking to understand the combining factors that result in resilience. Grotberg proposed that individuals draw from three sources of resilience features I HAVE, I AM, I CAN. Grotberg (1997) stated, "Resilience is a universal human capacity to face, overcome, and even be strengthened by experiences of

adversity. Resilience may be found in a person, group, or a community, and may make stronger lives of those who are resilient” (p. 3) (see Figure 1).

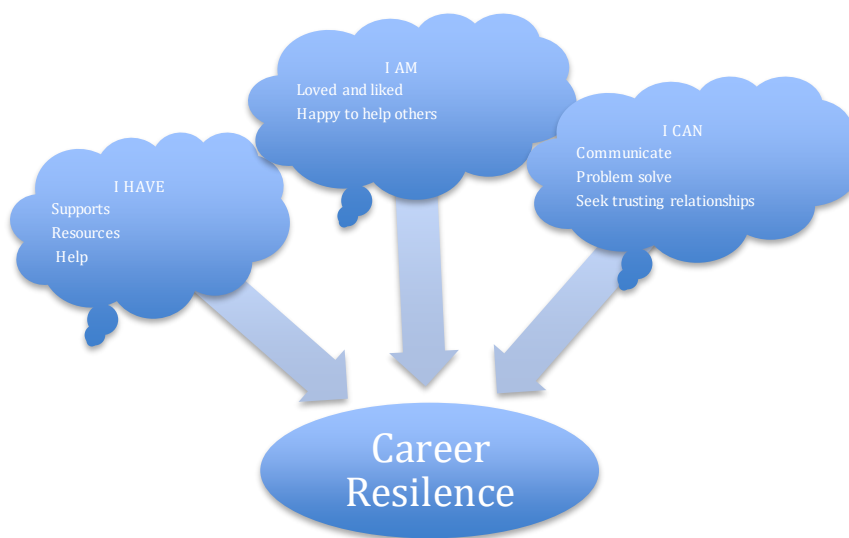
Grotberg (1993) classified the sources of resilience into three categories: I HAVE, I AM, and I CAN. The term “I HAVE” applies to external support and resources such as trusting persons who help guide the individual. It also refers to (mentors) people who help in times of difficulty, people who show love, care for the individuals, my success, and people I look up to as role models. The term “I CAN” applies to social, interpersonal skills, such as personal responsibility, problem-solving, and communication skills. The term “I AM” applies to features such as the individual’s inner strength, personal strengths, empathy, and self-esteem. RNs must draw from all three sources of career resilience, “I HAVE,” “I AM,” and “I CAN” to have resilience (Grotberg, 1995).

A RN may have people who show love or have people to trust and those who can help (I HAVE), but if the RN possesses no inner strength (I AM) or social, interpersonal skills (I CAN), there cannot be resilience. A RN may have a great deal of self-esteem (I AM), but if communication or problem-solving skills are lacking (I CAN) and has no trusting relationship or help from people in times of difficulty (I HAVE), the RN is not resilient. A RN who possesses effective communication skills (I CAN) but has no empathy (I AM) or does not learn from role models (I HAVE), there is no resilience (Grotberg, 1995). Resilience results from a combination of self-efficacy, self-esteem, risk-taking, autonomy, adaptability, initiative, creativity, and dependency (London, 1983)

Career resilience has three subdomains, which are self-efficacy, risk-taking, and dependency. The self-efficacy domain includes self-esteem, autonomy, adaptability,

internal control, achievement, initiative, creativity, inner work standards, and development orientation. The risk-taking domain includes decision-making involving risk tendency, fear of failure, need security, and tolerance of uncertainty and ambiguity. The dependency domain includes career dependency, the need for superior approval, peer approval, and competitiveness. RNs that are more resilient will have high self-efficacy, risk-taking domain, and low dependency (London, 1983). RNs who have low levels of career resilience are likely to avoid risk, be dependent on others, seek structure, and avoid situations in which organizational outcomes depend on their professional behavior. RNs who have high levels of career resilience are likely to take risks, be independent of others, create and develop process of acting with direction, and thrive in situations in which outcomes are contingent on their behavior rather than organizational behavior (London, 1983).

Career identity and career insight are motivation components relating to the commitment developed from RN, which affects their career decisions and behavior (London, 1983b). Applying the variables in Grotberg's (1995) resiliency theory and the London, (1983) career motivational model will help in identifying the effect of career motivation and career resilience has on intent to stay. The results of the study may ; positive social change by providing latest information to nurse leaders and educators on the professional socialization process of the effect of gender on professional socialization. The purposes of the study were to determine the effect of gender on professional socialization (as measured by career motivation, career resilience) and intent to stay of RNs.

Figure 4*Career Resilience Features***Relevant Scholarship**

Gender may affect career motivation and career resilience of nurses. When motivation levels and the sources of motivation were examined to identify the differences in motivation levels by nurses' characteristics, there was a significant difference in motivation between males and females with a ($p = 0.034$) (Abu Yahya, et al., 2019). However, in contrast, Ayyash and Aljeesh (2011) examined the relationship between motivation and performances of nurses and found no significant difference in motivation levels between men and women. The results also revealed male RNs showing a higher level of overall motivation in the dimensions (communication and morale, recognition and rewards, and supervision and management) compared to female nurses. There were no significant differences between male and female nurses in the dimensions of job interest and enjoyment, and environment and work conditions.

Concepts of career motivation include the effort to achieve a career goal; creation of power that drives career behavior; and improvement of interaction during different career situations that are perceived to be challenging by individual nurses. Low levels of role modeling among nurses could have a negative effect on their career motivation. (Kocabas, 2009; Jooste & Hamanib, 2017). Nurses with a high need for power enjoy being in charge, influencing and motivating others. The definition of power includes the concepts of independence, being able to act independently, and having control or influence over other people (Ponte et al., 2007; Jooste & Hamanib, 2017). Career identity is a component of career motivation and is the driving force in achievement and advancement, recognition and accomplishment, and the desire to take a leadership role (London, 1993). The basic assumption in society is that males and females do not have the same need to acquire power (Francis, 2004; Jooste & Hamanib, 2017). The perceptions of primary health care nurses were studied to determine their motivation to acquire power in their workplace. The results revealed that there was no statistically significant difference ($p=0.356$) between male ($n=8$; mean rank 17.94), and female ($n=22$; mean rank 14.61) respondents about the need to acquire power (Jooste & Hamanib, 2017). Female respondents did not agree with the items about the need to acquire power to the same extent as their male counterparts. Similarly, gender was not related to professional identity (a component of career motivation). However, psychological resilience was significantly related to professional identity ($\beta = 0.376, p < 0.001$) (Zhang, et al., 2021)

Al-Haroon, and Al-Qahtani, (2019) studied the impact of key demographic variables on nurses' levels of job satisfaction. The results showed that demographic factors such as gender were not significant predictors of overall job satisfaction and career motivation. Alameddine, et al. (2021) investigated the level of resilience and factors associated with the resilience of nurses practicing at the main COVID-19 referral center in Lebanon. Results showed that gender was associated with resilience, with males having higher career resilience scores than females. However, results of studies by Ang et al. (2018) and Zheng et al. (2017) showed that gender did not affect career resilience.

Studies have attempted to identify the effect of gender on motivation, but there are limited studies that explored motivation and resilience as components of professional socialization and how career motivation and career resilience affect intent to stay in nursing (Al-Haroon, & Al-Qahtani, 2019; Ayyash & Aljeesh, 2011; Alameddine, et al; 2021; Ang et al 2018; Zheng et al, 2017). Thus, more study is required to understand the effect of gender of the ABSN and TBSN nurses on professional socialization and intent to stay.

Research Question and Design

RQ2: What is the difference in the level of professional socialization (as measured by career motivation, career resilience) and intent to stay between male and female RNs?

H_02 : There is no difference in the level of professional socialization (as measured by career motivation, career resilience) and intent to stay between male and female RNs?

H_a2 : There is a difference in the level of professional socialization (as measured by career motivation, career resilience) and intent to stay between male and female RNs?

Research Approach

I used a cross-sectional comparative research survey design. Cross-sectional designs are population-based surveys that allow the researcher to assess the existing influencing factors within the population (Setia, 2016).

Methods

Participants

The target population included RNs within the Southeastern and Midwestern regions of the United States. RNs were recruited from inpatient and outpatient centers, hospice, and home health, nursing research organizations and nursing administration. Inclusion criteria were: (a) RNS who have earned a BSN, (b) have 3 years or less of experience, (c) are over 18 years of age, and (d) work in either an outpatient or inpatient setting.

Sample and Power

I used convenience and snowball sampling to recruit RNs who were eligible to participate in the study. In addition, a snowball sampling strategy was used to enable other RNs to forward the study information to other RNs who may be interested in participating in the study. I recruited participants utilizing social media (Facebook, LinkedIn, Twitter), and email through nursing agencies or organizations, health care facilities such hospitals, nursing homes, and assisted living. I created a flyer with QR barcode and link to the survey (Appendix B). I conducted a power analysis using the software used G*Power Faul, et al., 2007). Using MANOVA with 0.8 power, a medium

effect of .0625 and an alpha of .05 which yielded a sample size of 158 (79 RNs in each group).

Variables/Sources of Data

The independent variable was gender, and the dependent variables were professional socialization (career motivation, career resilience) and intent to stay. I collected demographic data to identify the independent variables (see Appendix D).

Instrumentation or Measures

I collected data from RNs using the motivation survey questionnaire developed by King (1999) to measure RN career motivation and resilience (RNCmr) to determine the differences in the RNs' career insight identity and resilience. The crescendo model of career motivation and commitment questionnaire (CMCMC) is a 23 -item questionnaire scored on a Likert type scale of *very much disagree to very much agreed* scale of 1 to 7 (the low numbers describe statements with disagreement and high numbers with statements with agreement). The CMCMC has an internal reliability assessment of a Cronbach's alpha of 0.83 a validity of $r=0.54, p < 0.05$; $r_{pb} = 0.76, p < 0.01$. Construct validity was assessed using three stage effort first identifying a set variable commonly used to evaluate worksite quality, secondly, extrapolate predictions concerning the expected relationships of the variables with phases of commitment and finally testing the covariant to see if the phases of commitment "map" on them in expected ways (King, 1999).

The Intentions to Stay Scale has seven-items and is rated on a five -point Likert scale which was designed to measure positive or negative reactions to intent to stay

(Mayfield & Mayfield, 2007). Three of the test items reflect positive intention. Four of the test items measure negative intentions. Reliability analysis of the 3-item positive and 4-item negative affect subscales yielded Cronbach's alphas of 0.77 and 0.66, respectively. The overall model has a goodness-of-fit index of 0.93. Validity was established by loading each of the survey items on the appropriate measurement factors. The significant loadings of the items on their respective subscales of positive and negative intent to stay had a mean of 3.5 for positive intent to stay and a mean of 2.25 for negative intent to stay provided evidence of validity (Mayfield & Mayfield, 2007). Three items measured the positive intent to stay with a credible reliability of 0.66, and 4 items measured the negative intent to stay with a credible reliability of 0.77 (Mayfield, & Mayfield, 2007). Permission to use the Intentions to Stay Scale is in Appendix G.

Design and Analysis

I collected organized and analyzed data using MANOVA with SPSS version 28 to determine if there were any differences between professional socialization process (career motivation, career resilience) and intent to stay between male and female RNs. I conducted Cronbach's alpha on the Intentions to stay scale and the RNCmr.

Participant Recruitment

I placed the invitation to participate with the survey link in Appendix A. The recruitment flyer contained information about my study, a link to the survey via Survey Monkey® and a QR code (see Appendix B) that will take the individual to the screening questions which were:

1. Are you a Registered Nurse?

2. Do you have a BSN?
3. Do you have an active license?

If the individual answered yes to all questions, then the next screen took them to survey questions. If the individual answered “no” to any of the screening questions, the individual was thanked for their time and the screen closed. If individuals decided to participate, there was an informed electronic statement outlining the intent of the study minimizing risk to the participant and ensuring anonymity. If the individual signed the consent form, the next screen was the demographic information. After the demographic information (Appendix D) was complete, the participant began the Intention to Stay Survey (Appendix E). After completing the intention to stay survey, participants will begin the Crescendo Model of Career Motivation and Commitment Questionnaire (CMCMC) (Appendix F). Maximum estimated time to complete all survey items was 15 minutes. Data were collected anonymously through an online platform (Survey Monkey ®). I used the feature in Survey Monkey ® that de-linked the participants’ information from the data. Data were stored electronically on a secured external device and secure cloud storage to which only I have access. All raw data collected will remain in my possession and will be maintained for 5 years as required by the Walden IRB . No monetary or similar form of compensation was offered.

Results

The initial recruitment plan for participants included using social media and emails to RNS in the midwestern and the southeastern part of the United States. However, due to logistical reasons, I focused on the recruiting participants from only the

southeastern parts of the US by placing my recruitment flyer on the partner organization unit, sending emails, and posting the flyer on Facebook and LinkedIn. After receiving Institutional Review Board (approval # : 10-12-22-0736676), I also sent 2000 emails to nurses from the emails addressee received from professional organizations. A total sample of 604 participants responded to the survey with 242 who met the inclusion criteria with a complete response (362 were partial responses to the survey). The G*power calculations that I conducted a priori revealed that a sample size of 158, with 79 per group was needed to achieve a 0.8 power, a medium effect of 0.625, and an alpha of 0.05. My final sample size was 242 with 121 per group exceeding the 158 with 79 per group minimum sample size.

There were 70 RNs with less than 5 years of experience (28.9%) and 149 RNs with more than 5 years of experience (61.5 %). There were 182 female RNs (75.2%) and 37 male RNs (15.3%) , I collected data from 127 TBSN RNs and 92 ABSN RNs. Nursing specialty and nursing certification participants were widely spread across clinical specialties with majority of the RNs in ICU, emergency nursing, oncology nursing, medical surgical nursing, operating room, psychiatric nursing, research nurses, pediatric, nursing faculty labor and delivery nursing, hospice, home health nursing cardiac nursing.

Table 12*RN Degree Level*

Question	Value label	Number
What degree did you earn before RN (BSN)?	Associate's	88
	Bachelor's	79
	High school diploma	39
	Master's	13

Table 13*RN Years of Experience*

Experience	Number	Percentage
5 years or less	70	28.9%
More than 5 years	149	61.5%

Table 14*Years of Job Experience Before RN(BSN)*

Category	Frequency	Percentage	Valid percentage	Cumulative percentage
1–3 years	76	31.4%	31.4%	34.3%
4–5 years	35	14.5%	14.5%	48.8%
More than 5 years	124	51.2%	51.2%	16.9%
Total	242	100%	100%	100%

Before conducting the data analysis, I examined the assumptions of MANOVA.

Table 5 shows the mean and standard deviation for the dependent variables' career motivation, career resilience and intent to stay (RN professional socialization) for RN gender. Table 6 shows the Box's Test of Equality of Covariance Matrices which tests the null hypothesis with the assumption that the observed covariance matrices of the dependent variables (professional socialization) are equal across groups of the gender (male and female). If the matrices are equal, this statistic should be non-significant (Box

M standard p -value > 0.05 or $.001$) (Laerd Statistics, 2015). The Box test shows a non-significant value of $p = 0.002$, $p < 0.005$ which means that the covariance matrices are not equal, and the assumption of Equality of Covariance Matrices is violated. Hence, I viewed and interpreted the data with caution.

Table 15

Summary of the Descriptive Statistics: Mean Standard Deviation of RN Gender, Professional Socialization, and Intent to Stay

Variable	RN gender	Mean	Std. deviation	Number
Career resilience	Female	26.7527	6.67637	182
	Male	30.2973	8.19168	37
	Total	27.3516	7.06131	219
Career motivation (self-identity)	Female	32.1758	6.63174	182
	Male	34.7838	10.54392	37
	Total	32.6164	7.47221	219
Career motivation (self-insight)	Female	31.6648	5.70478	182
	Male	34.4865	7.90788	37
	Total	32.1416	6.20248	219
Intent to stay	Female	21.5714	2.72351	182
	Male	21.5135	3.52469	37
	Total	21.5616	2.86542	219

Table 16

Test of the Equality of Covariance

<i>Box's Test of Equality of Covariance Matrices^a</i>	
Box's M	29.283
F	2.806
<i>df1</i>	10
<i>df2</i>	18429.798
<i>Sig.</i>	.002

I calculated the Levene's Test of Equality of Error Variances to test the assumption of homogeneity of variance (Table 7) for each variable (career motivation, career motivation, career resilience, and intent stay are equal across the groups gender(male and female). The Levene's test should be non-significant for all dependent variables if the assumption of homogeneity of variance has been met (Laerd Statistics, 2015). The Levene's test is used to test the assumption that there are equal variances between the groups of the independent variables gender (male and female) for each dependent variable Professional socialization (career motivation self-identity, career motivation self-insight career resilience) and intent stay. The results for these data showed the assumption of equal variance between groups was met for career resilience and intent to stay ($p > 0.05$). However, the assumption of equal variance between groups was violated for career motivation (self-identity) and career motivation (self-insight) ($p < 0.05$) (see Table 17).

Table 17 <i>Summary of the Levene's Test of Equality of Error Variances</i>		Levene statistic	<i>df1</i>	<i>df2</i>	Sig.
Career resilience	Based on mean	1.076	1	217	.301
	Based on median	.855	1	217	.356
	Based on median and with adjusted <i>df</i>	.855	1	202.93 3	.356
	Based on trimmed mean	.957	1	217	.329
Career motivation (self-identity)	Based on mean	15.576	1	217	<.001
	Based on median	13.478	1	217	<.001
	Based on median and with adjusted <i>df</i>	13.478	1	179.47 2	<.001
	Based on trimmed mean	16.090	1	217	<.001
Career motivation (self-insight)	Based on mean	11.745	1	217	<.001
	Based on median	11.385	1	217	<.001
	Based on median and with adjusted <i>df</i>	11.385	1	215.81 1	<.001
	Based on trimmed mean	11.744	1	217	<.001
Intent to stay	Based on mean	2.402	1	217	.123
	Based on median	1.794	1	217	.182
	Based on median and with adjusted <i>df</i>	1.794	1	200.22 4	.182

Based on trimmed mean	1.987	1	217	.160
Note. Tests the null hypothesis that the error variance of the dependent variable is equal across groups.				
a. Design: Intercept + Gender				

The results of MANOVA showed there was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent stay of RNs with gender. Wilks' Lambda $F(4, 214) = 2.407, p > 0.0005$; Wilk's $\Lambda = 0.957$, partial $\eta^2 = .043$. (See Table 8). Thus, the null hypothesis is retained.

Table 18*Summary of the MANOVA Analysis (Multivariate Tests^a)*

Effect		Value	<i>F</i>	Hypothesis <i>df</i>	Error <i>df</i>	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.980	2619.763 ^b	4.000	214.00	<.001	.980
	Wilks' Lambda	.020	2619.763 ^b	4.000	214.00	<.001	.980
	Hotelling's Trace	48.968	2619.763 ^b	4.000	214.00	<.001	.980
	Roy's Largest Root	48.968	2619.763 ^b	4.000	214.00	<.001	.980
Gender	Pillai's Trace	.043	2.407 ^b	4.000	214.00	.051	.043
	Wilks' Lambda	.957	2.407 ^b	4.000	214.00	.051	.043
	Hotelling's Trace	.045	2.407 ^b	4.000	214.00	.051	.043
	Roy's Largest Root	.045	2.407 ^b	4.000	214.00	.051	.043
a. Design: Intercept + Gender							
b. Exact statistic							

Table 9 shows the effect on each dependent variables' professional socialization (career motivation and career resilience) and the intent stay on the independent variable gender. The results of the data show there was a statistically significant difference in gender and career resilience ($p = .005$) and gender and career motivation (self-insight) ($p = 0.011$) (Table 9).

Table 19

Tests of Between-Subjects Effects the RN Gender, Professional Socialization, and Intent to Stay

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	Career Resilience	386.324 ^a	1	386.324	7.997	.005	.036
	Career Motivation (self-identity)	209.137 ^b	1	209.137	3.794	.053	.017
	Career Motivation (self-insight)	244.814 ^c	1	244.814	6.525	.011	.029
	Intent to Stay	.103 ^d	1	.103	.013	.911	.000
Intercept	Career Resilience	100078.543	1	100078.543	2071.525	<.001	.905
	Career Motivation (self-identity)	137865.247	1	137865.247	2500.848	<.001	.920
	Career Motivation (self-insight)	134556.923	1	134556.923	3586.290	<.001	.943
	Intent to Stay	57079.482	1	57079.482	6920.408	<.001	.970
Gender	Career Resilience	386.324	1	386.324	7.997	.005	.036
	Career Motivation (self-identity)	209.137	1	209.137	3.794	.053	.017
	Career Motivation (self-insight)	244.814	1	244.814	6.525	.011	.029
	Intent to Stay	.103	1	.103	.013	.911	.000
Error	Career Resilience	10483.603	217	48.312			
	Career Motivation (self-identity)	11962.644	217	55.127			
	Career Motivation (self-insight)	8141.798	217	37.520			
	Intent to Stay	1789.815	217	8.248			
Total	Career Resilience	174706.000	219				
			0				

	Career Motivation (self-identity)	245151.00 0	219
	Career Motivation (self-insight)	234631.00 0	219
	Intent to Stay	103604.00 0	219
Corrected Total	Career Resilience	10869.927	218
	Career Motivation (self-identity)	12171.781	218
	Career Motivation (self-insight)	8386.612	218
	Intent to Stay	1789.918	218
a. R Squared = .036 (Adjusted R Squared = .031)			
b. R Squared = .017 (Adjusted R Squared = .013)			
c. R Squared = .029 (Adjusted R Squared = .025)			
d. R Squared = .000 (Adjusted R Squared = -.005)			

Discussion

Interpretation

The findings show that there was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent to stay by gender. The finding supports the results of a study by Ayyash and Aljeesh (2011) which examined the relationship between motivation and performance of nurses. The results also support Al-Haroon, and Al-Qahtani, (2019) which reported that gender was not a statistically significant predictor of career motivation. However, my results did not support the Abu Yahya, et al. (2019) who found a significant difference in motivation mean between males and females on the sources of motivation and the motivation level by nurse characteristics. My results also support the study by (Zhang, et

al., 2021) which revealed that gender was not related to professional identity (a component of career motivation)

Alameddine, et al. (2021) found that that gender was associated with resilience, with males having higher career resilience scores than females which concur with my results. However, Ang et al. (2018) and Zheng et al. (2017) found that gender did not affect career resilience. The results of my study showed that RNs have inner strength as individuals and a combination of factors that support career resilience regardless of gender. Therefore, RNs' professional socialization process of both male and female combine career motivation and career resilience features of I AM, I HAVE, and I CAN (Grotberg,1995).

Limitations

A limitation to this study was the sample distribution. The sample was drawn from two states in the southern region of the United States thus, limiting generalizability. The nursing profession has more female RNs than Male RNs, I received more responses from female nurses (182) compared to male (37) a reflection of the gender distribution in the RN population which could have affected the analysis. Thus statistically, the assumption of equality of Covariance Matrices was not met so the results interpreted with caution.

Implications

The implication for nursing is the continued focusing on the motivation and resilience building processes that promotes intent stay irrespective of the gender. The results of show that gender has no significant difference in career motivation (career

insight, and career identity) (London, 1983) combined with the career resilience features of “I HAVE,” “I AM,” and “I CAN” (Grotberg,1995) in the RNs professional socialization process. My results support that RNs have resources (I HAVE), they feel autonomy and responsibility (I AM) to their career and are able to communicate, problem solve and build trusting relationships (I CAN) in their career. The RN has inner strength, support, and resources available that reinforces career resilience. An understanding the of the difference in the level of professional socialization by RNs’ gender may promote the process they may lead to positive social change in addressing basic assumption in society’s is that males and females do not have the same need to acquire professional development and that males and females have differences that exist between them in the ability and desire in the professional development process (Francis, 2004, Jooste & Hamanib, 2017).

My study has potential to promote positive social change by identifying variables that create a supportive environment for the nurse which will help decrease the RNs expectation of unachievable goals and help the RNs adjust to the realities of practice. The study shows RN possesses the necessary resources needed to deal with conflicts and challenges that may arise in practice (Bysezewski et al., 2015; Salisu et al., 2019).

Recommendations

Further research could focus on identifying which specify variables of the professional socialization process career motivation (career identity, career resilience, career insight) a are more influential in promoting intent to stay. The study may also be replicated in other regions of the United States with larger sample size.

Conclusion

There was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent stay between male and female RNs. The nursing profession may need to develop educational and career resources in the RN's professional socialization process that combines career motivation and career resilience features of I AM, I HAVE, and I CAN at every stage or level in nursing practice. Resources may be tailored to harness the RN's combined inner strength to improve professional development.

RNs have the responsibility and autonomy to choose what stage or level of educational and career resources they need for their career development. The results of my study have the potential of contributing to an increased understanding of the professional socialization process by gender. Career motivation (career identity career resilience, career insight, and career identity) and intent to stay may promote the process of identifying how best to develop educational and career development resources to promote professional socialization for males and females.

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Manuscript 3

Effect of RNs Years of Experience on Professional Socialization and Intent to Stay

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The *Journal of Nursing Education* publishes research and other scholarly works involving and influencing nursing education. Regular features include Major Articles, Research Briefs, Educational Innovations, Quality Improvement Briefs, and Syllabus Selections. The Journal focuses on aspects of nursing education related to undergraduate and graduate nursing programs. Staff development, continuing nursing education, client teaching, and clinical topics not related to teaching-learning in academic programs are more appropriate for other journals. The Journal offers an author-friendly approach from submission through publication. The Journal of Nursing Education adheres to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (2019) of the International Committee of Medical Journal Editors. Manuscripts are written following the *Publication Manual of the American Psychological Association*, 7th edition (2020) guideline a cover letter including an explicit statement of the importance or relevance of the manuscript to the *Journal of Nursing Education's* reader with the titles that is concise, specific, and informative containing the key points of the study limited to 12 or fewer words. Journal articles are limited to 15 pages, exclusive of references, tables, and figures. Tables and figures should be limited to those necessary to clarify or amplify the narrative. A structured abstract of no more than 150 words, using the following headings: Background, Method, Results, and Conclusion. Manuscripts are submitted via the editorial manager. The publication requirement of *the Journal of Nursing Education* may be found on the URL

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Abstract

Professional socialization is an adaptation process during which RNs learn new roles and adapt to becoming members of the nursing profession building professional relationships that provide value and opportunity for the RN which creates a significant effect on the RN's professional development. Demographic factors such as prior work-related experience, age, gender, education, and marital status, affected a RN's career motivational factors such as responsibility, achievement, recognition, and promotion. The purpose of this cross-sectional comparative study, guided by the London Career Motivation and the Grotberg Resilience theories, was to determine if there was a difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay. Two hundred and forty-two registered nurses completed the Crescendo Model of Career Motivation and Commitment Questionnaire (CMCMC) and the Intention to Stay Survey. The results showed there was no statistical significance difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay. RNs possess career resilience features of "I HAVE," "I AM," and "I CAN" regardless of their years of experience and how long they have been in nursing practice. Replicating the study with a larger geographic population and sample is warranted.

Introduction

New Registered Nurses (RNs) must learn to socialize in the nursing profession. Professional socialization comprises two main characteristics: career resilience and motivation. Career resilience is defined as the ability to successfully adapt to disturbances, which pose a threat to functionality and viability, (Ramalisa et al., 2018). Career motivation consists of the characteristics of career identity, career insight, and career resilience. Thus, career motivation is defined as the set of individual characteristics and associated career decisions and behaviors that reflect the person's career identity, insight into factors affecting the RN's career, and resilience in unfavorable career conditions (London, 1983).

Successful transition to the professional practice role may affect the new RN's intent to stay (Hennessy, 2018; Power et al., 2019; Raines, 2015). Professional identity is the professional self or self-concept of nursing that represents how nurses perceive the nursing profession. A strong professional identity may improve job retention and increase intent to stay. Low professional identity is contributing factors to nurses leaving the profession (Chen et al, 2020)

In the professional socialization process, RNs can bring significant contributions to the nursing profession based on the length of their experience in nursing (Dos Santos, 2020; Togashi, et al, 2018). The RN's years of professional experience may influence the importance assigned to the professional socialization process, which includes acquiring professional skills, career motivation, career identity, career insight, adaptability to the nursing role, and developing career resilience (Dinmohammadi, et al, 2013; Fernández-

Feito, et al, 2019). The professional identity of nurses with less than 4 years of working experience is more susceptible to changes (Chen, et al 2020). The time for the highest level of pressure and burnout and the lowest level of professional identity occurs during the first 3 to 4 years of nursing practice was (Liu, 2014; Rudman, 2014; Tao et al., 2016). Abu Yahya, et al. (2019) found a significant relationship between level of motivation and the nurses' years of experience ($p= 0.021$) noting that maturity and higher professional standards were attributed to longer years of experience among variant years of experience. However, in a similar study, the level and factors associated with the resilience of nurses practicing at a main COVID-19 referral center in Lebanon showed no significant difference in resilience-based on the RN's years of experience (Alameddine et al., 2021). Similarly, the results of a study regarding job satisfaction to assess the possible variation levels in job satisfaction in a non-profit teaching hospital showed no significant difference in job satisfaction based on duration and years of service (Bansal & Malhotra, 2016).

Significance/Importance

The significance of identifying the relationship, impact, effect of previous years of work experience on the level of professional socialization, and intent to stay may be beneficial in identifying how best to develop educational and career development resources based on the prior years of working experience for RNs who have more challenges with professional socialization. The organizational environment includes social relations at work, motivating and resilience factors such as sound leadership support, training, and reward resources can influence nurses job satisfaction and improve

the professional socialization process (Paais & Pattiruhu, 2020). Nurses, who professionally socialize well in nursing experience high job satisfaction and intent to stay (Hennessy, 2018). Other studies have also identified the relationship between career motivational levels with duration and length of service, level of experience, job satisfaction, and nurses' years of experience (Alameddine et al, 2021; Bansal & Malhotra, 2016, Zheng et al, 2017; Zinnen, et al., 2012). However, there is a gap in literature to understand the effect of RN's years of experiences and how it affects the level of the RNs professional socialization and intent to stay. Thus, the study's purpose was to determine if there is a difference between RNs with over 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

Theoretical Framework

I used the Grotberg resilience theory and London career motivation theory to guide my study with the constructs of career motivation and career resilience (see Figure 1). The London career motivation model is used to explain the RNs career decisions and behaviors that cannot be explained by only the RN's personal ability. London (1983) concept of career motivation has three domains: career resilience, career insight, and career identity. London's career motivational theory is an organizing framework which posits the effects of situational conditions on career decisions and behavior (London 1997; London 1983). Grotberg is a developmental psychologist, who rather than examining 'failures,' investigated the strength that exists within individuals and communities seeking to understand the combining factors that result in resilience.

Grotberg (1993) classified the sources of resilience into three categories: I HAVE, I AM, and I CAN. An RN needs a combination of “I HAVE,” “I AM,” and “I CAN” to be resilient. A RN may have people who show love or have people to trust and those who can help (I HAVE), but if the RN possesses no inner strength (I AM) or social, interpersonal skills (I CAN), there cannot be resilience. A RN may have a great deal of self-esteem (I AM), but if communication or problem-solving skills are lacking (I CAN) and has no trusting relationship or help from people in times of difficulty (I HAVE), the RN may lack resilience. A RN who possesses effective communication skills (I CAN) but has no empathy (I AM) or does not learn from role models (I HAVE), lacks resilience (Grotberg, 1995). Therefore, resilience results from a combination of self-efficacy, self-esteem, risk-taking, autonomy, adaptability, initiative, creativity, and dependency (London, 1983).

Career resilience has three subdomains, which are self-efficacy, risk-taking, and dependency. The self-efficacy domain includes self-esteem, autonomy, adaptability, internal control, achievement, initiative, creativity, inner work standards, and development orientation. The risk-taking domain includes decision-making involving risk tendency, fear of failure, need security, and tolerance of uncertainty and ambiguity. The dependency domain includes career dependency, the need for superior approval, peer approval, and competitiveness. RNs that are more resilient will have high self-efficacy, risk-taking domain, and low dependency dimensions (London, 1983). RNs low on career resilience are likely to avoid risk, be dependent on others, seek structure, and avoid situations in which organizational outcomes depend on their professional behavior. RNs

who have high levels of career resilience are likely to take risks, be independent of others, create and develop a process of acting with direction, and thrive in situations in which outcomes are contingent on their behavior rather than organizational behavior (London, 1983).

The Grotberg (1995) resiliency theory noted that individuals draw from three sources of resilience features of “I HAVE” that is the external support system and the resources the RN must help build resilience. “I AM” features are the RNs inner strength, which develops because of the support system that builds the RN’s self-esteem. The “I CAN” is the social, interpersonal skills, such as personal responsibility, problem-solving skills, and communication skills that the RNs must develop resilience. Career identity and career insight are motivation components that relate to the commitment developed from RN and affect the RN’s career decisions and behavior (London, 1983b). Applying the variables in Grotberg’s (1995) resiliency theory and London’s (1983) career motivational model will provide a framework for the effect of previous years of work experience on professional socialization and r intent to stay.

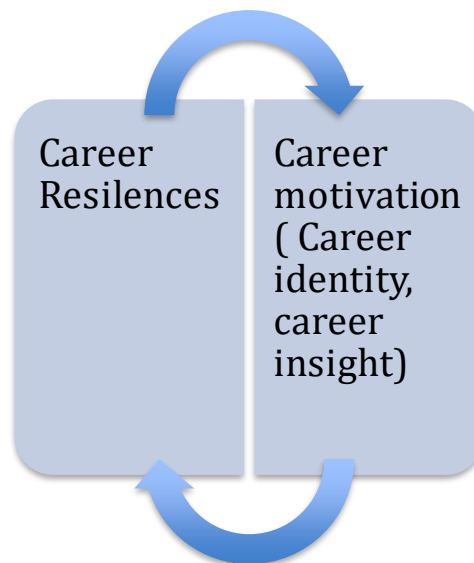
Relevant Scholarship

During the RN’s professional socialization process, the resilience factors of self-efficacy, self-esteem, autonomy, adaptability, initiative, creativity dependency and risk-taking, domain may interact differently to build or strengthen resilience. However, optimism, consistency, and stability are necessary factors that may promote career resiliency in RNs in the nursing profession. Career resilience is the maintenance or persistence component of career motivation (Alnıaçık et al., 2012, Noe et al., 1990).

Career motivation is associated with career situations, decisions, and behaviors of the RN's career (London, 1983). A RN's participation in organizational decision-making, team member cooperation, manager fairness, and leadership position consideration can also affect motivation levels (Toode et al., 2011). Professionally socialized RNs are focused, motivated, have resilience; make career commitment, and have good critical-thinking skills in professional services. RNs who participate in active lifelong learning process increases the likelihood that they will stay in their nursing position which is intent to stay (Kowtha, 2018; MBamboo, 2014; Moradi,et al, 2017; Sadeghi Avval Shahr et al, 2019) (see Figure 5).

Figure 5

Interaction of Professional Socialization Factors



Professional socialization may be promoted by creating a supportive environment for the nurse, decreasing the RNs expectation of unachievable goals, and allowing the RNs to adjust to the realities of practice and deal with the conflicts and challenges that

may arise in practice (Bysezewski et al., 2015; Salisu et al., 2019). Communication, openness, collaboration, readiness to work, negotiation, and relocation during the socialization process helps to fill the learning needs of RNs which may improve the RN's career motivation. The RN develops a sense of belonging and professional identity in the profession (Salius et al., 2019). Self-motivation, eagerness, and role acceptance form the basis for an RN to have a high confidence level and promote resilience to so that the RN can adjust positively to workplace adversity (Salius et al., 2019). Professional guidance and support of RNs by peers and nursing leaders facilitate professional socialization, which improves job satisfaction and intent to stay (Mbambo, 2014, de Swartz et al., 2017).

Brown et al. (2013) measured nurse professional socialization which showed that professional socialization could positively influence career identity and career insight through professional role orientation, acculturation; acquisition of knowledge; acquisition of skill; acquisition of professional values; assimilation into the organization; and role model attributes. Successful professional socialization has positive outcomes including acquiring a professional identity, the ability to cope with professional roles, job satisfaction, and organizational commitment or intent to stay. Successfully socialized RNs are focused, motivated, and resilient, make career commitments and have good critical-thinking skills in professional services. RNs' professional socialization improves their role acceptance. Mbambo, (2014) reported that there is a relationship between professional socialization and job satisfaction, and job satisfaction is positively associated with intent to stay.

RNs who lack career motivation (Daniel & Smith, 2018; Pyöriä et al., 2017) are more likely to leave the profession due to a lack of job satisfaction. A high intent to stay indicated that the RN felt stronger about remaining with an organization than seeking opportunities elsewhere (Powell et al., 2019; Tyndall et al., 2019). Mayfield et al. (2021) investigated the relationship between the external influences of leader motivating language and the impact of the outcomes of employee job satisfaction, performance, and intent-to-stay. The results showed that job satisfaction was an antecedent to the intent-to-stay.

Job satisfaction, career growth potentials, achievement, recognition, acceleration, suitable working hours, a possibility to combine work and private matters, remuneration, and job security responsibilities, personal growth, and collaboration were essential motivators for nurses (De Cooman et al., 2008; Hertting et al., 2004; Öztürk et al., 2006, Paais, & Pattiruhu, 2020). Lee and Shin (2020) found that individual RN-related factors, such as RNs' years of work experience and career promotion opportunities, were among the significant factors that are associated with intent to stay.

Threats to intent to stay included inability to advance in the career, lack of support from supervisors, difficulties providing patient-centered care, and feeling frustrated by limited teamwork. Intent to stay and job satisfaction aligned positively and significantly with successful job performance (Senecal et al., 2020). Feelings of competence strengthened the RN's self-confidence in skills and caring relationships, which contributed to intent to stay (Mayfield et al., 2021). There was a higher level of job satisfaction among nurses who were older with more work experience and held a higher

administrative or managerial position (Gaki et al., 2013). However, younger nurses with postgraduate education were more motivated by job attributes such as authority, goals, creating opportunities, clearly outlined duties, job control, skill exploitation, and decision-making. Additional factors that motivated RNs with postgraduate education were teamwork, job pride, appreciation, supervisor fairness, and achievement factors such as job meaningfulness, earned respect, and interpersonal relationships (Gaki, et al., 2013).

Older nurses who held a prominent position in an institution or had a longer duration of service tended to be motivated by rewards, incentives, and recognition more than younger nurses (Ayyash, & Aljeesh, 2011; Baljoon, et al., 2018; Gaki, et al, 2013; Toode, et al., 2015). A cross-sectional study was conducted in Ethiopia to examine the relationship between reward and nurses' career motivation. Results showed that there was a significant difference in nurses' career motivation based on age (Dagne, et al., 2015). In contrast, a mixed-methods study conducted by Zinnen, et al., (2012) on healthcare workers in Tanzania reported no significant difference in the level of motivation of the health workers' age and qualifications. Motivational levels among healthcare workers (doctors, nurses, paramedics, and non-paramedics nurse) working in a government teaching hospital conducted in Punjab, were not statistically different based on the age (Bansal, & Malhotra, 2016). Alnıaçık, et al. (2012) found that a comparative analysis of motivational factors based on job experience showed that employees with less than 10 years of job experience attached more significance to job content, social respect, and career development ($p < 0.05$). However, employees with more than 10-years' experience

attached more significance to remuneration, recognition, and autonomy were more in motivation (Zarei et al, 2016). Pinar et al. (2017) determined job satisfaction and motivation levels of midwives/nurses working in family health centers showed that as the number of work year's increased, job satisfaction and motivation decreased. However, Bansal and Malhotra (2016) found no statistically significant difference in motivational level based on duration of service. Conversely, nurses' work motivation sharply increased with more years of experience or high self-rated expertise (Koch et al, 2014). Similarly, nurses' level of career motivation increased with longer duration of service and knowledge about their work (Mutale et. al, 2013, Toode, 2015).

Age and work experience are positively related to career motivational factors such as responsibility, achievement, recognition, and financial reward (Ayyash, & Aljeesh, 2011, Gaki, et al., 2013, Toode, et al., 2015). More years of work experience were related to greater job satisfaction (Gaki et al., 2013). Similarly, there was a significant difference in the motivation among nurses with various years of experience (Ayyash, & Aljeesh, 2011). In addition, age was positively related to a higher intrinsic work motivation and nurses' work motivation increase with longer work experience (Toode, et al., 2015).

Job satisfaction is associated with career resilience. Alameddine et al. (2021) found that as job satisfaction increased, resilience scores increased but RNs who intended to quit their jobs were less resilient. The study also showed no significant difference in resilience-based on respondent's level of experience. Zheng, et al. (2017) found job satisfaction resilience scores were highest for nurses with longer working experience and those who were older age (50s, 60 and, > 60 years) with a positive and significant

association between job satisfaction and resilience scores ($p = 0.001$). However, Alameddine et al. (2021) found no significant difference in resilience-based on years of experience. Several studies have explored the significant of career motivational levels with duration and length of service, level of experience, job satisfaction, resilience and nurses working experience and years of experience (Ayyash, & Aljeesh, 2011; Alameddine et al, 2021; Bansal & Malhotra, 2016; Gaki, et al., 2013; Toode, et al., 2015, Zinnen, et al., 2012; Zheng al., 2017). However, there is a gap in literature in the understanding of RNs professional socialization and the effect that a RN's years of work experience has on the level of professional socialization and intent to stay. Thus, the study's purpose was to determine the difference between RNs with over 5 years of experience compared to RNs with less than 5 years on the level of professional socialization and intent to stay.

Research Question and Design

RQ3 What is the difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay?

H_03 : There is no difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

H_a3 : There is difference between RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

Research Approach

I used a cross-sectional comparative research survey design which was population-based surveys that assess the influencing factors existing at a given time within the population (Setia, 2016).

Methods

Participants

The target population for my study included RNs within the Southeastern and Midwestern regions of the United States. RNs were recruited from inpatient and outpatient centers, hospice, and home health, nursing research organizations and nursing administration. Inclusion criteria for this study were: (a) RNS who have earned a BSN, (b) were over 18 years of age, and (c) work in either an outpatient or inpatient setting.

Sample and Power

I used convenience sampling to recruit RNs who were eligible to participate in the study. In addition, a snowball sampling strategy was used to enable other RNs to forward the study information to other RNs who may be interested in participating in the study. I recruited participants electronically, utilizing social media such as Facebook, LinkedIn, Twitter, and email through nursing agencies or organizations, health care facilities such hospitals, nursing homes, and assisted living. I created a flyer with QR barcode and link to the survey and place it in the appendix (See Appendix B). I conducted a power analysis using the software used G*Power Faul, et al., 2007). Using MANOVA with 0.8 power, a medium effect of .0625 and an alpha of .05 yielded a sample size of 158 (79 RNs in each group).

Variables/Sources of Data

The dependent variables were RNs' professional socialization (measured by career motivation and career resilience) and intent to stay. The independent variable was years of experience. I measured the RNs' intent to stay (RNint) using the intent to stay scale developed by Mayfield and Mayfield (2007). I measured career motivation and career resilience using the crescendo model of career motivation and commitment questionnaire (CMCMC) . I created a demographic data sheet (see Appendix D).

Instrumentation or Measures

I collected data from RNs using the motivation survey questionnaire developed by King (1999) to measure RN career motivation and resilience to determine the differences in the RNs' career insight identity and resilience. The crescendo model of career motivation and commitment questionnaire (CMCMC) is a 23 -item questionnaire scored on a Likert type scale of *very much disagree to very much agreed scale of 1 to 7* (the low numbers describe statements with disagreement and high numbers with statements with agreement). The CMCMC has an internal reliability assessment of a Cronbach's alpha of 0.83 a validity of $r=0.54, p < 0.05$; $r_{pb} = 0.76, p < 0.01$. Construct validity was assessed using three stage effort first identifying a set variable commonly used to evaluate worksite quality, secondly, extrapolate predictions concerning the expected relationships of the variables with phases of commitment and finally testing the covariant to see if the phases of commitment "map" on them in expected ways (King, 1999).

The Intentions to Stay Scale has seven-items and is rated on a five -point Likert scale and measures positive or negative reactions to intent to stay (Mayfield & Mayfield,

2007). Three of the test items reflect positive intention. Four of the test items measure negative intentions. Reliability analysis of the 3-item positive and 4-item negative affect subscales yielded Cronbach's alphas of 0.77 and 0.66, respectively. The overall model has a goodness-of-fit index of 0.93. Validity was established by loading each of the significant survey items on the appropriate measurement factors. The significant loadings of the items on their respective subscales of positive and negative intent to stay with a mean of 3.5 for positive intent to stay and a mean of 2.25 for negative intent to stay provided evidence of validity (Mayfield & Mayfield, 2007). I obtained permission from the original author by email to use the Intentions to Stay Scale (Appendix G).

Design and Analysis

I collected organized and analyzed data using MANOVA with SPSS version 28 software to determine any difference between the independent groups (ABSN RNs and TBSN RNs) of professional socialization process (career motivation, career resilience) and intent to stay. I conducted Cronbach's alpha on the Intentions to Stay scale and the RNCmr.

Participant Recruitment

I created an invitation to participate with the survey link (Appendix A). The recruitment flyer contained information about my study, a link to the survey via Survey Monkey ® and a QR code (see Appendix B) that took the individual to the screening questions which were:

1. Are you a Registered Nurse?
2. Do you have a BSN?

3. Do you have an active license?

If the individual answered yes to all questions, the next screen took them to the consent form (Appendix C). If the individual answered “no” to any of the screening questions, the individual was thanked for their time and the screen closed. If individuals decided to participate, there was an informed electronic statement outlining the intent of the study minimizing risk to the participant and ensuring anonymity. If the individual signed the consent form, the next screen was the demographic information. After the demographic information (Appendix D) was complete, the participant began the Intention to Stay Survey (Appendix E), After completing the intention to stay survey, participants completed the (CMCMC) (Appendix F). The estimated time to complete all survey items was 15 minutes. Data was collected anonymously through an online platform (Survey Monkey ®). I used the feature in Survey Monkey ® that de-linked the participants’ information from the data. Data was stored electronically on a secured external device and secure cloud storage to which only I have access. All raw data collected will remain in my possession and will be maintained for 5 years as required by the Walden IRB. No monetary or similar form of compensation was offered.

Results

The initial recruitment plan for participants included using social media such as face book LinkedIn, email from the midwestern and the southeastern part of the United States. However, due to logistical reasons I focused on the recruiting participants from only the southeastern parts of the United States by placing my recruitment flyer on the partner organization unit, sending emails, and posting the flyer on social media sites.

After receiving Institutional Review Board (approval # 10-12-22-0736676), I recruited participants through a SurveyMonkey link and posting my recruitment flyer I also sent 2000 emails to nurses from the emails addressee received from professional organizations. Of the total sample of 604 participants responded to the survey , 242 surveys were complete and met the inclusion criteria. I discarded 362 surveys that were partial responses. My final sample size was 242 with 121 per group exceeding the 158 with 79 per group minimum sample size.

There were 70 RNs with less than 5 years of experience (28.9%) and 149 RNs with more than 5 years of experience (61.5 %). There were 182 female RNs (75.2%) and 37 male RNs (15.3%) , I collected data from 127 TBSN RNs and 92 ABSN RNs. Nursing specialty and nursing certification participants were widely spread across clinical specialties with majority of the RNs in ICU, emergency nursing, oncology nursing, medical surgical nursing, operating room, psychiatric nursing, research nurses, pediatric, nursing faculty labor and delivery nursing, hospice, home health nursing cardiac nursing.

Table 20

RN Years of Experience

Experience	Number	Percentage
5 years or less	70	28.9%
More than 5 years	149	61.5%

Table 21*RN Gender*

Gender	Number	Percentage
Female	182	75.2%
Male	37	15.3%

Table 22*RN Degree Level*

Question	Value label	Number
What degree did you earn before RN (BSN)?	Associate's	88
	Bachelor's	79
	High school diploma	39
	Master's	13

Table 23*RN Degree Type*

Degree type	Number	Percentage
TBSN	127	52.5%
ABSBN	92	38%

Table 24*Years of Job Experience Before RN(BSN)*

Category	Frequency	Percentage	Valid percentage	Cumulative percentage
1–3 years	76	31.4%	31.4%	34.3%
4–5 years	35	14.5%	14.5%	48.8%
More than 5 years	124	51.2%	51.2%	16.9%
Total	242	100%	100%	100%

Before conducting the data analysis, I examined the assumptions of MANOVA .

Table 6 shows the means and standard deviations for the dependent variables' career

motivation, career resilience and intent to stay (RN professional socialization) for the two groups by years of experience. Table 7 shows the Box's Test of Equality of Covariance Matrices which tests the null hypothesis that the observed covariance matrices of the dependent variables (professional socialization) are equal across groups RN years of experience (five years or less and more than five years). If the matrices are equal, this statistic should be non-significant (Laerd Statistics, 2015). The Box M standard p -value > 0.05 or .001. Table 7 shows the assumption of homogeneity of variances and covariances in MANOVA and linear discriminant analysis were met with a p value >0.05. The Box test shows a non-significant value of $p= 0.918$.

Table 25

Summary of the Descriptive Statistics: Mean Standard Deviation of RN years of Experience, Professional Socialization, and Intent to Stay

	RN Years of Experience	Mean	Std. Deviation	N
Intent to Stay	Five years or less	21.3571	3.08355	70
	More than five years	21.6577	2.76262	149
	Total	21.5616	2.86542	219
Career Resilience	Five years or less	27.6286	6.57878	70
	More than five years	27.2215	7.29480	149
	Total	27.3516	7.06131	219
Career Motivation (self-identity)	Five years or less	32.1571	7.63978	70
	More than five years	32.8322	7.40836	149
	Total	32.6164	7.47221	219
Career Motivation (self-insight)	Five years or less	32.3571	6.44494	70
	More than five years	32.0403	6.10480	149
	Total	32.1416	6.20248	219

Table 26*Test of the Equality of Covariance*

<i>Box's Test of Equality of Covariance Matrices^a</i>	
Box's M	4.675
<i>F</i>	.456
<i>df1</i>	10
<i>df2</i>	89262.830
Sig.	.918

Note. Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept + RN Years of Experience

I calculated the Levene's Test of Equality of Error Variances to test the assumption of homogeneity of variance (Table 8) for each variable (career motivation self-identity, career motivation self-insight career resilience and intent stay are equal across the groups (RNs with more than five years and RNs with five years or less). The Levene's test should be non-significant for all dependent variables if the assumption of homogeneity of variance was met (Laerd Statistics, 2015). The data show all variables were nonsignificant ($p > 0.05$).

Table 27*Levene's Test of Equality of Error Variances^a*

Variable		Levene statistic	df1	df2	Sig.
Intent to stay	Based on mean	.730	1	217	.394
	Based on median	.728	1	217	.395
	Based on median and with adjusted <i>df</i>	.728	1	214.449	.395
	Based on trimmed mean	.718	1	217	.398
Career resilience	Based on mean	1.313	1	217	.253
	Based on median	1.154	1	217	.284
	Based on median and with adjusted <i>df</i>	1.154	1	215.744	.284
	Based on trimmed mean	1.340	1	217	.248
Career motivation (self-identity)	Based on mean	.388	1	217	.534
	Based on median	.183	1	217	.669
	Based on median and with adjusted <i>df</i>	.183	1	216.988	.669
	Based on trimmed mean	.305	1	217	.581
Career motivation (self-insight)	Based on mean	.000	1	217	.987
	Based on median	.002	1	217	.968
	Based on median and with adjusted <i>df</i>	.002	1	215.631	.968
	Based on trimmed mean	.000	1	217	.991

The results of MANOVA showed there was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent stay of RNs with over 5 years of experiences and RNs with less

than 5 years of experience. Wilks' Lambda $F(4, 214) = .434, p > 0.0005$; Wilk's $\Lambda = 0.992$, partial $\eta^2 = .008$. (See Table 9 and 10). Thus, the null hypothesis was retained.

Table 28

Summary of the MANOVA Analysis (Multivariate Tests)^a

Effect		Value	F	Hypothesis s df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.987	3948.9	4.000	214.00	<.00	.987
			76 ^b		0	1	
	Wilks' Lambda	.013	3948.9	4.000	214.00	<.00	.987
			76 ^b		0	1	
RN Years of Experience	Hotelling's Trace	73.81	3948.9	4.000	214.00	<.00	.987
			3		0	1	
	Roy's Largest Root	73.81	3948.9	4.000	214.00	<.00	.987
			3		0	1	
RN Years of Experience	Pillai's Trace	.008	.434 ^b	4.000	214.00	.784	.008
					0		
	Wilks' Lambda	.992	.434 ^b	4.000	214.00	.784	.008
					0		
RN Years of Experience	Hotelling's Trace	.008	.434 ^b	4.000	214.00	.784	.008
					0		
	Roy's Largest Root	.008	.434 ^b	4.000	214.00	.784	.008
					0		
a. Design: Intercept + RN Years of Experience							
b. Exact statistic							

Table 29

Tests of Between-Subjects Effects the RN Years of Experience, Professional Socialization, and Intent to Stay

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared η^2
RN Years of Experience	Intent to Stay	4.303	1	4.303	.523	.470	.002
	Career Resilience	7.893	1	7.893	.158	.692	.001
	Career Motivation (self-identity)	21.704	1	21.704	.388	.534	.002
	Career Motivation (self-insight)	4.782	1	4.782	.124	.725	.001
Error	Intent to Stay	1785.615	217	8.229			
	Career Resilience	10862.034	217	50.055			
	Career Motivation (self-identity)	12150.077	217	55.991			
	Career Motivation (self-insight)	8381.830	217	38.626			
Total	Intent to Stay	103604.000	219				
	Career Resilience	174706.000	219				
	Career Motivation (self-identity)	245151.000	219				
	Career Motivation (self-insight)	234631.000	219				
Corrected Total	Intent to Stay	1789.918	218				
	Career Resilience	10869.927	218				
	Career Motivation (self-identity)	12171.781	218				
	Career Motivation (self-insight)	8386.612	218				
a. R Squared = .002 (Adjusted R Squared = -.002)							
b. R Squared = .001 (Adjusted R Squared = -.004)							
c. R Squared = .002 (Adjusted R Squared = -.003)							
d. R Squared = .001 (Adjusted R Squared = -.004)							

Discussion

Interpretation

My findings support the results of a mixed-methods study conducted by Zinnen, et al. (2012) which reported no significant difference in the level of motivation by health workers such as nurses age and qualifications. Similarly, Alameddine et al. (2021) and Bansal and Malhotra (2016) found no statistically significant difference in motivational level based on duration of service or years of experience. However, my findings did not support those of Abu Yahya, et al. (2019) who reported a significant relationship between level of motivation and the nurses' years of experience ($p= 0.021$) noting that maturity and higher professional standards were attributed to longer years of experience among variant years of experience.

The results of my study support that RNs have inner strength as individuals as a combination of factors that support career resilience. My results show that RNs' professional socialization process at any level or stage of the RNs professional socialization process combines career motivation and career resilience features of I AM, I HAVE, and I CAN in the socialization process (Grotberg, 1995). RNs at any level of their experience through professional socialization have individual and professional resources for career professional development.

Limitations

Limitations to this study were the sample distribution . The sample was drawn from two states in the southern region of the United States thus limiting generalizability of the results. I received more than twice as many responses from nurses with more than

five years of experience (149) compared to nurses with less than five years of experience (70) which could have affected the analysis.

Implications

My results support that RNs have resources (I HAVE), they feel autonomy and responsibility (I AM) to their career and are able to communicate, problem solve and build trusting relationships (I CAN) in their career. RNs have these features regardless of their years of experience and how long they have been in nursing practice. RNs have inner strength, support, and resources available that reinforce career resilience. An understanding the of the difference in the level of professional socialization by RNs' years of experience may promote the process of identifying how best to develop educational and career development resources based on the prior years of working experience for RNs who have more challenges with professional socialization (Bysezewski et al., 2015; Salisu et al., 2019).

My study has potential to promote positive social change by identifying variables that create a supportive environment for the nurse which will help decrease the RNs expectation of unachievable goals and help the RNs adjust to the realities of practice. The study shows RN possesses necessary resources needed for the RN to deal with the conflicts and challenges that may arise in practice (Bysezewski et al., 2015; Salisu et al., 2019). The results also effected positive social change by providing added information to nurse leaders and educators on the professional socialization process and how the RNs years of work experience affect RNs intent to stay.

Recommendations

Further research could focus on identifying which specify variables of the professional socialization process career motivation (career identity, career resilience, career insight) and which traits are more influential in promoting intent to stay. The study may also be replicated in other regions of the United States with larger sample size.

Conclusion

There was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent stay between nurses with less than 5 years' experience compared to RNs with more than 5 years' experience. The nursing profession may need to develop the some educational and career resources in the RNs professional socialization process that combines career motivation and career resilience features of I AM, I HAVE, and I CAN at every stage or level in nursing practice that RNs can autonomously and independently access to develop their career. The results of my study have the potential of contributing to an increased understanding of professional socialization process and the RNs years of working experience for RNs who have more challenges with professional socialization.

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Part 3: Summary

Integration of the Studies

Professional socialization is a combined function of the educational process and workplace experience (Mohammadreza et al., 2013). Professional socialization begins when an individual enters a nursing program and continues as RNs interact with the work environment and develop interpersonal communication to remain in the profession. The socialization process provides the RN with the ability to successfully manage new opportunities, situations, and roles (Mohammadreza et al., 2013).

Successful professional socialization by new RNs significantly affects the RNs' professional performance and career motivation levels, career resilience, and their intent to stay in the profession (Mohammadreza et al., 2013). Career motivation, career resilience, a desire to seek professional knowledge, forming professional identity, critical thinking, and congruency between theory and practice are factors RNs need to socialize into nursing successfully (Salisu et al., 2019, Dinmohammadi et al., 2017). The first manuscript addressed the differences between ABSN RNs and TBSN RNs' professional socialization process (as measured by career motivation and career resilience) and intent to stay. In the second manuscript, I determined the effect of gender on the process of professional socialization (as measured by career motivation and career resilience) and the intent to stay of ABSN RNs *and* TBSN RNs. The third manuscript identified the effect of RNs' years of experience on professional socialization and intent to stay. Using MANOVA and the demographic information the results of the three-manuscript though interpreted with caution showed there is no effect in (Accelerated Bachelor of Science in

Nursing), and TBSN level of professional socialization between ABSNs and intent to stay. Also, there were no statistically significant differences between male and female RNs and RNs with more than 5 years of experience compared to RNs with less than 5 years of experience on the level of professional socialization and intent to stay.

The components of career motivation are career identity and career insight. The results of this study supported Brewer et al. (2009), Lin et al. (2022) which showed no significant differences between ABSN RNs and TBSN RNs in nursing in intent to stay, such as behavior to look for a new position, perceptions of promotional opportunity, career motivation, or perceptions of local and nonlocal job opportunities. My study also showed that there was no statistically significant difference between the level of professional socialization and intent stay of female and male RNs. My results also support Al-Haroon, and Al-Qahtani, (2019) which reported that gender was not a statistically significant predictor of career motivation. However, my results did not support the Abu Yahya, et al. (2019) who found a significant difference in motivation between males and females on the sources of motivation and the motivation level by nurse characteristics. My results did not support the study by (Zhang, et al., 2021) which revealed that gender was not related to professional identity (a component of career motivation). The results also showed there was no statistically significant difference in the level of professional socialization (as measured by career motivation and career resilience) and the intent to stay by years of experience. Thus, supporting Ang et al. (2018) and Zheng et al. (2017) results that gender did not affect career resilience. Alameddine et al. (2021) and Bansal and Malhotra (2016) who found no statistically

significant difference in motivational level based on duration of service or years of experience. However, my findings did not support those of Abu Yahya, et al. (2019) who reported a significant relationship between level of motivation and the nurses' years of experience.

Relation to Conceptual Framework

Grotberg (1993) classified the sources of resilience into three categories as “I HAVE”, “I AM”, and “I CAN”. The term “I HAVE” applies to external support and resources such as having trusting people that help guide the individual (mentors) people to help in times of difficulty, people who show love to the individual, and people who care for them. The term “I CAN” applies to social and interpersonal skills, such as personal responsibility, problem-solving skills, and communication skills. The term, “I AM” refers to features such as the individual’s inner strength, personal strengths, empathy, and self-esteem. RNs must draw from all three sources of resilience which are “I HAVE,” “I AM,” and “I CAN” (Grotberg, 1995). London’s (1983) concept of career motivation brings individual differences together into three domains: career resilience, career insight, and career identity. The results of my study show that RNs have inner strength as individuals as a combination of factors that support career resilience regardless of degree level, years of experience, or gender.

Implications for Positive Social Change

For new RNs to socialize successfully professionally, there needs to be a continued focus on the motivation and resilience building processes that promote intent stay irrespective of the RN’s degree level, RNs years of experiences, or gender. My

results support that RNs have resources (I HAVE), they feel autonomy and responsibility (I AM) to their career and are able to communicate, problem solve and build trusting relationships(I CAN) in their career. The RN has inner strength, support, and resources available that reinforces career resilience. An understanding the of the difference in the level of professional socialization by RNs' gender may promote the process they may lead to positive social change in addressing basic assumption in society is that males and females do not have the same need to acquire professional development and that males and females have differences that exist between them in the ability and desire in the professional development process (Francis, 2004, Jooste & Hamanib, 2017).

Lessons Learned

I have learned a lot going through this research process. I have come to appreciate every second I have to get anything done. A minute may be too long. I have learned why it is essential to plan but sometimes the plan may need to be modified. Having an open mind and flexibility are essential components I embraced in completing this research study. I have also learned that collaboration and networking is essential in identifying every resource needed in a research study. I have learned to accommodate for unplanned situations that may occurred in the research plan. I have learned that it is okay if goals are not met. I have learned that the research process is a continuous learning process. I learned that this research process is my own personal professional journey and not everyone around me will cheer me on the journey. However, there are many around me who will be there to lead me until the end of the journey. I have learned to align with those who are willing to support me and ready to go with me on my journey. I have

learned that this process can sometimes be a solitary and an isolating process without people who have the same goal and mindset. I have learned that though it takes time, and I enjoyed researching and discovering things I did not know.

Conclusion

The results of my study showed there is no statistically significant difference on the level of professional socialization and intent to stay between ABSN RNs and TBSNRNs, their years of experience and gender. The results supported the knowledge gap on RN professional socialization, career motivation, career resilience, intent to stay. specify variables of the professional socialization process career motivation (career identity, career resilience, career insight) and which traits are more influential in promoting intent to stay.

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Appendix A: Invitation to Participate in a Doctoral Study/Questionnaire

Invitation to Participate in a Doctoral Study/Questionnaire: Survey on Nurses Professional Socialization, Motivation, Resilience, and Intent to Stay.

Dear Prospective Participant,

There is a new study on Nurses Professional Socialization, Motivation, Resilience, and Intent to Stay that can help nurses and nurse leaders understand Why ABSN RNs are more successfully professionally socialized into nursing than TBSN RNs and what factors contribute to the effective professional socialization. For this study you were invited accessing the link <https://www.surveymonkey.com/r/HBVNZNQ> or scanning QR code and complete an online survey

About the study:

An online survey which will last about 15-20 minutes

Survey responses are anonymous, as you will not be asked to provide your name or other identifiable information.

Volunteers must meet these requirements:

RNs in the Southeastern regions of United States of America

Have earned a BSN either from a traditional or accelerated nursing program,

More than 1 year of work experience

At least 18 years of age

The survey is part of the doctoral study for Dorothy Uhurebor, a PH.D. Student at Walden university. **Feel free to email this invitation to any of your contacts to create a chain participant to complete the survey.**

Your timely and honest response is appreciated as your contribution will be directly contributing to new nursing knowledge and making a difference in the nursing profession.

Sincerely,

Dorothy Uhurebor

Appendix B: Recruitment Flyer

The recruitment flyer contains information about my study and a link to the survey via Survey Monkey ®.



VOLUNTEERS NEEDED

TO PARTICIPATE IN A RESEARCH STUDY

You are invited to participate in a research study focused

Nurses Professional Socialization, Motivation, Resilience, Intent to Stay.

You are eligible if you have

- RNs in the Southeastern regions of United States of America
- Have earned a BSN either from a traditional or accelerated nursing program,
- More than 1 year of work experience
- At least 18 years of age

This survey is part of the doctoral study for Dorothy Uhurebor, a Ph.D. student at Walden University. The results of this study will be contributing to new nursing knowledge and making a difference in the nursing profession.

You may email the recruitment flyer to any of your contact to create a chain participant to complete the survey. I thank you in anticipation of your participation and time in being a part of this important study.

<https://www.surveymonkey.com/r/HBVNZNQ>

**The Title of The Study is
Comparing Traditional
Bachelor of Science in
Nursing
(TBSN) and Accelerated
Bachelor of Science in
Nursing
(ABSN) Nurses
Professional
Socialization,
Motivation, Resilience,
Intent to Stay**

**This study involves
(taking a survey online.
which will last about 15-
20 minutes**

**IF YOU ARE INTERESTED IN
PARTICIPATING, CLICK THE
LINK OR SCAN THE QR CODE
BELOW TO TAKE THE SURVEY**



**OR HAVE ANY QUESTIONS
ABOUT THE STUDY PLEASE
CONTACT**

Dorothy Uhurebor

dorothy.uhurebor@waldenu.edu

Appendix C: Demographic Information

Nursing specialty:

Nursing certification:

What is your gender? Circle applicable

Male

Female

How long have you been a nurse? Circle applicable

1- 3 years

4- 5 years

more than 5 years

What degree did you earn before RN (BSN)? Circle applicable.

Masters

Bachelors

Associates

High school Diploma

How long have you held a job before RN(BSN)? Circle applicable

1- 3 years

4- 5 years

more than 5 years

Appendix D: Permission to Use Intention to Stay Survey

4/24/22, 8:30 PM

Mail - Dorothy Uhurebor - Outlook

Re: Permission to Use Survey Instrument Request

Mayfield, Jacqueline R <jmayfield@tamiu.edu>

Wed 3/23/2022 4:17 PM

To: Dorothy Uhurebor <dorothy.uhurebor@waldenu.edu>

Cc: Milton Mayfield <milton.mayfield@gmail.com>

Greetings Dorothy,

Thanks for reaching out. You have our full permission to use our scale. It is under a Creative Commons license. Good luck with your studies!

Kind regards,
Jackie and Milton Mayfield

Professor Emeritus of Management,
Texas A & M International University Co-
Editor, International Journal of Business
Communication
Co-Editor, New Perspectives in Organizational Communication Series,
Palgrave Macmillan

From: Dorothy Uhurebor <dorothy.uhurebor@waldenu.edu>

Sent: Tuesday, March 22, 2022, 11:04 PM

To: Mayfield, Jacqueline R <jmayfield@tamiu.edu>; Mayfield, Milton R <mmayfield@tamiu.edu>

Cc: Leslie C. Hussey <leslie.hussey@mail.waldenu.edu>

Subject: Permission to Use Survey Instrument Request

CAUTION: This email originated from outside of the University. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Dr. Mayfield and Mayfield

My name is Dorothy Uhurebor. I am a Ph.D. in nursing candidate at Walden University. I am currently writing my dissertation. I am in the process of proposal defense and the IRB (Institutional Review Board) process. I must obtain permission from the authors of the survey instrument I plan to use for my study. I plan to use the **Intent to stay scale you developed in 2007**. I am requesting your permission to use this survey instrument for my study. Your time is greatly appreciated as you assist me in obtaining permission to use the survey. Looking forward to hearing from you soon. Thank you.

Sincerely,

Dorothy Uhurebor MSN, RN

<https://outlook.office.com/mail/inbox/id/AAQkADczYmUyMGFjLTEwNTAtNGRkMS1iZjg0LWMyYTIhYzEzYzQzZAAQAK6hBoX5wcRNnYPzyzqEprg%3D>

Appendix E: Permission to Use the Crescendo Model

Permission to use the crescendo model of career motivation and commitment questionnaire (CMCMC)

4/24/22, 8:34 PM

Mail - Dorothy Uhurebor - Outlook

Re: [EXT] Permission to Use Survey Instrument

King, Kimi <Kimi.King@unt.edu>

Mon 4/4/2022 9:03 PM

To: Dorothy Uhurebor
<dorothy.uhurebor@waldenu.edu>Cc: Leslie C. Hussey
<leslie.hussey@mail.waldenu.edu>

Thank you so much for reaching out to me. That was actually a piece of research done by my father and I had nothing to do with the substance of the article or the survey.

He passed away in 2011. As far as I am concerned that is in the public domain.

I appreciate your kindness in reaching out to me, your professionalism in requesting permission, and would love to read your research whenever you have concluded it.

Hope that helps!
Sent from my iPhone

On Apr 4, 2022, at 19:05, Dorothy Uhurebor
<dorothy.uhurebor@waldenu.edu> wrote:

Dear Dr. Kimi King,

I hope your day is going well so far. I am writing to you because I seek permission to use the one research instrument you and Dr. Albert S. King developed. A North Illinois university staff informed me that Dr. King passed away a few years ago. I was advised to reach out to the other author listed in the article in the journal of business and management published in the summer of 1999. My name is Dorothy Uhurebor. I am a Ph.D. in nursing candidate at Walden University. I am currently writing my dissertation. I am in the process of proposal defense and the IRB process. I must obtain permission from the authors of the survey instrument I plan to use for my study. I plan to use **the survey questionnaire of the**

crescendo model of career motivation and commitment you co-wrote with Dr. Albert S. King in 1999. I am requesting your permission to use this survey for my study. Your time is greatly appreciated as you assist me in obtaining permission to use the survey.

Looking forward to hearing from you soon. Thank you

Sincerely,

Dorothy Uhurebor MSN, RN

<https://outlook.office.com/mail/inbox/id/AAQkADczYmUyMGFjLTEwNTAtNGRkMSliZjg0LWMfyYTlhYzEzYzQzZAAQAJCoVd%2FPSPBjsiQIGMB8BZY%3D>

1/1